Nottinghamshire Safeguarding Adults Board

Stop abuse and neglect



Nottinghamshire County Council Safeguarding Adults Decision Making Guidance

Nottinghamshire County Council

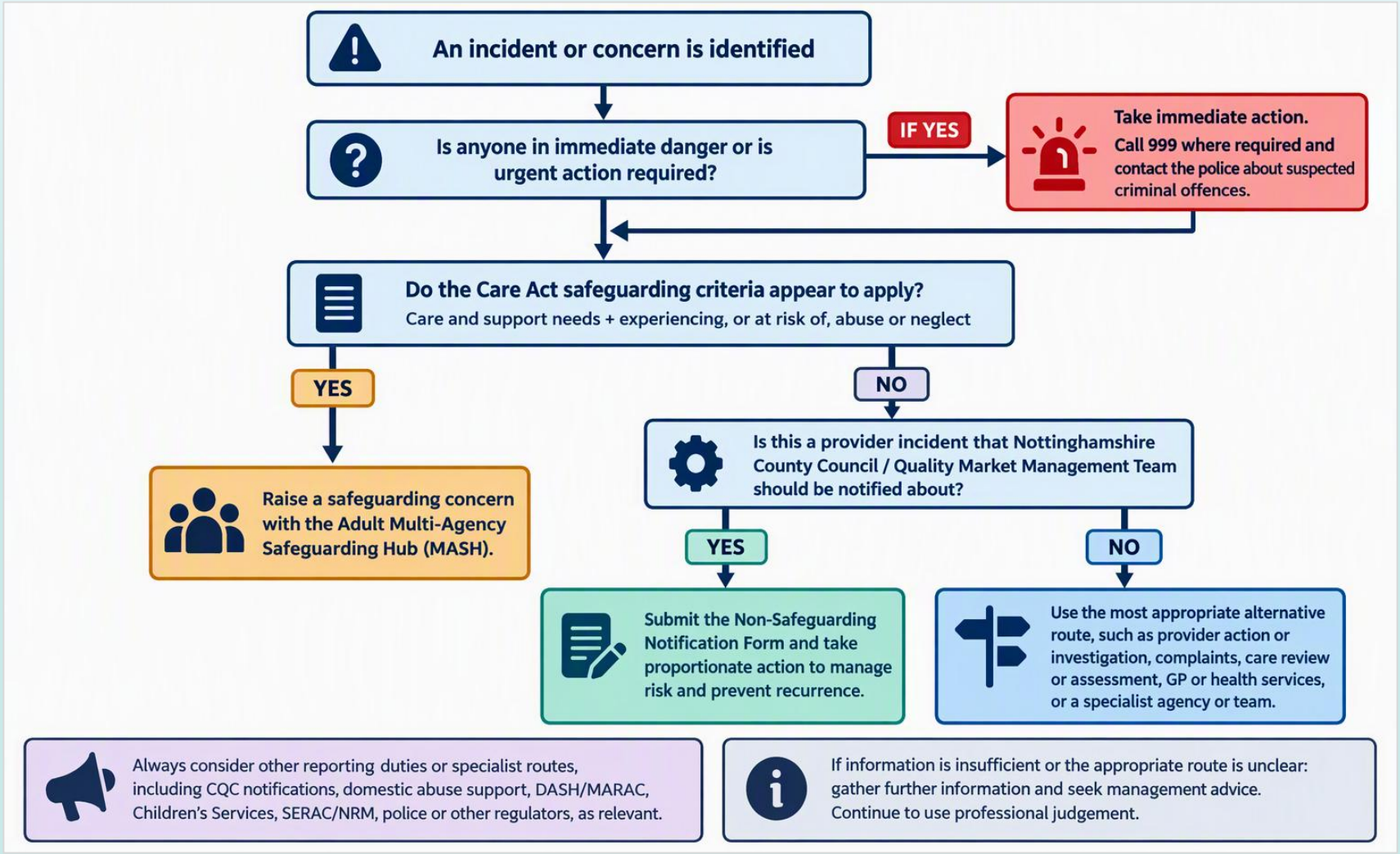
Introduction

This guidance aims to support practitioners in making consistent decisions about whether an adult is experiencing abuse or neglect, and therefore whether a section 42 enquiry or another approach would be most appropriate to manage risk and support the person.

It must be used in conjunction with the Nottinghamshire Safeguarding Adults Board Procedures and Guidance.

It is planned for this guidance to be externally available to also assist provider services and other partner agencies in making appropriate referrals into the local authority and to assist in transparency in safeguarding decision making.

Safeguarding Adults Pathway



Care Act 2014 Safeguarding Criteria

The Care Act 2014, which contains statutory responsibilities for safeguarding adults, provides the following criteria for an adult who may be in need of safeguarding:

The safeguarding duties apply to an adult who:

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

This support tool provides guidance about potential indicators of types of abuse as defined in the Care Act statutory guidance .

Purpose of this Guidance

Consistent decision making plays a crucial role in ensuring that safeguarding enquiries are prioritised for those people meeting this criteria, and this guidance aims to support with this.

It should be used to:

- Help to provide a consistent approach to identifying what kind of incidents may require a safeguarding response
- Support decision making about the kind of incidents that may be more appropriately addressed through alternative processes

Professional Judgement

It is important to note that this guidance is not exhaustive and is **not** a substitute for professional judgement but should be used as a framework tool for decision making and to support professional judgement.

If, at the point of referral, there is insufficient information to apply safeguarding criteria then further enquiries should be made to gather this information, and if you are concerned about a situation not covered within the guidance, advice should always be sought from a manager.

Immediate Risk

⚠ **If the incident referred indicates immediate risk, then action must be taken as soon as possible including involving emergency services on 999 where required, and there should be discussion with the police regarding any criminal offences.**

Making a referral to the Adult Multi-Agency Safeguarding Hub (MASH)

External Agencies using the guidance can make a referral to MASH using the link below if they feel that a safeguarding enquiry may be required based on this guidance:

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Non-Safeguarding Pathway Reporting

Providers carrying out a Regulated Service/Activity or Non-Regulated Activity such as, Day Support Service, are required to notify Nottinghamshire County Council and the Quality Market Management Team (NCC QMMT) of incidents by completing a Non-Safeguarding Notification Form (NSNF).

This tool will also help providers who deliver regulated activity such as home care, day care, support living and residential and nursing care to decide when to notify Nottinghamshire Adult Social Care of any non-safeguarding incidents.

Notification Form

If you feel based on the guidance a notification is required you can do this using the link below:

Non- Safeguarding Notification Form NCC

This guidance does not replace the duty to report any abuse or neglect to Nottinghamshire's Multi Agency Safeguarding Hub (MASH) but aims to reduce the number of non-safeguarding referrals being sent to the MASH. This Non-Safeguarding Notification Form Guidance Tool is to aid decision making about when to report an incident as a risk notification or when to raise a safeguarding concern.

Areas covered, include the following:

- Accidents
- Incidents
- Serious Incidents
- When the NCC QMMT require a copy of a CQC Notification(s)

The non-safeguarding tool aims to help:

✓ Support a culture of openness and transparency within health and social care services.

✓ Will support learning, good practice and help with decision making.

✓ Gather intelligence which will improve services for residents.

✓ Provide guidance on reporting of Accident(s), Incident(s), Serious Incident(s) and when the NCC QMMT require a copy of a CQC Notification(s).

CQC Notification Requirements

It is also very important that providers services always check and consider whether an incident meets notification requirements to the Care Quality Commission (CQC) as their regulator in addition to safeguarding and non-safeguarding pathway

*With thanks to Leicester, Leicestershire and Rutland Safeguarding Adults Boards for their example guidance and practice tools.

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Physical Abuse	➢ Incident involving physical contact without consent but not with sufficient force to cause a mark or bruise and the adult is not subsequently distressed. ➢ Isolated staff error causing minor accidental injury or harm e.g. friction mark on skin due to ill-fitting hoist sling. ➢ Appropriate moving and handling procedures not followed on one occasion not resulting in harm. ***Appropriate actions should be taken to prevent recurrence in the above situations and a record maintained to evidence this***	➢ Assault where injury is caused or there is on-going distress to the adult. ➢ Significant or ongoing injuries where there is no explanation for how this happened, or there are concerns about the explanation. ➢ Inappropriate/unauthorised use of restraint. ➢ Deliberate withholding of food, drinks or aids to independence. ➢ Significant weight loss where there is no clear explanation for this and medical advice has not been sought. ➢ Predictable and preventable incident between adults where injuries have been sustained or emotional distress caused. ➢ Covert administration of medication without appropriate authorisation, particularly where there has been detrimental impact. ➢ Any deliberate misadministration of medication (consider risk of fabricated or induced illness). ➢ Ongoing inappropriate/unsafe moving and handling processes causing harm

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Neglect and Acts of Omission	**Managing Care**	
	➢ Isolated incident of a person not receiving necessary help to have a drink/meal and a reasonable explanation is given. ➢ Isolated incident where an adult does not receive necessary help to get to the toilet to maintain continence or have appropriate assistance with changing incontinence pads and a reasonable explanation is given. ***Appropriate actions should be taken to prevent recurrence in the above situations and a record maintained to evidence this***	➢ Reoccurring events resulting in harm including implications for health such as pain, constipation or loss of dignity and self-confidence, malnutrition, dehydration, tissue viability concerns, choking or any other deterioration in health or causing distress. ➢ Failure to specify in a plan of care how a known significant need/risk must be met. Inappropriate action or inaction related to this result in harm such as injury or choking. ➢ There is a clear breach of "duty of care" and professional practice resulting in harm. ➢ A person does not receive scheduled care visits which results in deterioration in health or wellbeing. ➢ Repeated or serious incidents of harm occurring as a result of failure to assess, seek advice or follow relevant care plans or there are systematic failures in preventing harm from occurring. ➢ Any evidence of Wilful Neglect Criminal Justice and Courts Act 2015 ➢ Significant weight loss with no adequate explanation or appropriate response. ➢ Injury is caused by unsafe moving and handling procedures, or there is consistent disregard for safety which make injury very likely to happen.

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Neglect and Acts of Omission	**Maintaining Health**	
	➢ Discharge from hospital without adequate discharge planning, procedures not followed, but no harm occurs and this is rectified. ➢ A person not known to be susceptible to pressure ulcers (or where care plan has been followed) has experienced minor tissue damage (grade 2 pressure ulcer or below) but no significant impact on health. ➢ The adult has not received their medication as prescribed, no harm is caused, and this is an isolated incident and risk is addressed. ➢ Adult on one occasion not receiving timely health checks or necessary non-emergency medical care (dental, optical, audiology assessment, foot care) not resulting in harm. ➢ When a care provider's own policy does not meet NICE guidelines. ➢ Medication stored inappropriately but no harm occurs. ➢ A person is not being supported to manage safe storage of their food. ***Appropriate actions should be taken to prevent recurrence in the above situations and a record maintained to evidence this*** Consider whether Non- Safeguarding Notification Form NCC is required.	➢ Failure to arrange / access to life saving services. ➢ There are known risks around tissue damage but the adult has not been formally assessed/advice not sought with respect to pressure area management or a plan exists but is not followed resulting in harm e.g. avoidable tissue damage. ➢ Alert has been made as a result of assessment under Safeguarding Adults protocol for Pressure Ulcers. ➢ Carer/staff failure to seek appropriate medical support/follow medical recommendations in a timely manner resulting in harm. ➢ The adult experiences harm as a result of inadequate discharge planning e.g. serious deterioration of health, injury or emotional impact, avoidable readmission to hospital. ➢ Failure to support the adult to access appropriate medical appointments or give medication or care which causes adverse impact to the person's health, or there is high risk that this will be the case due to prolonged lack of access. ➢ Provider is not managing environment appropriately in terms of temperature leading to a risk of health deterioration.

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Neglect and Acts of Omission	**Managing Risk**	
	➢ Appropriate moving and handling procedures are not followed, or staff are not trained or competent to use the required equipment, but the adult does not experience harm and this is addressed. ➢ The adult does not receive a scheduled care visit and no other contact is made to check on their well-being, but no harm occurs. ➢ Risks about self-harm or suicide, where there are no other concerns about abuse or neglect (these should be referred as soon as possible to the appropriate mental health service/GP). ***Appropriate actions should be taken to prevent recurrence in the above situations and a record maintained to evidence this*** Consider whether Non- Safeguarding Notification Form NCC is required	➢ Any incidents where there is known risk to an adult/s but staff do not take action to reduce significant risk when aware and able to do so e.g. known risk of person trying to leave which would put them at risk and no actions taken to minimise risk. ➢ An unauthorised deprivation of liberty results in harm or distress to the person or authorisation has not been sought for DoLS despite this being drawn to the attention of the managing authority e.g. possible harm: loss of liberty and freedom of movement, emotional distress also failure to notify the local authority if the adult is consistently objecting to their care/treatment. ➢ Failure to intervene in dangerous situations where the adult lacks the capacity to understand the risks. ➢ Known risks around self-harm or suicide are not responded to appropriately (e.g. care plans/risk assessments not followed, or response not taken to increasing risks including access to unprescribed medication) and there is harm to the person. ➢ Equipment is not maintained such as hoists etc and harm occurs

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Neglect and Acts of Omission	**Falls**	
	➢ Fall occurs which may or may not result in injury, but where there has been no previous indication of falls risk, and appropriate steps are taken to reduce risk going forward ➢ Fall which results in injury where there is known falls risk, but existing care plans and risk assessments have been followed appropriately Consider whether Non- Safeguarding Notification Form NCC is required ***Medical attention must be sought in response to head injuries caused by falls.** **NHS settings are required by NHS England to report all falls to the ICB – both avoidable and unavoidable although not all will require a section 42 enquiry.**	➢ A several falls have occurred and there is no evidence of any steps taken by the service provider to reduce the risk, such as undertaking or updating risk assessments / care plans. ➢ A fall has resulted in a serious injury (such as fracture or head injury), where the adult is at known risk of falls, and there is no evidence that the service provider has taken adequate steps to reduce risk, including environmental risk and maintenance. ➢ Fall occurs resulting in injury and there is evidence that existing falls care plan (such as sensor mats not being in place or working) and guidance around falls are not being followed appropriately or updated.

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Sexual Abuse	➢ Isolated incident of unwanted sexualised attention where no harm or distress has occurred and steps are taken to prevent this occurring again.	➢ Rape or attempted rape ➢ Sexual assault ➢ Sexual harassment ➢ Contact or non-contact sexualised behaviour which causes distress to the adult. ➢ Being subject to targeted indecent exposure ➢ Making or sharing of intimate images without valid consent. ➢ Being made to look at pornographic material or sexual acts against their will or where valid consent cannot be given. ➢ Sex or sexualised behaviour in a relationship characterised by authority, inequality or exploitation, e.g. someone in a position of trust. ➢ Any sexual act without valid consent or where there has been pressure to consent.

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Discriminatory Abuse	➢ Isolated incident of care planning that fails to address an adult's specific diversity associated needs. **Appropriate actions should be taken to prevent recurrence in the above situations and care plans updated as required.**	➢ Hate crime or incident-any action motivated by hostility or prejudice based upon the victim's disability, race, religion or belief, sexual orientation, transgender identity or marital status. ➢ Denial of civil liberties e.g. voting, making a complaint. ➢ Being the focus of anti-social behaviour as a result of disability, age, race, religion or belief, sexual orientation, transgender identity or marital status. ➢ Inequitable access to service provision or recurrent failure to meet specific care/support needs associated with diversity, resulting in harm e.g. emotional distress, loss of dignity. ➢ Recurrent taunts, associated with diversity, causing harm e.g. emotional distress, loss of confidence, intimidation, loss of dignity. ➢ Adult at risk is consistently not supported to attend place of worship or receive pastoral visits which causes them distress. ➢ Arrangements are not made to appropriately meet cultural needs which results in harm or distress. ➢ Person is denied access to communication aids to assess or meet needs.

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Financial Abuse	➢ Nominal amounts of money are not recorded safely or properly but there is no evidence of misuse of money. ➢ Failure to meet agreed contribution to care by family/attorney but the person still has personal allowance and the placement or care is not at risk and this is rectified. ***Appropriate actions should be taken to prevent recurrence in the above situations**	➢ Fraud/exploitation/theft relating to benefits, income, property or will ➢ Allegation of theft by a person in position of trust ➢ Misuse/misappropriation of property, possessions or benefits by a person in a position of trust or control. ➢ Lack of processes in place to ensure people's money is secure where they lack capacity ➢ Action not taken in an adult's best interests where they lack capacity for financial decisions e.g. by Lasting Power of Attorney, for example not supporting them to use finances to enhance their wellbeing. ➢ Failure to assess mental capacity in circumstances where it is apparent that mental capacity is in question and harm is caused (i.e. financial abuse, exploitation, build-up of debt) ➢ Scams/fraud ➢ Adult denied access to his/her own funds or possessions to meet agreed contribution to care by family/LPA resulting in a failure to provide personal allowance and/or jeopardising required support. ➢ Staff borrowing or using the adult's possessions such as phone, electricity etc. without consent, or where consent is not valid. ➢ Adult is coerced into giving someone else money, such as through threats of harm or withholding contact. ➢ Provider uses a person's individual trust fund for communal facilities which the person cannot access and/or has not agreed to.

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Organisational Abuse	➢ Service design where groups of adults living together are incompatible and no harm occurs. ➢ Absence of policies or procedures or training/supervision in relation to aspects of practice but which do not result in harm. ➢ Poor experience of an aspect of care or professional practice that does not result in harm, albeit an adult may be dissatisfied with the service. ➢ Care planning documentation is not person centred, limited opportunities to engage in social and leisure activities, not resulting in harm. ***Appropriate actions should be taken to prevent recurrence in the above situations. Where this is not effective these issues may become safeguarding concerns.**	➢ Punitive responses to challenging behaviours ➢ Rigid/inflexible routines impacting on health and wellbeing ➢ Denial of individuality and opportunities to make informed choice e.g. denial of rights; impairment of or a deterioration in adult's health or wellbeing. ➢ Denying the adult at risk access to professional support and services such as advocacy. ➢ Failure to whistle blow on serious issues when they have not been addressed appropriately. ➢ Failure to follow safeguarding processes when abuse is disclosed. ➢ Poor, ill-informed or outmoded care practice and harm occurs to adults. ➢ Organisational practice is based on staff convenience impacting adversely on adult's choice and control. ➢ Service design where groups of adults living together where their needs are incompatible and harm occurs.

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Domestic Abuse (Please note this applies to abuse perpetrated by intimate partner, ex-intimate partner or family member)	➢ Isolated incident of taunt or verbal outburst, no harm or distress caused and adequate protective factors in place.	➢ Stalking ➢ Threats ➢ Presence of 'trilogy of risk' factors mental health needs, domestic abuse and substance misuse. ➢ Sexual assault and rape ➢ Physical assault including non-fatal strangulation/suffocation/choking ➢ Threats of or use of weapons ➢ Any concerns about forced marriage ➢ Any concerns about Female Genital Mutilation (FGM) ➢ Any concerns about 'honour' based abuse ➢ No access/control over finances ➢ Relationship characterised by imbalance of power ➢ Inexplicable injuries, particularly if this is a pattern ➢ Limited access to medical or dental care ➢ Accumulation of minor incidents

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Domestic Abuse (Continue)		➢ Ongoing verbal outbursts ➢ Indicators or concerns about coercion and control e.g. adult experiencing fear of family member or current or previous intimate partner due to threats of harm or previous harm. Having their contact with others controlled and being prevented from attending appointments alone. ➢ Family install monitoring devices which the person has not or cannot consent to and this impacts on their rights to privacy and dignity.
	Where there are risks around domestic abuse, referrals should be made to specialist support agencies (see Domestic abuse and sexual violence support | Nottinghamshire County Council). The person should always be informed of this unless this increases risk. They will complete a **DASH** (Domestic Abuse, Stalking, Harassment and Honour Based Violence) Risk Assessment Checklist to determine the level of risk in domestic abuse cases and a referral made into MARAC (Multi-Agency Risk Assessment Conference) where appropriate. **Where children are exposed to domestic abuse always refer to Children's Services.**	

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Modern Slavery and exploitation (including human trafficking, cuckooing, sexual exploitation, domestic servitude forced or compulsory labour and county lines related risks)	➢ Dispute between employer and employee where there is no evidence that employee's rights are affected. ➢ Concerns about recruitment of staff which raise risks around modern slavery (refer to CQC/non-safeguarding care pathway)	➢ Untreated Injuries suspected as to be a result of assault or controlling measures. ➢ Person may look malnourished or unkempt, anxious/agitated or appear withdrawn and neglected. ➢ The person is rarely allowed to travel on their own, may travel in groups, seems under the control, influence of others, rarely interacts or appears unfamiliar with their neighbourhood or where they work. ➢ Relationships which don't seem right – for example, a young person appearing to be in a relationship with a much older adult where there appears to be a power imbalance. ➢ Living in dirty, cramped or overcrowded accommodation, and/or living and working at the same address. ➢ The person may have no identification documents or travel document and have few personal possessions. ➢ Appearing frightened to talk to professionals and fearful of law enforcers. ➢ Little access to money or knowledge of where their money is kept. ➢ The person appears to be working long hours for little or no pay, or unsure about what their pay arrangements are. ➢ Signs of Cuckooing Cuckooing | Nottinghamshire Police ➢ Concerns about involvement in County Lines County lines | Nottinghamshire Police **Concerns about exploitation and modern slavery should also be referred to the Slavery Exploitation Risk Assessment Conference (SERAC) which will help inform whether National Referral Mechanism (NRM) referrals and police investigations are required.**

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Self-Neglect	➢ There is clutter within the adult's property, but this is not posing a risk to the person's health and safety. ➢ There are concerns about levels of hygiene and clutter within the adult's environment which may pose some risk to the adult's health and safety, but they are willing to engage in support to address this. ➢ The adult's health needs have been neglected, but it is established that this is due to the adult requiring support to manage this, and this support is available (through informal networks or commissioned support) **These type of concerns should be initially addressed though non-safeguarding pathways to identify appropriate support/manage risk.**	➢ There are high levels of hoarding present (refer to Hoarding clutter rating) posing a high risk to health and safety including fire risk. ➢ The adult is consistently neglecting their health needs and/or environment, and this is significantly impacting on their wellbeing and/or increasing risk to tenancy **and previous interventions have not decreased risks or support has been consistently declined**. **Read this self-neglect.pdf to find out more**