



Incidents Between Residents

Version 4

Our safeguarding arrangements will effectively prevent
and respond to adult abuse

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Template Revision Number	Date Approved by the Board	Links to Other Policies	Review Date:
Version 1	January 2019		
Version 4	Not required, minor addition of 2.2		March 2025

Incidents Between Residents

When a Safeguarding Concern is submitted linked to an 'Incident between Residents' in a Care Home, the following advice can be used to help Local Authority staff respond to the Concern in a consistent manner.

1. Initial fact finding

1.1 Did harm occur?

- What are the extent of any injuries?
- Was there any psychological harm?
- Was there any sexual abuse (including inappropriate touching)?
- Was there any verbal/discriminatory abuse?
- Where there any objects involved that caused injury?
- Is there any CCTV footage?

1.2 Do the residents involved have the mental capacity to understand what has happened?

- Is a Mental Capacity Act Assessment required (including testing Executive Capacity)?

1.3 Was this an isolated incident with any of the residents involved?

- If no, have any of the adults been involved in any previous and or similar incidents?
- Have case notes been examined to check this? (Do Local Authority records have any background history?)

The Teeswide Safeguarding Adults Board Inter-Agency Policy and Procedures, and Decision Support Guidance should be used to help inform the approach taken by staff in determining if the incident will lead to a Section 42 Enquiry. See here: <https://www.tsab.org.uk/key-information/policies-strategies/>

2. What action has already been taken?

2.1 Where did the incident occur?

- What is it in a communal area?
- Was this in a resident's room?

2.2 Is the service utilising high levels of agency staff?

- What was the ratio of agency staff on duty?

2.3 Were there any contributing factors? (See below):

Urinary or other infection	Incontinence	Frustration or boredom, including lack of meaningful activities	Medication error or other medical issue
Fatigue, hunger or thirst	Lack of privacy	Noise and crowdedness	Seating arrangements or disagreements about this in the communal areas
Poor signage resulting in wayfinding problems, including residents going into other people's rooms	Inadequate lighting (too bright or too dark)	Too hot or too cold inside the Care Home	Indoor confinement, especially in the darker winter months
Isolation or loneliness	Disagreement over TV programmes	Pain or constipation	Memory loss

2.4 Where were the staff when this happened?

- Was there a low staff to resident ratio? ↵
- Did any of the individuals have a behaviour support plan, or 1:1 supervision in place, and if so was this adhered to? (Are there written records linked to this?)
- Do staff have appropriate training in recognising warning triggers and de-escalating incidents?

2.5 Has a Root Cause Analysis been conducted?

- What triggered the incident?
- What was happening at the time in the Care Home?
- Who was around and involved?
- What time of the day was it and is there a pattern or trend?
- Why did this happen, and what is being done to prevent further occurrences?

2.6 Have risk assessments and care plans been updated, reviewed or amended as necessary?

- Have any changes been communicated to staff effectively and promptly?
- Are changes to in-house routines or procedures required?
- Do any residents need any additional supervision or observation?
- Is there a need for any new assessments?
 - Mental Capacity Act
 - ICLS
 - Inter-disciplinary, including for medication or other health related issues.