Teeswide Safeguarding Adults Board

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Decision Support Guidance - Appendix

Version 1

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Contents

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Introduction

This guidance is for use by all providers and practitioners across Teesside who work with adults with needs for care and support. The guidance is to support practitioners in determining the appropriate response pathway when they are concerned about an adult who has needs for care and support. The three pathways considered in this guidance are:

- **Recordable incidents**, such as minor medication errors, falls etc. (Providers)
- **Provider Service Concerns** (Practitioners)
- **A Statutory Safeguarding Adult Concern** under Section 42 of the Care Act 2014 (Providers and Practitioners)

Definition of Care and Support Needs

Safeguarding duties apply regardless of whether a person's care and support needs are being met, whether by the Local Authority or anyone else. They also apply to people who pay for their own care and support services.

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, including dementia or a personality disorder
- a person with a long-term health condition
- someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living.

Consideration of this need for care and support must be person-centred (for example, not all older people will be in need of care and support but those who are 'frail due to ill health, physical disability or cognitive impairment' may be).

The above is not an exhaustive list and it must be considered alongside the impact of needs on the individual's wellbeing.

Things to consider when using this guidance

- Although separate pathways are identified, the intelligence gathered helps the Local Authority to triangulate information and act at an earlier stage than if incidents are considered separately. This includes identifying patterns of repeat incidents, escalation in severity, and behaviours of individuals causing harm.
- This guidance is not a substitute for agencies following their own internal incident policies and processes, responding to practice and performance issues with staff, or following agency disciplinary procedures.
- It is the responsibility of the referrer to use their professional judgement when making the decision to refer or not. This guidance and any consultation are not a substitute for the decision the referrer needs to make.
- Providers and practitioners need to be clear about the difference between each of the above pathways and when it is appropriate to use them.
- This guidance is to be used alongside the Decision Support Guidance and this document should be used in conjunction with the Teeswide Inter-Agency Safeguarding Adults Policy and **Stage 1** of the Inter-Agency Safeguarding Adults Procedure as well as each agency's own safeguarding policies and procedures.

Not all concerns will require a statutory safeguarding response; applying the appropriate pathway ensures timely and proportionate action

Recordable Incidents (Providers only)

These are isolated lower-level incidents or concerns and **should not** be reported as a safeguarding concern to the Local Authority. Providers should also follow the Health and Social Care Act regulations to consider if it appropriate to formally notify the CQC. Please refer to the Decision Support Guidance for examples of recordable incidents. It is important that following any incident an internal review is undertaken and an action plan put in place to ensure lessons are learnt and the risk of the incident repeating is reduced.

Agencies should keep a written internal record of each individual incident for each person detailing what happened and what action was taken in line with internal organisation procedures. These should be stored within the individual's personal file to ensure complete and accurate records are available should further investigation be necessary. Actions/ outcomes may include advice, information, signposting, risk management and staff training. The Decision Support Guidance also provides information on actions which can be taken.

These records will be crucial if the incidents continue, or escalate in severity, and may be required for future Safeguarding Adult Section 42 Enquiries, Safeguarding Adult Reviews, criminal investigations, regulatory inspections (i.e. CQC), commissioning reviews or coroner inquests. If there is more than one recordable incident about a person, and a pattern is emerging that indicates there may be increasing risks that amount to abuse or neglect, a review of the persons care and support needs should be requested, and consideration should be given to submitting a safeguarding referral.

Where it is felt it is necessary to share information with Adult Social Care or any other partner agency such as health, GP etc this should be done so directly with the relevant agency considering data and information sharing guidelines. Unless there is a named Social Worker involved you can contact your Local Authority Adult Social Care department or request a review of the persons care and support needs.

Examples have been provided in the Decision Support Guidance of the types of incidents which should be reported and of possible alternative actions that should be considered. These are offered as examples only and should not be considered exhaustive.

Provider Service Concerns (Practitioners)

Every care provider should aim to provide effective, high-quality care and support for every individual. When providers' standards fall short, concerns about the quality of care may arise. In such cases, practitioners should first raise and document their concerns directly with the provider. They should then follow their own agency's internal procedures to formally log and address the issues identified. There is no requirement to raise a **Safeguarding Concern** to the Local Authority for general provider service concerns. Providers should also follow the Health and Social Care Act regulations to consider if it is appropriate to formally notify the CQC.

If concerns regarding the quality of care are allowed to continue unaddressed then there is a risk of the poor care becoming normalised, leading to abuse and neglect, and the need for a safeguarding concern to be raised.

Provider service concerns refer to issues that affect an individual or a group of people who receive care and support. This could relate to for example poor standard of care plans, poor levels of general hygiene within an establishment, lack of staff, and home visits which are often late but cause no harm to an individual (this is not an exhaustive list).

A care quality or provider service concern is distinct from a safeguarding concern, though the two may often occur together. It should be noted that patterns of care quality or provider concerns can often lead to a safeguarding concern needing to be raised.

As practitioners you have a responsibility to raise any care quality or provider service concerns and should follow your own agency's guidance.

A Statutory Safeguarding Adult Concern (Section 42 of the Care Act 2014) (All practitioners, providers, volunteers etc)

The Care Act 2014 sets out the criteria that must be followed in relation to raising a safeguarding concern under Section 42 of the Care Act.

This guidance does not replace the statutory criteria under Section 42 of the Care Act which still needs to be considered.

Who do the safeguarding duties under Section 42 of the Care Act apply to?
Safeguarding duties apply where there is reasonable cause to suspect that an adult:

- Has needs for care and support (whether or not the authority is meeting any of those needs)
- Is experiencing, or is 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

Please refer to the Decision Support Guidance to support your decision making.

If you require further guidance please contact your nominated representative within the Safeguarding Team or contact your Local Authority Adult Social Care department.

Making Safeguarding Personal and Consent (views and wishes)
If you think that the criteria above have been met, you will need to discuss your concerns with the adult or their representative. This is part of your responsibility in Making Safeguarding Personal, to ensure the adult at risk is kept at the centre of everything we do, and their wishes and feelings are taken into consideration at every stage of the safeguarding process. Please refer to the Making Safeguarding Personal Guidance.

Submitting a Safeguarding Concern under Section 42 of the Care Act
A Safeguarding Adult Concern should be raised with the Local Authority area in which the abuse or neglect is alleged to have taken place. Contact your Local Authority Adult Social Care department.

For further information on raising a concern and what to expect after the referral is made, refer to the Teeswide Inter-Agency Safeguarding Adults Policy and Procedure.