

**LJWB Adult Safeguarding Policy –
Applicable to all services**

Document Control Sheet - Key Information

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What is Different?	
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LJWB Adult Safeguarding Policy

1. Policy Statement

LJWB will not tolerate the abuse of adults at risk in any of its forms. This policy is for all staff, volunteers, Trustees and committee members, contractors and partners of LJWB.

We will support the individual at risk to lead in any decision making about their own welfare and how they choose to live their lives.

In the event that a person lacks mental capacity to make these decisions, then the decisions must be made in their best interests with due regard to their wishes, feelings, beliefs and values and in accordance with the Mental Capacity Act 2005.

LJWB is committed to:

- Managing its services is a way which minimises the risk of abuse occurring
- Supporting adults at risk who are at risk, experiencing or have experienced abuse
- Working with adults at risk and other agencies to end any abuse that is taking place

In achieving these aims LJWB will:

- Ensure that all managers, employees and volunteers have access to and are familiar with this Safeguarding Adult Policy and procedure and their responsibilities within it
- Ensure concerns or allegations of abuse are always taken seriously
- In the event a person lacks mental capacity to make these decisions, then the Mental Capacity Act 2005 is used to make decisions on behalf of those adults at risk, who are unable to make particular decisions for themselves, and these decisions are made in their best interests, with due regard for their wishes, feelings, beliefs and values.
- Ensure all staff and volunteers including Trustees receive training in relation safeguarding adults at a level commensurate with their role.
- Ensure that service users, clients their relatives or informal carers have access to information about how to report concerns or allegations of abuse.
- Ensure there is a named lead person to promote safeguarding awareness and practice within LJWB

This policy and procedure has been developed to be consistent with the Safeguarding Adults Multi-Agency Policy and Procedures for West Yorkshire.

1.1 Aims of The Safeguarding Adults Policy are to:

- stop abuse or neglect wherever possible
- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- safeguard adults in a way that supports them in making choices and having control about how they want to live
- promote an approach that concentrates on improving life for the adults concerned
- raise public awareness so that communities, alongside professionals play their part in preventing, identifying and responding to abuse and neglect.
- providing information and support in accessible ways to help people understand the different types of abuse, how to stay safe and how to Raise a Concern about the safety and wellbeing of an adult; and
- address what caused the abuse or neglect.

2 Policy Definitions

2.1 Who is an 'Adult at Risk'?

For the purposes of this policy, an adult at risk is an adult who:

- is aged 18 years or more, and
- has needs for care and support (whether these are currently being met),
- is experiencing, or is at risk of, abuse or neglect, and
- because of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

Therefore, an adult at risk is someone who may be a person who:

- is an older person who is frail due to ill health, physical disability or cognitive Impairment
- has a learning disability
- has a physical disability and/or a sensory impairment
- has mental health needs, dementia or a personality disorder
- has a long-term illness/condition
- misuses substances or alcohol
- is an unpaid carer such as a family member/friend who provides personal assistance and care to adults and is subject to abuse
- lacks mental capacity to make particular decisions and is in need of care and support

This list will not be exhaustive.

This definition includes adults with physical, sensory and mental impairments and learning disabilities, howsoever those impairments have arisen e.g. whether present from birth or due to advancing age, chronic illness or injury.

2.2 What is abuse?

Abuse can take many forms and the circumstances of the individual should always be considered. It may consist of a single act or repeated acts. The following are examples of issues that would be considered as a safeguarding concern.

Physical Abuse - includes hitting, slapping, pushing, kicking, and misuse of medication, unlawful or inappropriate restraint, or inappropriate physical sanctions.

Restraint

Unlawful or inappropriate use of restraint or physical interventions and/or unlawful deprivation of liberty is physical abuse.

Internal operational procedures covering the use of physical interventions and restraint, incorporating best practice guidance and the Mental Capacity Act, Mental Capacity Act Code of Practice and the Deprivation of Liberty Safeguards (DoLS) are available.

Domestic Abuse – is “an incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse... by someone who is or has been an intimate partner or family member regardless of gender or sexuality” (Home Office, 2013). Domestic violence and abuse may include psychological, physical, sexual, financial, emotional abuse; as well as so called ‘honour’ based violence, forced marriage and female genital mutilation.

Sexual Abuse - includes rape and sexual assault or sexual acts to which the adult at risk has not consented or could not consent or was pressured into consenting. Sexual abuse is not confined to issues of consent, the following factors should also be considered:

- Any sexual relationships or inappropriate sexualised behaviour between a member of staff and a service user are always abusive and should lead to disciplinary proceedings.
- A sexual act between a care worker and a service user with a mental disorder is also a specific criminal offence under Sections 38–42 of the Sexual Offences Act 2003.

Psychological Abuse - includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal from services or supportive networks.

Psychological/emotional abuse can result from other abusive acts and therefore may occur as a result of or alongside other types of abusive behaviour

Financial and Material Abuse – This form of abuse includes

- theft,
- fraud
- exploitation,
- pressure in connection with wills,
- property or inheritance or financial transactions,
- or the misuse or misappropriation of property, possessions or benefits.
- the misuse of an enduring power of attorney or a lasting power of attorney, or appointeeship
- internet scamming

Modern Slavery - includes human trafficking, forced labour and domestic servitude. Traffickers and slave masters use the means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhuman treatment.

Neglect and Acts of Omission – Neglect and acts of omission concern the failure of any person who has responsibility for the care of an adult at risk to provide the amount and type of care that a reasonable person would be expected to provide.

Examples include:

- ignoring medical or physical care needs,
- failure to provide access to appropriate health, social care or educational services
- the withholding of the necessities of life, such as medication, adequate nutrition and heating.
-

Neglect and acts of omission can be intentional or unintentional. Wilful acts can be a criminal offence.

Discriminatory Abuse:

Discriminatory abuse exists when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals. It can result from situations that exploit a person's vulnerability by treating the person in a way that excludes them from opportunities they should have as equal citizens.

- Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as 'protected characteristics' under the Equality Act 2010)
- Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic
- Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader
- Harassment or deliberate exclusion on the grounds of a protected characteristic

- Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic
- Substandard service provision relating to a protected characteristic

Organisational Abuse – includes neglect and poor practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Self-Neglect - covers a wide range of behaviours, such as neglecting to care for one's personal hygiene, health or surroundings and includes behaviours such as hoarding.

- Where a person lacks mental capacity in relation their care and support needs, decisions should be made in the person's best interests as required under the Mental Capacity Act 2005. However, if a person has mental capacity in relation to their care and support needs, or
- where issues of capacity are or have been difficult to assess, a response within the safeguarding adult's procedure may sometimes be appropriate.

This should be considered where:

- a person is declining assistance in relation to their care and support needs, and
- the impact of their decision has or is likely to have a substantial impact on their overall individual wellbeing and a significant risk of harm remains

Patterns of Abuse

Abuse can take place in any context. It may occur when an adult at risk lives alone or with a relative; it may also occur within nursing, residential or day care settings, within hospitals or other places previously assumed safe, or in public places.

Abuse may consist of:

- a single or repeated act
- an act of commission or omission
- multiple acts, for example, an adult at risk may be neglected and being financially abused.

2.3 Key Roles

Every member of staff and volunteer has a responsibility to act on concerns of possible abuse and must inform LJWB's Safeguarding Concerns Lead.

Safeguarding Concerns Manager: The Safeguarding Concerns Manager has the responsibility to decide whether it is appropriate to Raise a Safeguarding Concern required or respond to the concerns in an alternative manner.

In the first instance this will be your Manager or LJWB's Safeguarding Lead Officer. If they are unavailable there is always a member of the Senior Leadership team on duty who can advise you.

Organisational Lead for Safeguarding Adults:

The Organisational Safeguarding Lead for LJWB is Janine Field and she is responsible for ensuring that all safeguarding issues are reported, collated and reviewed. She presents reports to the Care and Wellbeing committee who oversee both regulated and non-regulated care provided by LJWB. This committee is chaired by a Trustee of the Board.

Safeguarding issues are highlighted to Trustees as they occur, and a formal report is produced every six months outlining action(s) taken.

2.4 Safe Employment

LJWB is committed to achieving best practice in respect to the safe recruitment of employees and volunteers thereby reducing the risk of exposing adults at risk to people unsuitable to work with them. We adopt the following principles as the minimum standards which must be adhered to: -

- LJWB is committed to working within best practice as established by the Disclosure and Barring Scheme (DBS)
- LJWB ensures that all staff must: -
 - apply in writing
 - receive an interview and skills assessment
 - Provide two written references – one must be from current employer if in employment.
 - Provided evidence in line with current employment regulations including right to work.
 - Undertake a DBS or enhance DBS check prior to commencing employment

Please see LJWB Recruitment and Selection policies for further information.

2.5 Training and Supervision

LJWB is fully committed to ensuring that all safe know and understand about safeguarding. Training is tiered depending on the specific role you undertake. Your training will be discussed at induction, supervision and appraisal. The in-house training team can assist your manger in ensuring that you have the right training.

LJWB also work closely with Leeds City Council to utilise their training course on Safeguarding. All staff and Trustees will receive training on safeguarding adults at a level commensurate with their roles, this may include: -

- Awareness of this safeguarding policy/procedure at induction
- In house briefings on Safeguarding roles and responsibilities
- Support and discussions at team meetings
- One to one support during supervision.
- Spot checks and file audits undertaken by the quality assurance team.
- Option to attend funded external training commensurate with their role.

2.6 Prevention

Whilst the safeguarding Adults Policy focuses on responding to potential abuse, its prevention must always be the primary objective. Members of the public, staff, volunteers and the organisation all have a role in preventing abuse.

LJWB has a zero tolerance of abuse and we implement a range of policies and procedures to ensure that risks are minimised where ever possible. Each service may have specific policies in line with regulatory requirements such as CQC – please see your Manager who will explain these to you. LJWB policies include: -

1. Professional Boundaries
2. Public Interest Disclosure Policy
3. The handling of money and person effects
4. Managing challenging behaviour
5. The investigation of complaints
6. Mental Capacity Act (incl. Advanced Decisions and Lasting Powers of Attorney)
7. Deprivation of Liberty Safeguards (DoLS)
8. Incident Reporting procedures

These policies can be found on LJWB's HRIS and hard copies can be requested from your line manager.

Deprivation of Liberty Safeguards (DoLS)

The Mental Capacity Act provides a framework to empower and protect people who may lack mental capacity to make certain decisions for themselves.

The Act makes it clear who can make decisions in which situations, and how they should go about this. Anyone who works with or cares for an adult who lacks mental capacity must adhere to the Mental Capacity Act.

The Mental Capacity Act allows for care and treatment arrangements to include restrictions on a person's liberty, where it is necessary to prevent harm to a person who lacks capacity, providing that

- is in their best interests,
- it is a proportionate response to the likelihood and seriousness of that harm.

However, the Mental Capacity Act does not allow for a person to be deprived of their liberty to receive care and treatment. Authorisation for a deprivation of liberty is by use of the Deprivation of Liberty Safeguards (DoLS) in hospitals and care homes, and the Court of Protection in 'domestic settings'.

March 2014, the Supreme Court established the 'Acid Test' for when a person is Deprived of their liberty for purposes of Article 5 of the European Convention on Human Rights:

"The person is under continuous supervision and control and is not free to leave, and the person lacks capacity to consent to these arrangements".

In terms of a deprivation of liberty, 'continuous supervision and control' means complete and effective control of the person. Continuous does not necessarily mean every minute of the day, it is more about the overall impact on the person's life.

The following examples are likely to amount to continuous supervision and control:

- the adult needs constant or frequent supervision for their safety, or
- the adult would not be left on their own for more than a short period, even if they asked to be; or
- carers are effectively deciding all or many aspects of their daily life (e.g. when to get up and go to bed, where to sit, when to watch the television, when to eat, when and where to go out; or
- the adult need support with all or many everyday tasks (e.g. cooking, shopping, bathing) and would be stopped from trying to do them if no carer was available to help or supervise them at the time; or
- their care plan or carers impose significant restrictions on their contact with their family.

3 Safeguarding Adult Procedures

3.1 Responding to an allegation/concern:

This section describes what a staff or volunteer member should do if you suspect abuse or neglect is taking place.

3.2 Responsibilities of all Employees and Volunteers

If any member of staff or volunteer has reason to believe that abuse is or may be taking place you have a responsibility to act on this information. It does not matter what your role is, doing nothing is not an option.

If a person discloses abuse to you directly, use the following principles to respond to them:

- Assure them that you are taking the concerns seriously
- Do not be judgemental or jump to conclusions
- Listen carefully to what they are telling you, stay calm, get as clear a picture as you can. Use open ended questions

- Do not start to investigate or ask detailed or probing questions
 - Explain that you have a duty to tell your manager or the designated officer
 - Reassure the person that they will be involved in decisions about them.
- Empowerment is the principle that adults should be in control of their lives and consent is needed for decisions and actions designed to protect them.

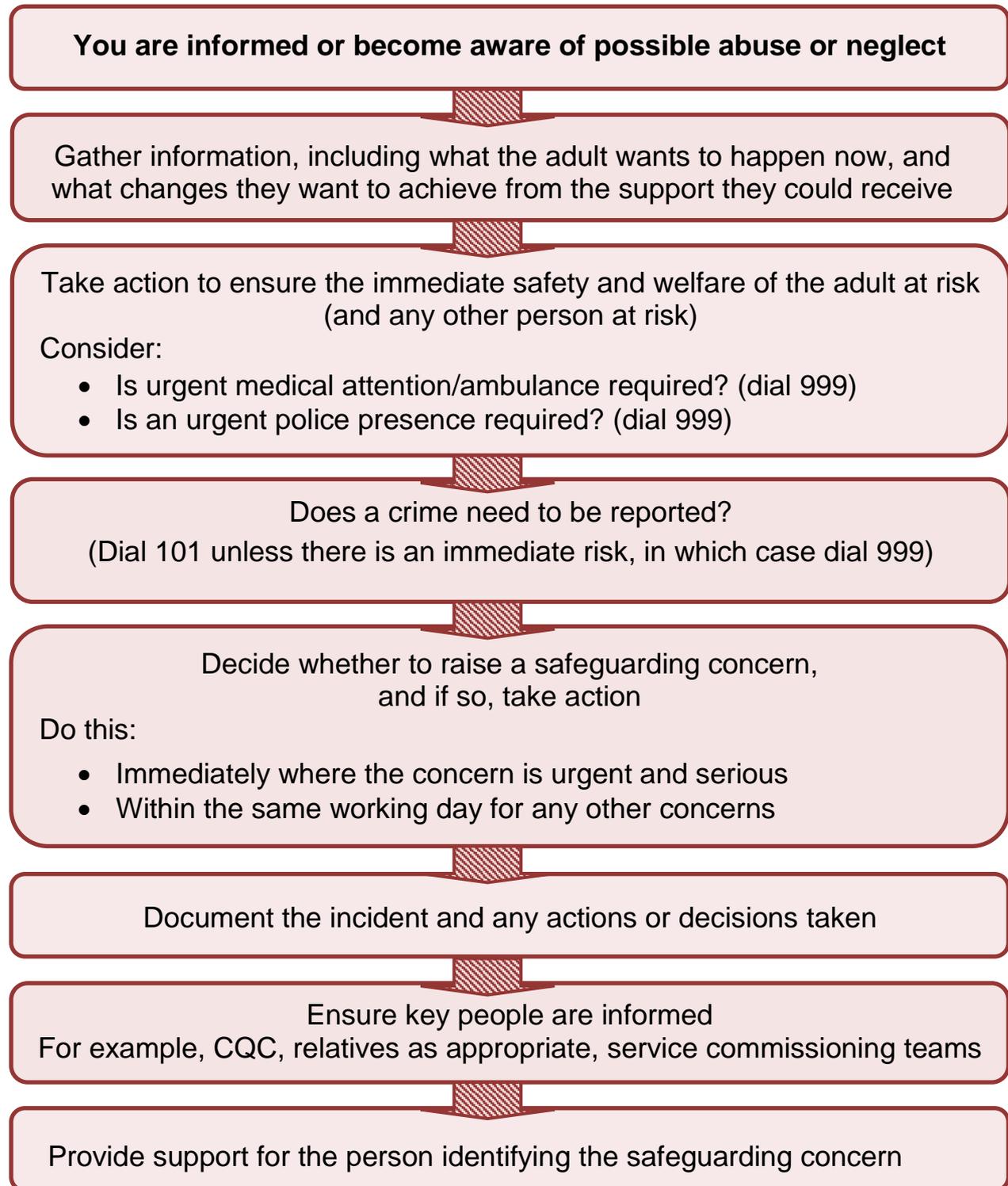
Your responsibilities are:

1. To take action to keep the person safe if possible.
 - Is an urgent police presence required to keep someone safe? – call 999
 - Does the person need urgent medical assistance, do they need an ambulance? – call 999
2. If a crime has occurred, be aware of the need to preserve evidence.
3. If you feel that the crime is a 'hate' crime, please report this to the police and copy in your report to the Community Security Team. Contact numbers can be found in the Business Continuity Plan.
4. Always inform your organisations Safeguarding Concerns Lead (Janine Field). You cannot keep this information secret, even if the person asks you to.
5. Clearly record what you have witnessed or been told, record your responses and any actions taken.

If consulting with your Safeguarding Concerns Manager will lead to an undue delay and thereby leave a person in a position of risk, you should raise a Safeguarding Concern yourself.

3.3 Raising a Safeguarding Concern

Raising a safeguarding concern, means reporting abuse to the local authority under the Safeguarding Adult's procedure. Anyone can raise a safeguarding concern; often however this is undertaken by a manager in LJWB. This person is referred to as the Safeguarding Concerns Lead.



**Additional Guidance:
Considering whether to Raise a Safeguarding Concern**

When deciding whether a safeguarding concern should be raised, consider the following key questions:

1. Is the person an 'adult at risk' as defined within this policy/procedure?
2. Is the person experiencing, or at risk of, abuse and neglect?
3. What is the nature and seriousness of the risks?

Consider:

- The person's individual circumstances
 - The nature and extent of the concerns
 - The length of time it has been occurring
 - The impact of any incident
 - The risk of repeated incidents for the person
 - The risk of repeated incidents for others
4. What does the adult at risk want to happen now?

Wherever possible, gain consent from and consider what the adult at risk wants to happen next, what do they want to change about their situation, and what support do they want to achieve that.

On some occasions, it may be necessary to raise a safeguarding concern even if this is contrary to the wishes of the adult at risk. Any such decision should be proportional to the risk, for example:

- It is in the public interest e.g. there is also a risk to others, a member of staff or volunteer is involved, or the abuse has occurred on property owned or managed by an organisation with a responsibility to provide care
- The person lacks mental capacity to consent and it is in the person's best interests
- The person is subject to coercion or undue influence, to extent that they are unable to give consent
- It is in the person's vital interests (to prevent serious harm or distress or life-threatening situations)

If you remain unsure whether to raise a safeguarding concern, you can:

- Refer to the Decision Support Tool for Raising Safeguarding Concerns in Appendix B
- LJWB's Safeguarding Adults Lead for advice
- Seek advice from Adult Social Care, **0113 222 4401** (out of office hours- **Tel: 07712 106378**)
- Refer to the Multi-Agency Safeguarding Adult Policy and Procedures at www.safeguardingadults.org.uk for further information and guidance

Considering whether to report a concern to the police

If a crime has been or may have been committed, seek the person's consent to report the matter immediately to the police. This will be in addition to raising a safeguarding concern with the local authority.

If the person has mental capacity in relation to the decision and does not want a report made, this should be respected unless there are justifiable reasons to act contrary to their wishes, such as:

- the person is subject to coercion or undue influence, to the extent that they are unable to give consent, or
- there is an overriding public interest, such as where there is a risk to other people
- it is in the person's vital interests (to prevent serious harm or distress or in life-threatening situations)

There should be clear reasons for overriding the wishes of a person with the mental capacity to decide for themselves. A judgement will be needed that takes into account the particular circumstances.

If the person does not have mental capacity in relation to this decision, a 'best interests' decision will need to be made in line with the Mental Capacity Act.

Please be aware of the enhanced procedures in LJWB due to crimes of an anti-Semitic nature. Your Manager will provide briefings on the role of the Community Support Team, (CST) and how to report crimes of this nature which may also be safeguarding issues.

Preserving evidence

If a crime has occurred, try to preserve evidence in case there is a criminal investigation.

- try not to disturb the scene, clothing or victim if possible
- secure the scene, for example, lock the door, if possible,
- preserve all containers, documents, locations, etc.
- evidence may be present even if you cannot actually see anything
- if in doubt, contact the police and ask for advice

The police should be contacted for advice wherever required.

Who else to inform

If you are a service provider and a safeguarding concern has been raised, notify your regulatory body and the authority that commissions your service for the adult at risk.

You may also need to inform:

- Care Quality Commission is the service user is placed or uses the services within one of our Registered Care services.
- relatives of the adult at risk according to their wishes, or in their 'best interests' where they lack the mental capacity to make this decision for themselves
- child protection services, if children are also at risk from harm
- the Charities Commission, if your service is a registered charity – LJWB's Governance Officer should be consulted
- your line manager (and Safeguarding Adults Lead if different) of your decisions and actions in line with this procedure
- your Human Resources Manager if allegations/concerns relate to a member of employee or volunteer
- staff delivering a service on a need-to-know basis so that they do not take actions that may prejudice an enquiry

Document the concern and any actions or decisions taken

Ensure all actions and decisions are fully recorded. It is possible that your records may be required as part of an enquiry, be as clear and accurate as you can. Record the reasons for your decisions and any advice given to you in making these decisions.

Ensure that appropriate records are maintained, including details of:

- the nature of the safeguarding concern/allegation
- the wishes and desired outcomes of the adult at risk
- the support and information provided to enable the adult at risk to make an informed decision
- assessments of Mental Capacity where indicated
- the decision of LJWB to raise a concern or not.

How to Raise a Safeguarding Concern:

To raise a safeguarding concern under the safeguarding adults' procedures:

Contact:

- Adult Social Care Contact Centre: **0113 222 4401**
- Emergency Duty Team: **07712 106 378** (if urgent and outside of the Contact Centre times)

The person you speak to will ask you for details about the allegation/concern. If you have reported the incident to the police, tell the person this as well.

Then complete the Safeguarding Adults: Supporting Information form; sometimes called the SA1 Form. This can be found on www.leedssafeguardingadults.org.uk

The safeguarding concern will be allocated to an appropriate team, who will then contact you to discuss the concerns further and advise you to whom the Supporting Information form (SA1) should be sent.

Signed: 

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Policy review date: 06.08.19

or sooner if legislation changes.

Appendix A: Useful Contacts

Use this section to record useful telephone numbers that are relevant to safeguarding adults in the context of your organisation.

To raise a safeguarding concern or seek advice	
Leeds Adult Social Care: Contact Centre	Tel: 0113 222 4401
Emergency Duty Team (Outside of the contact centre times above)	Tel: 07712 106 378
Contacting the police	
If the person is in imminent danger	Tel: 999 (Emergency Service)
If you need to report a crime, but the person is not in imminent danger	Tel: 101 (Non-Emergency Service)
Community Security Team CST	0800 032 3263
To notifying regulators	
Care Quality Commission Charities Commission	Tel: 03000 616161 Tel: 0300 065 2199
Notifying contracting/commissioning authority	
Leeds City Council	0113 222 4444
Employment related advice lines	
Disclosure and Barring Service (DBS)	Tel: 01325 953795
Whistleblowing advice services	
Mencap www.mencap.org.uk/organisations/whistleblowing-helpline	Helpline: 08000 724 725
Care Quality Commission: www.cqc.org.uk/contact-us	Tel: 03000 616161
Public Concern at Work	Tel: 020 7404 6609.

www.pcaw.org.uk	
Advocacy services	
Advonet www.advonet.org.uk	Tel: 0113 244 0606

Appendix B: Decision support tool for making safeguarding alerts

The decision support tool is provided as a support and not a replacement for professional decision making. It should be used alongside other guidance provided and with consideration of the specific unique circumstances of the allegation or concern.

Types of Abuse/ Types of Response	Examples: Where raising a safeguarding concern may not be required Consider Alternatives - disciplinary, complaints, incident/serious incident processes, training etc.	Examples: Where raising a safeguarding concern is likely to be required
Physical	One service user 'taps' or 'slaps' another but not with sufficient force to cause a mark or bruise and the victim is not intimidated. Isolated incident, care plans amended to address risk of reoccurrence Or One service user shouts at another in a threatening manner, but the victim is not intimidated. Care plans amended to address risk of reoccurrence.	Predictable and preventable (by staff) incident between two adults at risk resulting in harm Harm may include: bruising, abrasions and/or emotional distress caused
	Adult at risk has been formally assessed under the Mental Capacity Act. Actions taken in best interests are not the 'least restrictive'. Harm has not occurred, and actions are being taken to review care plans. Application for Deprivation of Liberty Safeguards may be required.	An unauthorised deprivation of liberty results in a form of harm to the person <u>or</u> authorisation has not been sought for DoLS despite this being drawn to the attention of hospital/care home Harm may include: loss of liberty, rights and freedom of movement. Other types of abuse may be indicated – psychological/emotional distress
Psychological / Emotional	The adult at risk is spoken to once in a rude, insulting and belittling or other inappropriate way by a member of staff or family carer. Respect for them and their dignity is not maintained but they are not distressed. Actions being taken to prevent reoccurrence.	Isolated incident(s) resulting in harm or recurring event or is happening to more than one adult at risk. Harm may include: distress, demoralisation, loss of confidence or dignity. Insults contain discriminatory elements e.g. racist or homophobic abuse
Neglect and acts of omission	Isolated incident of a person not receiving necessary help to have a drink/meal and a reasonable explanation is given. Actions being taken to prevent reoccurrence.	Recurring event resulting in harm or is happening to more than one adult at risk. Harm may include: hunger, thirst, weight loss, constipation, dehydration, malnutrition, tissue viability issues, loss of dignity
	Isolated incident where a person 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. Action being taken to prevent reoccurrence	Isolated incident(s) resulting in harm or recurring event or is happening to more than one adult at risk. Harm may include: pain, constipation, loss of dignity and self-confidence, skin problems

	<p>Patient has not received their medication as prescribed. Appropriate actions being addressed to prevent reoccurrence.</p>	<p>Isolated incident(s) resulting in harm or recurring event or is happening to more than one adult at risk.</p> <p>Inappropriate use of medication that is not consistent with the person's needs</p> <p>Harm may include: pain not controlled, physical or mental health condition deteriorates/kept sleepy/unaware; side effects</p>
	<p>Appropriate moving and handling procedures are not followed, or the staff are not trained or competent to use the required equipment, but the patient does not experience harm. Action plans are in place to address the risk of harm.</p>	<p>The person is injured, or action is not being taken to address a risk of harm.</p> <p>Harm may include: injuries such as falls and fractures, skin damage, lack of dignity</p>
Neglect and acts of omission	<p>The person does not receive a scheduled domiciliary care visit and no other contact is made to check on their well-being, but no harm occurs</p>	<p>Isolated incident(s) resulting in harm or recurring event or is happening to more than one adult at risk.</p> <p>Harm may include: missed medication and meals, care needs significantly not attended to.</p>
	<p>Person is discharged from hospital without adequate discharge planning, procedures not followed, but no harm occurs. Lessons being learned to improve practice.</p>	<p>The adult at risk is discharged without adequate discharge planning, procedures not followed and experiences harm as a consequence.</p> <p>Harm may include: care not provided resulting in deterioration of health or confidence, avoidable readmission to hospital.</p>
	<p>Adult at risk is known to be susceptible to pressure ulcers has not been formally assessed with respect to pressure area management, but no discernible harm has occurred. Actions being taken to prevent a future incident reoccurring.</p>	<p>Person has not been formally assessed/advice not sought with respect to pressure area management or plan exists but is not followed, in either case harm is incurred</p> <p>Harm may include: avoidable tissue viability problems</p>
	<p>Person does not have within their care plan/service plan/treatment plan a section that addresses a significant assessed need such as:</p> <ul style="list-style-type: none"> • Management of behaviour to protect self or others • Liquid diet because of swallowing • Cot sides to prevent falls and injuries <p>However, no harm occurs, and actions being taken to address.</p>	<p>Failure to specify in a person's plan how a significant need must be met, and action or inaction related to lack of care planning results in harm, such as injury, choking etc.</p> <p>A risk of harm has been identified but is not acted upon in a robust and proportionate way or there is a failure to take reasonable actions to identify risk. As a consequence, one or more persons are placed at an avoidable repeated risk of harm.</p>
	<p>The adult at risk's needs are specified in a treatment or care plan. Plan not followed, needs not met as specified but no harm occurs.</p>	<p>Failure to address a need specified in a person's care plan or failure to act on an identified risk, results in harm.</p>

Sexual	Isolated incident of teasing or low level unwanted sexualised attention (verbal or non-intimate touching) directed at one service user to another, whether or not they have mental capacity. Care plans being amended to address. Person is not distressed or intimidated.	Intimate touch between service users without valid consent or recurring verbal sexualised teasing resulting in harm Harm may include: emotional distress, intimidation, loss of dignity
Discriminatory	Adult at risk 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/requested medical attention in a timely fashion.	Adult at risk is provided with an evidently inferior medical service or no service as a result of discriminatory attitudes/actions. Harm may include: pain, distress and deterioration of health
Financial and material	Staff member has borrowed items from service users with their consent, professional boundaries breached, but items are returned to them. Actions being taken to prevent reoccurrence	Isolated or repeated incidents of exploitation relating to benefits, income, property, will. Theft by a person in a position of trust, such as a formal/informal carer
Organisational	Care planning documentation is not person centred or there are few opportunities to engage in social and leisure activities, but harm is not occurring. Actions being taken to address	Rigid inflexible routines, or lack of stimulation resulting in harm Harm may include: impairment/deterioration of physical, intellectual, emotional or social development or health; loss of person dignity
		There are systemic reasons for any form of abuse i.e. the way a service is provided significantly contributes to any harm/abuse experienced (or creates a risk of harm/abuse occurring).

Please Note: Abuse can take many forms. The types of abuse listed here are just examples. Domestic abuse, modern slavery and self-neglect would also be considered forms of abuse.