**Version 2 – April 2024**

**London Borough of Barking & Dagenham**

**Practice Standards for**

**Adult Social Care & Support**

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**Introduction**

In Barking and Dagenham we aim to deliver Adult Social Care that is of high quality, for adults in this community. This document of Adult Social Care Practice Standards set out best practice, which should be followed for a range of our key functions. The main purpose of these Practice Standards is to enable consistency in practice across service areas and amongst social workers, occupational therapists and practitioners. Our ultimate aim is to impact positively on the lives of adults who have care and support needs, enhance their wellbeing and to ensure good outcomes for them, their carers and their families.

Through a Strength-based approach, we focus on what’s strong, not what’s wrong and build relationships with adults and their carers to listen and care about their stories. We believe that everybody has a story to tell that covers their unique life, wider familial, community and work context, what motivates them, their hopes and aspirations. We use creative approaches with adults to keep them at the centre of social care interventions, rather than just gather information about their needs and health conditions. Our assessments, reviews and reports need to reveal the adult’s voice which will show care and support needs, in a context that enables better support planning to achieve their desired outcomes.

All social workers, occupational therapists, practitioners and support officers will be held accountable to the standards outlined within this document and their managers will check their quality of work against it. It is expected that regular checks on quality will be carried out to consider the standards of practice in teams and services, learn and review it to make continuous improvements. This will be done through case file practice evaluations and a range of other methods outlined in the Quality Assurance Framework for Adult Social Care (ASC).

**Summary of the Practice Standards for ASC**

The following practice standards have been outlined:

* + 1. Referral
    2. Assessment
    3. Carers Assessment
    4. Care and Support Planning and Review
    5. Direct Payments and Personalised Budgets
    6. Residential and Nursing Placements
    7. Safeguarding Adults
    8. Mental Capacity Act and Best Interest Decisions
    9. Virtual Adult Social Care Practice

The standards in this document should be seen in their entirety, but this document must also be seen as directly useful to reference, inform and shape best practice. Practitioners and managers should use this document to reference individual sections as and when required.

**Adult Social Care Standards**

1. **Standards for Referrals**

**When considering the standards of practice with regards to a Referral all practitioners are expected to have read the relevant section of guidance within the** [**Care Act 2014**](https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance)**, related Statutory Guidance and be aware of relevant Case Law pertaining to this area of social care.**

* 1. When I am contacted by an adult; their carer; family member; friend or a professional; I check that they have their consent, or other relevant authority such as a relevant Lasting Power of Attorney for Welfare and I **listen** to what they have to say through a **strength-based approach**, with a focus **on improving their** [**wellbeing**](https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance).
  2. I provide appropriate **information and advice to individuals to** **promote empowerment and self-service, care technology** where relevant to support their safety, or I will refer them to specialist services where this is needed for instance sensory services or **Occupational Therapy (OT).** Where OT is input is required a specialist assessment may be needed by considering the Housing Grants Construction and Regeneration Act 1996 concerning any need for a major adaptations or support may be required.
  3. If the adult has a primary need that relates to a health or mental health condition, I will take note of their GP details, I will ensure that I have checked what impact their circumstances has on their **wellbeing**.
  4. I will find out more about them and **how they identify themselves**, I will take note of their **basic details**, taking care to include their full name, address, and phone number. I will endeavour to record their race, ethnicity, gender or gender-reassignment, religion, sexuality, pregnancy and marital status, if they are willing to share that with me and I will consider their abilities and communication needs, in order for me to support them as best as possible. Where they are known to ASC I will check if the information we hold is still relevant and current.
  5. I will update the **contact details for the adult,** their phone number and address as well as their **emergency contact and their details** and add the details of their family, their carer, friend or neighbour as well as details of the household composition including whether there is anything potential visitors should know, such as if they have animals living with them.
  6. I will take care to collect and record their **views**, their circumstances, what links they have in the **community** or other organisations or groups and services, and anything about their story, character, or strengths that tells me more about them and what does or might enable their best life.
  7. I will record if the adult has any special **communication needs**, e.g. is hard of hearing, inability to read or write, if they use BSL, Makaton, or whether an interpreter is required.
  8. I will record whether the adult has given their **consent in writing, to share their information and** where it may be necessary for me to pass their details on to a third party, such as a contractor or service provider in the near future, I update whether they have provided me with the consent to do so.
  9. **Where the adult is unable to give consent due to mental capacity issues**, I will enquire whether there is any adult with the power such as a **Lasting Power of Attorney**, **Deputy or relevant court order** which can decide on their behalf and record the relevant orders or powers. If I am unsure as to whether this authority is in place, then I will check the system to see if any of this is recorded and ask for a copy of this relevant document and then record what I have seen e.g. [OPG100](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1116079/opg100-find-out-if-registered-attorney-or-deputy_2022.pdf) from the Office of the Public Guardian.
  10. When I record the circumstances of the adult, I will take care to check their **primary need**, details relating to their **care and support plan** if they have one, their **health conditions, any diagnosis of physical or mental health and mental capacity** are recorded correctly and fully. Where they are not, I will add all relevant details and information. I will check and document, where needed, on the electronic file details relating to other professionals such as the adult’s **GP** and their hospital or other identifying numbers of health or social care records, if this is known.
  11. I will record details of their care worker and **care provider** where this is known and check if their care and support plan is reflective of any new information received.
  12. When I am contacted by another **professional, organisation or community group, faith organisations**, I will summarise their involvement as part of the referral, any action they have taken, or plan to take and ensure I have all their contact details on the referral.
  13. When information is shared with me regarding **risk** to the adult’s health or life, I will ask the adult with the most information to contact the relevant emergency services as required. e.g. if a crime has been committed, I will ask the adult to report it to the police.
  14. When identified and managed risk are reported to me, I will check information on the system, discuss this with my manager and make a **proportionate response** to the level of risk identified, by acting on information, or referring it on to the most appropriate service that can support the adult best.
  15. When any concern about a **child** is mentioned, I will make the **relevant report to Children and Young People’s services** if the referrer is not able to do this, or I will prompt them to do this.
  16. I will complete all referrals as soon as possible and **within 24 hours** of receipt of the information.
  17. When a police **Merlin** is received, I will consider the police intelligence in accordance with the Safeguarding Adults Section 42 of the Care Act 2014 (see the standards later in the document) and record this where relevant on the adult’s file.
  18. Where the adult only requires **information and advice**, I will enable they get this information by liaising with the relevant team or service to get this for them and provide it to them through a means that they would find most helpful for example giving them written or verbal feedback, or arranging that information is translated to them.

1. **Standards for Assessment**

**When considering the standards of practice with regards to Assessments all practitioners are expected to have regard for the Care Act 2014, and related Statutory Guidance to assess adults who may have care and support needs and be aware of relevant Case Law pertaining to this area of social care. The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards are also relevant. For Occupational Therapists it is essential to consider the Housing Grants Construction and Regeneration Act 1996 for Housing Adaptations, in conjunction with the Care Act. This list is not exhaustive. Registered professionals are always required to work within their profession and remit of their registration.**

* 1. Where practicable I will meet with the adult and clearly explain the **purpose of my involvement**, that an **assessment of their needs**, building a relationship with them and their life roles, life story and what their life is like now and what they aspire it to be. Where a meeting is not practicable, I will ask whether an alternative way of communication or interaction by using creative direct practice methods to engage them, so that I can complete the assessment.
  2. I will work within the broader frameworks of strength-based practice and the self-determination of the adult, their human rights, and the social model of disability and help to identify the adults’ functional abilities, their strengths and build a relationship with them to understand their story, by recording **their wishes, feelings and views** (including those that may lack mental capacity) as part of the assessment and or functional assessment, when identifying their needs.
  3. I will seek to understand what **wellbeing means for the adult by observing their choices, functional abilities and completion of tasks**, how their functional abilities impacts on their values, their story, their strengths and talents and how they are currently being supported to live their life with regards to what **outcomes they may desire and how they contribute to their community**.
  4. As part of the process of assessment I will ensure that I will holistically evaluate all the individual’s abilities to establish and will consider how people’s needs are currently being met, including all the domains of wellbeing and consider the impact that the functional difficulties may have on the individual’s overall health and wellbeing and what the full impact is if they are not able to meet one or more need with regard to **all activities of daily living**. The assessment will consider **how the adult manages** their nutritional and hydration needs, how they are maintaining their hygiene, manage their toileting needs, dressing, are they able to make use of their home safely, maintain a habitable home environment, access or engage in work, training, education or volunteering and develop and maintain family or other relationships.
  5. I will consider how the adult’s needs are currently met, including all the domains of wellbeing alongside their **financial wellbeing** as part of my assessment and I will suggest or make contact if they are unable to with the money-hub and or other suitable financial support services like income maximisations, debt-management, and the community bank, to help them with access the relevant financial information and advice.
  6. I will consider how some adults have **fluctuating needs** that may be complex and require more in-depth assessment. I acknowledge how their preferences, their life choices and behaviours and how they identify, respond to and their attitude towards risk may influence their needs, which I record.
  7. I will have due regard of their self-identity, race, ethnicity, gender or gender-reassignment, religion, sexuality, abilities and communication needs of the adult and their family and taken the necessary steps to include these within my assessment e.g. making use of close observation of non-verbal communication or used an interpreter for someone who **communicates** with BSL or arrange suitable support if the adult cannot read or write or use Makaton where this is needed.
  8. The way I conduct the assessment is **proportionate[[1]](#footnote-1) and appropriate** to the need of the adult, their preferences, abilities and needs. I will tailor my assessment with regards to what the adult may need, and I record the reasons for either enabling self-assessment or considering a joint-assessment and plan this with the adult in line with their preferences and understanding about the complexity of their particular needs.
  9. I will take a whole family approach and ask the adult who else they would like me to involve in their assessment, such as a **family member, friend, neighbour, carer** or advocate who know them well and understands their wellbeing and what support they may require in the future. If they are unable to tell me, I will consider who can aid them in the assessment or appoint a **Care Act Advocate** to consult on their behalf.
  10. I will take a holistic approach to my assessment and ask the adult who else they would like me to involve in their assessment, such as a **family member, friend, carer,** or advocate who know them well and understands their wellbeing and what support they may require in the future. If they are unable to tell me, I consider who can aid them in the assessment or appoint a Care Act Advocate to consult on their behalf.
  11. I will consider any identified **health and mental health need the adult may have** and with the adults consent I have contacted the relevant services such as their GP and made referrals or acted upon any need for further assessment regarding any continuous health need, should further input be required.
  12. I will contact all agencies involved with the adult, including the **Care Act Advocate, Independent Mental Capacity Advocate (IMCA)** and or other advocate where one is involved and their views have informed my assessment, where relevant and necessary.
  13. I will work with the adult to assess how they link with their environment and community to meet their needs. I will assess holistically and seek to understand how the individual’s functional ability affects their ability to interact with their chosen community and document when last they were visited or seen, and by whom. I will link the adult with local **organisations, existing resources, groups, faith organisations of their interests and, or services to enhance their wellbeing** outcomes by providing relevant information, advice and support of what is available in their **community**.
  14. Where relevant, possible and practicable I will visit the adult in their **home environment and observe** their abilities, the suitability of their accommodation in line with their needs and how this supports their wellbeing.
  15. I understand the impact of trauma, loss and abuse, physical disability, physical ill health, learning disability, mental ill health, mental capacity, substance misuse, domestic abuse, coercion, or control, ageing and end of life issues on physical, cognitive, emotional and social development. The way they approach risks will influence the way they have relationships with their spouses or significant others, their family and friends and work to support and link them with **appropriate resources and specialist services** for their needs should they require this.
  16. I will record the reasons for undertaking the relevant **risk assessment** and protective measures, issues and concerns of the adult and what they could contribute to the achievements of the outcomes they need.
  17. When I do an assessment, I will remain professionally curious and pay attention to non-verbal communication. Where I am concerned about the welfare of the adult and that they may be at risk of coercion, control, at risk of abuse or where a **safeguarding concern** has been raised, where practicable I will ask to meet with them on their own, listen to them and record their feelings and views about how they may want to support their own safety to minimise harm.
  18. When I am concerned about the adult’s ability to manage risks to their safety and make decisions about their care, I will complete a **risk assessment**, record this on their record, and pay due regard to the adult’s ability to contribute to the assessment process, where possible I will adjust my communication and provide information to them in a way that is accessible and enables them to understand and decide. Where they are unable to consider the risks as part of the assessment, I will consult with their friends, family or advocate or relevant deputy or LPA and make a best interest decision about this.
  19. I will consider the wellbeing of any other **children or adults and animal welfare** in the household, and I take action where necessary by referring this to the relevant departments or organisations that can best support them.
  20. I will listen to the adult and their friends, family and or carers to develop and complete a personalised needs assessment and or functional assessment within **30 working days.** I will seek to achieve care and support plans in keeping with the outcomes they want for themselves about their day-to-day life and will enhance their wellbeing.
  21. I will consult with the **people they want me to as part of their assessment** of needs. This may be friends, family or wider community contacts.
  22. Where the adult may have care services already and their needs have changed, I will consider how these may be reassessed to understand their **current circumstances** and document this.
  23. Where the adult does not have more than one care and support need as outlined by the Care Act and they have not met the **eligibility threshold,** they will be encouraged with relevant **information and advice** about how to contact charitable; voluntary and community groups or private services that may be of benefit to them for example to contact the Carers Centre in Barking and Dagenham.
  24. Where the **eligibility threshold is met**, I will summarise my involvement of when last I saw or consulted with the adult and begin to outline how these care and support needs could be met for example by means of a direct payment, or with care provision to achieve the identified, wellbeing outcomes.

1. **Standards for Carers Assessment** 
   1. I have talked and ideally **met with the carer** of the adult, independently to ascertain **their needs to maintain caring for the adult**. I have listened to their wishes, views and needs as well as their story and strengths, to better understand their caring role, what outcomes they wish for themselves and what they need to enable their continued caring role.
   2. I have made them aware of the [**Carers Charter**](https://modgov.lbbd.gov.uk/internet/documents/s152015/Carers%20Charter%20-%20App%20A.pdf)and **given them information and advice about support** **to carers** in the borough to support their wellbeing. I have actively **sought to identify any hidden carers** or young carers and have enabled them the support with appropriate services for example by giving them information about young carers support services with a private and voluntary organisation.
   3. Where I identify a **young carer**, under the age of 18, I notify Children and Young people’s services to assess and consider any of their support needs.
   4. I complete any relevant carers assessment for an adult, within **30 working days** of a carer being identified.
   5. Where the carer does not have eligibility needs under the Care Act, in their own right, they will be encouraged with relevant **information and advice** about how to contact charitable; voluntary and community groups or private services that may be of benefit to them for example to contact the Carers Centre in Barking and Dagenham.
   6. Where the carer has eligible needs under the Care Act, I inform them of the approved **personal budget** and **how** the adult’s support plan is set out for their **identified needs** to be met.
   7. Where I become aware that the carer is **providing** [**end of life care to the adult**](https://www.nice.org.uk/guidance/ng150/chapter/Recommendations#psychological-and-emotional-support-for-carers), I enable them to discuss what they need and make every effort to engage or signpost them to specialist health, or crisis support as soon as possible.
2. **Standards for Care and Support Plan and Review**

**Initial Care and Support Plan Standards**

* 1. Where the adult has eligible care and support needs, I will engage the **Occupational Therapy Service** and that process to help set out their care and support plan and **how their needs will be** met, either through the provision of simple equipment or to consider if any further assessment is needed for an adult with more complex need and where home alteration may be considered through major adaptations. **There is a separate process to use within the OT department and it is outlined on TRIX for OT use.**
  2. Where the adult has eligible care and support needs, I will inform them or their representative (a representative may be their informal carer, family member, friend, partner, spouse and or their paid advocate) of the approved **personal budget,** and **how** the adult’s support plan is set out to meet their identified **need**.
  3. The care and support plan that I have drawn up will give **specific details and outlines any identified difficulties and tasks** about how their well-being needs will be met to achieve desired outcomes. E.g. whether and how the adult is to be supported with washing by having a shower or a wash and needs someone to choose and set their clothes out, or actually help them get dressed and undressed.
  4. I will outline **equality and diversity matters** in the care and support plan such as self-identifying details, their race, ethnicity, gender, gender-reassignment, religion, sexuality, abilities and communication needs, and how these needs will be met.
  5. I will ensure the care and support plan is clear about **how family, friends or carers** will be involved in the care and support of the adult.
  6. Where practicable I will meet with the adult, their representative or carer to **communicate and agree the outcomes of the care and support plan with them and give them a written copy of the document** so that they may consider this information.
  7. When I identify an **unmet need** with the adult, for example their need for a holiday, I will document this and support the adult with how they may wish to proceed to reach this goal. E.g. they may wish to save up their own money or use financial gifts to go on a holiday or be supported by a family member, carer or wider community links to signpost them to a community resource or organisation like a charity who may be able to help them go on a holiday.
  8. I will ensure the care and support plan is as **flexible as possible,** to support the care wishes and possible fluctuating needs of the adult. This will enable positive risk taking when they are able to do something on a particular day and offer more support on days where there are more challenges and they need help.
  9. I will explain to the adult that they have an **option of either** a **Direct Payment Provision** which gives them greater choice and control; or an **Individualised Service Fund (ISF)** where care is sought for them.
  10. Where the adult **opts for an ISF** I will request that the brokerage service, as far as possible, matches the adults' care and support needs, interests and preferences **with those of the care worker**. This will be documented on the care and support plan. In some instances, the adult may have a provider preference to meet their care and support requirements. I will explain to the adult the brokerage team will find a care provider to support them and they will provide specifically what is outlined on the care plan.
  11. The care and support plan is clear about what will need to happen in case of a **crisis or emergency situation arises and what contingency will be made.**
  12. I will complete the care and support plan within **30 working days** of the start of the contact about the adult. Where this is not achievable, e.g. the adult has been admitted to hospital, we are awaiting key information or when the adult of the family is not available, I will make my manager aware of the delay and the reasons for this is documented on the adult’s care file.
  13. Where possible I will ensure the adult and or their representative **agree** the care and support plan in writing **by signature**, or record verbally their agreement, or a best interest decision where the adult lacks mental capacity and they are unable to sign it. I will document the reasons why it is not signed with the date.
  14. I will document when and how the care and support plan will be reviewed, with a minimum of every annum and I set out **who will need to be part of the annual review** of the care and support plan.
  15. Where the carer has eligible needs under the Care Act, I inform them of the approved **personal budget** and **how** the adult’s support plan is set out for their **identified needs** to be met.

**Initial Review of the Care and Support Plan Standards**

* 1. I will complete an initial review of the care and support plan with the adult and/or their representative within **6 weeks** of the plan being implemented. I will endeavour to do this through a face-to-face meeting, unless it is a choice of the adult not to and if so, I record the rationale for this. I will record whether any changes are needed as a result and make the necessary arrangements to reflect the current care and support plan.

**Subsequent or Annual Review of the Care and Support Plan Standards**

* 1. I will complete the subsequent or annual review of the care and support plan with the adult and or their representative, by means of a face-to-face meeting, within **12 months** of the plan being implemented. I will record whether any changes are needed as a result and make the necessary arrangements to reflect the current care and support plan.
  2. For **Occupational Therapist Reviews** I will document the desired outcomes of my intervention clearly on the support plan. And as a part of my assessment framework, I will undertake a review ideally face to face, before case closure. If a face-to-face review is not possible, I will outline the reasons why an alternative review method was used e.g. The adult preferred for me to carry out a telephone or virtual call review. I will ensure that identified needs have been met and any risk identified to functional well-being have been mitigated. In cases where there is a need to monitor the relationship between the service user and the equipment or there are significant care implications, I will identify when and how the care and support plan will be **reviewed**, with a minimum of **every annum** and I will set out **who will need to be part of the review** of the care and support plan, where this is necessary.

1. **Standards for Direct Payments and Personal Budgets**
   1. Where the adult has eligible care and support needs, I will set out their care and support plan and **how their needs will be** met and **what their personal budget** is.
   2. Where the adult has opted for a Direct Payment, I will **load the entire budget as one line of services on the Electronic Case Record of the Adult, Liquid Logic**. E.g. if the adult is to receive day care support and lives in supported accommodation with care, I will load this as one service.
   3. I will inform the adult that they have the **option to control their own funding** to buy different types of care and support that meet their outcomes, as outlined in their care and support plan, to give them as much control as possible, and I will provide information and advice to allow them to choose how these will be met.
   4. I will give information to the adult in the most suitable way for them to understand how their level of funding was **decided.**
   5. The Direct Payment or personal budget of the adult is **reviewed** in line with their care and support plan at least once per annum, to ensure the objectives of the care and support plan is being managed effectively.
   6. I will check that the adult is able to meet their **legal obligations** when they receive direct payments to employ personal assistants, to safeguard them from financial abuse or fraud. I will ensure they have a copy of the **Direct Payments Agreement** and FAQ Fact Sheet, to provide them with the necessary information about their responsibilities.
   7. I will make sure that they are aware the Direct Payment is **not a supplement of their household income, but should be utilised for their care and support** **needs as assessed**. E.g. if they have a care and support needs that equate to £500 of services and their client contribution has been assessed as £100, then they need to spend £500 on services and not £400.
   8. When someone needs support to manage their direct payment, I will refer them to the **local support service** to help them manage this effectively within **30 working days**.
   9. Where the adult needs support to **recruit and retain staff,** such as a personal assistant (PA), I will refer them to the appropriate support service.
   10. When I am the allocated social worker or care navigator for an adult receiving a new care and support service through a personal budget, I will check that they **understand their responsibilities as an employer**. For example, they or their representative should know how to manage payroll, terms and conditions, redundancy and contingency planning.
   11. I will inform the adult if there is a concern about how the Direct Payment is managed and if **fraud** is suspected, that the appropriate department in the local authority will be notified and if any adult is at risk of abuse a **Safeguarding Adults Concern** will be raised about this.

**Review of Direct Payment or Personal Budget**

* 1. When I review the care and support plan of the adult, I will check whether any **changes are needed and reflect this**, ensuring this is also captures within it the new personal budget or Direct Payment.
  2. Where a new Direct Payment had been provided I will carry out an **initial review** of the adult’s Direct Payment or Personal Budget within **six months** to ensure it is used for the purpose to meet the needs of the adult and will meet with them in person or in exceptional circumstances, get agreement from my line-manager to have it by another method if it is not possible for the adult to meet in person.
  3. I will carry out an **annual review**, once the adult had an initial review, of the adult’s Direct Payment or Personal Budget and give considerations for **ideally reviewing the care and support plan at the same time** by meeting with the adult in person or in exceptional circumstances get agreement from my line-manager to have it by another method if it is not possible for the adult to meet in person.
  4. I will check whether the adult is **meeting their responsibilities of managing their Direct Payment effectively** and if not, I will discuss this with my manager whether this should be stopped and a direct service offered instead. I will notify the relevant team within the local authority to prevent fraud, where this is suspected.

1. **Standards for Residential and Nursing Care Placements**

**When considering the standards of practice with regards to Residential and Nursing Placements all practitioners are expected to have read the relevant Practice Guidance on this section within the Care Act 2014 and are aware of the NICE guidelines regarding People’s experience in Adult Social Care Services: Improving the experience of care and support for people using adult social care services.**

**First Adult Placement Standards**

* 1. Where the adult is eligible and it has been agreed that they need residential or nursing care in a care home, I will support them, and where appropriate their carer, family and friend/s, to identify a residence that is conducive to their care and support needs; and the environment will support the adults’ **choice and preference, especially where they have directly expressed these.** For example, to have their belongings such as their own furniture, art or pictures where practicable.
  2. I have considered and planned whether I could use any creative approaches to engage the adult in planning for their care and where practicable I have met with the adult and or their advocate or family member, friend/s or carer to understand the needs of the adult and how a care home placement can best support their **equality** and **diversity** requirements, for example self-identification of gender or gender-reassignment, sexuality, disability, ethnicity, religion, marriage and communication requirements and how these needs will be met.
  3. I have checked with the Commissioning Services in LBBD that there are no concerns regarding the **quality of care provided**, **the CQC rating** and that there are no outstanding safeguarding matters in the care establishment where the adult is planning to move to. Where the adult is moving to a care establishment in **another borough** I will discuss with the adult, their family member or representative the quality of care provided and ask them whether they are satisfied with the quality at the provision, before they make a decision about the move.
  4. I have supported the adult to ensure that their care is personal and friendly, and respects their **dignity and privacy**, especially when they receive personal care.
  5. I have documented how the care home will help the adult to **maintain personal relationships** and friendships that are important to them; and the plans how this will be achieved are recorded in their support plan held by ASC and on file at the care establishment.
  6. I have arranged for the adult to have access to **community health teams and specialist support** where needed, and documented whether they are able to manage and control the use of their own medicines where practicable and noted this in their care and support plan. I ask that the care home to document this in the relevant Medication Administration Record (MAR).
  7. I have supported the adult to take up residence in a care home where they have sufficient space that is conducive to their specific need, including sensory needs. The adult is supported to have a **sense of community** and mutual support by facilitating interactions and building social connections between residents through activities and social events.
  8. Should the adult have specific cultural needs, food or religious activities that cannot be met by the provider I will explore whether another services can support the adult or if there is an **unmet need.** I will explore whether the adult or their family or representatives have the means to pay for this service. E.g. to go on a religious holiday or activity or attend an annual family gathering abroad.
  9. I have identified with the care home how they plan to manage positive risk taking with the adult. E.g. when the adult needs less support on a day when they can mobilise better as they have less pain from arthritis, then they will be supported to do so. On days where they have more difficulties as a result of their health need, the care home ensures that appropriate equipment such as a hoist is used to support their needs. I therefore check that the care home helps the adult to be as **autonomous as possible, whilst enabling positive risk taking** where applicable.
  10. I have given and explained to the adult or their representative the **Financial Assessment Form** to complete, and informed them that unless the receipt is returned in **28 working days** the adult, they will pay the full cost of the care.
  11. Where I have become aware that the adult lacks **mental capacity** and they are not free to leave the care establishment and are under regular or continuous supervision and control; I have prompted the home to do an application for a **Deprivation of Liberty Safeguard Assessment to the DoLS** office in Adult Social Care.
  12. Where I believe that the adult may require a **Continuing Care Nursing Needs Assessment,** I will complete the NHS Funded Nursing Care (FNC) Checklist and make the relevant referral for the assessment to be conducted by the Integrated Care System.
  13. I have arranged the initial placement within **28 working days** since the contact with the adult has started or as soon as possible afterwards and have kept a written record of where this timescale had to change and the reasons for this.
  14. I utilise the **Adult Social Care Welfare Checklist** to help prompt my practice when considering how well a placement is meeting someone’s needs and to get a view of how well the adult’s needs are matched with the care placement considered.

**Change of Placement**

* 1. I plan a **face-to-face review of the care where the adult is prior to supporting any changes to their placement and arrange it when the adult could best contribute to the process,** their carer and those who care for them and when it is convenient for all parties. I consider and plan whether I need to use any **creative approaches** to support the adult to engage with me as best as possible.
  2. If the adult needs to change placements, I will ensure that the transition into the new care setting is managed as smoothly as possible and that any outstanding issues at the **previous placement has been resolved** e.g. the previous placement bills have been settled, whether it be by the family care top up, or LBBD or other funding body.

**First Review of Adult Care Placement (4-6 Week Initial Review)**

* 1. At point of the Initial Placement review, I will check that the care home has updated the adult’s history e.g. the circumstances that led to admission, their interests and other facts are documented about their earlier life. I will check their MAR chart, Risk Assessment, Care Plan, Daily Records, Record of any medical or specialist medical input is **kept up to date in their records held by the care home**. I will check to see if they now have a GP, Audiology, Optometrist, Chiropody, Dentist, Psychiatric support and Speech and Language or Tissue Viability Nurse as needed with planned appointments. Should there be a Do Not Attempt to Resuscitate (DNAR) in place, ensure that it has been discussed with the adult and/or their family where relevant, and clearly signed and dated by the clinician that completed this.
  2. Where an Occupational Therapist has put **equipment in place to support the needs of the adult in a care placement, this will be checked** as a review, after six months to ensure it is fit for purpose.
  3. Where a Deprivation of Liberty Safeguard is in place for this, I will check that this has been **reviewed annually** or in accordance to the date issued and I will check that the conditions on the DoLS has been carried out or prompt the care home to follow these through and report this back to the DoLS Office.

**Annual Review of Adult Care Placement (12 Months Review)**

* 1. I plan a **face-to-face annual review of the care with the adult when they could best contribute to the process,** their carer and those who care for them and when it is convenient for all parties. I consider and plan whether I need to use any **creative approaches** to support the adult to engage with me as best as possible.
  2. When I visit the care establishment, I check that the **care home has updated and recently reviewed** the MAR chart, Risk Assessment, Care Plan, Daily Records, and any medical or specialist medical input is kept up to date in their records held by the care home. I check to see if they now have a GP, Audiology, Optometrist, Chiropody, Dentist, Psychiatric support and Speech and Language or Tissue Viability Nurse as needed with planned appointments. Should there be a Do Not Attempt Resuscitation (DNAR) in place, I confirm that it has been discussed with the adult and or their family where relevant, clearly signed and dated by the clinician that completed this.
  3. I will complete the annual placement review within **12 months** of the Adult Care Placement in a care home through a face-to-face meeting.
  4. I will check that the **care fees** to the care establishment is being paid regularly and that the income the adult receives, is used to meet their needs appropriately. If a family top-up arrangement is in place, I will check that there is no outstanding debt. If I am concerned for the **safeguarding** of the adult’s finances or care, I will make the relevant concern known to my manager promptly and arrange for this to be recorded and addressed.

1. **Standards for Safeguarding Adults**

**When considering the standards of practice with regards to Safeguarding Adults, all practitioners are expected to have read the relevant Practice Guidance on this section within the Care Act 2014 and be aware of relevant Case Law pertaining to this area of social work.**

***Safeguarding Children and Young People***

* 1. When I have concerns about the **welfare of a child,** I will make the concern known, by referring the matter to Children and Young Peoples Services and or the Local Authority Designated Officer if the concern relates to a professional working with children.

***Safeguarding Adults at risk of abuse or neglect***

* 1. Where the safeguarding concerns about an adult are in the Public Interest and effect a wider group of **vulnerable service users** receiving domiciliary care, residential or nursing care I will inform colleagues in commissioning services, Provider Quality and Safety, or the relevant adults in the Integrated Care System that may be commissioning the services and the Care Quality Commission.
  2. When I receive information regarding a Police **Merlin**, I will review this, and where appropriate and relevant other Police intelligence, and consider the information held about the adult on the client data base, prior to the risk assessment and discussion with a Safeguarding Adult Manager to decide as to whether this should progress as a safeguarding concern. If the information needs to be passed onto a more appropriate service, I will send the information to them and check back with them that they have received this within 1 working day.[[2]](#footnote-2)

***How do I know if something constitutes a safeguarding adults concern?***

7.4 Where I identify an adult is 18 years and older and is:

1. At risk of, or experiencing abuse or neglect;
2. In need of care and support needs (whether they have been assessed of these needs are being met by the Local Authority or not);
3. As result of care and support needs the adult is unable to protect themselves against the abuse or neglect

I will **make the appropriate safeguarding concern** known and prioritise their protection. This includes adults who self-neglect. I will ensure the concern is recorded on Liquid Logic.

***The Safeguarding Process***

* 1. I will act on a safeguarding concern regarding an adult, where this task has been given to me as an **Enquiry Officer**, by a Safeguarding Adults Manager, as soon as possible and no later than within **one working day.**
  2. As a social worker I will **contact the adult** to discuss the safeguarding concern with them, if I could not reach them, then I will record the attempts I have made including writing to the adult to contact us if appropriate, or invite them for a safe visit in a suitable community space such as community centre a community hub, a library or GP surgery, if there are concerns about their safety. If proportionate to the level of risk, I will contact their emergency contact adult to establish contact with the adult.
  3. In planning to manage risks to an adults’ safety I will obtain their **consent** to proceed with a Safeguarding Adults Process to help keep them safe or support them to be safer in future. I support the adult to practice self-determination and identify what **outcomes they would like to keep themselves safe**, whilst offering support where necessary and linking them with resources to support their wellbeing in their community.
  4. I will arrange a conversation with them **ideally in adult through a face-to-face meeting at their home**, or in another suitable environment. If this cannot be arranged, I will document the reasons for this and what arrangements were made or attempts made if the adult was not contactable.
  5. I consider and plan whether I need to use any **creative approaches** to support the adult to engage with me as best as possible and I work in a way that enhances their involvement, in keeping with their wishes and **making safeguarding personal**. I will help them secure outcomes in a safety plan that are tailored to what enhances their choice and control around safety, risks, wellbeing and their relationships.
  6. If the adult is **unable to give their consent** to the safeguarding process because they lack mental capacity, due to an impairment of the brain and mind; **I will complete a mental capacity assessment**. If they are unable to make a decision about their safety then I make a best interest decision to ensure they have the same safeguards as any other resident, as necessary and proportionate to the risk of harm. I will consult with their friends and family, the Independent Mental Capacity Advocate, or another advocate where one is appointed. I will seek to balance positive risk taking with the individual’s safety.
  7. In supporting the safety of an adult and preventing or minimising harm to them, I will ask the adult who they would prefer me to consult with. With their consent, I will talk to people in order to gather more information about their circumstances, this may include their family, their friend/s or advocate where appropriate, including other professionals. Where the adult has no one to **consult, I will ask them whether they would like an advocate** to support them through the safeguarding process and make suitable arrangements.
  8. I will ensure that when an adult is in need of a **Care Act Advocate** or **Independent Mental Capacity Advocate (IMCA)**, one is appointed to support them during the safeguarding process.
  9. Where an adult cannot participate in the safeguarding process because they lack mental capacity, I will **consult with the people they prefer me to contact** which may include their family, their friend/s or advocate where appropriate. I will try to ensure I support their needs, values, beliefs and culture. I will always act in a way that is proportion to the likelihood and seriousness of the harm they may otherwise experience if no intervention is taken. If they are unable to express a preference of who to contact, I contact their family, friend/s and Independent Mental Capacity Advocate (IMCA).
  10. Where English is not the adult’s **first language**, or the adult has complex **communication** needs because of a disability or they are unable to read or write, I will make use of translation arrangements and specialist communication equipment/systems to ensure that the adult can participate fully in the safeguarding process.
  11. Where the safeguarding concern relates to possible **Modern Slavery**, I will ensure that the Home Office is notified. I will make a referral of the potential victim into the **National Referral Mechanism (NRM)** where they are a consenting adult, or by notifying the Home Office where an adult does not consent to enter the NRM. Both a referral and a notification can be made through the Modern Slavery Portal which will ensure that the adult has the necessary support and assistance in the period immediately after their identification as a potential victim. The portal can be accessed online, [here](https://www.modernslavery.gov.uk/start). I then inform the victims of the support that they may be able to receive as set out in the ‘Why enter the National Referral Mechanism?’ of the NRM guidance. This may require the assistance of an appropriate interpreter and I make those arrangements for the adult to support their safety.
  12. When I am the Safeguarding Adults Enquiry Officer (EO), I will start the Safeguarding Enquiry and I gather all the relevant information from the various agencies that are or need to be involved to safeguard the adult. I will complete a **risk assessment** and enquiry report within **5 working days** of the contact made and meet with relevant people if needed[[3]](#footnote-3). My report will include analysis and decisions made, based on information and this will be recorded.
  13. As Enquiry Officer I will contact the referrer to make them aware that I am now involved and update them as to **whether a discussion or meeting will now likely take place, to discuss** the concerns with the adult.
  14. Where the Safeguarding Adult Concern relates to the **provision and quality of care** that the adult receives, I will n**otify the Provider Quality and Safety Service in commissioning** and I will utilise the **Safeguarding Quality and Concerns Meeting,** to ensure service provision and the safety thereof is discussed, to ensure the safety of other adults using that provision.
  15. When I am concerned that the adult at risk does not have the ability to decide about their safety and where I have reasonable belief that they could suffer serious harm because of **self-neglect** or not taking reasonable actions to keep themselves safe, I will discuss the case with the Safeguarding Adults Manager (SAM) or my manager as supervision and **record a risk assessment and mental capacity assessment on the social care record system** or document why these assessments will not be useful.
  16. Where there is a serious concern for the adult’s wellbeing and home visits have not been successful, I will arrange a **safe visit** for the adult with their GP or health service, for example, in a case of domestic abuse concerns.
  17. When I identify there is medium or high levels of concern regarding **Domestic Abuse**, I will complete the DASH RIC assessment for the adult to be referred to MARAC. More guidance and advice for professionals can be found [here](https://www.lbbd.gov.uk/adult-health-and-social-care/health-and-wellbeing/domestic-abuse/professionals-guidance-and-advice). I will offer the individual the support of a specialist advocate and services in their community who could help them.
  18. Where I am concerned that an adult is at risk of a **forced marriage** and may be coerced or unable to make a decision for themselves, because of a mental capacity issue, I will start a Safeguarding Adults Process and will need to discuss this adult’s circumstances with my manager to decide how ASC may support the adult as an application for a **Force Marriage Protection Order (FMPO)** may be necessary to keep them safe. I will carry out any necessary safety actions, including a mental capacity assessment or arrange for this to take place and follow the multi-agency guidance available [here](file:///C:\Users\LKotze\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\YTFF8B86\7.5%09HM%20Government%20Multi-agency%20practice%20guidelines:%20Handling%20cases%20of%20Forced%20Marriage%20(publishing.service.gov.uk)).’
  19. Where are any patterns of abuse or safeguarding concerns that may indicate **contextual safeguarding** matters in the community I will arrange a discussion with my manager and head of service and Strategic Lead for Safeguarding Adults. This will support a more systematic and organisational service approach to e.g. gang activities, cuckooing and matters concerning county lines.
  20. Where I formulate a care plan or **safety plan** that seeks to actively safeguard an adult from abuse, I take the actions within **20 working days** of the contact made. When the planned actions affect their rights so see other people or their family or affect their privacy, I will negotiate with the individuals involved to get their agreement to try to minimise harm to the adult.
  21. Where no agreement could be reached, I will discuss this with my manager and **head of service**, so that protective legal steps may be considered where safety risks to an adult are serious and plan to put decisions before a **court** where the adult’s human rights (especially article 5 liberty and article 8 family and private life) may be affected.
  22. I will **communicate the outcome of the safeguarding concern or enquiry** to the referrer, organisation where the concern originated, other relevant parties, and record that I have done this on Liquid Logic within 20 working days[[4]](#footnote-4). I will include details of whether the safeguarding concern was progressed to a Safeguarding Adults Enquiry or not, and on what basis it had not progressed.
  23. I will include where there was a Safeguarding Adults Enquiry that Making **Safeguarding Personal (MSP) was followed with a conversation with the adult or what attempts** had been made if this was not achieved.
  24. Where there was a SA Enquiry, I will **share whether the risk now remains**, has **reduced or was removed so that the referrer is aware**.
  25. I will **complete a safeguarding enquiry within 20 working days** or discuss with the Safeguarding Adults Manager where there are factors that mitigate a delay or if the timescale is not realistic[[5]](#footnote-5). I will keep a record of this on Liquid Logic for the managers oversight and approval.
  26. Where I am the **Occupational Therapist within the safeguarding process**, I will be a referrer or contributor to the safeguarding process. The Social Work practitioners will take the lead in the process and where Occupational Therapy input is required the therapist, I will provide the required information based on the completion of an assessment of need.

***Where I am the Safeguarding Adult Manager overseeing the Safeguarding Process***

* 1. As the Safeguarding Adults Manager (SAM) I will ensure that the **Safeguarding Adult enquiry is completed within 20 working days** or discuss with the Head of Service where there are factors that mitigate a delay, if the timescale is not realistic. I will keep a record of this on Liquid Logic for management oversight and approval.
  2. If I am the Safeguarding Adult Manager and the risks to the adult are high, and legal intervention is needed for a decision either by the Court of Protection or the High Court under Inherent Jurisdiction, I will consider the case for discussion at the **Safeguarding Adults** **Complex Cases Meeting. The Terms of Reference and Process can be found online,** [**here:**](https://www.lbbd.gov.uk/adult-health-and-social-care/barking-and-dagenham-safeguarding-adults-board/safeguarding-adults-1) to ensure the risks are shared within the Safeguarding Adults partnership. I will discuss the case with the Strategic Lead for Safeguarding and Head of Service for a decision about gaining legal advice.
  3. Where I am the **Safeguarding Adult Manager** for an adult, I retain management oversight of the overall safeguarding process, ensuring that timescales are met and any learning is captured and fed back to the EO.

1. **Mental Capacity Assessments and Best Interest Decisions Practice Standards**

**When considering the standards regarding the mental capacity assessments and best interest decisions, practitioners must have knowledge of the Five Key Principles of the Mental Capacity Act 2005, the Best Interest Checklist and how to apply it in practice. Due regard must be given for the Mental Capacity Act Code of Practice and awareness of relevant Case Law pertaining to this area of work.**

**M*ental Capacity Assessments, when is this needed?***

* 1. I always start with the assumption that an adult has the mental capacity to make a decision for themselves. However, should I become concerned for the welfare of an adult, I will remain **professionally curious** and ask the adult what is informing their decision and record their views, their **values** and why a particular choice is favoured. For example, it would be wrong to assume an adult is unable to make a informed decision because they don’t want or decline a service. It may be that they don’t want a stranger to come to their home, and you may learn more about the adult’s reasoning when you discuss it further with them. A Direct Payment, for example may help them as they can recruit their own carer.
  2. When I am concerned for the welfare of an adult and I have a reasonable belief that they cannot make a specific decision which may relate to one of the following:
* Information sharing about their circumstances, or
* Their care and support needs if they have any, or
* Accommodation uptake, change or termination of a tenancy, or
* Whether they can manage their finances, or
* If they can keep themselves safe from harm by others,

I consider providing them with **additional information and support in accordance with their need**, to see whether they can make the decision. I will try to communicate the information in a format that the adult is most likely to understand, for example the use of pictures with options to choose from when they cannot communicate clearly with speech following a stroke, or Makaton if the adult is able to sign. I will write things down for them to consider, if they can read. I will consider the time of day they are most alert. E.g. if the adult drinks a lot of alcohol, I talk to them when they are most likely to be sober. When someone has a sensory issue such as vision and hearing impairment, I will check that they have their glasses or hearing aid if they use any. I will consider any environmental factors like colour and lighting that may impact negatively on their ability to participate as fully as possible in the assessment. I will make **reasonable adjustments** to facilitate the adult’s best participation.

* 1. I will outline the **options available to the adult and what actions may be considered** for mitigating identified risks and I document that discussion.
  2. I will explain likely **consequences** of each option to the adult and document this clearly. I will document their responses to this.
  3. Where practicable, I will see the **adult on their own,** to complete the mental capacity assessment. In some circumstances it may be necessary for another person to be present, for example when a stairlift is to be fitted the contractor may need to be there. If this is required, then I will record my decisions around which option I took for the assessment, why (the specific decision issue) and the time and date when I completed the assessment.
  4. If I become aware that the adult is **unable to understand, use, weigh, retain or communicate** their decision about the salient points I have given them to make a decision, I will either arrange a mental capacity assessment by the most appropriate person or professional or complete this and record it on their electronic file. E.g. a social worker may be the most appropriate person to assess the adult for financial decisions where a court application may be necessary and a Care Navigator may complete a mental capacity assessment if the person needs care and support.
  5. When completing a mental capacity assessment, I will record what their **impairment of the brain or mind** is, by obtaining suitable medical information about them. There may not always be a recorded impairment of the brain or mind. To evidence a decision impediment, I may need to reference why I consider this to be the case. E.g. if I find them confused, this could indicate that they have an infection; or whilst on a home visit the adult smells of alcohol and I see empty bottles around, this could indicate that the adult is intoxicated. If the assessment can wait, I could come back at another time when they may be sober or schedule an appointment time that is more convenient, so that the adult can participate more.
  6. Where there is **risk** in the adults’ circumstances, decisions or behaviours that have caused concern about their safety, I communicate this to the adult and document that discussion to evidence their response.
  7. Where the adult is unable to make a decision, I will check whether they are unable to do this, **because of the impairment to their brain or mind**.
  8. Where I have assessed the adult to lack mental capacity to decide, I will **consult** with those individual/s that the adult would prefer me to contact and gather their views, such as their family, friend/s, neighbours, **Independent Mental Capacity Advocate (IMCA)** or paid advocate before any decision is reached regarding their welfare, or care and support plan where relevant.

***What if I am worried the adult is under the influence of another adult?***

* 1. Where I think the adult may be experiencing some form of **coercion or control** by another adult, I will ask to see them on my own, or consider a safe visit for them in a setting that may be most conducive to support the adult best and prevent any risk of harm to them e.g. a GP surgery, and I will complete or arrange for the mental capacity assessment to be done there.

***There is a confirmation that the adult lacks mental capacity to make the decision about their care and support needs. How do I proceed?***

* 1. Where it has been identified that an adult lacks mental capacity and cannot make a decision regarding their care and support and they need care or support, I will check whether there is any relevant advanced decision or someone with the **power to make this decision**. If there is not, a Best Interest decision will be needed by the social worker. I will work with full regard for the [Best Interest Checklist](https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice) in Section 4 of the Mental Capacity Act 2005 and consider the adult’s past and present wishes and feelings before any best interest decision is made. The views of their carer, family or friend/s will also be considered.
  2. Where it is believed that an adult has someone else with the power to make the decision such as a **Lasting Power of Attorney for Health and Welfare or Property** **or Finances** and I am concerned for their welfare pertaining to any of the above, I will ask to see proof of this document to the person who is said to hold it and take a copy and place this on the care record, as proof that I have seen this.
  3. Where there is any concern for the welfare of the adult or the proof is not available of the authority to decide, I will apply to the **Office of the Public Guardian (OPG) to check the LPA** is registered. I do this by requesting the information by use of form [OPG100.](https://assets.publishing.service.gov.uk/media/636a1631e90e075002889f60/opg100-find-out-if-registered-attorney-or-deputy_2022.pdf) I will record the findings on their electronic file, when I am notified by the OPG.
  4. If there is a disagreement between parties about what will be in the best interest of the adult, I will conduct, where relevant and practicable, a **Best Interest Meeting** to lay out and fully discuss options with all relevant parties, including the adult, to highlight their views, before a decision is made. When the decision is taken it should be the least restrictive option for them in terms of their human rights.
  5. Where the adult is unfriended and they lack mental capacity to make a decision, I will request for an **Independent Mental Capacity Advocate (IMCA)** to be appointed **and must** consult with them when the adult needs to be supported through a change of accommodation, a long stay in hospital (28 days) or a long stay in a care home (8 weeks)[[6]](#footnote-6). I will also consider for an IMCA to be appointed in order that I **may** consult with them where the adult needs an assessment of their care needs, care review and a safeguarding adults process. When the IMCA is appointed, I will consult with them prior to the decision being made, if I am the one most concerned about the welfare of the adult at that point in time.
  6. If an adult needs a decision relating to their health or care needs and they have a Lasting Power of Attorney for the relevant decision, I will check with the adult to see what their wishes are and whether they have **mental capacity to make** the relevant decision, despite that they may have a LPA in place.
  7. If the adult is not able to make the relevant decision and they have a registered LPA to make the decision, then the **LPA makes** the decision, as long as there is no dispute with the views of the adult where they can communicate these. E.g. a adult who says they want to stay at home, cannot be overruled by a family member with LPA for Health and Welfare to move to a residential or nursing home placement. The serious conflict of views between the adult and their LPA must either be resolved, or this decision may need the input of a social worker to support a best interest meeting. If still not resolved after all options considered and there remains a disagreement then an application and decision by a court, likely the Court of Protection, may be needed.
  8. Where an adult needs someone to manage their money, property or assets and there is no court appointed Lasting Power of Attorney for Finances or property, or friend or family member that can support them with this, I will consider the adult for support by the Welfare Service and identify whether they may need a corporate Appointeeship or **Deputeeship**. E.g. when the adult receives only state income / benefits I will refer this for Corporate Appointeeship to manage their finances. Where the adult has private pension or larger financial assets, I will refer them for a Court Appointed Deputeeship. The application process for this is held on TRIX and for Deputyship Panel there is an application and checklist that needs to be completed and considered before the arrangements can be put in place.

***The adult lacks mental capacity about accommodation, how do I best support them?***

* 1. Where an adult **needs accommodation** and they cannot consent to these arrangements and or a change of accommodation is needed, as far as possible, I will support them to source accommodation or accommodation with care, in keeping with their views, values, culture, choice and wellbeing needs. I will consult with their LPA for health and welfare, family member, friend and or IMCA before I make a best interest decision that they should be moved.
  2. Where a Best Interest decision is needed and I am concerned about their welfare, I will check to see if another adult has the power to make the relevant decision in the adult’s best interests and follow the **Best Interest Checklist** (s4 MCA 2005 REF) in full.
  3. Where the adult needs a **long stay in a care home or hospital** I will, as far as possible, source accommodation that will be in keeping with their views, values, culture and choice. I must consult with their family member, friend or IMCA before I make a best interest decision that they should stay there for care or treatment.
  4. If the adult lacks mental capacity to consent to stay in a care home or hospital, and is not free to leave and under regular supervision and control of the establishment, I will prompt the care home or hospital to apply for a **Deprivation of Liberty Safeguard (DoLS)**, to support them whilst they are staying there. I can ask the DoLS to be sought prior to the adult taking up their stay, by contacting the DoLS Office in Adult Social Care.

***What do I do when a tenancy needs to be terminated and the adult cannot consent to this?***

* 1. Where someone who lacks mental capacity needs their **tenancy terminated**, I will make the relevant application to the Court of Protection for a decision on this. I will liaise with my manager. Legal services will need to be engaged to support the application.

***Fluctuating Mental Capacity, what should I consider?***

* 1. Where I am concerned for the welfare of an adult and that they may have **fluctuating mental capacity** to manage their decision and associated risks, I will negotiate with them to obtain early consent and ensure they have. Alternatively, I will request a second opinion of the mental capacity assessment, by asking another practitioner to do a joint or further mental assessment of the adult, for example their GP when it relates to their health or care plan.

***What do I do when worried about risks and the adult’s ability to manage these?***

* 1. When I am concerned that the adult is making an unwise decision that may have serious consequences for their welfare, I will **escalate the matter to my manager** to discuss the case and review any actions I need to take. I will record those as management direction on the adult’s file.
  2. When the adult has previously made an unwise decision, but **risks are changing, or becoming** **more serious** and I am concerned for their welfare, I will complete another mental capacity assessment. I will discuss this with my manager and ensure decisions and actions are recorded on the adult’s case file.
  3. The **manager of the social worker** willrecord whether a referral to the Safeguarding Adults **Complex Cases Group** has been considered for cases where risks should be shared across the multi-agency partnership to safeguard the adult, and whether legal input is needed for a possible application for a court decision.
  4. The **manager will record** whether any other professionals, senior managers such as Head of Service and/or the Strategic Lead for Safeguarding Adults, need to be informed about the case by virtue of a ‘**Need to Know’** notification which may outline financial and reputational risks such as the potential for a Safeguarding Adults Review.

***I am worried about the welfare of the adult, but they have the ability to make their own decision. What do I do?***

* 1. I will consider all the points in this section and if the adult is willing to take the risks and **has sufficient mental capacity** to make this decision, I will record this and discuss with my manager in supervision and ensure they put a note on the adult’s electronic case record . A multi-disciplinary meeting may be necessary to record this along with other professionals so everyone is aware of the decision not to continue intervention despite some apparent risks of their behaviour.

***When should I review a adult’s mental capacity?***

* 1. I will **review** the mental capacity of the adult with an assessment when the adult’s circumstances or behaviour changes and I become concerned about their welfare. An adult deemed to lack mental capacity, with care and support needs, should have the mental capacity assessment reviewed at least once a year where they have a condition that could affect their decision-making ability.

1. **Virtual Adult Social Care**

**When considering the standards of practice with regards to Virtual Social Work all practitioners are expected to consider relevant guidance developed by the Social Care Institute of Excellence, Social Work England and the British Association of Social Work.**

*It is to be acknowledged that the use of technology to communicate with adults, carer/s, practitioners or fellow professionals is not ideal, but it can be useful in some specific instances if it is to limit the spread of a virus and the wellbeing of the adult, carer or other person, is unlikely to be adversely impacted if the meeting is held virtually, or in other words online.*

* 1. When I interact virtually, for example in a training session with other practitioners or professionals on Microsoft Teams or another online platform, I will **engage** in the meeting as actively as possible. This means that as far as possible **I will turn my camera on**, unless it was agreed that cameras will be off for a particular reason. Where I am unable to use my camera for any reason, I will let the chair or the participants of the meeting know in advance, or at the beginning of the meeting. There may be instances where this is not possible to have cameras on, but the norm would be for me to have my camera enabled for the duration of the conversation.
  2. Where possible I will avoid virtual social work and adult social care practice, I will instead, endeavour to **meet an adult, their family and carer/s face to face** where I can actively listen and talk with them. Where this is not possible, I will record why not on the case record, or electronic filing system in Liquid Logic where the details are kept.
  3. I will **consider** the suitability of **virtual adult social care practice or social work** **or adult social care practice** in the form of a video call, and whether using relevant technology, could support the intervention or assessment of an adult to enable the best wellbeing outcome for them for example if a call is needed to obtain additional information.
  4. **I will ensure that my appearance is presentable**, as I represent my practice in Adult Social Care in a professional manner.
  5. I will **mute** my microphone, unless I am speaking to reduce the background noise during the call.
  6. I will pay attention to the **chat function** where there is one and this is available and use this to participate in the meeting where it is conducive to the meeting.
  7. Where I **need to leave** the meeting for a period of time, I will notify the chair and others by means of the chat function if this is available and say that I will be right back, or will state when I am expected to rejoin.
  8. I will keep my **background as plain as possible or use an official background**, to enable others to focus on the meeting discussions. I ask the adults with care and support needs, carers and members of the community and colleagues that I meet with, to do the same where needed.
  9. I will agree **not to record** the meeting or for others to record it unless pre-arranged and have permission to do so from all parties who are participating. If it is absolutely necessary for the meeting to be recorded for a specific reason the reasons for this should be specified and recorded.
  10. **I will fully participate** in the meeting as appropriate. To keep good order, I will ‘raise my hand’ when wanting to say something. I will keep the Agenda of the meeting to hand and use the chat function to contribute to the meeting outside of direct discussions.
  11. I will be **courteous to colleagues** and allow one another to speak one at a time. As attendees we encourage one another to contribute to the meeting appropriately.
  12. **Adult Social Care does not consent to any recording being made of any member of staff at any time during meetings, home visits or virtual appointments.**

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* London Borough of Barking and Dagenham (2023*) CARES* *Practice Standards for Children and Young People’s Services.* Available online: [Staff Intranet - LBBD Practice Standardsv3.pdf (sharepoint.com)](https://lbbd.sharepoint.com/sites/Intranet/Shared%20Documents/Forms/_C__Users_shall_OneDrive%20-%20London%20Borough%20of%20Barking%20and%20Dagenham_Documents_Oracle%20Replacement%20Published%20Document%20Library_Oracle%20Replacement%20Useful%20Links.pptx_.aspx?id=%2Fsites%2FIntranet%2FShared%20Documents%2FChildren%E2%80%99s%20Care%20and%20Support%20%28learning%20%26%20development%29%2FPractice%20improvement%2FLBBD%20Practice%20Standardsv3%2Epdf&parent=%2Fsites%2FIntranet%2FShared%20Documents%2FChildren%E2%80%99s%20Care%20and%20Support%20%28learning%20%26%20development%29%2FPractice%20improvement)
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   *‘Proportionality means that the assessment is only as intrusive as it needs to be to establish an accurate picture of the needs of the individual or their carer, regardless of whatever method of assessment is used – i.e. supported self-assessment, face-to-face assessment or other. This will involve:*

   *• both hearing and understanding the initial presenting problem*

   *• not taking this at ‘face value’*

   *• ensuring any underlying needs are also explored and understood.’* [↑](#footnote-ref-1)
2. <https://londonadass.org.uk/safeguarding/review-of-the-pan-london-policy-and-procedures/> [↑](#footnote-ref-2)
3. <https://londonadass.org.uk/safeguarding/review-of-the-pan-london-policy-and-procedures/> [↑](#footnote-ref-3)
4. London Safeguarding Adults Policy and Procedure [↑](#footnote-ref-4)
5. <https://londonadass.org.uk/safeguarding/review-of-the-pan-london-policy-and-procedures/>

   6 NRM Guidance on Referrals: National referral mechanism guidance: adult (Northern Ireland and Scotland) - GOV.UK (www.gov.uk)

   7 [Safeguarding Adults Complex Cases Group | London Borough of Barking and Dagenham (lbbd.gov.uk)](https://www.lbbd.gov.uk/adult-health-and-social-care/barking-and-dagenham-safeguarding-adults-board/safeguarding-adults-1) [↑](#footnote-ref-5)
6. MCA Code: <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf> [↑](#footnote-ref-6)