



# **Gateshead Safeguarding Adults Board**

## **Adult Concern Decision-Making Tool:**

**Guidance for Professionals on choosing the appropriate pathway for concerns about adults with needs for care and support**

**Date: Approve for use by Gateshead SAB June 2022**

## Introduction

This Adult Concern Decision-Making tool is aimed at all practitioners in Gateshead who work with **adults with an appearance of need for care and support**. The aim of the tool is to support practitioners to make a decision about what is the appropriate pathway for a concern about an adult. Raising a statutory Safeguarding Adults Concern is not always the answer and can even result in delays to accessing the appropriate care and support required.

It is important that our practitioners understand the difference between statutory safeguarding, complaints, quality of care (concerns about a provider) and care / health management pathways. All of these pathways can result in a persons desired outcomes being met, supported by person-centred care and support plans and strengths-based risk management. The important thing is for all options to be considered, recorded and co-ordinated.

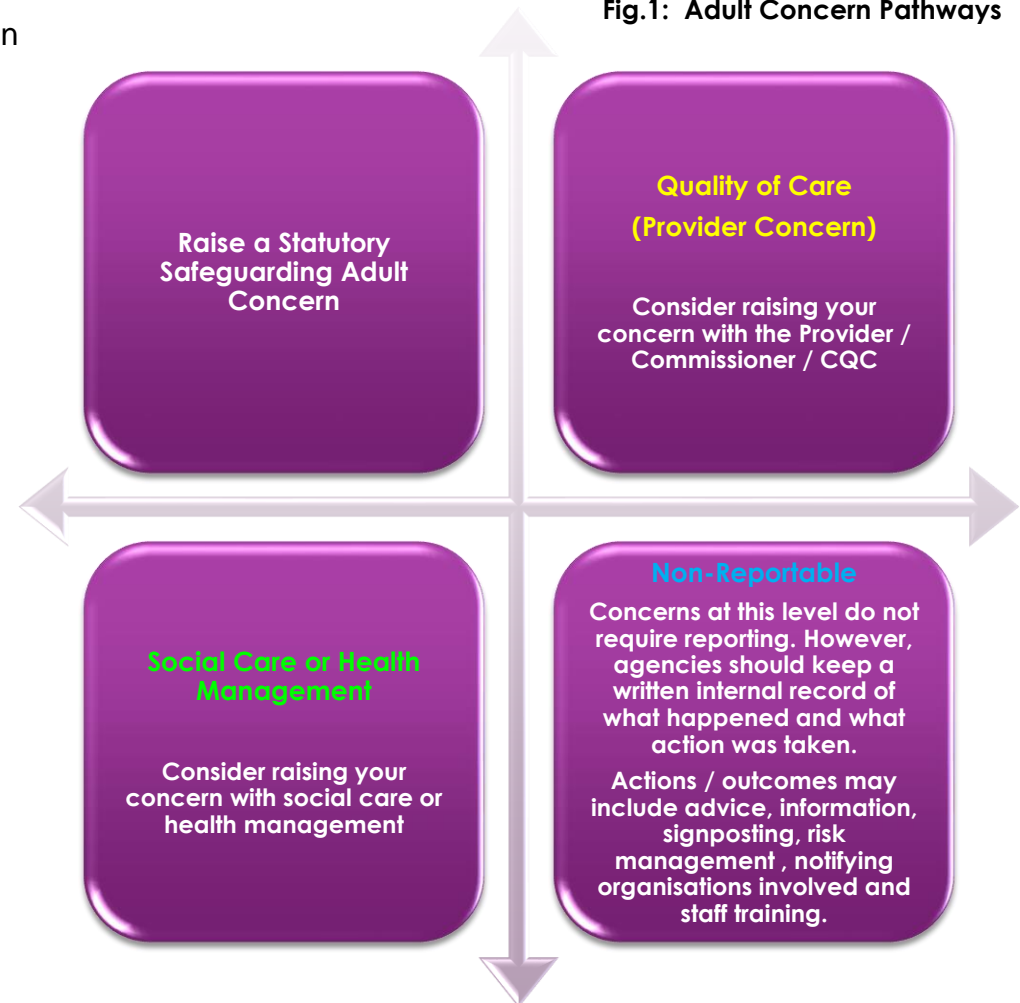
The quality of the initial information gathering is extremely important to enable the practitioner to determine the most appropriate pathway.

This is guidance only. Professional judgement and views of the adult or their representative should always be taken into consideration on a case by case basis.

Figure 1 summarises the key pathways for adult concerns in Gateshead. These are described in more detail on page 4.

This tool is to be used alongside the [Gateshead Safeguarding Adult Board Multi-Agency Policy and Procedures](#).

Fig.1: Adult Concern Pathways



## Adult Concerns are Everybody's Responsibility

Statutory Safeguarding is often linked to the phrase 'Safeguarding is Everybody's Responsibility'. The same can be said for **any** concern about an Adult, even if the criteria for statutory safeguarding is not met.

The Local Government Association (LGA), in partnership with Directors of Adult Social Services (ADASS), NHS England, the Care Quality Commission (CQC) and the Association of Chief Police Officers (ACPO) worked together to produce [Roles and Responsibilities in adult safeguarding](#). The document sets out how individuals and organisations should work together to **prevent** abuse and neglect and to ensure the safety and wellbeing of anyone who has been affected. Poor care, neglect and abuse are all part of the same problem and addressing this locally requires action from anyone involved in looking after those who need care. The document states that it is for local Safeguarding Adult Boards to make an agreement about how decisions are made as to what should be appropriately considered a safeguarding issue and addressed through statutory safeguarding, and what should be more appropriately dealt with through other routes.

**Fig.2** is a diagram from 'Roles and Responsibilities in adult safeguarding' which summarises the range of powers and responsibilities that agencies should be using to tackle abuse and neglect.

<b>Safeguarding Adults Boards</b> <ul style="list-style-type: none"> <li>• Hold partners to account</li> <li>• Monitor outcomes and effectiveness</li> <li>• Use data and intelligence to identify risk and act on it</li> <li>• Co-ordinate activity</li> </ul>			
<b>Social Care and Health Providers</b> <ul style="list-style-type: none"> <li>• Show leadership and routinely monitor activity</li> <li>• Meet the required service quality standards</li> <li>• Train staff in safeguarding procedures and ensure they are effectively implemented</li> <li>• Investigate and respond effectively to incidents, complaints and whistleblowers</li> <li>• Take disciplinary action against staff who have abused or neglected people in their care</li> </ul>		<b>Social Care and Health Commissioners</b> <ul style="list-style-type: none"> <li>• Build safeguarding into commissioning strategies &amp; service contracts</li> <li>• Review and monitor services regularly</li> <li>• Intervene (in partnership with the regulator) where services fall below fundamental standards or abuse is taking place</li> </ul>	
<b>Clinicians</b> <ul style="list-style-type: none"> <li>• Apply clinical governance standards for conduct, care &amp; treatment &amp; information sharing</li> <li>• Report incidents of abuse, neglect or undignified treatment</li> <li>• Follow up referrals</li> <li>• Consult patients and take responsibility for ongoing patient care</li> <li>• Lead and support enquiries into abuse or neglect where there is need for clinical input.</li> </ul>	<b>Social Workers/Care Managers</b> <ul style="list-style-type: none"> <li>• Identify and respond to concerns</li> <li>• Identify with people (or their representatives or Best Interest Assessors if they lack capacity) the outcomes they want</li> <li>• Build managing safeguarding risks and benefits into care planning with people</li> <li>• Review care plans</li> <li>• Lead and support enquiries into abuse or neglect</li> </ul>	<b>Specialist Safeguarding staff</b> <ul style="list-style-type: none"> <li>• Be champions in their organisations</li> <li>• Provide specialist advice and co-ordination</li> <li>• Respond to concerns</li> <li>• Make enquiries</li> <li>• Work with the person subject to abuse</li> <li>• Co-ordinate who will do what – e.g. criminal or disciplinary investigations.</li> </ul>	<b>Police</b> <ul style="list-style-type: none"> <li>• Investigate possible crimes</li> <li>• Conduct joint investigations with partners</li> <li>• Gather best evidence to maximise the prospects for prosecuting offenders</li> <li>• Achieve, with partners, the best protection and support for the person suffering abuse or neglect – including victim support</li> </ul>
<b>Professional Regulators</b> <ul style="list-style-type: none"> <li>• Set the culture and professional standards</li> <li>• Apply the Fit to Practise test</li> <li>• Take action where professionals have abused or neglected people in their care</li> </ul>		<b>Care Quality Commission</b> <ul style="list-style-type: none"> <li>• Register, monitor, inspect and regulate services to make sure they provide people with safe, effective, compassionate, high-quality care</li> <li>• Intervene and take regulatory action on breaches</li> <li>• Publish findings including performance ratings</li> </ul>	

## Adult Concern Pathways

### • Raise a Safeguarding Adult Concern

Do you think that the adult concern meets the statutory safeguarding adults criteria?:

- 1.) The adult has needs for Care and Support (whether these have been assessed or are being met by the local authority or not)
- 2.) They are experiencing, or at risk of, abuse or neglect (use the decision-making tool to help); and
- 3.) As a result of Care and Support needs they are unable to protect themselves against the abuse or neglect

Further guidance on establishing whether the criteria is met is available [here](#).

If you think that the criteria has been met, check the Safeguarding Adults Board Multi-Agency Policy and Procedures on [Disclosure and Raising a Concern](#).

A Safeguarding Adult Concern should be raised with the Local Authority area in which the abuse or neglect took place.

Gateshead Safeguarding Adults Concern should be raised via Gateshead Council Adult Social Care Direct:

- ✓ Online via Gateshead Council Website - [here](#)
- ✓ By telephone – 0191 433 7033

### • Quality of Care (Provider Concern)

Every care provider should aim to provide effective, high-quality care and support for every individual. When the provider's standards fall short there will be concerns over the quality of care. A quality of care concern is not safeguarding and does not merit a safeguarding adults concern being submitted. However if concerns regarding the quality of care are allowed to continue unaddressed then there is a risk of the poor care becoming normalised, leading to abuse and neglect, and a safeguarding concern should be raised. Please note, any concern involving a person in a position of trust should be raised as a statutory safeguarding concern.

If you have a concern about poor practice / quality of care within a provider setting, then in most circumstances **this should be raised in the first instance with the Provider manager.**

If the matter is not resolved by the provider, then the following action could be taken:

- If the provider is regulated, then raise a concern with the Care Quality Commission
  - ✓ Online via the CQC website - [here](#)
  - ✓ Telephone – 03000616161
- If you have professional generic concerns about the provider, you can raise a provider concern with the appropriate commissioner – this could be commissioning services within the Local Authority or the Clinical Commissioning Group

### • Social Care or Health Management

If you have a concern about an adult which relates to their social care and support needs or health needs, then this should be raised with either Adult Social Care or the relevant clinician / healthcare manager i.e. GP, District Nurse, Community Psychiatric Nurse, Continuing Health Care manager.

#### **Adult Social Care (Gateshead Council)**

- ✓ Online via Gateshead Council website - [here](#)  
(Online services include requesting an initial care assessment if someone is struggling with daily living, requesting a care and support review if circumstances have changed or reporting suspected abuse or neglect. You are also able to submit a general enquiry)
- ✓ Telephone Adult Social Care Direct – 0191 4337033

#### **Health**

There are many Health services in Gateshead. If you know the health professional / team who is working with the adult, then contact them directly.

If you are not aware of who to contact:

Newcastle Gateshead Clinical Commissioning Group website includes a service directory for Gateshead health services [here](#), which includes information about all GP surgeries, hospitals, pharmacies, urgent care services, sexual health services and mental health services.

Healthwatch Gateshead have provided a useful [links page](#) on their website which may help direct you to the service you require

## • Non-Reportable

Incidents at this level do not require reporting on a case by case basis. However, agencies should keep a written internal record of what happened and what action was taken. Actions / outcomes may include advice, information, signposting, risk management and staff training. These records will be crucial if the incidents continue, or escalate in severity, and may be required for future Safeguarding Adult Section 42 Enquiries, Safeguarding Adult Reviews, criminal investigations, regulatory inspections (i.e. CQC), commissioning reviews or coroner inquests.

If an organisation identifies a concern relating to another organisation at this level, such as a provider, then the other organisation should still be notified in case they are unaware and need to take action.

As further information is gathered, or new incidents occur, the concern may then become reportable to one of the pathways noted above.

## • Key Points to Consider

### **Police**

If, at any point, it is disclosed that a crime has been committed or it is likely that a crime is going to occur then the police should be contacted immediately. This is in addition the referral pathway that has been identified.

### Emergency Response

- ✓ Call 999 – if some is in immediate danger or support is required immediately

### Non-Emergency Police Response

- ✓ Report an incident via the Northumbria Police website – [here](#)
- ✓ Call 101

### Complaints

If you are not satisfied with the response of any of the referral pathways, then a formal complaint can be raised **directly with the organisation that you raised the concern with.**

## Adult Concern Decision-Making Tool

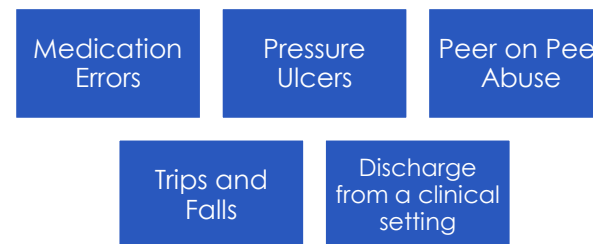
The Decision-Making tool contains examples of concerns with an indication of what referral pathway may be appropriate. The examples outlined are not an exhaustive list and does not provide an absolute definition. There will be cases that do not fit easily into a specific level and advice should be sought from your organisation's Adult Safeguarding Lead if there is any query as to which level a concern should be placed in. Professional curiosity and judgement will always be required.

Types of Concerns have been grouped into the ten categories of abuse and neglect identified by the Care Act, plus some additional common adult concern scenarios:

### Care Act Categories of Concerns



### Common Adult Concern Scenarios



Details about how to raise a concern via the different pathways are included in the final section of this guidance.



Non – Reportable		Care and Support / Health Needs:	Quality of Care:	Statutory Safeguarding:
Incidents at this level do not require reporting. However, agencies should keep a written internal record of what happened and what action was taken.		Consider raising your concern with Social Care or Health	Consider raising your concern with the Provider / CQC / Commissioner	Raise a Safeguarding Adult Concern (ensure the safeguarding criteria has been met)
Low Level Harm / Poor Practice			Significant / Critical harm	
Physical	<ul style="list-style-type: none"> <li>• Error by staff causing no / little harm, e.g. skin friction mark due to ill-fitting hoist sling</li> <li>• Isolated incident caused by another person (not in a position of trust) causing no / little harm e.g. one person using the service strikes another but it leaves no mark and does not cause emotional distress</li> <li>• Unexplained very light marking/bruising found on one occasion which does not suggest that abuse / neglect may have taken place</li> </ul>	<ul style="list-style-type: none"> <li>• DoLS not considered or implemented and Mental Capacity Act (MCA) not followed</li> <li>• Inappropriate restraint used to prevent harm that causes marks to be left but no external medical treatment / consultation required (consider if require review of care plan)</li> <li>• Recurring incidents caused by another person causing no harm / minor injuries (consider review of care plan)</li> </ul>	<ul style="list-style-type: none"> <li>• Inappropriate restraint that causes marks to be left but no external medical treatment / consultation required (consider if there needs to be a disciplinary process / review of restraint procedure)</li> <li>• Recurring incidents caused by another person (not in a position of trust) causing no harm / minor injuries (consider review of placements / consider review of behaviour management policy)</li> </ul>	<ul style="list-style-type: none"> <li>• Assault</li> <li>• Grievous Bodily Harm / Assault leading to significant harm</li> <li>• Intended harm towards a person</li> <li>• Unexplained fractures / injuries to any part of the body that may be at various stages in the healing process</li> <li>• Unexplained marking or lesions, burns, cuts or grip marks on a number of occasions</li> <li>• Accumulation of minor injuries on one person</li> <li>• Deliberately withholding of food, drinks or aids to independence</li> <li>• Deliberately force-feeding food or drinks</li> <li>• Assault by another person using the service requiring medical treatment</li> <li>• Mental Capacity Act (MCA) not considered or followed with regards to restraint</li> </ul>

<p style="text-align: center;"><b>Non – Reportable</b></p> <p style="text-align: center;">Incidents at this level do not require reporting. However, agencies should keep a written internal record of what happened and what action was taken.</p>	<p style="text-align: center;"><b>Care and Support / Health Needs:</b></p> <p style="text-align: center;">Consider raising your concern with Social Care or Health</p>	<p style="text-align: center;"><b>Quality of Care:</b></p> <p style="text-align: center;">Consider raising your concern with the Provider / CQC / Commissioner</p>	<p style="text-align: center;"><b>Statutory Safeguarding:</b></p> <p style="text-align: center;">Raise a Safeguarding Adult Concern (ensure the safeguarding criteria has been met)</p>
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<b>Domestic Abuse</b>	<p><b>Where there is potential or actual Domestic Abuse disclosed, practitioner should complete a SafeLives Risk Indicator Checklist (RIC) which can be found on the <a href="#">SafeLives website</a> (including in languages other than English).</b></p> <p>If the assessment suggests that there is high risk of significant harm the practitioner should discuss the case with the MARAC (Multi Agency Risk Assessment Conference) Single Point of Contact for their agency and submit a referral, also copying in the Gateshead Council Domestic Abuse Team (<a href="mailto:domesticabuseteam@gateshead.gov.uk">domesticabuseteam@gateshead.gov.uk</a>).. The Gateshead Council Domestic Abuse Team will also support those assessed as Medium risk.</p> <p>Where the RIC shows that risk is assessed as being standard risk, use the RIC to develop a safety plan and discuss with the client a referral to a specialist service locally.</p> <p>Further information can be found on the Gateshead Council website <a href="#">Domestic abuse - Gateshead Council</a></p>			
	<p>The person has no current fears, there are adequate protective factors, the person does not want support and it is:</p> <ul style="list-style-type: none"> <li>• One off incident with no injury or harm experienced</li> <li>• Occasional taunts or verbal outbursts where the person has capacity to decide they would not like support</li> </ul>			<ul style="list-style-type: none"> <li>• Subject to regular violent behaviour</li> <li>• Threats to kill / choke / suffocate etc.</li> <li>• In constant fear of being harmed</li> <li>• Sex without valid consent (rape)</li> <li>• Female Genital Mutilation (FGM)</li> <li>• 'Honour based' violence and/or forced marriage</li> <li>• Person denied access to medical treatment / care / vital equipment/finances to maintain independence by alleged cause of risk</li> <li>• Frequent physical outbursts that cause distress or some level of harm</li> <li>• Subject to stalking/harassment</li> <li>• Controlling or coercive behaviour is witnessed</li> <li>• Unexplained marking or lesions or grip marks on a number of occasions</li> </ul>

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<b>Sexual Abuse</b>	<p>Not committed by a person in a position of trust (e.g. a professional), the adult has capacity and does not want to raise a safeguarding concern or receive support; and:</p> <ul style="list-style-type: none"> <li>• Isolated incident of teasing or unwanted attention, either verbal or physical (but excluding genitalia), where the effect on the person is low</li> <li>• Isolated incident of teasing or low level unwanted sexualised attention (verbal or by gestures) directed at one adult by another whether or not capacity exists - no harm or distress caused</li> <li>• Being subject to indecent exposure where the person isn't distressed and does not want to take the matter further</li> </ul>	<p>Not committed by a person in a position of trust (e.g. a professional), the adult has capacity and does not want to raise a safeguarding concern but does want support from health or social care; and:</p> <ul style="list-style-type: none"> <li>• Non-contact sexualised behaviour which causes distress to the person at risk</li> <li>• Recurring verbalised sexualised teasing or harassment</li> </ul>	<ul style="list-style-type: none"> <li>• Sexual Abuse committed by another service user that is an isolated incident of teasing or unwanted attention, either verbal or physical (but excluding genitalia), no harm or distress is caused and the adult does not want to raise a safeguarding concern</li> </ul>	<ul style="list-style-type: none"> <li>• Sex without valid consent (rape)</li> <li>• Sexualised touch or masturbation without valid consent</li> <li>• Attempted penetration by any means (whether or not it occurs within a relationship) without valid consent</li> <li>• Any allegation of sexualised behaviour relating to a person in a position of trust against a person in their care, e.g. staff and service user</li> <li>• Being made to look at pornographic material against will/where valid consent cannot be given</li> <li>• Voyeurism</li> <li>• Non-contact sexualised behaviour which causes distress to the person at risk</li> <li>• Verbal sexualised teasing or harassment</li> <li>• Posting pictures of a sexual nature of the adult online</li> </ul>

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<b>Psychological</b>	<ul style="list-style-type: none"> <li>Isolated incident where an adult is spoken to in a rude or inappropriate way by a person not in a position of trust – respect is undermined but no or little distress caused</li> <li>Occasional taunts or verbal outbursts which do not cause distress between people using a service</li> </ul>		<p>The Adult has capacity and does not want to raise a safeguarding concern, the incidents are isolated; and:</p> <ul style="list-style-type: none"> <li>Treatment that undermines dignity and damages esteem</li> <li>Denying or failure to recognise an adult’s choice or opinion</li> <li>Withholding of information to disempower</li> <li>Occasional taunts or verbal outbursts which do not cause distress between people using a service</li> </ul>	<ul style="list-style-type: none"> <li>Denial of basic human rights/civil liberties, over-riding advance directive</li> <li>Forced marriage, ‘honour based’ violence and Female Genital Mutilation</li> <li>Prolonged intimidation</li> <li>Vicious/personalised verbal attacks/ bullying</li> <li>Humiliation of an adult</li> <li>Emotional blackmail e.g. threats of abandonment/ harm</li> <li>The withholding of information to disempower</li> <li>Allegations or concerns relating to ‘cuckooing’</li> <li>Concerns about, or signs of, someone becoming radicalised</li> </ul>

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<b>Financial or Material</b>	<ul style="list-style-type: none"> <li>• Money is not recorded safely or recorded properly, and immediate actions have been taken to rectify this</li> <li>• Single incident of missing belongings / minimal amount of money where there is no indication of theft / abuse</li> </ul>	<ul style="list-style-type: none"> <li>• High levels of visitors to the property and the person does not appear to be able to say no</li> <li>• The adult is socially isolated</li> <li>• Falling behind with bills</li> <li>• Property falling into disrepair</li> <li>• General deterioration in the person's health and wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>• Money is not recorded safely or recorded properly and immediate actions have not been taken by the provider to rectify this</li> <li>• Recurring incidents of missing belongings / minimal amount of money where there is no indication of theft or abuse</li> </ul>	<ul style="list-style-type: none"> <li>• Suspected fraud/exploitation relating to benefits, income, property or will, including</li> <li>• 'Cuckooing'</li> <li>• Lasting Power of Attorney claimed to exist but no evidence provided when requested</li> <li>• Adult denied access to their own funds or possessions</li> <li>• Misuse / misappropriation of property, possessions or benefits by a person in a position of trust or control. To include misusing loyalty cards</li> <li>• Personal finances removed from adult's control</li> <li>• Adult coerced or misled into giving over money or property</li> <li>• Adult not involved in a decision about how their money is spent or kept safe</li> </ul>

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<p><b>Modern Slavery</b></p>	<p><b>Modern slavery is regarded as Serious Crime, with a legal obligation to Report. There are therefore no incidents which are non-reportable.</b></p> <p>N.B. It is common that potential Victims may be unaware or unable to understand the concept of exploitation and control measures. They may also be coached or scripted to prevent disclosure to authorities.</p>	<p>-</p>	<p>-</p>	<ul style="list-style-type: none"> <li>• Information that a person is being exploited or controlled by others.</li> <li>• Information that a person is involved in the exploitation of others.</li> <li>• Information that a location or vehicle is involved in the accommodation or transport of exploited persons.</li> <li>• Exploitation may relate to the compulsion or coercion of another to undertake sexual services, physical labour (whether or not paid), domestic work, enter into forced marriage, undergo organ removal or even commit criminal acts.</li> <li>• Coercion may take the form of threats of violence to self or others, debt management, threat of deportation, psychological trauma or even deception. This may include a false promise of hierarchal progress in a gang.</li> </ul> <p>Any concerns about slavery, human trafficking, forced labour or domestic servitude must also be reported to the police.</p>

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<b>Discriminatory</b>	<ul style="list-style-type: none"> <li>Isolated incident of teasing motivated by prejudicial attitudes towards an adult's individual differences, no distress or harm caused (not involving a person in a position of trust)</li> <li>Isolated incident of care planning that fails to address an adult's specific diversity associated needs for a short period, no distress or harm caused</li> </ul>	<ul style="list-style-type: none"> <li>Care planning fails to address diversity associated needs for a short period, no distress or harm caused</li> </ul>	<ul style="list-style-type: none"> <li>Failure to address diversity associated needs for a short period, no distress or harm caused</li> <li>Isolated incident of teasing motivated by prejudicial attitudes, no distress or harm caused</li> </ul>	<ul style="list-style-type: none"> <li>Hate crime resulting in injury / emergency medical treatment/fear for life</li> <li>Hate crime resulting in serious injury/attempted murder/honour-based violence</li> <li>Inequitable access to service provision as a result of diversity issue</li> <li>Being refused access to essential services</li> <li>Humiliation, threats or taunts on a regular basis</li> <li>Recurring failure to meet specific care / support needs associated with diversity that cause distress</li> <li>Denial of civil liberties e.g voting, making a complaint</li> </ul>

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<b>Organisational</b>	<ul style="list-style-type: none"> <li>• Single incident of insufficient staffing to meet all people’s needs in a timely fashion but causing no harm</li> <li>• A one-off medication error (with minimal consequences)</li> <li>• Isolated missed home care visit - no harm occurs and no other person is missed that day</li> </ul>	<ul style="list-style-type: none"> <li>• Care-planning documentation not person-centred / does not involve the person or capture their views</li> <li>• Lack of stimulation / opportunities for people to engage in social and leisure activities</li> <li>• Denial of individuality and opportunities to make informed choices and take responsible risks</li> <li>• An increase in the number of complaints about a service</li> <li>• Changes in the behaviour and demeanour of adults within the service</li> </ul>	<ul style="list-style-type: none"> <li>• Person not enabled to have a say in how the service is run</li> <li>• Lack of stimulation / opportunities for people to engage in social and leisure activities</li> <li>• Denial of individuality and opportunities to make informed choices and take responsible risks</li> <li>• Person’s dignity is occasionally undermined e.g. lack of privacy during support with intimate care needs, pooled under-clothing</li> <li>• Unsafe and unhygienic living environments that could cause harm to the person or have caused minor injury requiring no external medical intervention / consultation</li> <li>• Rigid / inflexible routines that are not always in the person’s best interests</li> <li>• Recurrent missed home care visits where risk of harm escalates, or one miss where harm occurs</li> <li>• Failure to recognise when external medical intervention / consultation is required, no harm done</li> <li>• Poor communication with family members</li> <li>• Poor quality, lack of choice or nutritionally inadequate food options</li> </ul>	<ul style="list-style-type: none"> <li>• Staff misusing position of power over people using the service</li> <li>• Over-medication and / or inappropriate restraint managing behaviour</li> <li>• A series of medication errors</li> <li>• Recurrent or consistent ill treatment by care provider to more than one person over a period of time</li> <li>• Recurrent or consistent incidents of insufficient staffing resulting in harm requiring external medical intervention or hospitalisation</li> <li>• Lack of engagement with partner organisations i.e. GP visits, dental appointments, dietician, SALT</li> <li>• Failure to recognise when external medical intervention / consultation is required on multiple occasions and / or harm occurs</li> <li>• Repeated missed visits by a domiciliary care provider, distress or harm occurs</li> <li>• Anonymous safeguarding adult concerns / whistleblowing allegations</li> <li>• An increase in the number of complaints about a service</li> <li>• Previous concerns about care plans not addressed</li> <li>• Delays or non-reporting of safeguarding adult concerns</li> </ul>



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<b>Neglect and Acts of Omission</b>	<ul style="list-style-type: none"> <li>• Isolated missed home care visit - no harm occurs and no other person is missed that day</li> <li>• Adult is not assisted with a meal / drink on one occasion and no harm occurs</li> <li>• Inadequacies in care provision leading to discomfort - no significant harm e.g. left wet for a period of time</li> <li>• A fall where no significant harm occurs, there are no other indicators of neglect, and action is being taken to minimise further risk (see 'Trips and Falls' for more guidance)</li> </ul>	<ul style="list-style-type: none"> <li>• Person centred, evidence-based care plan in place and being followed. Not regularly reviewed but no harm occurs</li> <li>• Care plan not person centred, not linked to appropriate risk assessments. No harm occurs (if this affects more than one person consider organisational abuse)</li> </ul>	<ul style="list-style-type: none"> <li>• Recurrent missed home care visits where risk of harm escalates, or one miss where harm occurs</li> <li>• Recurrent lack of care to extent that there could be a future impact on health and well-being e.g. dehydration, malnutrition (assessed to the capability of the person reporting)</li> <li>• Care plan not person centred, not linked to appropriate risk assessments. No harm occurs (if this affects more than one person consider organisational abuse)</li> <li>• Care plan is not being followed, no harm occurs</li> </ul>	<ul style="list-style-type: none"> <li>• Failure to arrange access to life saving services or medical care</li> <li>• Failure to intervene in dangerous situations where the adult lacks the capacity to assess risk</li> <li>• Discharge from hospital where harm occurs that does require re-admission within a short time period</li> <li>• Any fall where there is suspected neglect or a failure to follow relevant care plans, policies or procedure</li> <li>• Recurrent lack of care to extent that health and well-being deteriorate e.g. dehydration, malnutrition (assessed to the capability of the person reporting)</li> <li>• Poor quality care plans leading to harm and / or distress (if this affects more than one person consider possible organisational abuse)</li> </ul>

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<b>Self-Neglect</b>	<ul style="list-style-type: none"> <li>• Self-care causing some concern - no signs of harm or distress</li> <li>• Property neglected but all main services work</li> <li>• Some evidence of hoarding - no major impact on health/safety</li> <li>• First signs of not engaging with professionals</li> <li>• Property shows some signs of neglect</li> <li>• Evidence of low-level hoarding</li> <li>• No access to support</li> </ul>	<ul style="list-style-type: none"> <li>• Refusing / non-engagement with medical treatment / care / equipment required to maintain independence and health</li> <li>• Lack of essential amenities</li> <li>• Potential fire risk / gas leaks</li> <li>• High level of clutter / hoarding</li> <li>• Property / environment shows signs of neglect that are potentially damaging to health</li> </ul>	<p>The adult is living within a commissioned service and;</p> <ul style="list-style-type: none"> <li>• Refusing / non-engagement with medical treatment / care / equipment required to maintain independence and health</li> <li>• Lack of essential amenities</li> <li>• Potential fire risk / gas leaks</li> <li>• High level of clutter / hoarding</li> <li>• Property / environment shows signs of neglect that are potentially damaging to health</li> </ul>	<ul style="list-style-type: none"> <li>• Life in danger without intervention</li> <li>• Chaotic substance misuse</li> <li>• Environment injurious to health</li> <li>• Imminent fire risk / gas leaks</li> <li>• Access obstructed within property</li> <li>• Multiple reports from other agencies</li> <li>• Behaviour poses significant risk to self / others</li> <li>• Tenancy at risk because of hoarding / property condition, i.e. notice served</li> <li>• Lack of self-care results in significant deterioration in health / wellbeing / safety</li> <li>• Refusing / non-engagement with medical treatment / care / equipment and harm is occurring</li> </ul>

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<b>Medication Errors</b>	<ul style="list-style-type: none"> <li>• Isolated incident where the person is accidentally given the wrong medication, given too much or too little medication or given it at the wrong time but no harm occurs</li> <li>• Isolated incident causing no harm that is not reported by staff member</li> <li>• Isolated prescribing or dispensing error by GP, pharmacist or other medical professional resulting in no harm</li> </ul>	<ul style="list-style-type: none"> <li>• Covert administration if the person lacks capacity without having a best interest decision recorded in the care plan</li> </ul>	<ul style="list-style-type: none"> <li>• Recurring missed medication or errors that affect more than one adult but no harm occurs</li> <li>• Isolated medication error that causes actual harm or ill health to one adult but does no external medical consultation / treatment is required</li> </ul>	<ul style="list-style-type: none"> <li>• Deliberate maladministration of medications or failure to follow proper procedures, including reporting of medication errors</li> <li>• Pattern of recurring errors or an incident of deliberate maladministration</li> <li>• Deliberate falsification of records or coercive/ intimidating behaviour to prevent reporting</li> <li>• Insufficient or incorrect policies and procedures in place</li> <li>• Recurring missed medication or errors that affect more than one adult and result in actual or potential harm to one or more adults</li> </ul>

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<b>Pressure Ulcers</b>	<ul style="list-style-type: none"> <li>• Single or isolated incident of Grade 1 or 2 pressure ulcer</li> <li>• Grade 3 &amp; 4, Unstageable and suspected Deep Tissue Injury or multiple grade 2 pressure ulcers <b>and:</b> <ul style="list-style-type: none"> <li>- A care plan is in place</li> <li>- Reasonable action is being taken</li> <li>- Other relevant professionals have been notified (i.e. Tissue Viability Nurse)</li> <li>- There has been a full discussion with the person, their family or representative</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Person not risk assessed with regards to pressure ulcers, no harm occurs</li> <li>- Adult has capacity and makes an informed decision to decline treatment. A pressure ulcer develops.</li> </ul>	<ul style="list-style-type: none"> <li>• Person not risk assessed with regards to pressure ulcers, no harm occurs</li> </ul>	<ul style="list-style-type: none"> <li>• Grade 3 &amp; 4, Unstageable and Suspected Deep Tissue Injury <b>and</b> <ul style="list-style-type: none"> <li>- No assessment and care planning has been completed or is of a very poor quality</li> <li>- No professional advice or support has been sought at the appropriate time</li> <li>- Failure to follow the advice of clinical specialists</li> <li>- Failure to provide suitable pressure relieving equipment</li> <li>- There are other indicators of abuse or neglect</li> <li>- Evidence demonstrates that this is part of a pattern or trend</li> </ul> </li> </ul>

	Non – Reportable	Care and Support / Health Needs:	Quality of Care:	Statutory Safeguarding:
	Incidents at this level do not require reporting. However, agencies should keep a written internal record of what happened and what action was taken.	Consider raising your concern with Social Care or Health	Consider raising your concern with the Provider / CQC / Commissioner	Raise a Safeguarding Adult Concern (ensure the safeguarding criteria has been met)
<b>Peer on Peer Abuse</b>	<ul style="list-style-type: none"> <li>• Isolated incident where no significant harm occurs</li> <li>• Multiple incidents where no significant harm occur, and:               <ul style="list-style-type: none"> <li>- A care plan is in place</li> <li>- Action is being taken to minimise further risk</li> <li>- Other relevant professionals have been notified</li> <li>- There has been full discussion with the person, their family or representative</li> <li>- There are no other indicators of abuse or neglect</li> </ul> </li> </ul>		<ul style="list-style-type: none"> <li>• Multiple incidents where no harm or distress occurs, the adult has capacity and does not want a safeguarding concern raised; and:               <ul style="list-style-type: none"> <li>- There is no care plan / poor care plan is in place</li> <li>- No action is being taken to minimise further risk</li> <li>- Other relevant professionals have not been notified</li> <li>- There has been no / limited discussion with the person, their family or representative</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Any incident resulting in intentional or intended physical or emotional harm or risk of harm to the person, including hate crimes, e.g. multiple incidents of remarks and / or name-calling or inappropriate language</li> <li>• Any incident where a weapon or other object is used with the deliberate intention of harm</li> <li>• Repeated incidents where the victim lacks capacity and is unable to take action to defend themselves</li> <li>• The victim is, or appears to be, fearful in the presence of the other person or is adapting their behaviour to pacify or avoid the other person</li> </ul>
<b>Trips and Falls</b>	<ul style="list-style-type: none"> <li>• Isolated incident where no significant harm occurs</li> <li>• Multiple incidents where no significant harm occurs and:               <ul style="list-style-type: none"> <li>✓ A care plan is in place</li> <li>✓ Action is being taken to minimise further risk</li> <li>✓ Other relevant professionals have been notified</li> <li>✓ There has been full discussion with the person, their family or representative</li> <li>✓ There are no other indicators of abuse or neglect</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• One person experiencing recurring falls whilst in a care setting or receiving care services and no significant harm has occurred which may require a review of care plan.</li> </ul>	<ul style="list-style-type: none"> <li>• One off fall of more than one person within the same care setting and no harm has occurred.</li> </ul>	<ul style="list-style-type: none"> <li>• Any fall resulting in significant injury or death where there is suspected abuse or neglect by a staff member or other person or a failure to follow relevant care plans, policies or procedures</li> </ul>

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<p><b>Discharge from a Clinical Setting</b></p>	<ul style="list-style-type: none"> <li>Deterioration of person due to medical condition – all support services in place</li> </ul>	<ul style="list-style-type: none"> <li>Poor discharge from clinical setting leading to support services not being set up. Causes no harm or distress / low level harm or distress to person.</li> </ul>	<ul style="list-style-type: none"> <li>Poor discharge from clinical setting leading to support services not being set up. Causes no harm or distress / low level harm or distress to person.</li> </ul>	<ul style="list-style-type: none"> <li>Poor discharge planning from a clinical setting, failure to refer person to appropriate support services, leading to significant harm / possible hospitalisation / irreparable damage / death</li> </ul>