

**Elizabeth Walton: Designated Nurse Safeguarding Adults
NHS Salford Clinical Commissioning Group**





**Remind me later....Why these numbers are
important to me and how they could be helpful
to you....!**

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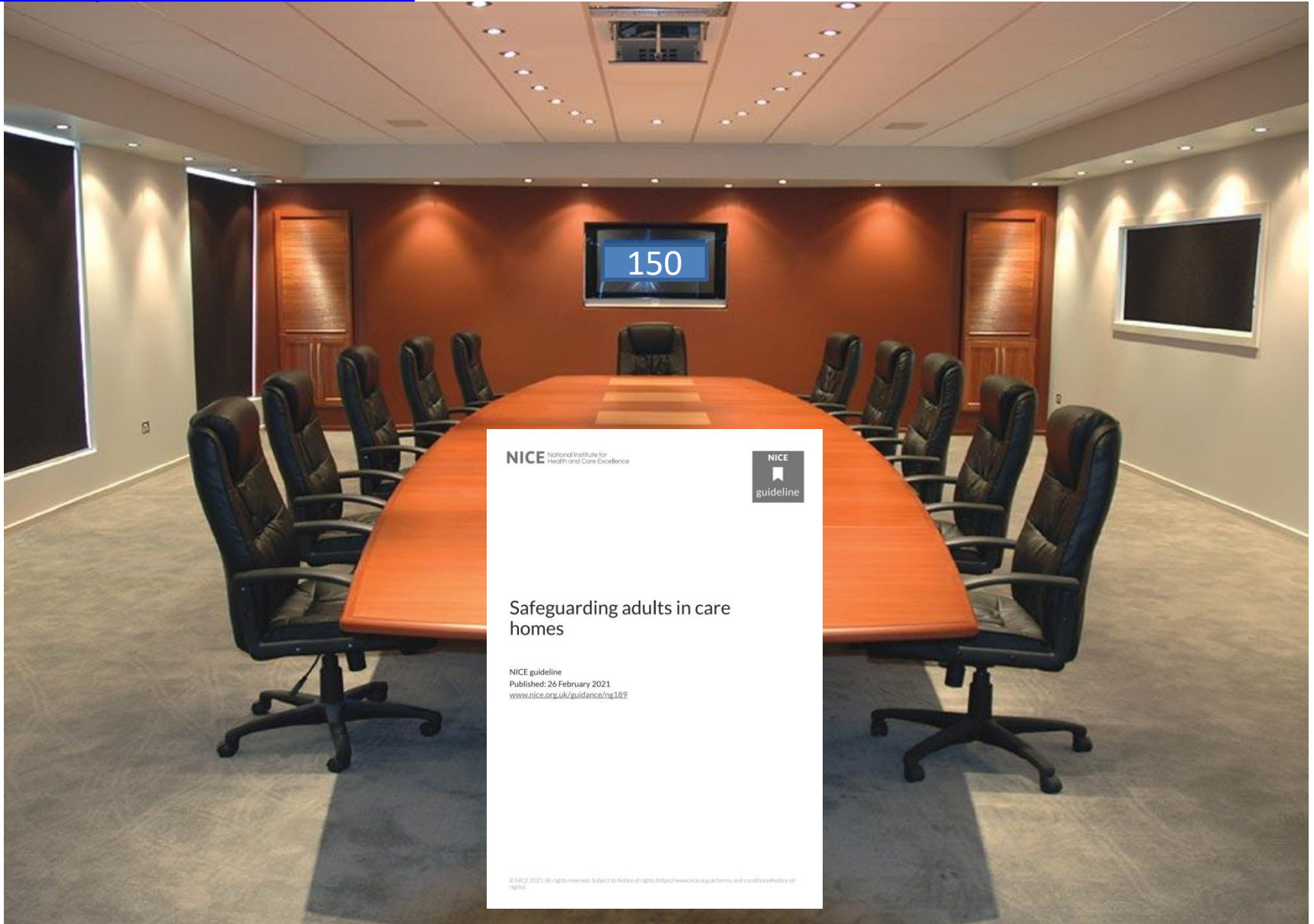
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Participants can join
at **slido.com** with **#091314**

[https://admin.sli.do/event/jugwuvyy
/polls](https://admin.sli.do/event/jugwuvyy/polls)

<https://www.nice.org.uk/guidance/ng189/resources/safeguarding-adults-in-care-homes-pdf-66142030079941>



NICE National Institute for
Health and Care Excellence



Safeguarding adults in care homes

NICE guideline
Published: 26 February 2021
www.nice.org.uk/guidance/ng189

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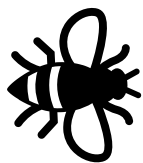
So Why....?



Care Act 2014

An Act to make provision to reform the law relating to care and support of adults and the law relating to support for carers; to make provision for safeguarding adults from abuse or neglect; to make provision for standards; to establish and make provision about Health Education England; to make provision about the Health Research Authority; and to make provision about the health service.

34% of enquiries conducted under Section 42 accounted to Care Homes



**Best available
evidence on
effectiveness
(including cost
effectiveness)**



**Evidence on the
views and
experiences of care
home residents,
their families and
carers, and
practitioners**



**Informed by existing
adult safeguarding
guidance from
across these
different
sectors**



**Policy &
Procedure**

**Induction &
Training**

**Culture,
Learning &
Management**

**Indicators of
abuse &
neglect**

**Supporting staff through
enquiries**

**Immediate Action if you
consider abuse**

**Responding
to abuse**



**Supporting residents through
enquiries**

**How Local
Authorities can
support Care
Homes**

**Immediate
actions if you
suspect abuse**

**Meetings
during an
enquiry**

**Learning from SG
enquiries, concerns &
referrals**

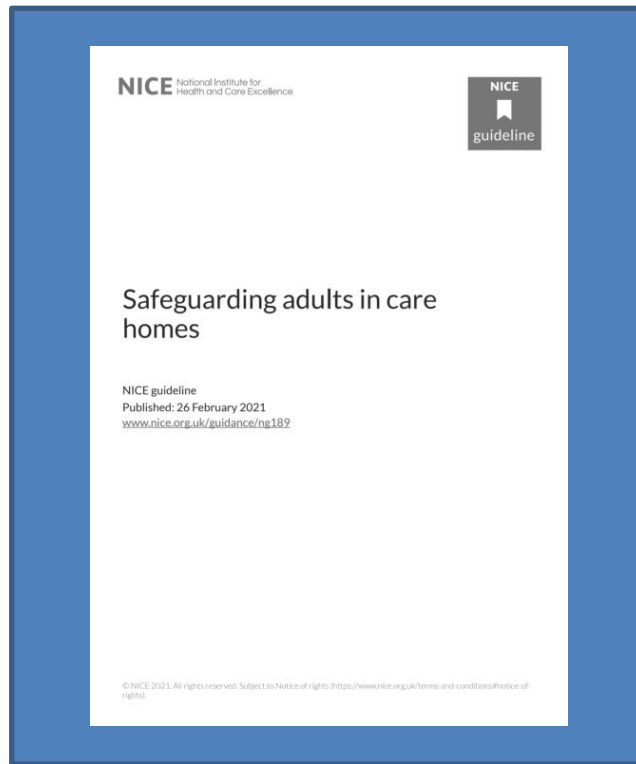
**Indicators of
organizational
abuse & neglect**

NICE QUICK GUIDES



[Creating a safeguarding culture](#) | [Quick guides to social care topics](#) | [Social care](#) | [NICE Communities](#) | [About](#) | [NICE](#)

[Good practice in safeguarding training](#) | [Quick guides to social care topics](#) | [Social care](#) | [NICE Communities](#) | [About](#) | [NICE](#)



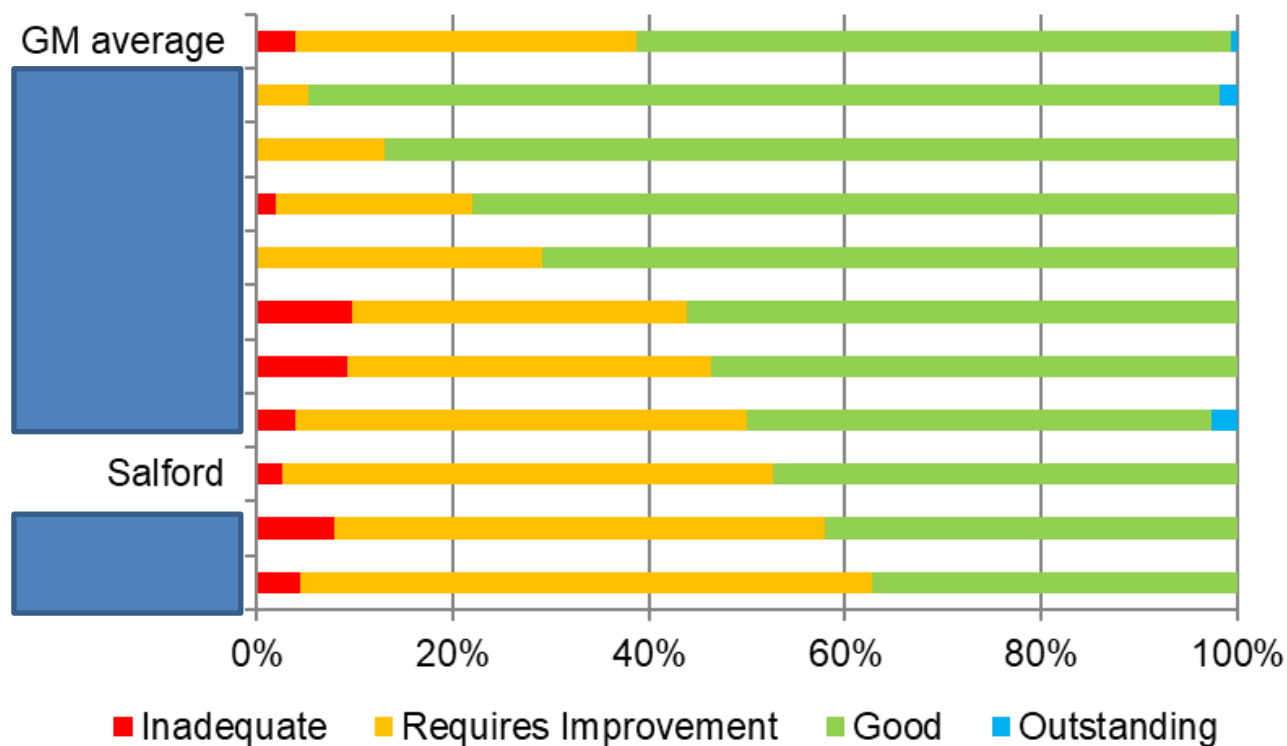
[Safeguarding adults in care homes \(nice.org.uk\)](https://www.nice.org.uk/guidance/ng189)

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**CQC Ratings: March 17 – homes ranked by %
Inadequate or Requires Improvement
Salford 8th out of 10 in Greater Manchester**



APRIL 2017

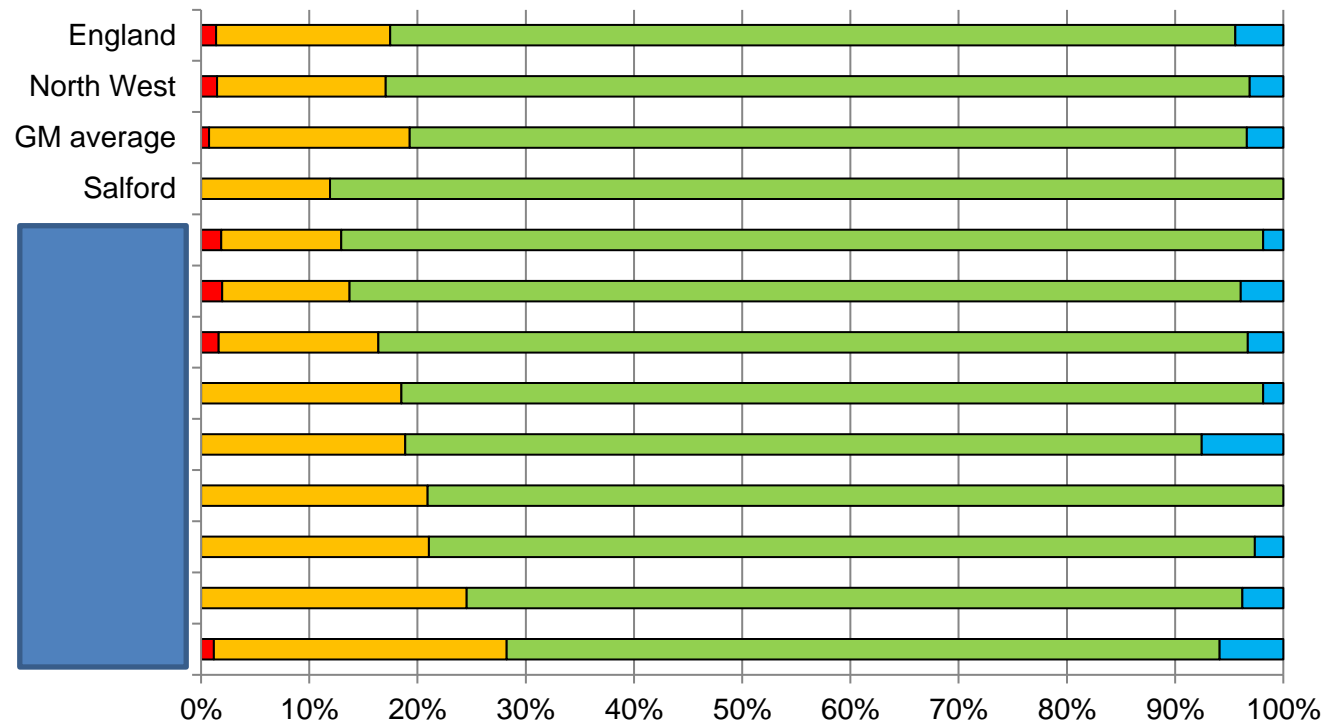
150 out of 151 or
61.5% Care Home
rated inadequate/
Req Improvement

APRIL 2020

17.1% Rated inadequate/ Req
Improvement

83% Rated GOOD! (38% | April 17)

CQC Ratings: ranked by % Inadequate or Requires
Improvement
Salford 1st out of 10 in Greater Manchester



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1. POLICIES AND
PROCEDURES
2. TRAINING &
SUPERVISION
3. ROLES &
RESPONSIBILITIES
4. POSITIVE CULTURE
5. ENGAGE WITH YOUR
SAB!



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[https://admin.sli.do/event/jugwuvyy
/polls](https://admin.sli.do/event/jugwuvyy/polls)

NHS England Safeguarding APP

<https://www.england.nhs.uk/safeguarding/nhs-england-safeguarding-app/>

Safeguarding Adults

“Everyone's
responsibility”



THANK YOU FOR LISTENING ☺

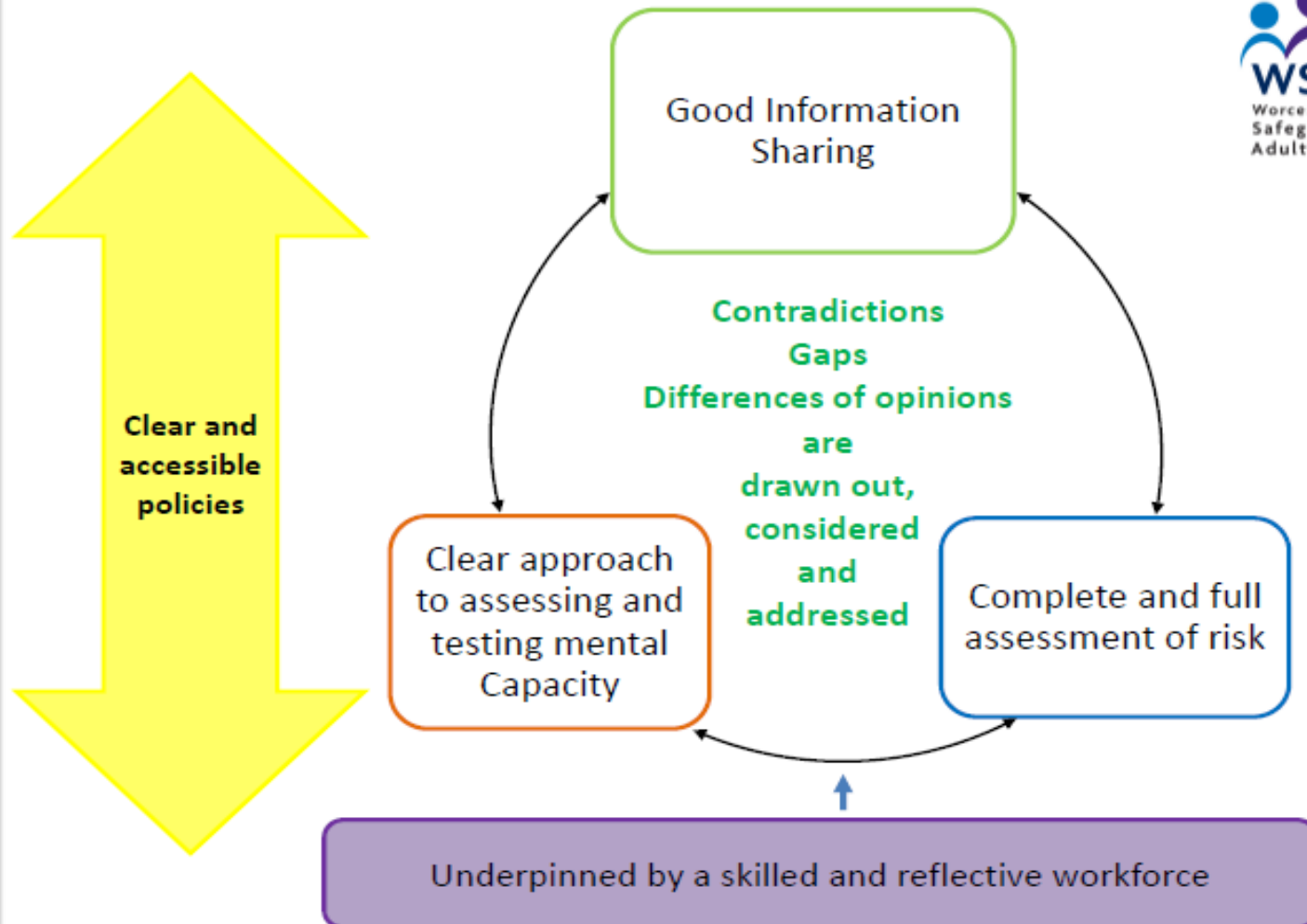
Overview of SARs with residential or domiciliary care packages



Ellen Footman

Head of Quality and Safeguarding
NHS Herefordshire and Worcestershire
Clinical Commissioning Group

Reoccurring themes



Published SARs Worcestershire



- Provision in Care Home - 3
 - Older people with cognitive impairments
- Community Based Care Packages in Place – 2
 - Mental health
 - Learning Difficulties

Care Homes (3 SARs)

Background to cases

- None had been a long-term resident (2 days to 1 month)
 - Respite (Week) - 1
 - DTA –(1)
- All three Males
- All three had cognitive impairments (Dementia /Alzheimer's) at different Stages
- Deaths occurred in hospital in 2 cases

Recommendations and Learning

- Mental Capacity Assessments
- Coordinated approach to Care planning
- Sharing assessments (Triangulation)

Recommendations specifically for Care Homes



- *A fully developed process and practice for managing risk with unlocked doors (MU)*
- *Readily available information about any resident in the event of a serious incident or emergency (MU)(Herbert Protocol)*
- Staff to receive training in how to identify, act upon and report safeguarding incidents. (NH)
- **Pre-admission assessments to be in place before admission of service user. (NH)**
- DoLs to be applied **immediately** upon admission.(NH)
- All entries on documentation to be signed by the author (NH)
- *All residents to have a body map completed prior to hospital admission. (AK)*

Care Packages (2 SARs)

RN



Background

- Mental Health and Alcohol Dependency, alongside mobility problems;
- Limited family support
- Difficult to engage
- Died in flat and Not found for several days

Recommendations – Board overseeing (seeking assurance)

- Role of lead professional
- Information sharing

Agency – review and embed Policies and procedures:

- Failure to Gain Access and Missing Persons
- MCA and DoLs

Care Packages (2 SARs)

Karen



Background

- 54 years old, Murdered by partner (who also had learning difficulties)
- Lived together in supported accommodation for over 10 years
- Partner had previous convictions for violence (following arrest for murder diagnosed with incurable psychopathic personality disorder)
- Previous convictions were not shared with support agency, housing provider, Karen or her family.
- However, were signs of domestic abuse which weren't acted on

Recommendations

- handover and closure of cases processes are improved (information sharing)
- Improvements in awareness raising and practice in identifying and dealing with Domestic Abuse with people with learning disabilities (Rule of optimism)
- *Find opportunities to discuss the situation separately with the person you suspect may be abused*
- Holistic and Joined up Care assessments (lead professional)

Summary of Some Subsequent Improvements

Missing Person –

- *Trigger Guidance Produced by WSAB*
- *Care Homes asked to collate information (in readiness)*
- *Police also adopted National Herbert Protocol*

Joined up work –

- *Lead Professional Expectations Briefing Produced by WSAB*
- *Also just began looking at developing a Multi Agency Risk Management Framework)*

Self Neglect

- *Non engagement flow chart produced*
- *Self neglect policy updated*

Summary of Some Subsequent Improvements

Domestic Abuse

- *Public Health and CCG commissioned training programs (safeguarding a central feature)*

Discharge Process Changes

- *Jointed up working with Health and social care*

Quality Assurance

- *Commissioners examine issues which have arisen from SARs through Quality Assurance processes*
- *CCG – dedicated QA manager working with care homes and care home portal*

The Care planning process and Safeguarding

By Dulcie Link Home Manager,
Redhill Care Centre, Worcester

The Care Planning process within Nursing Care

- Person centred care planning within a Nursing setting for residents who are advanced within their dementia journey is essential in minimising the risk of Safeguarding and keeping residents safe
- The five underlying principles of the Mental Capacity Act must be embedded within the Care Plan
- A best interest decision involving other Professionals and liaising with relatives to complete a DOLs if needed
- Ensure that relatives understand the reasons and explanation when a DOLs is needed

Underlying principles

- Discuss individual decisions with the Resident and have an awareness of individual capacity unless proved otherwise
- Individual residents are supported practicably to make their own decisions even if these can sometimes be deemed to be unwise
- If an individual resident's capacity to make a decision fluctuates this needs to be taken into account when a best interest decision is made
- Individual risks to be identified and managed and minimised appropriate to the risk presented
- Accountability, ownership and transparency is key to good care planning and sharing appropriate information

Developing a Care Plan

- A Care Plan should be developed with impute from the whole team.
- A Care Plan is added to ongoing, as additional information is sought
- In addition Professionals/advocates/family/friends should be involved in developing the care plan including any expectations
- The plan should be an holistic and person centred assessment of daily living commencing by discussion and historical factors
- A care plan should be able to be followed by any professional to ensure appropriate and safe care is provided

- Mental capacity and individual choice should be underpinning throughout the whole of the care plan always minimising the risks of daily living
- Care planning should be updated and reviewed frequently
- The Care plan template should be bespoke to the service and all care givers should be trained and have access to it

To summarise –

- Planning is key in a structured way, with the Resident being the key person and source of information when able
- Care planning to be completed in a non judgemental way
- Safety being paramount without restricting residents liberties

Mental Capacity Act: overview and expectations

Kevin O'Shea and Lisa Evans

Mental Capacity Act 2005

- Mental Capacity is the ability to make one's own decisions
- The Mental Capacity Act (2005) protects the rights of anyone over the age of 16 who lives in England and Wales and is unable to make their own decisions
- It aims to protect and restore power to people who may lack capacity to make certain decisions, due to the way their mind is affected by illness or disability, or the effects of drugs or alcohol
- A loss of capacity may be temporary or permanent

Mental Capacity Act 2005

- The Act, which came into effect in 2007, covers decisions about day-to-day choices and serious life-changing decisions. Its fundamental purpose is to protect the rights of vulnerable people
- All staff professionally involved with a person **must adhere** to the Mental Capacity Act (MCA) when supporting a person to make decisions
- There are **5 key principles which must be followed**

5 principles

1. Presumption of capacity.

Don't make assumptions based on a medical condition or disability

2. Support to make decision themselves.

Provide the person with information, with a view to supporting them to make an informed choice. Or consider could the decision be delayed until they might be better able to make the decision?

3. Unwise decisions.

A person making an unwise decision is not enough to assume a lack of capacity

5 principles

4. Best interests.

Any decision made must be done in the person's best interests

5. Less restrictive option.

Is it possible to decide or act in a way that would interfere less with the person's rights and freedoms, or whether there is a need to decide or act at all?

How is capacity decided?

A person does not have capacity to make a specific decision if they cannot:

1. Understand the information relevant to the decision
2. Retain the information long enough in order to make a particular decision
3. Use or weigh up that information as part of the process of making the decision
4. Communicate their decision in any form including verbal and non verbal means

Essential practice

- Assessments are time and date specific
- Privacy/respect for the individual
- Best time of day for that person?
- Environment: a quiet space, free of distractions
- Use of aids/equipment: the person's communication needs, sensory impairment
- Duration of assessment: a person with a cognitive or physical disability may prefer a short interaction

Best interest decision-making

- Allow or encourage the person to take part
- Involve any Lasting Power of Attorney/ Independent Mental Capacity Advocate
- Identify what the person would consider if they were making the decision themselves
- Find out the person's past and present wishes and feelings, and any beliefs or values
- Make no assumptions on the basis of age, appearance, condition or behaviour
- Assess if they may regain capacity – if they might, could the decision be postponed?

Safeguarding

- If an individual lacks the mental capacity to make a particular decision then this should be clearly recorded
- Recording provides the rationale for why staff have made a particular decision in a person's best interests and can mitigate the need for safeguarding enquiries
- Examples of decisions may include: money management, consent to care, accommodation and treatment, hospital care, surgery etc

Safeguarding

- Adhering to good MCA practice reduces safeguarding risks
- DoLS framework ensures that individuals who lack capacity and are accommodated in a care home or hospital are given certain protections and that these arrangements are in their best interests
- A failure by providers to recognise when they are depriving someone of their liberty could lead to challenge and a safeguarding referral being made

In Practice

Lisa Evans – Jason Marshall

Good MCA practice IS person centred practice

- What the MCA does first is protect the individual's right to autonomy.
- If taking decisions, the person's wishes, preferences, values and behaviour must be considered alongside objective notions of 'need'.

The difference

Imagine:

- A person refusing to take medication saying they want to die.
- A person at high risk of choking requesting “inappropriate” food.
- Two people having sexual relations in your care home.

But do such issues get the necessary attention?

Mr Ransi

Mr Ransi could not stand by himself, slept in an armchair and frequently refused to get up for carers to have a morning wash, check his skin etc.

He was noted as having dementia and being “uncooperative” at times but not lacking capacity.

His son lived with him, and helped him use the toilet. Carers often recorded refusals of support to wash and asked his son to try later.

He would shout, ‘leave me in peace’!

Mr Ransi ₂

After 5 months Mr Ransi became unwell.

The car staff called the GP and Mr Ransi was admitted to hospital.

He was found to have developed pressure ulcers which were infected.

A s42 safeguarding concern over neglect by the carers was reported by the hospital staff.

What was unclear:

- Mental capacity to make decisions on his care needs – this was clearly in doubt and harm would potentially follow.
- When, why and how Mr Ransi may be “uncooperative”.
- What is the plan when he refuses (once, twice, three times?)
- Was it agreed that his son would provide ‘back up’ for any occasion the carers were refused?

What we needed to know

- Can he decide to self-neglect?
- Have we done enough to support him?
- Has anyone acted incorrectly?
- Is he at risk due to his needs going unmet?
- Does this need to be a Safeguarding Concern?

RIGHTS REASONS RESPONSIBILITIESRESPONSE

Sex and sexuality

When providers assess people's needs they should ask about their sexuality needs

Relationships and sexuality in adult social care services (CQC, 2019) p3

We would not normally expect consensual activity to be contained in the notifications we receive, but they made up 5% of incidents in the notifications we reviewed.

Promoting sexual safety through empowerment (CQC, 2020) p17

The difference

Both people lacking the required capacity to consent in sexual relations?

Support needs and Safeguarding Concern.

One person has capacity the other does not?

Support needs, Safeguarding Concern, report of a potential crime.

Two people with capacity to consent to sexual contact:

A private matter, potentially with support needs

The “protection imperative”

...I have reminded myself, again, of the need to avoid what could be called the vulnerable person’s protective imperative – that is to say, the dangers of being drawn towards an outcome that is more protective of the adult and thus fail to carry out an assessment of capacity that is detached and objective.

Mr. Justice Baker, 2014

Bridget Brickley Board Manager

Aim of session

- how to apply the safeguarding criteria.
- identify when a safeguarding concern needs to be raised.
- what information is needed by the adult safeguarding team.

.

What is a safeguarding concern?

s42 Care Act 2014:

When an adult:

- **(a) has needs for care and support (whether or not the authority is meeting any of those needs);**
- (b) is experiencing, or is at risk of, abuse or neglect; and
- (c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it

(b) is experiencing, or is at risk of, abuse or neglect;

Defining abuse or neglect is complex and rests on many factors. subject to wide interpretation.

Abuse or neglect may be the result of deliberate intent, negligence or ignorance.

Abuse is any mistreatment which results in harm and it includes neglect, where a person fails to take action needed to keep another person safe and well or where an adult with care and support needs is persuaded to enter into a financial or sexual transaction to which they have not, or cannot consent.

The Recognising, Responding to & Reporting the Abuse or Neglect of Adults with Care & Support Needs

- **c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it**

You will need to establish whether the person can protect themselves or not from the abuse or neglect that they are at risk from.

REMEMBER:

- Any safeguarding concerns must be discussed with the adult involved, unless it is unsafe to do so, to get their views.
- You must assess mental capacity if you have any concerns regarding the adult's capacity to understand the safeguarding concern.
- If the adult lacks capacity you must take actions in their best interest and speak to their representative.

When to disregard Consent

- × The victim lacks the mental capacity to make a decision about their safety**
- × Very High Risk to the Individual**
- × A serious crime has been committed**
- × Other people are at risk**
- × Health or social care staff implicated**
- × Coercion Involved**
- × The alleged abuser has care and support needs and may also be at risk**

Example : Pressure Ulcers

Mrs Smith has MND and is receiving end of life care at home. She has a grade 3 pressure ulcer on her sacrum. A pressure relieving mattress is in place and District Nurses are involved.

Apply the criteria:

- a) Are there care and support needs – yes
- b) Is there abuse or neglect – no
- c) Is the adult able to self protect – no.

Note:

The **grade** of the pressure ulcer is irrelevant for safeguarding.

The issue is whether there has been any abuse or neglect.

There is no evidence of neglect in this scenario.

However if carers had not been following the care plan or there wasn't any appropriate equipment in place then this could indicate neglect of care.

Example: Unexplained Injury

Mrs Smith has a bruised and swollen ankle. She is hoisted for all transfers. A wheelchair is used to mobilise around her home.

Apply the criteria:

- a) Are there care and support needs – yes
- b) Is there abuse or neglect – ?
- c) Is the adult able to self protect – no.

How to establish what happened

‘Speak to Mrs Smith.

Have there been any incidents that have occurred?

If it is unclear, or there are any concerns that the care plan has not been followed, then raise as a safeguarding concern.

Don't forget to update care plan (details of actions taken to manage risk – even if not deemed as safeguarding)

When Reporting Remember

Applying the Criteria:

a) Does the person have care and support needs?

YES that is why they are in your service

b) Is there abuse or neglect?

If there is

- state clearly what the abuse or neglect is

c) Can they protect themselves?

- Ensure that any mental capacity or best interest decision are recorded

If it is not felt to be a safeguarding concern clearly record the rational and actions taken in care plan

Links and contacts

Reporting a safeguarding Concern:

<https://www.safeguardingworcestershire.org.uk/report-it/>

Links to SARs and Learning Briefs

- [Neil \(NH\) SAR](#)
- [Neil \(NH\) Learning Brief](#)
- [Alan \(AK\) SAR](#)
- [Alan \(AK\) Learning Brief](#)
- [RN SAR](#)
- *No Learning Brief for RN*
- [Karen Joint SAR DHR](#)
- [Karen Learning Brief](#)