Suffolk
Safeguarding Adults Board

Working together to keep adults safe

Suffolk Safeguarding Adults Framework

Suffolk SAB: Vision, Mission, Values and Pledges

Suffolk Safeguarding Adults Board

Safeguarding is everyone's responsibility

Everyone in society has a responsibility to protect and safeguard children and adults from abuse and neglect

For services to be effective in safeguarding people, each professional and organisation should play their full part

The right support at the right time

Appropriate and proportionate information sharing and not making decisions in isolation

Suffolk Safeguarding Adults Board

Suffolk Safeguarding Adults Framework

- Developed in a multi-agency forum
- Consulted widely and virtually tested with real life scenarios
- Consultation feedback led to a number of changes – “You said we did”
- Legal Advice
- In line with Independent Review recommendations
- Focus on ensuring adult at risk remains central to any actions/decisions- Supports Making Safeguarding Personal and the victim focussed approach
- Purpose is to compliment existing recognised national safeguarding thresholds and best practice guidance
- Based on Oxfordshire Model – up and running for a number of years
- Integrates the six Safeguarding Principles
- Supports Mental Capacity Act

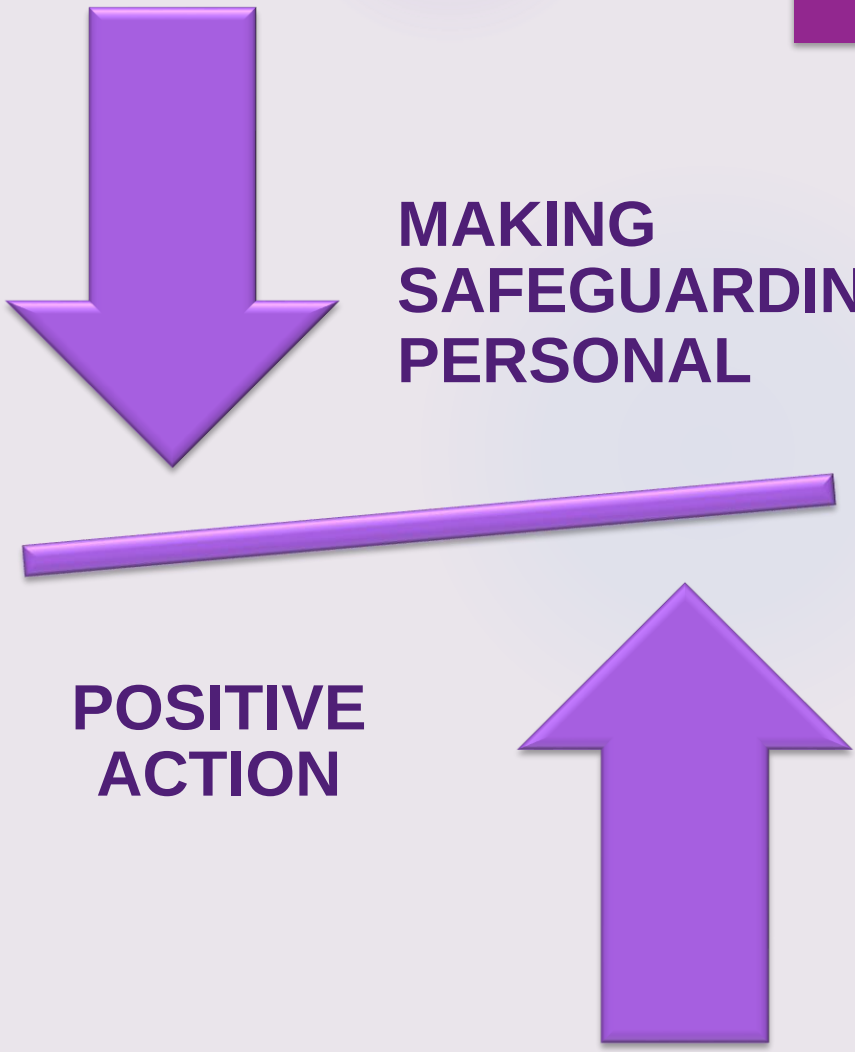
Suffolk Safeguarding Adults Board

Suffolk Safeguarding Adults Framework

- Consistent terminology and language
- Simple and easy to use
- Focus around Safeguarding everyone's responsibility – not just a central team, its all of us!
- Addresses longstanding care quality issues
- Provides clarity on roles & responsibilities
- Collaboration, collective ownership
- Doing the right thing!

Suffolk Safeguarding Adults Board

Doing the right thing!



Suffolk Safeguarding Adults Framework

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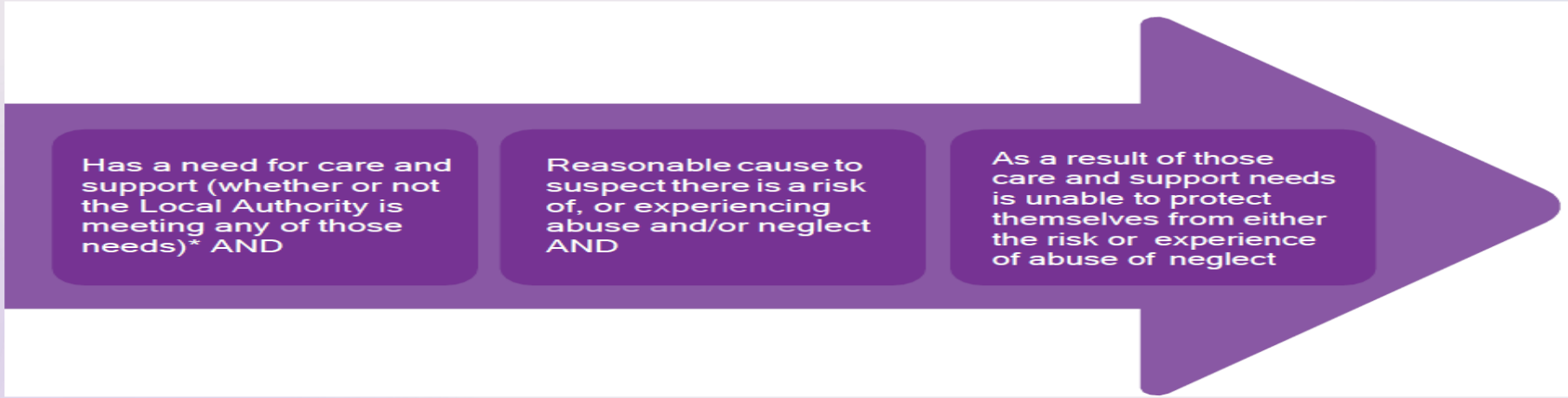
SUFFOLK SAFEGUARDING ADULTS FRAMEWORK FOR ADULTS 18 YEARS AND OVER

The purpose of this document is to provide guidance about the different indicators of abuse and to assist practitioners with decision making on what interventions are required.

Suffolk Safeguarding Adults Framework

The Framework is designed to ensure adults at risk can access the right support at the right time and responses to concerns are appropriate and proportionate. The following three stage test will be applied, where safeguarding concerns are reportable;



An adult who meets the above criteria is referred to as an "adult at risk". However practitioners need to be mindful that safeguarding duties apply to **family carers** experiencing intentional or unintentional harm from the adult they are supporting or from professionals and organisations they are in contact with. As well as victims of **domestic abuse or modern slavery** who are not in receipt of care and support.

* - In some situations the Local Authority can undertake enquiries for those that only have support needs

Suffolk Safeguarding Adults Framework

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INDICATORS OF NEGLECT & ACTS OF OMISSION – GENERAL & FALLS

Ongoing failure to meet a person's basic physical or psychological needs.

LOCAL MANAGEMENT	QUALITY CONCERNS	REQUIRES CONSULTATION	REPORTABLE SAFEGUARDING CONCERN
• Isolated missed home care visit - no harm occurs and no other person is missed that day. • Person is not assisted with a meal/drink on one occasion and no harm occurs. • Inadequacies in care provision leading to discomfort - no significant harm. • Falls - Isolated incident, risk assessment reviewed, associated care plan in place. • Falls - risk assessment and associated care plan in place but is not being followed. There is no harm to the person.	• Missed home care visits - a number of people are missed on a given day/consecutive days but no harm occurs. • A person is not assisted with a meal/drink on one or more occasions and no harm occurs. • Inadequacies in care provision affecting more than one person leading to discomfort - no significant harm e.g. left wet for a period of time. • Falls - One person experiencing recurring falls whilst in a care setting or receiving care services. Risk assessment, care plans not completed/need updating, lack of maintenance of manual handling equipment, however appropriate referral made to relevant health professional and no harm has occurred.	• Recurrent missed home care visits where risk of harm escalates, or one miss where harm occurs. • Discharge from hospital where harm occurs that does not require readmission. • Recurrent lack of care to extent that health and well-being deteriorate e.g. pressure ulcers, dehydration, malnutrition, self harming (assessed to the capability of the person reporting). • Unwitnessed fall where 111 are called and external medical treatment e.g. an ambulance required. • Fall where serious harm occurs whilst in receipt of care (e.g. fractured bone). • Discharge from hospital where harm occurs that requires re-admission.	• Failure to comply with care planning and/or risk assessments leading to self harm. • Failure to arrange access to medical care or life saving services. • Lack of care necessitates emergency medical interventions. • Failure to intervene in dangerous situations where the person lacks the capacity to assess risk. • Fall causing serious or significant harm to person, leading to the need for medical intervention. Previous concerns identified but not addressed by organisation. • Falls- No risk assessment and Insufficient prevention measures. • • Numerous falls affecting more than one person from the same care setting. Failure by a person in a position of trust to report significant harm.

Actions taken at any level should involve the person, or their representative or advocate and be shaped by the best outcome for that person. Support should be offered at all levels (Pg. 24 – 28). The Care Act makes it clear that if a person will struggle to understand and be involved in the safeguarding process and they do not have family or friends to help then the Local Authority must refer for an independent advocate. Refer to Appendix for guidance on where and how to refer for additional services/support.

Incidents at this level do not require reporting to the Customer First. However, agencies should keep a written internal record of what happened and what action was taken. Actions/outcomes may include advice, information, risk management, staff training or referral to other appropriate agencies.	Incidents at this level do not require reporting to the Customer First. However, agencies should keep a written internal record of what happened and what action was taken. Actions/outcomes may include advice, information, risk management, staff training or referral to other appropriate agencies.	Incidents at this level should be discussed with your organisations Adult Safeguarding Lead and/or MASH Consultation Line on 0345 6061499. After the conversation you must record the concern and the actions you have taken in the professional records.	Incidents at this level should be reported directly to Customer First on 0808 800 4005. If there is any indication a criminal act has occurred and the matter is urgent, the Police must be contacted. .

Supporting documents: Individuals must refer to their own organisational policy in the first instance. The Suffolk Safeguarding Board also have a number of policies available on its website. Other policies to consider include: Mental Capacity Act 2005; Human Rights Act 1998; NHS England Serious Incident Framework (2015). GP Toolkit; NHS England Safeguarding Adults: a guide for health care staff (2017); Mental Capacity Act 2005; CQC Key Lines of Enquiries; Local Complaints and PALs Policies. The Purple Books Resource for Care Homes provides best practice guidance regarding management of falls - I-stumble protocol.

10

Suffolk Safeguarding Adults Framework NHS- Purple Books

Purple Books are a reference source for Care Homes across Suffolk:

- **Section 1** has details of agencies and specialist support Care Homes can access
- **Section 2** Has information on how to manage all aspects of storing, prescribing and managing medication in line with Legislation, NHS protocols and guidance
- **Section 3** has protocols to support clinicians in all aspects of healthcare E.G; managing falls, managing pressure sores, managing diet, weight management and fluids……..

AVAILABLE ON SAB/CCG/ACS WEBSITES

Suffolk Safeguarding Adults Framework

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SUPPORT SERVICES/REFERRAL AGENCIES (This is not an exhaustive list)

AGENCY/SERVICE	PROVISION	CONTACT DETAILS	HOW TO REFER
NEGLECT & ACTS OF OMISSION (Pg. 10 – 12)			
Falls - Ipswich and East Suffolk - FAB (Frailty Assessment Team)	Assessment where an individual experiencing a number of falls/high risk	GP	Referral via GP to FAB at Ipswich Hospital
Falls - West Suffolk- Early Intervention Team (Frailty Assessment Team)	Assessment where an individual experiencing a number of falls/high risk	01284 713712	Referral via GP to Team based at West Suffolk Hospital.
Falls - Falls Assessment Coordinator based at Allington Clinic.	Provides advice to Care Homes/Nursing Homes, general advice on falls at home, training.	Via CCC: 0300 123 2425	Refer direct via Care Contact Centre for Community Services (CCC) /telephone referral
Medication - Local Pharmacies	General advice available from local pharmacists on medication, side effects, medicines management, medicine audits)	Available locally	No referral needed – advice and guidance
Medication - CCG Care Homes Team	Medication errors, care quality issues.	01473 770035	Telephone contact or email via CCG Care Homes Purple Books online contacts.
Medication CCG Medicines Management Team East Suffolk CCG Medicines Management Team West Suffolk	Issues with regards to medications prescribed and or optimisation appropriate medicines.	01473 770249 01284 758010	Direct Referral
Medicines Information Team	Provides evidence-based information and advice to ensure the safe, effective and optimal use of medicines.	01473 704431	Direct

24

Suffolk Safeguarding Adults Framework

GLOSSARY OF TERMS

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WORD	MEANING
Abuse	Deliberately doing or failing to do something that causes suffering or harm.
Actual Bodily Harm	Bodily harm caused by one person to another as a result of assault or battery.
Advocate	A person who puts a case forward on someone's behalf.
Battery	The application of unlawful force.
Care Management	A collaborative process which assesses, plans, implements, co-ordinates, monitors and evaluates the options and services required to meet an individuals health, social care, educational and employment needs. Care Management involves as few or as many people in the person's life to meet their needs.
Care Plan	A care plan is a personalised written document that details how someone's assessed care/health/support needs will be met.
Care Quality	Care quality is the degree to which health and care services for individuals and groups are delivered in line with current best practice, and therefore increases or decreases the likelihood of positive outcomes for people.
Civil Liberties	The freedom of a citizen to exercise customary rights, as of speech or assembly, without unwarranted or arbitrary interference by the government.
Clinical Specialists	Clinical nurse specialists (advanced practice nurses) who can provide expert advice related to specific conditions or treatment pathways.
Covert Administration	When medicines are administered in a disguised format without the knowledge or consent of the person. E.G; in food or drink.
Criminal Act	An act committed in violation of law where the consequence of conviction by a court is punishment.
Cuckooing	The practice where drug dealers take over the property of a person with care and support needs and use it as a place from which to run their drugs business.

Working together to keep adults safe


mash
Suffolk Multi Agency Safeguarding Hub
Professional Consultation Line:
Tel: 0345 6061499
Monday – Thursday: 9:00am to 5:00pm Friday: 9:00am to 4:25pm

Case Scenarios - Exercise

There are 10 scenarios - one for each type of abuse. These scenarios are examples of real cases referred to the MASH in Suffolk

1. Read through a scenario
2. Look at the Framework and decide:
   - Which type of abuse it relates too; and
   - Which box within that abuse type on the Framework most relates to the scenario.
3. Think about the considerations the person raising the concerns and/or a safeguarding lead/MASH would need to think about.

Framework Scenario 1

- Fred is 84 years old, he has some physical health conditions and lives in his own home in rural Suffolk.
- Fred tells a carer that a friend from the village is giving Fred “special baths” for which he is giving her £100 each time.
- The carer raises a safeguarding concern as she is worried that Fred is being financially and sexually abused.

Suffolk Safeguarding Adults Board

INDICATORS OF SEXUAL ABUSE

When an adult is forced, persuaded or coerced to take part in sexual activities.
This does not have to be physical contact and it can be online. May include cases of an historical nature.

LOCAL MANAGEMENT	QUALITY CONCERNS	REQUIRES CONSULTATION	REPORTABLE SAFEGUARDING CONCERN
• Isolated incident of teasing or unwanted attention, either verbal or physical (but excluding genitalia), where the effect on the person is low. • Isolated incident of teasing or low-level unwanted sexualised attention (verbal or by gestures) directed at one person by another whether or not capacity exists - no harm or distress caused.	• Isolated incident of teasing or unwanted attention, either verbal or physical (but excluding genitalia), where the effect on the person is low. • Isolated incident of teasing or low-level unwanted sexualised attention (verbal or by gestures) directed at one person by another whether or not capacity exists - no harm or distress caused.	• Non-contact sexualised behaviour which causes distress to the person at risk. • Verbal sexualised teasing or harassment. • Being subject to indecent exposure where the person with care and support needs is not distressed.	• Any allegation of sexualised behaviour relating to a person in a position of trust against a person in their care. • Sex in a relationship characterised by authority, inequality or exploitation, e.g. staff and adult with care and support needs. • Rape. • Sex without capacity to consent. • Voyeurism. • Being made to look at pornographic material against will/where consent cannot be given. • Attempted penetration, sexualised touch or masturbation by any means (whether or not it occurs within a relationship) without consent. • Sexual exploitation. • Sexting. • Revenge porn.
ctions taken at any level should involve the person, or their representative or advocate and be shaped by the best outcome for that person. Support should be offered at all levels (Pg. 30). The are Act makes it clear that if a person will struggle to understand and be involved in the safeguarding process and they do not have family or friends to help then the Local Authority must refer r an independent advocate. Refer to Appendix for guidance on where and how to refer for additional services/support.			
Incidents at this level do not require reporting to Customer First. However, agencies should keep a written internal record of what happened and what action was taken. Actions/ outcomes may include advice, information, risk management, staff training or referral to other appropriate agencies.	Incidents at this level do not require reporting to the Customer First. However, agencies should keep a written internal record of what happened and what action was taken. Actions/ outcomes may include advice, information, risk management, staff training or referral to other appropriate agencies.	Incidents at this level should be discussed with your organisations Adult Safeguarding Lead and/or MASH Consultation Line on 0345 6061499. After the conversation you must record the concern and the actions you have taken in the professional records.	Incidents at this level should be reported directly to Customer First on 0808 800 4005. If there is any indication a criminal act has occurred and the matter is urgent, the Police must be contacted.

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Scenario 1 - Considerations

- What type of abuse could this be?
- Has the carer spoken to Fred about her concerns?
- Does Fred have an impairment of the mind and display behaviour that would lead us to question his ability to consent to the situation described?
- Has Fred disclosed that he unhappy or distressed by the situation?
- Has the carer spoken to her manager or service safeguarding lead?
- Has the carer called the MASH Consultation Line?

Scenario 1 - Framework

REQUIRES CONSULTATION

- Non-contact sexualised behaviour which causes distress to the person at risk.
- Verbal sexualised teasing or harassment.
- Being subject to indecent exposure where the person with care and support needs is not distressed.

Incidents at this level should be discussed with your organisations Adult Safeguarding Lead and/or MASH Consultation Line on 0345 6061499. After the conversation you must record the concern and the actions you have taken in the professional records.

Scenario 1 - Outcome

- The carer asked Fred what he meant by special baths, Fred didn't want to give details but said she stayed in the bathroom with him and helped him wash his private areas and did things that made him feel good.
- Fred has no impairment of the mind and therefore capacity is assumed.
- Fred stated he was happy with the arrangement and had plenty of money to pay for her services. Fred stated she had many other customers including Bill down the road who have dementia.
- The carer contacted the consultation line to advise Fred is happy with the arrangement and no concerns about his capacity to partake or pay his friend. However she is concerned the "friend" has been visiting Bill who is very vulnerable and does not believe him to have capacity to make decisions about relationships or sexual activity.
- Consultation line advise raise a safeguarding concern to Customer First for Bill including details about Bill and his representative and the "Friends" details.
- Referral was made for Bill, Enquiries were made and the "friend" was charged with sexual assault on 2 further clients.

Framework Scenario 2

- Arthur has dementia and resides at a residential care home.
- Carers and family noted a recent significant deterioration in Arthur's mobility and following developing a cold, he has taken to spending most of the day in bed.
- Arthur's GP was called and a home visit to medically assess him was arranged. The GP requested Arthur be taken to hospital for further assessment of respiratory concerns.
- On admission, nursing staff observed Arthur had a grade two pressure sore on his ankle and a red patch of skin on his elbow.
- The carer who had accompanied Arthur in the ambulance from the Care Home to Hospital advised he was not aware of Arthur having any pressure sores. A skin breakdown care plan has not been sent to the Hospital in Arthur's yellow folder (Care Planning Folder).
- The hospital are concerned that Arthur may have been neglected.

Suffolk Safeguarding Adults Board

INDICATORS OF NEGLECT & ACTS OF OMISSION – PRESSURE DAMAGE

Ongoing failure to meet a person's basic physical or psychological needs.

LOCAL MANAGEMENT	QUALITY CONCERNS	REQUIRES CONSULTATION	REPORTABLE SAFEGUARDING CONCERN
• Pressure damage with no evidence of neglect or failure to provide or access adequate care or pressure relieving equipment. • Pressure damage, person has capacity and makes an informed decision to decline treatment and pressure ulcer develops. • Single or isolated incident of Grade 1 or 2 pressure ulcer.	Isolated pressure ulcers where: • A care plan is in place and being followed; and • Action is being taken; and • Other relevant practitioners have been notified; and • There has been full discussion with the person, their family or representative; and • There are no other indicators of abuse or neglect. • Single or isolated incident of Grade 3 or 4 pressure ulcer.	• Pressure damage - Person risk assessed with regards to pressure ulcers, but actions not implemented and harm occurs. • Failure to follow the advice of clinical specialists and harm occurs. • Pressure ulcers that have been investigated through the serious incident process and have found to be preventable.	• Pressure damage - Person not risk assessed with regards to pressure ulcers risk and management and harm occurs. • Failure to provide suitable pressure relieving equipment and harm occurs. • Failure to follow the advice of clinical specialists leading to catastrophic harm/possible hospitalisation/irreparable damage/death.
Actions taken at any level should involve the person, or their representative or advocate and be shaped by the best outcome for that person. Support should be offered at all levels (Pg. 24 – 28). The Care Act makes it clear that if a person will struggle to understand and be involved in the safeguarding process and they do not have family or friends to help then the Local Authority must refer for an independent advocate. Refer to Appendix for guidance on where and how to refer for additional services/support.			
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Pressure damage that meets the threshold of a serious incident should be reported as such. The following questions must be considered: 1. Has there been rapid onset and /or deterioration of skin integrity? 2. Has there been a recent change in medical condition e.g. skin or wound infection, other infection, pyrexia, anaemia, end of life care that could have contributed to a sudden deterioration of skin condition? 3. Have reasonable steps been taken to prevent skin damage? 4. Is the level of damage to the skin disproportionate to the person's risk status for skin damage? e.g. low risk of skin damage with extensive injury. 5. Is there evidence of poor practice or neglect?			
Supporting documents: Individuals must refer to their own organisational policy in the first instance. The Suffolk Safeguarding Board also have a number of policies available on its website. Other policies to consider include: Mental Capacity Act 2005; Human Rights Act 1998; Department of Health Safeguarding adults protocol: pressure ulcers and the interface with a safeguarding enquiry; NHS England Serious Incident Framework (2015); MCA 2005; Local Complaints & PALS Policies. The Purple Books Resource for Care Homes provides best practice guidance for managing pressure care and pressure damage.			

Scenario 2 - Considerations

- What type of abuse could this be?
- Has Arthur and/or his family/representative been asked if they were aware of skin breakdown and what action was being taken?
- Has the Care Home manager been contacted and asked if there is information regarding knowledge of Arthur's skin breakdown, whether a care plan was in place, was this followed and had relevant professionals been involved?
- Don't presume that because the carer did not readily have this information that it means it was not in place!
- Refer to the supporting documents.
- Depending on the outcome of these discussions either record all information and ensure care plan regarding skin integrity is in place for discharge (satisfactory information supplied by home) or discuss with the safeguarding lead (unsatisfactory information supplied by the home).
- Also consider potential wider risks to others if information is not satisfactory from the home.

Scenario 2 - Framework

LOCAL MANAGEMENT	QUALITY CONCERNS
•Pressure damage with no evidence of neglect or failure to provide or access adequate care or pressure relieving equipment. •Pressure damage, person has capacity and makes an informed decision to decline treatment and pressure ulcer develops. •Single or isolated incident of Grade 1 or 2 pressure ulcer.	Isolated pressure ulcers where: •A care plan is in place and being followed; and •Action is being taken; and •Other relevant practitioners have been notified; and •There has been full discussion with the person, their family or representative; and •There are no other indicators of abuse or neglect. •Single or isolated incident of Grade 3 or 4 pressure ulcer.
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Scenario 2 - Outcome

- The Doctor asks carer how long she has been working with Arthur, confirms she is an agency worker who picks up 2 shifts a week at the care home.
- The Doctor speaks to Arthur about his pressure sore, Arthur seems quite confused but gives his daughters name to discuss it with her.
- The Doctor contacts the daughter who advises she was aware of the pressure area, the manager of the home had telephoned her last week.
- The Doctor contacts the care home manager to discuss the sore and treatment plan.
- The manager advises they have a care plan in place which was being reviewed at the time of his admittance which is why it was not in the Yellow folder. The manager advises the care plan was being reviewed due to the sore not improving.
- The Doctor gives advice and guidance and makes an urgent referral to the tissue viability nurse.

Framework Scenario 3

- Cathy has been admitted to hospital following a fall in the supermarket.
- Tests show that Cathy was malnourished and dehydrated. Cathy told the consultant she had not been able to afford to buy food the last couple of weeks because she has spent all her savings but was there as she just received her pension.
- Cathy told nursing staff she was worried about her young neighbour, Bob. Cathy told them Bob has no money because he has to send all his money on his poorly mum. Cathy had no money left in her savings because she gave Bob £7,000 to pay for his mum's hip operation.
- Cathy said Bob has been coming to the house regularly asking for money, he is quite a persistent man.
- Bob has been in to the hospital to visit Cathy. She has given him her bank card to pay her gas bill and buy some food for himself because he has no money at the moment.

Suffolk Safeguarding Adults Board

INDICATORS OF FINANCIAL OR MATERIAL ABUSE

This is the unauthorised and improper use of funds, property or any resources.
This included the use of theft, coercion or fraud to obtain or try to obtain a person's money, possessions or property.

LOCAL MANAGEMENT	QUALITY CONCERNS	REQUIRES CONSULTATION	REPORTABLE SAFEGUARDING CONCERN
• Isolated incident where money is not recorded safely or recorded properly. • Isolated incident where adult not involved in a decision about how their money is spent or kept safe, capacity in this respect is not properly considered. • Care Fee's not being paid. • Single incident of missing money and/or belongings where the quality of the service user's life has not been affected, little or no distress is caused and no other person cared for by that worker/team has been affected.	• A number of incidents where money is not recorded safely or recorded properly for one or more persons. • Adult not involved in a decision about how their money is spent or kept safe - capacity in this respect is not properly considered. • Misuse of direct payments.	• Person's monies kept in a joint bank account – unclear arrangements for equitable sharing. • Lasting Power of Attorney claimed to exist but unregistered. • Person denied access to his/her own funds or possessions. • Loss of property, possessions or money without appropriate explanation. • Person falling behind on rent payments. • Person deemed to be 'failing to engage' with practitioners with regard to financial concerns. • General deterioration in person's health and wellbeing due to lack of funds. • Property falling into disrepair. • Scamming and door step crime.	• Suspected fraud/exploitation relating to benefits, income, property or will, including 'cuckooing'. • Misuse/misappropriation of property, possessions or benefits by a person in a position of trust or control. To include misusing loyalty cards. • Personal finances removed from individuals control. • Direct payments fraud or theft relating to council or health commissioned services/equipment. • Repeated payments to doorstep callers, i.e. for home maintenance or being taken to the bank by traders. • Hate crime. • Mate crime.
Actions taken at any level should involve the person, or their representative or advocate and be shaped by the best outcome for that person. Support should be offered at all levels (Pg. 23). The Care Act makes it clear that if a person will struggle to understand and be involved in the safeguarding process and they do not have family or friends to help then the Local Authority must refer for an independent advocate. Refer to Appendix for guidance on where and how to refer for additional services/support.			
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Scenario 3 - Considerations

- What could the abuse type be?
- The hospital ward manager needs to speak to Cathy about what she wants to happen next.
- Consider speaking to Cathy to give her advice and support to put any necessary immediate measures in place to keep her money safe.
- Records are kept of all discussions and actions taken by all staff working with Cathy.
- What are Cathy's care and support needs?
- Are there any services who maybe able to support Cathy with keeping her money safe?
- Are there any services that Cathy or others maybe able to suggest to Bob to support him?
- Are there other people in Cathy's support network who can help?

Scenario 3 - Framework

REQUIRES CONSULTATION

- Person's monies kept in a joint bank account - unclear arrangements for equitable sharing.
- Lasting Power of Attorney claimed to exist but unregistered.
- Person denied access to his/her own funds or possessions.
- Loss of property, possessions or money without appropriate explanation.
- Person falling behind on rent payments.
- Person deemed to be 'failing to engage' with practitioners with regard to financial concerns.
- General deterioration in person's health and wellbeing due to lack of funds.
- Property falling into disrepair.
- Scamming and door step crime.

Incidents at this level should be discussed with your organisations Adult Safeguarding Lead and/or MASH Consultation Line on 0345 6061499. After the conversation you must record the concern and the actions you have taken in the professional records.

Scenario 3 - Outcome

- The hospital ward manager spoke with Cathy and asked what she wanted to happened. Cathy said she was happy to help Bob out now and again but it is becoming a frequent occurrence and he seems to be getting more persistent and angry. Cathy has tried to say no a few times but finds this difficult because Bob gets very angry. Cathy would like some help to stop Bob frightening her.
- The hospital ward manager contacted the MASH consultation line and was advised to raise a safeguarding concern.
- The hospital ward manager informed Cathy a safeguarding concern has been raised so somebody from the Multi Agency Safeguarding Hub (MASH) would contact her. Cathy agreed to this.
- A MASH practitioner spoke with Cathy whilst she was in hospital to discuss possible actions and what she wants to happen. Cathy states she does not want any police action and suggests Bob may have a learning disability, Cathy would like someone to assist her with phoning the bank to cancel her card and set up a standing order with the gas company.
- With Cathy's agreement a referral was made for a Age UK to visit and support her with finances.
- After establishing Bob had a learning disability and caring responsibilities for his mum, a referral was made to Customer First for an offer of a Care Act assessment for services and carers review.

Framework Scenario 4

- Simon has a learning disability and works at a farm.
- Simon lives with his girlfriend Gloria who also has a learning disability.
- Simon arrives at work one day with a cut on his face and a bruise on his arm.
- After some discussion Simon tells a support worker at the farm that he and Gloria had a fight the night before.
- The support workers have been concerned previously that Gloria may have been physically and verbally abusive to Simon.

Suffolk Safeguarding Adults Board

INDICATORS OF DOMESTIC ABUSE

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.

LOCAL MANAGEMENT	QUALITY CONCERNS	REQUIRES CONSULTATION	REPORTABLE SAFEGUARDING CONCERN
• Person has no current fears and there are adequate protective factors, AND it is: - One off incident with no injury or harm experienced. - Occasional taunts or verbal outbursts where the person has capacity to decide whether to have the case referred on. • Situational incident with no previous history where carer breakdown/lack of support may have resulted in incident.	• Left Blank Intentionally.	• Unexplained marking or lesions or grip marks on a number of occasions. • Frequent verbal outbursts that cause some distress or some level or harm. • Sexual assault or humiliation where the person has capacity and does not want to be referred. • Person experiences occasional episodes of fear by alleged perpetrator.	• Subject to regular violent behaviour. • Threats to kill/choke /suffocate. • In constant fear of being harmed. • Sex without consent. • Female genital mutilation. • Honour based violence &/or forced marriage. • Person denied access to medical treatment/care/vital equipment to maintain independence by alleged abuser. • Frequent physical outbursts that cause distress or some level or harm. • Subject to stalking/harassment. • Subject to severe controlling behaviour or coercive behaviour e.g. finances/ medical/ psychological/ emotional.

Actions taken at any level should involve the person, or their representative or advocate and be shaped by the best outcome for that person. Support should be offered at all levels (Pg 20 – 22). The Care Act makes it clear that if a person will struggle to understand and be involved in the safeguarding process and they do not have family or friends to help then the Local Authority must refer for an independent advocate. Refer to Appendix for guidance on where and how to refer for additional services/support.

Incidents at this level do not require reporting to the Customer First. However, agencies should keep a written internal record of what happened and what action was taken. Actions/outcomes may include advice, information, risk management, staff training or referral to other appropriate agencies.	Left Blank Intentionally.	Incidents at this level should be discussed with your organisations Adult Safeguarding Lead and/or MASH Consultation Line on 0345 6061499. After the conversation you must record the concern and the actions you have taken in the professional records.	Incidents at this level should be reported directly to Customer First on 0808 800 4005. If there is any indication a criminal act has occurred and the matter is urgent, the Police must be contacted.

Supporting documents: Individuals must refer to their own organisational policy in the first instance. The Suffolk Safeguarding Board also have a number of policies available on its website. Other policies to consider include: Mental Capacity Act 2005; Human Rights Act 1998; Suffolk Constabulary Domestic Violence & Abuse Strategy; NHS England Safeguarding Adults: a guide for health care staff (2017).

Scenario 4 - Considerations

- What could the abuse type be?
- Simon has stated that a fight has occurred – what is meant by this?
- Has Simon been asked the when, who, where questions to establish the facts?
- Has Simon been asked what he would like to happen next?
- There is a concern that this is not the first incident?
- Has Simon received medical attention?
- Is Simon happy to go home?
- Is there any immediate danger?

Scenario 4 - Framework

REPORTABLE SAFEGUARDING CONCERN

- Subject to regular violent behaviour.
- Threats to kill/choke /suffocate.
- In constant fear of being harmed.
- Sex without consent.
- Female genital mutilation.
- Honour based violence &/or forced marriage.
- Person denied access to medical treatment/care/vital equipment to maintain independence by alleged abuser.
- Frequent physical outbursts that cause distress or some level or harm.
- Subject to stalking/harassment.
- Subject to severe controlling behaviour or coercive behaviour e.g. finances/ medical/ psychological/ emotional.

Incidents at this level should be reported directly to Customer First on 0808 800 4005. If there is any indication a criminal act has occurred and the matter is urgent, the Police must be contacted.

Scenario 4 - Outcome

- The support worker asked Simon open questions that established that Gloria had started an unprovoked attack on Simon resulting in his injuries.
- Simon states that he loves Gloria, wants her to get support for her anger and wants to go home.
- The support worker asks Simon what he wants to happen next and he states that he doesn't want to go home and will talk to the police.
- An urgent safeguarding concern is raised and Simon is visited at work by an ACS practitioner and a police officer.
- Simon is supported to go to his brothers house to stay and Gloria is arrested.
- Following an enquiry and safeguarding planning with Simon, Gloria receives a warning from the police and starts anger management course.
- Simon returned home with plans in place of how to seek support if Gloria becomes violent in the future.
- Simon also attends the freedom programme with a support worker.

Framework Scenario 5

- Joel is 24 years old and lives with his Mum, Stepfather, younger stepbrother and stepsister.
- Joel works as a engineer.
- Recently Joel's colleagues have noticed that he has been posting an increasing number of right wing propaganda messages on social media.
- Joel has asked his boss for time off work so he can go on a right-wing retreat and "learn skills needed for post Brexit".

Suffolk Safeguarding Adults Board

INDICATORS OF PSYCHOLOGICAL ABUSE

This is ongoing psychological/emotional maltreatment of an adult.
Consideration of the impact on the person at risk must be taken into consideration.

LOCAL MANAGEMENT

- Isolated incident where a person is spoken to in a rude or inappropriate way – respect is undermined but no or little distress caused.
- Occasional taunts or verbal outbursts which do not cause distress between people.

QUALITY CONCERNS

- A number of incidents where a person/s are spoken to in a rude or inappropriate way – respect is undermined but no or little distress caused.
- Taunts or verbal outbursts which do not cause distress between person/s but have not been addressed/managed by carer/provider.

REQUIRES CONSULTATION

- Treatment that undermines dignity and damages esteem.
- Repeated incidents of denying or failing to recognise an person's choices or of failing to value their opinion.
- Occasional taunts or verbal outbursts which cause distress.
- Cyber bullying causing distress.

REPORTABLE SAFEGUARDING CONCERN

- Denial of basic human rights/civil liberties, over-riding advance directive, forced marriage, prolonged intimidation.
- Vicious/personalised verbal attacks.
- Humiliation of a person with care and support needs.
- Emotional blackmail e.g. threats of abandonment/harm.
- The withholding of information to disempower.
- Allegations or concerns relating to 'cuckooing'.
- Vulnerable to radicalism.
- Persistent cyber bullying causing psychological distress and harm.
- Withdrawal of services or support for coercion and controlling purposes.
- Revenge Porn.
- Fabricated illness.
- Hate crime.
- Mate crime.

Actions taken at any level should involve the person, or their representative or advocate and be shaped by the best outcome for that person. Support should be offered at all levels (Pg. 29). The Care Act makes it clear that if a person will struggle to understand and be involved in the safeguarding process and they do not have family or friends to help then the Local Authority must refer for an independent advocate. Refer to Appendix for guidance on where and how to refer for additional services/support.

Incidents at this level do not require reporting to the Customer First. However, agencies should keep a written internal record of what happened and what action was taken. Actions/ outcomes may include advice, information, risk management, staff training or referral to other appropriate agencies.

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Incidents at this level should be reported directly to Customer First on 0808 800 4005. If there is any indication a criminal act has occurred and the matter is urgent, the Police must be contacted.

Supporting documents: Individuals must refer to their own organisational policy in the first instance. The Suffolk Safeguarding Board also have a number of policies available on its website. Other policies to consider include: Mental Capacity Act 2005; Human Rights Act 1998; County Lines Policy; Vulnerable to Radicalisation Referral Form; NHS England Safeguarding Adults: a guide for health care staff (2017).

Scenario 5 - Considerations

- What could the abuse type be?
- Are there any risks to public?
- Are there any risks to younger siblings?
- Are there any care and support needs?
- Have you considered completing a Vulnerable to Radicalisation form (VTR)?

Scenario 5 - Framework

Prevent and Vulnerable to Radicalisation

https://www.suffolkscb.org.uk/safeguarding-topics/preventradicalisation/

REQUIRES CONSULTATION	REPORTABLE SAFEGUARDING CONCERN
•Treatment that undermines dignity and damages esteem. •Repeated incidents of denying or failing to recognise an person's choices or of failing to value their opinion. •Occasional taunts or verbal outbursts which cause distress. •Cyber bullying causing distress.	•Denial of basic human rights/civil liberties, over-riding advance directive, forced marriage, prolonged intimidation. •Vicious/personalised verbal attacks. •Humiliation of a person with care and support needs. •Emotional blackmail e.g. threats of abandonment/harm. •The withholding of information to disempower. •Allegations or concerns relating to 'cuckooing'. •Vulnerable to radicalism. •Persistent cyber bullying causing psychological distress and harm. •Withdrawal of services or support for coercion and controlling purposes. •Revenge Porn. •Fabricated illness. •Hate crime. •Mate crime.
Incidents at this level should be discussed with your organisation's Adult Safeguarding Lead and/or MASH Consultation Line on 0345 606 1499. After the conversation you must record the concern and the actions you have taken in the professional records.	Incidents at this level should be reported directly to Customer First on 0808 800 4005. If there is any indication a criminal act has occurred and the matter is urgent, the Police must be contacted.

Scenario 5 - Outcome

- Joel’s colleague makes a Vulnerable to Radicalisation Referral (VTR) to Channel.
- Joel’s referral is screened for specific vulnerabilities to radicalisation.
- Channel request information from partners and find Joel to have mental health involvement.
- Referrer is asked to attend Channel for further information.
- Assessment is completed to determine suitability and alternative support mechanisms.
- Channel panel agree on risks and vulnerabilities and agree action plan.
- Prevent officer to arrange to meet with Joel to explore ideologies.
- Joel's’ case will be reviewed by Channel panel if appropriate.

Framework Scenario 6

- Deepak has a mild learning disability and lives on his own.
- Deepak has support for an hour each morning to support him with daily living tasks to be more independent e.g. finances.
- Deepak like to get a paper each day and some chocolate to have with his cup of tea in the afternoon.
- Some local school children have recently starting calling Deepak racist and disablist names.
- The local shopkeeper is concerned as Deepak told him they have posted dog poo through his door and Deepak will be giving them a good telling off.

Suffolk Safeguarding Adults Board

INDICATORS OF DISCRIMINATORY/HATE CRIME

Unequal or abusive treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation.

LOCAL MANAGEMENT	QUALITY CONCERNS	REQUIRES CONSULTATION	REPORTABLE SAFEGUARDING CONCERN
• Isolated incident of teasing motivated by prejudicial attitudes towards a person's individual differences. • Isolated incident of care planning that fails to address a persons specific diversity needs.	• Reoccurring incidents of teasing motivated by prejudicial attitudes towards a person's individual differences. Lack of risk assessment to manage situations. • Reoccurring incident of care planning that fails to address a person's specific diversity needs. • Denial of civil liberties e.g. preventing person from voting, making a complaint.	• Recurring failure to meet specific care/support needs associated with diversity that cause distress.	• Hate crime resulting in injury/emergency medical treatment/fear for life – includes Honour Based Violence. • Being refused access to essential services to maintain health and wellbeing which results in serious harm and or death. • Humiliation, threats or taunts on a regular basis causing significant emotional harm or distress. • Recurring failure to meet specific care/support needs associated with diversity that cause significant distress or harm. • Unnecessary medical intervention or treatment. • Hate crime. • Mate crime.

Actions taken at any level should involve the person, or their representative or advocate and be shaped by the best outcome for that person. Support should be offered at all levels (Pg. 20). The Care Act makes it clear that if a person will struggle to understand and be involved in the safeguarding process and they do not have family or friends to help then the Local Authority must refer for an independent advocate. Refer to Appendix for guidance on where and how to refer for additional services/support.

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Scenario 6 - Considerations

- What could the abuse type be?
- Has it been discussed with Deepak and/or his representative to establish what he wants to happen?
- What are the ongoing risks? Consider learning from previous cases, SCR for Fiona Pilkington http://www.hampshiresab.org.uk/learning-from-experience-database/serious-case-reviews/fiona-pilkington-leicestershire/
- Involve Deepak at each stage so he can make decisions about what happens next

Scenario 6 - Framework

REPORTABLE SAFEGUARDING CONCERN

- Hate crime resulting in injury/emergency medical treatment/fear for life –includes Honour Based Violence.
- Being refused access to essential services to maintain health and wellbeing which results in serious harm and or death.
- Humiliation, threats or taunts on a regular basis causing significant emotional harm or distress.
- Recurring failure to meet specific care/support needs associated with diversity that cause significant distress or harm.
- Unnecessary medical intervention or treatment.
- Hate crime.
- Mate crime.

Incidents at this level should be reported directly to Customer First on 0808 800 4005. If there is any indication a criminal act has occurred and the matter is urgent, the Police must be contacted.

Scenario 6 - Outcome

- The shopkeeper submits a safeguarding concern.
- Deepak is spoken to by the police and a safeguarding practitioner and decides he would like support from his Auntie through the safeguarding enquiry.
- Deepak is supported by his Auntie to make a statement as he wishes to report the matter to the police.
- Deepak states that he feels unsafe in his home but doesn't wish to move, Deepak is supported by the practitioner and the housing officer to put additional security in his home.
- The police issue warnings to the children and they write letters of apology to Deepak.
- The shopkeeper agrees to be part of Deepak's safeguarding plan by asking Deepak how he is each day and how he is getting on.

Framework Scenario 7

- Miss C has contacted the continuing healthcare team because she is worried about the carers looking after her.
- Continuing healthcare are currently funding the healthcare package provided for Miss C by a local domestic agency.
- Miss C has said that she does not have any concerns with regards to the care she is receiving.
- One of the carers frequently arrives for work with bruises on their arms and once arrived with a black eye and a cut on their cheek. They did not explain what had happened and just said everything was ok.
- Miss C see's a number of carers coming to support her at home. She has also noticed that two of them look quite thin and possibly underweight. Although they are required to work long hours for Miss C, none of the carers ever bring sandwiches or food to eat. Miss C has also noticed that none of them speak very good English and thinks that two of them mentioned they were form Romania.
- Miss C is also concerned all of the carers may be living at the same address in a house around the corner from where she lives.

Suffolk Safeguarding Adults Board

INDICATORS OF MODERN DAY SLAVERY

This is holding a person in a position of slavery , forced servitude, or compulsory labour, or facilitating their travel with the intention of exploiting them soon after.

LOCAL MANAGEMENT	QUALITY CONCERNS	REQUIRES CONSULTATION	REPORTABLE SAFEGUARDING CONCERN
• All concerns about modern slavery are deemed to be of a level requiring consultation.	• All concerns about modern slavery are deemed to be of a level requiring consultation.	• No direct disclosure of slavery but: • Appears under control of another. • Long hours at work. • Poor living conditions/low wages. • Lives in work place or accommodation provided. • No health and safety in work place. • Risk of physical/psychological harm. • Person being encouraged to participate in unsafe or criminal activity. • Limited or no access to medical and dental treatment. • No access to appropriate benefits. • Regularly moved to avoid detection. • Removal of passport or ID documents. • Debt bondage.	• Any direct disclosure of slavery including: • Regularly moved to avoid detection. • Lives in sheds/lockup/containers. • Risk of fatality or serious injury. • No control over movements/ imprisonment • Wages used for debt. • Not in possession of identification or passport. • Subject to forced marriage. • Unable to access medical treatment/care/equipment required to maintain independence. • Under control of others e.g. gang master, dealers, pimp for prostitution. • Subject to violence/threats/ fearful. • Actual physical/psychological harm. • Domestic servitude. • Organ harvesting. • No control over movements/imprisonment.

Actions taken at any level should involve the person, or their representative or advocate and be shaped by the best outcome for that person. Support should be offered at all levels (Pg. 23). The Care Act makes it clear that if a person will struggle to understand and be involved in the safeguarding process and they do not have family or friends to help then the Local Authority must refer for an independent advocate. Refer to Appendix for guidance on where and how to refer for additional services/support.

Left Blank Intentionally.	Left Blank Intentionally.	Incidents at this level should be discussed with your organisations Adult Safeguarding Lead and/or MASH Consultation Line on 0345 6061499. After the conversation you must record the concern and the actions you have taken in the professional records.	Incidents at this level should be reported directly to Customer First on 0808 800 4005. If there is any indication a criminal act has occurred and the matter is urgent, the Police must be contacted.

Supporting documents: Individuals must refer to their own organisational policy in the first instance. The Suffolk Safeguarding Board also have a number of policies available on its website. Other policies to consider include: Mental Capacity Act 2005; Human Rights Act 1998; NHS England Safeguarding Adults: a guide for health care staff (2017); Home Office Guidance.

Scenario 7 - Considerations

- What could the abuse type be?
- Do any of the carers have care and support needs? If not then consider which is the best possible agency/ies to refer (Miss C may be able to do this herself if provided with signposting)
- Check the Care Quality Commission registration status of the agency and if see they have recently been inspected.
- Inform the CCG commissioner who will have a Contract with the agency (As Miss C is receiving CHC funded care).
- Inform the police if the concern is that the carers are being exploited, and are at risk physical harm.
- Give Miss C details of the salvation army to pass to the carers for support.

Scenario 7 - Framework

REQUIRES CONSULTATION

- No direct disclosure of slavery but:
- Appears under control of another.
- Long hours at work.
- Poor living conditions/low wages.
- Lives in work place or accommodation provided.
- No health and safety in work place.
- Risk of physical/psychological harm.
- Person being encouraged to participate in unsafe or criminal activity.
- Limited or no access to medical and dental treatment.
- No access to appropriate benefits.
- Regularly moved to avoid detection.
- Removal of passport or ID documents.
- Debt bondage.

Incidents at this level should be discussed with your organisations Adult Safeguarding Lead and/or MASH Consultation Line on 0345 6061499. After the conversation you must record the concern and the actions you have taken in the professional records.

Scenario 7 - Outcome

- Miss C spoke with the Continuing Healthcare Team about her concerns
- Miss C passed on details of the Salvation Army to one of the carers following them turning up with a black eye and bruising on the side of their face
- Miss C, with support from Continuing Healthcare, contacted the Police to raise her concerns. These were forwarded to the Police Team dealing with Modern Day Slavery.
- Following police visit to the house where most of the carers were living, three men were taken to A& E for assessment and treatment and 2 were seen by Health Outreach Services. All five carers wished to return to their current residence and continue working for the Agency as this life was better than returning to their home in Romania.
- ACS and CHC Contracts met with the Agency and requested assurances with regards to working/living conditions in line with Legal requirements/Law for carers coming from other countries, if they were to continue to commission care from the Agency.

Framework Scenario 8

- A GP visits the surgery's local Nursing Home every week.
- Over the past few months, a number of residents have required hospital treatment and care for conditions the GP felt should have been effectively managed by the nursing staff at the home.
- The CCGs Care Home Team and Adult Social Care, Provider Support Team have been working with the Home to improve quality of nursing care.
- Nursing Staff at the Home have had Diabetes Care Training, Pressure Damage Care Training, Medicines Management Training . The GP Surgery have worked closely with the Home's Clinical Lead to set up systems to ensure residents medications are ordered and delivered to the Home in a timely manner.
- Last month the Clinical Lead and two nurses left and as yet have not been replaced.
- Last week three female and one male resident were assessed by GP and were admitted to hospital . GP feels that; poor management of diabetes care for two of these residents resulted in them becoming critically ill, that the gentleman resident developed sepsis possibly due to poor care of pressure sores, and that the other lady's health significantly deteriorated (she later died in hospital) following the Home not ordering her repeat prescription and her not receiving her medicines for a five day period prior to hospital admission.

Suffolk Safeguarding Adults Board

INDICATORS OF ORGANISATIONAL ABUSE

This is neglect or poor professional practice as a result of the structure, policies, processes or practices across a care setting, resulting in ongoing neglect or poor care.

LOCAL MANAGEMENT	QUALITY CONCERNS	REQUIRES CONSULTATION	REPORTABLE SAFEGUARDING CONCERN
• Lack of stimulation/ opportunities to engage in social and leisure activities. • Person not enabled to have a say in how the service is run.	• Denial of individuality and opportunities to make informed choices and take responsible risks. • Care-planning documentation not person-centred/does not involve the person or capture their views. • Single incident of insufficient carer/s to meet all the persons needs in a timely fashion but causing no harm. • Odours at low level. • Unclean environment causing no harm.	• Rigid/inflexible routines that are not always in the person's best interests. • Persons dignity is undermined e.g. lack of privacy during support with intimate care needs. • Recurrent poor or bad practice that lacks management oversight and is not being reported to relevant organisations/ departments. • Unsafe and unhygienic living environments that could cause harm to the person/s. • Inability of providers to manage own safeguarding enquiries.	• Carer/s misusing position of power over persons. • Over-medication and/or inappropriate restraint managing behaviour. • Recurrent or consistent ill-treatment by carer/ care provider to more than one person user over a period of time. • Recurrent or consistent incidents of insufficient staff resulting in harm requiring external medical intervention or hospitalisation of person. • Lack of engagement from health and or social care support services. • Whistle blower concerns not being addressed or investigated appropriately. • Inability of providers to manage own enquiries. • Lack of recognition of failings and/or care quality issues. • Lack of response or inability to respond to concerns.

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ther policies to consider include: Mental Capacity Act 2005; Human Rights Act 1998; NHS England Safeguarding Adults: a guide for health care staff (2017); CQC Key Lines of Enquiries

Scenario 8 - Considerations

- Speak with the residents concerned and, if appropriate, their families/friends, to understand what they feel about the Nursing Home , the care provided for them and what they would like to happen. E.G; Would they wish to return to the Home on discharge from hospital?
- Speak with the Home's nursing staff to establish how the diabetes care, pressure damage care and medicines management trainings have changed nursing practice in the Home.
- Speak with the relevant health professionals to understand if the deterioration in health for these residents may have been due to neglect of healthcare.
- Gather information on staffing levels and how the Home is ensuring good nursing cover to manage all their resident's health needs.

Scenario 8 - Framework

REPORTABLE SAFEGUARDING CONCERN

- Carer/s misusing position of power over persons.
- Over-medication and/or inappropriate restraint managing behaviour.
- Recurrent or consistent ill-treatment by carer/ care provider to more than one person user over a period of time.
- Recurrent or consistent incidents of insufficient staff resulting in harm requiring external medical intervention or hospitalisation of person.
- Lack of engagement from health and or social care support services.
- Whistle blower concerns not being addressed or investigated appropriately.
- Inability of providers to manage own enquiries.
- Lack of recognition of failings and/or care quality issues.
- Lack of response or inability to respond to concerns.

Incidents at this level should be reported directly to Customer First on 0808 800 4005. If there is any indication a criminal act has occurred and the matter is urgent, the Police must be contacted.

Scenario 8 - Outcome

- This was not Organisational Abuse by the Nursing Home.
- The three residents advised they were really happy living at the Nursing Home and wanted to return to their care.
- The family of the resident who died had written to the Nursing Home Manager to thank her for the wonderful care their mother had received.
- One resident, who was admitted following the nurses/GP being unable to manage her high blood sugar readings, post mortem indicated she had tumours in her kidneys which would have caused serious infection and more than likely contributed to her diabetes being unmanageable- Diabetes blood sugar readings were a symptom of the health deterioration rather than a cause.
- One resident – unknown to the nursing staff, her daughter had been sneaking in alcohol and sweets for her mother and her significantly high blood sugar readings, which led to her hospital admission, may have been as a result of this.
- The resident who was admitted with sepsis and significant deterioration in pressure sores was in receipt of end of life care and had become bedbound with fast deteriorating health in the days preceding his admission to hospital.
- The prescription for the female resident who later died in hospital, was for extra pain relief should it be required during her last days/weeks of life. She was also following an end of life care plan. She was receiving adequate pain relief during her final days at the Home. The agreed end of life care plan had determined some of her medications had been stopped, five days prior to her hospital admission The delay in the pain relief medicines arriving at the home were being followed up by the nursing team. The prescription request had been submitted, but the Pharmacy did not have record of this on their systems and the delay was in request to the surgery to reissue the prescription and send to Pharmacy.
- A Clinical Lead and two nurses from other local sister homes were covering shifts at the Home to ensure adequate nursing staff available at all times.
- A meeting between the Nursing Home and the GP Surgery was facilitated by the CCG Named Nurse for Safeguarding and the CCG Quality in Care Homes Lead to support and empower better communications and working relationships between the surgery and the Home. Together the Home and Surgery developed a Memorandum of Understanding for how they would work together and communicate and they set up regular bi monthly meetings where they could discuss together any concerns or issues with regards to quality of care or resident safety.

Framework Scenario 9

- Geoff and Mark are both residents of Happy Days Nursing Home, both have dementia.
- Geoff often wonders into other residents' rooms and needs to be guided back to his own room or communal areas.
- Mark does not like people coming into his room and usually keeps his door closed. He has recently assaulted a member of staff for entering his room uninvited.
- Staff believed that Geoff tried to walk into Marks room yesterday evening, Mark shut the door as Geoff was walking in causing a head wound requiring treatment at A&E.
- There is no CCTV available and neither Geoff or Mark can give an account of the incident.

Suffolk Safeguarding Adults Board

INDICATORS OF PHYSICAL ABUSE

The act of causing physical harm to someone.

LOCAL MANAGEMENT	QUALITY CONCERNS	REQUIRES CONSULTATION	REPORTABLE SAFEGUARDING CONCERN
• Error by carer causing no/little harm, e.g. skin friction mark due to ill-fitting hoist sling. • Isolated incident by another person causing no/little harm e.g. one resident strikes another but it leaves no mark and does not cause emotional distress. • Unexplained very light marking/bruising found on one occasion. • Minor events that still meet criteria for 'incident reporting'.	• Error by carer causing no/little harm to more than one person, e.g. skin friction marks due to ill-fitting hoist sling, manual handling equipment not maintained appropriately. • Recurrent incidents by another person causing no/little harm e.g. one resident strikes another but it leaves no mark and does not cause emotional distress lasting hours. • Unexplained very light marking/bruising found on a couple of occasions.	• Unexplained minor marks or lesions, burns, minor cuts or grip marks on a number of occasions or on a number of persons cared for by a specific team and/or carer. • One off inappropriate restraint that causes marks to be left but no external medical treatment/ consultation required. • Appearing to be over-medicated. • Weight loss – due to malnutrition or dehydration; complaints of hunger. • Untreated medical conditions. • Reoccurring incidents between people causing distress.	• Intended harm towards a person. • Deliberately withholding of food, drinks or aids to independence. • Unexplained fractures/serious injuries (current or historic). • Assault by another person requiring acute medical intervention. • Continuous disproportionate restraint that may or may not result in the need for medical treatment. • Injuries requiring acute hospital intervention and or overnight stay. • Grievous bodily harm (GBH)/assault leading to significant harm or death. • Actual bodily harm (ABH), Battery, Manslaughter. • Homicide. • Deliberate maladministration of medications. • Serious bodily harm as a result of care intervention. • Fabricated illnesses. • Hate crime. • Mate crime. • Assisted suicide.

Actions taken at any level should involve the person, or their representative or advocate and be shaped by the best outcome for that person. Support should be offered at all levels (Pg. 29). The Care Act makes it clear that if a person will struggle to understand and be involved in the safeguarding process and they do not have family or friends to help then the Local Authority must refer for an independent advocate. Refer to Appendix for guidance on where and how to refer for additional services/support.

Incidents at this level do not require reporting to the Customer First. However, agencies should keep a written internal record of what happened and what action was taken. Actions/ outcomes may include advice, information, risk management, staff training or referral to other appropriate agencies.	Incidents at this level do not require reporting to the Customer First. However, agencies should keep a written internal record of what happened and what action was taken. Actions/ outcomes may include advice, information, risk management, staff training or referral to other appropriate agencies.	Incidents at this level should be discussed with your organisation's Adult Safeguarding Lead and/or MASH Consultation Line on 0345 6061499. After the conversation you must record the concern and the actions you have taken in the professional records.	Incidents at this level should be reported directly to Customer First on 0808 800 4005. If there is any indication a criminal act has occurred and the matter is urgent, the Police must be contacted.

Supporting documents: Individuals must refer to their own organisational policy in the first instance. The Suffolk Safeguarding Board also have a number of policies available on its website. Other policies to consider include: Mental Capacity Act 2005; Human Rights Act 1998; NHS England Safeguarding Adults: a guide for health care staff (2017).

Scenario 9 - Considerations

- What could the abuse type be?
- Is this an isolated incident?
- What has the care home recorded previously?
- After the staff member was assaulted, what safety plans have been put in place to prevent reoccurrence?
- Have CQC recently inspected?
- Were Police or Customer First notified about previous assault?
- Are the home confident in dealing with Mark's behaviour should it escalate further?
- Geoff's injuries were significant enough to require hospital treatment.

Scenario 9 - Framework

REPORTABLE SAFEGUARDING CONCERN

- Intended harm towards a person.
- Deliberately withholding of food, drinks or aids to independence.
- Unexplained fractures/serious injuries (current or historic).
- Assault by another person requiring acute medical intervention.
- Continuous disproportionate restraint that may or may not result in the need for medical treatment.
- Injuries requiring acute hospital intervention and or overnight stay.
- Grievous bodily harm (GBH)/assault leading to significant harm or death.
- Actual bodily harm (ABH), Battery, Manslaughter.
- Homicide.
- Deliberate maladministration of medications.
- Serious bodily harm as a result of care intervention.
- Fabricated illnesses.
- Hate crime.
- Mate crime.
- Assisted suicide.

Incidents at this level should be reported directly to Customer First on 0808 800 4005. If there is any indication a criminal act has occurred and the matter is urgent, the Police must be contacted.

Scenario 9 - Outcome

- The Care Home Management had recently commissioned positive behaviour management training for their staff. They had received a “ Good “ rating from CQC following inspection three months ago. And had a robust plan in place to address areas identified by CQC as where they could improve.
- A risk management plan with regards to Geoff wandering into other residents bedrooms had been in place. However, the day of the incident, he was being looked after by a carer from an Agency
- Two weeks prior to the incident, Geoff’s wife had died . Following her death, Geoff had increasingly been going into rooms searching for her. Following this incident, his risk management plan was reviewed and part of this plan highlighted that Geoff must always be allocated a familiar carer who already knows him.
- Following the incident where Mark assaulted a member of staff, the Home had called the police. It was assessed that Mark did not understand what he had done and had responded to anxiety created by finding a member of staff in his bedroom . Police did record this, as an assault by Mark, however no charges were made and it was agreed the responsibility was with the Home to put in place a safety plan to manage Mark’s anxieties and reduce risk of a similar incident taking place. The Home were waiting for a special lock for Mark’s door to be fitted when the incident with Geoff happened.
- Mark was provided with a lock on his bedroom that meant he maintained his privacy and only he and the staff team could access his room. His plan was clear that staff must be respectful of his privacy when needing to go in to his room. They must request his permission and only enter when invited by him or enter when he is there .The plan also detailed they should not continue to enter if he was showing signs of becoming distressed unless he was at risk or needed urgent care.

Framework Scenario 10

- Maureen is 84 and lived with her daughter Joan since Maureen's husband passed away 15 years ago. Joan was very close to her father, she has had anxiety attacks since he passed.
- Joan does not work due to her anxiety but has taken on the role of carer. Maureen has mobility problems due to arthritis and some sight problem due to untreated cataracts.
- Joan and Maureen like to collect things such as dolls, magazines and craft materials.
- Maureen recently had a fall and required hospital treatment, paramedics arrived at the house but had to move many boxes to gain Maureen immediate treatment and assist her out of the house.
- Whilst in the house paramedics observed the hallways to be stacked with boxes floor to ceiling leaving only narrow pathways. All the rooms that were available to see were the same with boxes stacked precariously throughout the rooms and on every surface.

Suffolk Safeguarding Adults Board

INDICATORS OF SELF-NEGLECT AND HOARDING

The inability (intentionally or non-intentionally) to maintain a socially and culturally acceptable standard of self-care with the potential for serious consequences to the health and wellbeing of those who self-neglect and perhaps to their community

LOCAL MANAGEMENT	QUALITY CONCERNS	REQUIRES CONSULTATION	REPORTABLE SAFEGUARDING CONCERN
• Eating & Drinking - Quality of food and/or drink inconsistent through lack of knowledge or effort. • Washing & Bathing - Irregular bathing. • Clothing - clothing inappropriate for weather or environment. • Medical Needs - Seeks advice from practitioners on matters of genuine and immediate concern. Occasionally fails to keep appointments.	• Left Intentionally blank.	• Eating & Drinking - Quality of food and/or drink is consistently poor through lack of effort; consistent support required to improve any quality. Poor food safety. May be experiencing health related issues. • Washing & Bathing Occasionally bathed but seldom groomed. • Clothing often dirty and/or unsuitable to weather conditions/environment. Concerns that this maybe having an impact on health. • Medical Needs - Only seeks advice when illness becomes moderately severe. Fails to keep some medical appointments and takes only partial medical advice.	• Eating & Drinking - Quality and frequency of food and/or drink consistently not a priority despite support leading to health issues of concern such as dehydration, malnutrition, infection, diarrhoea, vomiting and/or significant weight loss. • Washing & Bathing Seldom/never bathed or clean, concern regarding odour. • Dirty and/or poor condition of clothing (Maybe wholly unsuitable to weather conditions). • Poor health of significant concern such as skin infections, sores, abscesses. Likely to be unmanageable within community setting. • Medical Needs - Only seeks help when illness becomes critical (emergencies), this can also be ignored. Clear disregard for own welfare and/or fails to consistently take medication leading to physical ill health and frequent hospital admissions. Significant mental ill health may also be of concern.
Actions taken at any level should involve the person, or their representative or advocate and be shaped by the best outcome for that person. Support should be offered at all levels (Pg. 29). The Care Act makes it clear that if a person will struggle to understand and be involved in the safeguarding process and they do not have family or friends to help then the Local Authority must refer for an independent advocate. Refer to Appendix for guidance on where and how to refer for additional services/support.			
Incidents at this level do not require reporting to the Customer First. However, agencies should keep a written internal record of what happened and what action was taken. Actions/ outcomes may include advice, information, risk management, staff training or referral to other appropriate agencies.	Left Intentionally blank.	Complete the Suffolk Multi-Agency neglect and hoarding risk assessment and discuss Incidents at this level should be discussed with your organisations Adult Safeguarding Lead and/or MASH Consultation Line on 0345 6061499. After the conversation you must record the concern and the actions you have taken in the professional records.	Incidents at this level should be reported directly to Customer First on 0808 800 4005. If there is any indication a criminal act has occurred and the matter is urgent, the Police must be contacted.

Supporting documents: Individuals must refer to their own organisational policy in the first instance. The Suffolk Safeguarding Board also have a number of policies available on its website. Other policies to consider include: Mental Capacity Act 2005; Human Rights Act 1998; NHS England Safeguarding Adults: a guide for health care staff (2017); Suffolk Safeguarding Adults Board Self Neglect and Hoarding Policy (Oct 2017). Local Fire Policy and Risk Assessments.

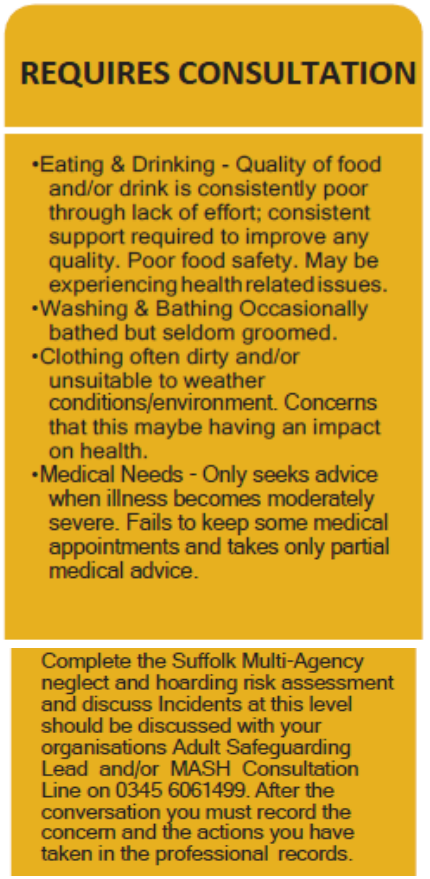
Scenario 10 - Considerations

- What could the abuse type be?
- Has a conversation happened with Maureen and Joan about concerns?
- What services, professionals are already involved - who needs to be involved?
- Is there any understanding of root cause of hoarding, if so what support can be offered?
- Has there been a multi agency approach which has not reduced the risks?
- Has the Self Neglect & Hoarding risk assessment tool been completed?
- Is there a need for Self Neglect & Hoarding referral to Customer First?
- Are there immediate risks relating to fire and evacuation - possible fire safety assessment from fire service?
- Are there immediate risks relating to others - neighbours, animals, public?

Scenario 10 - Framework

Suffolk Self Neglect & Hoarding Tool

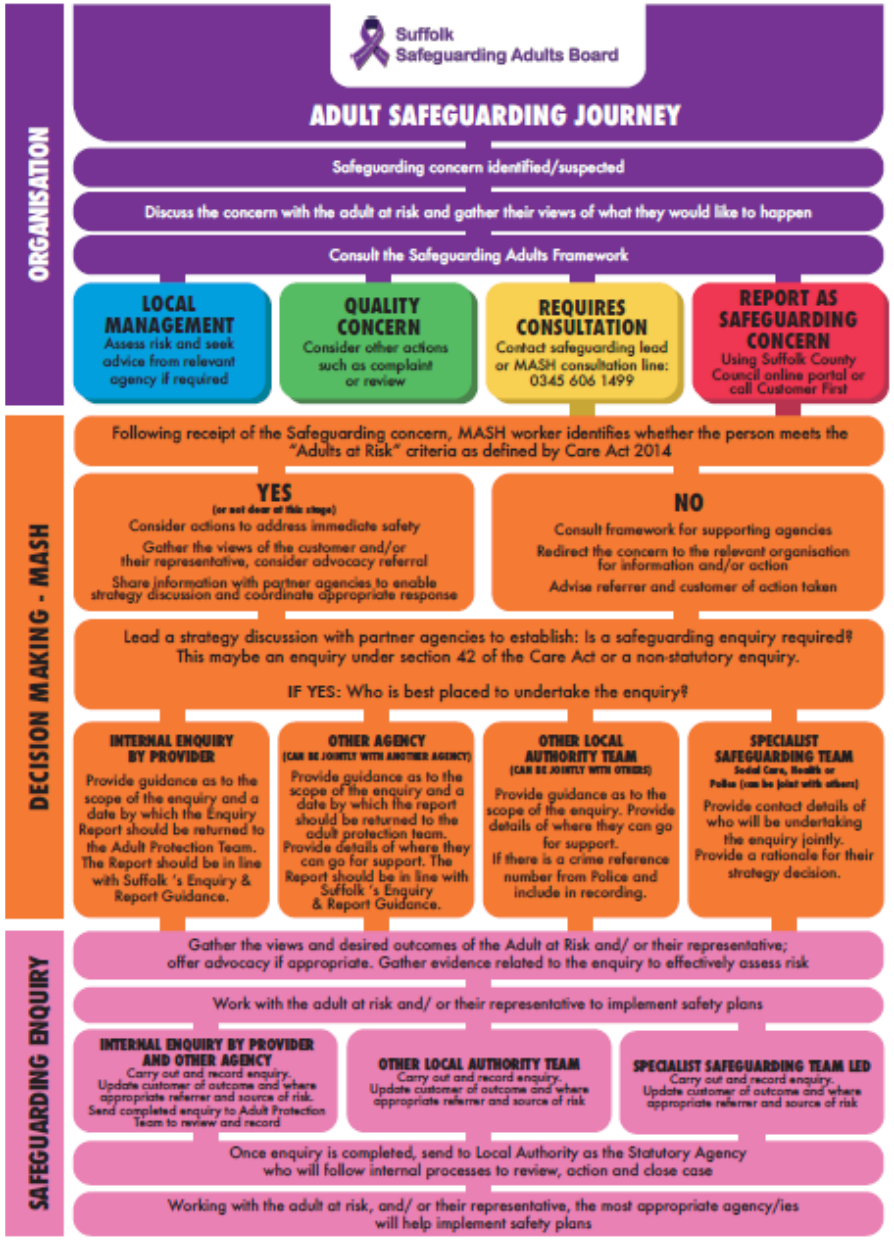
https://www.suffolkas.org/safeguarding-topics/self-neglect-and-hoarding/



Scenario 10 - Outcome

- A safeguarding referral was received and forwarded to MASH, information sharing established there were no professional involvements.
- A referral was made to social work services to assess Maureen prior to her discharge from hospital. Maureen declined support offered and was assessed to have capacity to return to her property and understand risks to further falls and fires safety.
- Due to concerns that decisions were heavily influenced by her daughter the social worker continued to try and support Maureen to accept help, after several months it was apparent Maureen was being influenced.
- Self Neglect & Hoarding risk tool completed and a further referral was made to Customer First, a multi agency case conference was called.
- After a long period of intervention and a significant deterioration in health Maureen made the decision to move out of the family home. Joan agreed to except support from a house clearance service which is work in progress.

Suffolk's Adult Safeguarding Journey



Suffolk Safeguarding Adults Board

Suffolk Safeguarding Adults Board Website

https://www.suffolkas.org/

Working together to keep adults safe

Suffolk
Safeguarding Adults Board

Any Questions ?

Suffolk Safeguarding Adults Board

Contacts

Questions/queries that cannot be answered can be referred on to:

- **Ben Clark** – Detective Inspector, MASH Benjamin.Clark@suffolk.pnn.police.uk
- **Claire Baldwin** – Detective Inspector, Safeguarding Unit West Claire.BALDWIN@suffolk.pnn.police.uk
- **Christine Hodby** – Designated Nurse Safeguarding Adults (I&ES & WSCCGs) Christine.hodby@suffolk.nhs.uk
- **Nichola Bennett** - Adult Safeguarding Operational Manager (Suffolk County Council) Nichola.bennett@suffolk.gov.uk
- **Sarah Markham** - ACS MASH Manager (Suffolk County Council) Sarah.Markham@suffolk.gov.uk
- **Tracey Welham** – Health MASH Manager (I&ES CCG) Tracey.welham@suffolk.gov.uk