Thresholds for initiating Adult Safeguarding Referrals or Care Concerns

Establishing whether or not abuse of a vulnerable adult has taken place is not always straightforward. In some cases, it is the repetition of minor actions or omissions that collectively lead to abuse. The expectation in Cheshire East of anyone suspecting abuse is if in doubt report. However, this specific guidance has been devised to aid Managers, Front-line workers and Providers in distinguishing between incidents/concerns of poor practice and abuse. Where there are concerns of poor practice, the thresholds framework provides guidance as to where it is appropriate for provider agencies to manage and take the appropriate action. Where abuse is identified, the safeguarding procedures should be instigated.

1. Dealing with Incidents/Concerns

On receiving information about an incident/concern the Manager should determine whether it is appropriate for the concern to be dealt with under safeguarding procedures or as a care concern (see flowchart for process Appendix 1).

2. Identifying Care Concerns and Abuse

In making the decision the Manager should consider the nature, circumstances and seriousness of the concern referring to the threshold framework (see Appendix 2). Factors also to be considered when ascertaining what degree of harm justifies intervention through the Adult Safeguarding Procedures will include:

- The vulnerability of the victim
- Whether others (vulnerable adults or children) are at risk
- The views of the person and their carers
- The views and informed opinions of staff in partner agencies
- Capacity of victim and alleged perpetrator
- The nature and extent of the harm caused
- The frequency and length of time over which the abuse is alleged to have happened
- The impact of the harm on the individual
- The intent of the alleged perpetrator
- The risk of repeated incidents or the risk of escalation of seriousness of incident

3. Reporting Care Concerns and Abuse

In circumstances where no serious harm has occurred the Provider Manager should complete the Care Concern Form (see Appendix 3) and send it to either the Adult Safeguarding Team or if relating to a Mental Health provider, to CWP Safeguarding Team.
Providers should ensure they comply with Data Protection and only send an e-mail if they have a secure e-mail. If this is not possible the forms should be faxed to the appropriate team.

For Adult Safeguarding Team:
e-mail: adultsafeguardingunit@cheshireeast.gov.uk   Fax: 01606 271749

For CWP Safeguarding Team:
e-mail: safeguardingadults@cwp.nhs.uk   Fax: 01244 375295

Where it is identified that the concern should be dealt with under adult safeguarding, then a safeguarding referral should be made within 24 hours via Cheshire East Contact Centre 0300 123 5010 (Out of Hours Team 0300 1235022) and the safeguarding procedures instigated. The front line team will make a decision as to whether it is a safeguarding referral or if it could be dealt with as a care concern.

If after considering the threshold document you are still unsure as to whether you need to instigate the safeguarding process then you can either discuss it with your manager, speak with the relevant Team or the Adult Safeguarding Team for clarification. Some very serious abuse only comes to light because people raising the alert have drawn the attention of Social Care or Police to what may appear to be relatively minor concerns. Always remember that if in doubt initiate safeguarding procedures.

If an incident is reported to the front line team, which has not come from providers, the team will use the Threshold document to decide if it will be dealt with under the adult safeguarding process or as a care concern. If it is decided it is a care concern the front line team will request that the provider, identified in the referral, will complete a care concern form and send it to the Adult Safeguarding Team. (see contact numbers/guidelines above) The frontline team will send an E mail to the Adult Safeguarding Team to advise re the request so that the Quality Assurance section of the safeguarding unit can monitor that the actions have been completed. The front line team should note actions taken on running records.

4. Care Concern Investigations

Provider to investigate the care concern and to complete an action plan to rectify any deficiency immediately, understand why the care was compromised and put in place measures to ensure there is no repetition. This should be completed within fourteen days.

The Quality Assurance Team will complete an information only referral on PARIS and save the care concern document on PARIS. The Mental Health Safeguarding Lead will complete the same process but via Carenotes and will send a monthly summary to the Adult Safeguarding Team. Further follow up with the Provider may be required if the response from the Provider to the care concern does not appear satisfactory or further information is required.
If the Quality Assurance /Safeguarding Lead considers that a matter notified to them as a Care Concern warrants further consideration for initiation of the adult safeguarding procedures (or there appears to be a pattern of concerns that meets the safeguarding threshold collectively), they will then discuss it with the Manager of the appropriate front line teams and agree responsibility for investigation.

If not dealing with the referral through the adults safeguarding procedures, it may be considered appropriate to take other action in addition to the care concern investigation by the Provider Service, for example:

- Contracts Team
- Complaints Department
- Disciplinary Procedure

5. Monitoring Arrangements

Providers will be responsible for ensuring the ongoing quality of service standards and any actions that need to be taken as a result of the Care Concern. All care concerns will be subject to quality assurance and where appropriate the Quality Assurance Leads may contact the Provider where collective concerns arise or if best practice lessons can be learnt and shared at Provider forums. Where the front line teams receive a safeguarding referral in regards to a Provider, the safeguarding unit should be contacted for the previous history of care concerns.

Acknowledgements

Cheshire East would like to thank the following Councils for sharing their documents:


“Thresholds for Instigating Adult Safeguarding Referrals”- Cheshire West and Chester Council 2011

Manchester Adults Directorate Guidance-Safeguarding for Practitioners (2010)
APPENDIX 1

CARE CONCERN - SAFEGUARDING PROCESS

Provider identifies incident / concern

Provider refers to ‘Thresholds Guidance’ and identifies investigation route

Safeguarding/Abuse Referral.
Make safeguarding referral via Contact Centre to SMARTs 0300 123 5010 (Out of Hours 0300 123 5022)

If does not meet safeguarding threshold advise provider to complete Care Concern form.
Team to e-mail Adult Safeguarding Team and record on client record.

Lower level ‘Care Concern’
Complete Care Concern Form and forward to Cheshire East Adult Safeguarding Team (or CWP Safeguarding Team for MH Providers)

Provider to manage care concern and take appropriate action.

Quality Assurance Lead to monitor care concerns.

Decision made to instigate safeguarding procedures
## APPENDIX 2

### Thresholds Framework

The following guidance may be used to assist in distinguishing between a care concern which should be managed by the Provider and abuse which should trigger safeguarding procedures.

<table>
<thead>
<tr>
<th>Area of concern</th>
<th>Provider-led investigation</th>
<th>Adult Social Care led investigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Failure to provide assistance with food/ drink</td>
<td>Poor practice which requires actions by a provider organisation e.g. homes, ward or domiciliary care manager</td>
<td>Possible abuse which requires reporting as such, and the instigation of Safeguarding procedures</td>
</tr>
<tr>
<td></td>
<td>Person does not receive necessary help to have a drink/meal. If this happens once, no significant harm occurs and a reasonable explanation is given e.g. unplanned staffing problem, emergency occurring elsewhere in the home, dealt with under staff disciplinary procedures; would not be referred under safeguarding adult’s procedures.</td>
<td>Person does not receive necessary help to have drink/meal and this is a recurring event, or is happening to more than one person or harm occurs. This constitutes neglectful practice, may be evidence of institutional abuse and would prompt a safeguarding investigation</td>
</tr>
<tr>
<td></td>
<td><strong>Action:</strong> provider manager to take appropriate action and complete care concern form</td>
<td>Harm: malnutrition, dehydration, constipation, tissue viability problems</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Action:</strong> provider manager to make safeguarding referral</td>
</tr>
<tr>
<td>2. Failure to provide assistance to maintain continence</td>
<td>Person does not receive necessary help to get to toilet to maintain continence or have appropriate assistance such as changed incontinence aids. If this happens once, no significant harm occurs and a reasonable explanation is given e.g. unplanned staffing problem, emergency occurring elsewhere in the home, dealt with under staff disciplinary procedures; would not be referred under safeguarding adult’s procedures.</td>
<td>Person does not receive necessary help to get to toilet to maintain continence and this is a recurring event, or is happening to more than one person, one or more people experience harm or repeated failures make this likely to happen. This constitutes neglectful practice, may be evidence of institutional abuse and would prompt a safeguarding investigation</td>
</tr>
<tr>
<td></td>
<td><strong>Action:</strong> provider manager to take appropriate action and complete care concern form</td>
<td>Harm: pain, constipation, loss of dignity, humiliation, skin problems</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Action:</strong> provider manager to make safeguarding referral</td>
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## APPENDIX 2

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<td>3. Failure to seek assessment re pressure area prevention and management</td>
<td>Person known to be susceptible to pressure ulcers has not been formally assessed with respect to pressure area management but no discernible significant harm has arisen. This may need to be dealt with under disciplinary procedures.</td>
<td>Person is frail and has been admitted without formal assessment with respect to pressure area management (or plan not followed). Care provided with no reference to specialist advice re diet, care or equipment. Pressure damage occurs. Or this is a recurring event, or is happening to more than one person. One or more people experience harm, or repeated failures make this likely to happen. Neglectful practice, breach of regulations and contract, possible institutional abuse. Safeguarding procedures should be instigated. Harm: avoidable tissue viability problems. <strong>Action:</strong> provider manager to make safeguarding referral</td>
</tr>
<tr>
<td>4. Medication not given or given wrong medication</td>
<td>Person does not receive medication as prescribed on one occasion but no significant harm occurs. Internal investigation should be undertaken, possible disciplinary action depending on severity of situation including type of medication.</td>
<td>Person does not receive medication as a recurring event, or it is happening to more than one person. One or more people experience harm, or repeated failures make this likely to happen. Neglectful practice, regulatory breach, breach of professional code of conduct if nursing care provided. Dependant on degree of harm, possible criminal offence. Safeguarding procedures should be implemented. Harm: pain not controlled, risk to health, avoidable symptoms <strong>Action:</strong> provider manager to make safeguarding referral</td>
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| **Poor practice which requires actions by a provider organisation e.g. homes, ward or domiciliary care manager**                                | *Appropriate moving and handling procedures not followed, or staff not trained to use the required equipment but person does not experience significant harm.* Provider acknowledges departure from procedures and inappropriate practice and deals with this appropriately under disciplinary procedures. Action: provider manager to take appropriate action and complete care concern form | *One or more people experience harm through failure to follow correct moving and handling procedures or frequent failure to follow moving & handling procedures make this likely to happen. Neglectful practice – safeguarding procedures should be instigated*  
Harm: Injuries such as falls and fractures, skin damage, lack of dignity, loss of confidence for the person  
Action: provider manager to make safeguarding referral |
| **Possible abuse which requires reporting as such, and the instigation of Safeguarding procedures**                                           |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                    |
| **Moving and handling procedures not followed**                                                                                           |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                    |
| **5. Moving and handling procedures not followed**                                                                                       |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                    |
| **6. Failure to provide support to maintain mobility**                                                                                   | Person not given recommended assistance to maintain mobility on one occasion and no significant harm occurs and a reasonable explanation is given e.g. unexpected staffing issue, emergency occurring elsewhere in the home, for which no contingency could reasonably be expected.  
Action: provider manager to take appropriate action and complete care concern form                                     | Recurring event, or is happening to more than one person resulting in reduced mobility. One or more people experience harm, or repeated failures make this likely to happen.  
Harm: loss of mobility, confidence and independence or continence issues.  
Action: provider manager to make safeguarding referral |
| **7. Failure to provide medical care**                                                                                                    | The person is in pain or otherwise in need of medical care such as dental, optical, audiology assessment, foot care or therapy does not on one occasion receive required medical attention in a timely manner. The person does not suffer significant harm and a reasonable explanation is given e.g.unexpected staffing problem.  
Action: provider manager to take appropriate action and complete care concern form                                    | Person is provided with an evidently inferior medical service or no service, and this is likely to be because of their disability, age, or illness.  
Or this is a recurring event, or is happening to more than one person. One or more people experience harm, or repeated failures make this likely to happen.  
Harm: pain, distress, deterioration in health  
Action: provider manager to make safeguarding referral |

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<td>Poor practice which requires actions by a provider organisation e.g. homes, ward or domiciliary care manager</td>
<td>Possible abuse which requires reporting as such, and the instigation of Safeguarding procedures</td>
</tr>
<tr>
<td>8. Inappropriate comments or attitude from staff</td>
<td>Person is spoken to in a rude, insulting, humiliating or other inappropriate way by a member of staff. They are not distressed and this is an isolated incident, no significant harm occurs. Provider takes appropriate action, to the satisfaction of the person involved.</td>
<td>Person is frequently spoken to in a rude, insulting, humiliating or other inappropriate way or it happens to more than one person, harm occurs to one or more people. Regime in a care home doesn’t respect people’s dignity and staff frequently use derogatory terms and are abusive to residents. Regulatory breach - refer under safeguarding procedures. Harm: demoralisation, psychological distress, loss of self-esteem. Action: provider manager to make safeguarding referral</td>
</tr>
<tr>
<td></td>
<td><strong>Action:</strong> provider manager to take appropriate action and complete care concern form</td>
<td></td>
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</table>
| 9. Significant need not addressed in Care Plan       | Person does not have within their Care Plan/Service Delivery Plan/Treatment Plan a section which addresses a significant assessed need, for example:  
  - Management of behaviour to protect self or others.  
  - Liquid diet because of swallowing difficulty.  
  - Bed rails to prevent falls and injuries but no significant harm occurs.  
  - Cultural needs such as dietary needs.  
Action: provider manager to take appropriate action and complete care concern form | Failure to specify in a patient/client’s Plan how a significant need must be met. Inappropriate action or inaction related to this results in harm such as injury, choking etc. This is a recurring event, or is happening to more than one person. One or more people experience harm, or repeated failures make this likely to happen.  
Action: provider manager to make safeguarding referral |
| 10. Care/support Plan not followed                   | Person’s needs are specified in Treatment or Care/Support Plan. Plan not followed on one occasion, need not met as specified but no significant harm occurs and a reasonable explanation can be given such as unexpected staffing issue.  
Action: provider manager to take appropriate action and complete care concern form | Failure to address a need specified in vulnerable adult’s Plan results in harm. This is especially serious if it is a recurring event or is happening to more than one person.  
Action: provider manager to make safeguarding referral |
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<td>Possible abuse which requires reporting as such, and the instigation of Safeguarding procedures</td>
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</tr>
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### 11. Failure to respond to person’s mental health needs

- **Person known to mental health services is identified as being at risk. Previous risk assessment identifies same day response is required. Response is not made that day but no significant harm occurs and a reasonable explanation is given.**

  **Action:** provider manager to take appropriate action and complete care concern form

### 12. Person deprived of liberty without referral for Deprivation of Liberty Safeguards

- **Person has been formally assessed under the Mental Capacity Act and lacks capacity to make specific decisions/recognise dangers. Steps taken to protect them are not the ‘least restrictive’. No significant harm has occurred.**

  **Action:** provider manager to take appropriate action and complete care concern form and Care Provider to review care plan and consider least restrictive options. Contact Mental Capacity Act Co-ordinator if necessary. Application for Deprivation of Liberty Safeguard authorisation may be required.

- **Restraint (bed rails, locked doors, medication etc may be being used) and it is thought that the level of restraint may amount to deprivation of liberty. An application has not been made for a Deprivation of Liberty Authorisation/decisions have not been made in the person’s best interests/it is possible that there is unauthorised deprivation of liberty.**

  **Harm:** Loss of liberty and freedom of movement, emotional distress

  **Action:** provider manager to make safeguarding referral. If after reviewing care plan the level of restraint cannot be significantly reduced, contact Mental Capacity Co-ordinator and submit DOLS application (form 1 and 4) to Adult Safeguarding Team for care home/Hospital, other settings application to The Court of Protection.
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<tr>
<td>13. Inappropriate discharge from hospital</td>
<td>Person is discharged from hospital without adequate discharge planning involving assessment for care/therapeutic services, procedures not followed but no significant harm occurs. <strong>Action:</strong> provider manager to take appropriate action and complete care concern form</td>
<td>Person is discharged without adequate discharge planning, procedures not followed and experiences harm as a consequence. <strong>Harm:</strong> care not provided resulting in risks and/or deterioration in health and confidence; avoidable re-admission <strong>Action:</strong> provider manager to make safeguarding referral</td>
</tr>
<tr>
<td>14. Domiciliary care visit missed</td>
<td>Person does not receive a scheduled domiciliary care visit on one occasion and no other contact is made to check on their well-being, but no significant harm occurs and a reasonable explanation is given. Provider deals with this appropriately through internal investigation, to the satisfaction of person involved. <strong>Action:</strong> provider manager to take appropriate action and complete care concern form</td>
<td>Person does not receive scheduled domiciliary care visit(s) and no other contact is made to check on their well-being resulting in harm or potentially serious risk to the person. <strong>Action:</strong> provider manager to make safeguarding referral</td>
</tr>
<tr>
<td>15. Abuse of a service user by another service user</td>
<td>One vulnerable adult verbally abuses or taps or pushes another vulnerable adult but has left no mark or bruise, victim is not intimidated and significant harm has not occurred. There is a clear and documented history and diagnosis to support the person’s behaviour and there is no history of recent repeated episodes which might indicate a failure of appropriate care planning. <strong>Action:</strong> provider manager to take appropriate action and complete care concern form</td>
<td>Predictable and preventable (by staff) incident between two vulnerable adults where an injury requiring medical attention is required. Or this is a recurring event, or is happening to more than one person. One or more people experience harm, or repeated failures make this likely to happen. <strong>Harm:</strong> physical injury, psychological distress <strong>Action:</strong> provider manager to make safeguarding referral</td>
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<td>Possible abuse which requires reporting as such, and the instigation of Safeguarding procedures</td>
<td></td>
</tr>
</tbody>
</table>

16. A vulnerable adult with unstable mental health makes allegations against staff or fellow patients/residents that appear unrealistic/false

- Person is unwell and makes allegations that appear false, eg staff are trying to poison me with medication. There is clear documented evidence supported by assessment that the allegations are due to the person’s mental health symptoms and no significant harm has occurred. That a Dr and one other qualified professional responsible for the persons care are able to confirm this.
  - That clear care plans are devised to reflect this issue.
  - That the care plan indicates that the allegation/s is revisited when the person's mental health improves to the point where they have the capacity to clarify their allegations.
  - That consideration of an advocate is made to facilitate the above
  - That where appropriate family/carers are involved in this process

**Action** provider manager to take appropriate action and complete care concern form

There is no clear evidence documented or otherwise of a mental health presentation that would support the view of a false allegation.

That an historical allegation is made when a patient becomes well

**Action:** provider manager or clinician to make safeguarding referral

17. Financial mismanagement

- Appropriate financial policy/procedures not followed, staff member does not complete persons financial records and/or receipts not kept but person does not experience significant harm. Provider acknowledges departure from procedures and poor practice and deals with this appropriately.

**Action**, provider manager to take appropriate action and complete care concern form

Failure to follow procedures on more than one occasion. Records found to be incomplete and no clear audit trail. Possible neglectful practice, financial abuse/mismanagement, harm occurring.

**Action:** provider manager to make safeguarding referral

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**NB.** Actions under Care Concerns should not diminish the responsibility of the provider to follow their own organisational requirements in regards to disciplinary procedures and Professional Code of Conducts.
APPENDIX 2

Care Concern Form

This form should be used by the provider to report a Care Concern; Refer to Cheshire East Safeguarding Adults Thresholds Guidance document for further detail. Providers should ensure they comply with Data Protection and only send an e-mail if they have a secure e-mail. Otherwise, the form should be faxed to the appropriate team.

For Adult Safeguarding Team:
e-mail: AdultSafeguardingUnit@cheshireeast.gov.uk  Fax: 01606 271749
For CWP Safeguarding Team:
e-mail: safeguardingadults@cwp.nhs.uk     Fax: 01244 375295

<table>
<thead>
<tr>
<th>Name of Vulnerable Adult</th>
<th>Date Form Completed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PARIS No. if known</td>
<td>Vulnerable Adult Address if different from Provider Service Address</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>D.O.B.</td>
<td></td>
</tr>
<tr>
<td>Name and Address of Provider</td>
<td>Contact Tel No./e-mail address:</td>
</tr>
<tr>
<td>Is the vulnerable adult CEC client</td>
<td>Self-funding Other</td>
</tr>
<tr>
<td>Type of Provider (e.g. Nursing Home)</td>
<td>Name and Role of person completing this form</td>
</tr>
<tr>
<td>Is vulnerable adult aware that this care concern form has been completed</td>
<td>Date of Incident</td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td>Area of Concern (1 - 17), refer to framework</td>
</tr>
</tbody>
</table>
APPENDIX 2

| Description of Incident/care concern including name of individuals involved. |
| (You must inform them if their names are included on this form) |
| Please include what happened and the impact/harm on service user. |

| Action Plan | (what action has been taken/or intended, learning points from this incident - include timescales and by whom) |