



# Tell us your concern

## A Decision Support Tool for organisations

This Decision Support Tool is extracted from the multi-agency policy and procedures, for ease of use. The multi-agency policy and procedures should however be considered the principle guidance and referred to for additional information as required.

The Talk to me, Hear my voice principles should however be considered in considering how to apply this guidance in practice.

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It is the responsibility of provider services to ensure that practice or quality of care issues are addressed proactively and effectively through internal processes, ensuring that required standards of care are provided.

However, where an incident has resulted in harm to a person, or there is a concern that harm may occur without intervention, the concerns will need to be raised with the local authority. These situations may not always require a safeguarding response from the local authority, but sharing the information will enable an appropriate conversation and decision about how the concerns should be resolved in the interests of the person at risk and others.

The following table provides examples that can be used to support managers of services in reaching appropriate decisions. Individual circumstances will however always need to be considered, and therefore agencies will always need to be responsible and accountable for their decision-making.

Examples of Types of Abuse/ Types of Response	<b>Examples: Safeguarding referral may not be required</b>  Consider Alternatives - disciplinary, complaints, incident/serious incident processes, training etc.	<b>Examples: Safeguarding referral is likely to be required</b>
Physical	One service user 'taps or slaps' another but not with sufficient force to cause a mark or bruise and the victim is not intimidated. Isolated incident, care plans amended to address risk of reoccurrence Or One service user shouts at another in a threatening manner, but the victim is not intimidated. Care plans amended to address risk of reoccurrence.	Predictable and preventable (by staff) incident between two adults at risk resulting in harm  Harm may include: bruising, abrasions and/or emotional distress caused
	Adult at risk has been formally assessed under the Mental Capacity Act. Actions taken in best interests are not the 'least restrictive'. Harm has not occurred and actions are being taken to review care plans. Application for Deprivation of Liberty Safeguards may be required.	An unauthorised deprivation of liberty results in a form of harm to the person <u>or</u> authorisation has not been sought for DoLS despite this being drawn to the attention of hospital/care home  Harm may include: loss of liberty, rights and freedom of movement. Other types of abuse may be indicated – psychological/emotional distress
Psychological	The adult at risk is spoken to once in a rude, insulting / belittling or other inappropriate way by a member of staff or family carer. Respect for them and their dignity is not maintained but they are not distressed. Actions being taken to prevent reoccurrence.	Isolated incident(s) resulting in harm or recurring event, or is happening to more than one adult at risk.  Harm may include: distress, demoralisation, loss of confidence or dignity. Insults contain discriminatory elements e.g. racist or homophobic abuse
Neglect and acts of omission	Isolated incident of a person not receiving necessary help to have a drink/meal and a reasonable explanation is given. Actions being taken to prevent reoccurrence.	Recurring event resulting in harm, or is happening to more than one adult at risk.  Harm may include: hunger, thirst, weight loss, constipation, dehydration, malnutrition, tissue viability issues, loss of dignity
	Isolated incident where a person does not receive necessary help to get to the toilet to maintain continence, or have appropriate assistance with changing incontinence pads and a reasonable explanation is given. Action being taken to prevent reoccurrence	Isolated incident(s) resulting in harm or recurring event, or is happening to more than one adult at risk.  Harm may include: pain, constipation, loss of dignity and self-confidence, pressure ulcers

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<b>Neglect and acts of omission</b>	<p>Patient has not received their medication as prescribed. Appropriate actions being addressed to prevent reoccurrence.</p>	<p>Isolated incident(s) resulting in harm or recurring event, or is happening to more than one adult at risk.</p> <p>Inappropriate use of medication that is not consistent with the person's needs</p> <p>Harm may include: pain not controlled, physical or mental health condition deteriorates/kept sleepy/unaware; side effects</p>
	<p>Appropriate moving and handling procedures are not followed or the staff are not trained or competent to use the required equipment but the patient does not experience harm. Action plans are in place to address the risk of harm.</p>	<p>The person is injured or action is not being taken to address a risk of harm.</p> <p>Harm may include: injuries such as falls and fractures, skin damage, lack of dignity</p>
	<p>The person does not receive a scheduled domiciliary care visit and no other contact is made to check on their well-being, but no harm occurs</p>	<p>Isolated incident(s) resulting in harm or recurring event, or is happening to more than one adult at risk.</p> <p>Harm may include: missed medication and meals, care needs significantly not attended to.</p>
	<p>Person is discharged from hospital without adequate discharge planning, procedures not followed, but no harm occurs. Lessons being learned to improve practice.</p>	<p>The adult at risk is discharged without adequate discharge planning, procedures not followed and experiences harm as a consequence.</p> <p>Harm may include: care not provided resulting in deterioration of health or confidence, avoidable readmission to hospital.</p>
	<p>Adult at risk is known to be susceptible to pressure ulcers has not been formally assessed with respect to pressure area management, but no discernable harm has occurred. Actions being taken to prevent a future incident reoccurring.</p>	<p>Person has not been formally assessed/advice not sought with respect to pressure area management or plan exists but is not followed, in either case harm is incurred</p> <p>Harm may include: avoidable tissue viability problems</p>
	<p>Person does not have within their care plan/service plan/treatment plan a section that addresses a significant assessed need such as:</p> <ul style="list-style-type: none"> <li>• Management of behaviour to protect self or others</li> <li>• Liquid diet because of swallowing</li> <li>• Cot sides to prevent falls and injuries</li> </ul> <p>However, no harm occurs and actions being taken to address.</p>	<p>Failure to specify in a person's plan how a significant need must be met and action or inaction related to lack of care planning results in harm, such as injury, choking etc.</p> <p>A risk of harm has been identified but is not acted upon in a robust and proportionate way or there is a failure to take reasonable actions to identify risk. As a consequence one or more persons are placed at an avoidable repeated risk of harm.</p>
	<p>The adult at risk's needs are specified in a treatment or care plan. Plan not followed, needs not met as specified but no harm occurs.</p>	<p>Failure to address a need specified in a person's care plan or failure to act on an identified risk, results in harm.</p>
<b>Sexual</b>	<p>Isolated incident of teasing or low level unwanted sexualised attention (verbal or non-intimate touching) directed at one service user to another, whether or not they have mental capacity. Care plans being amended to address. Person is not distressed or intimidated.</p>	<p>Intimate touch between service users without valid consent or recurring verbal sexualised teasing resulting in harm</p> <p>Harm may include: emotional distress, intimidation, loss of dignity</p>
<b>Discriminatory</b>	<p>Adult at risk 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/requested medical attention in a timely fashion.</p>	<p>Adult at risk is provided with an evidently inferior medical service or no service as a result of discriminatory attitudes/actions.</p> <p>Harm may include: pain, distress and deterioration of health</p>
<b>Financial / material</b>	<p>Staff member has borrowed items from service users with their consent, professional boundaries breached, but items are returned to them. Actions being taken to prevent reoccurrence</p>	<p>Isolated or repeated incidents of exploitation relating to benefits, income, property, will. Theft by a person in a position of trust, such as a formal/informal carer</p>

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<b>Organisational</b>	Care planning documentation is not person centred or there are few opportunities to engage in social and leisure activities, but harm is not occurring. Actions being taken to address	Rigid inflexible routines, or lack of stimulation resulting in harm Harm may include: impairment/deterioration of physical, intellectual, emotional or social development or health; loss of person dignity
		There are systemic reasons for any form of abuse i.e. the way a service is provided significantly contributes to any harm/abuse experienced (or creates a risk of harm/abuse occurring).

\* This table does not describe all types of abuse but rather seeks to give common examples that may be useful in practice