

## **Threshold Guidance Document**

### **When should a safeguarding concern and referral be made?**

#### **Introduction**

This guidance has been developed to help all health and social care agencies decide when they should move from their single agency procedures (staff disciplinary, complaints, Serious Incidents Requiring Investigation (SIRI), care management etc) to the Safeguarding Adults Multi-Agency procedures.

This guidance covers the whole range of abuse and neglect, as defined in the Care Act 2014

It provides a framework for managers in individual agencies and organisations to use so they can exercise their professional and managerial judgment. This guidance should be implemented in conjunction with an organisation's own internal procedures, the law and guidance.

NHS Organisations should also refer to the Department of Health's "Clinical Governance and Adult Safeguarding – An Integrated Process" guidance issued in February 2010 and "Safeguarding Adults – the role of the Health services" March 2011.

Adults and Communities staff should also have regard to the Local Authority's duty to undertake an assessment of need under S9 of the Care Act 2014 where it is believed an adult is in need of care and support, and the duty set out in S10 of the Care Act 2014 whereby local authorities must undertake a 'carer's assessment', on the basis of the appearance of a need for support.

This guidance recognises that service providers, including the Acute Health Trusts and the independent and voluntary sectors, have a responsibility to identify and respond to poor practice. The monitoring and management of poor practice from paid carers and organisations is the responsibility of the organisation, service provider and the line manager of the staff member.

Organisations and service providers MUST have procedures for identifying and managing poor practice.

Poor practice can be from unpaid carers and is often the result of ignorance, stress or tiredness. Carers can also experience significant strain from a lack of knowledge about the nature of the problem, stigma, relationship problems and financial hardship. The challenges and burden associated with the caring role can often lead to poor practice.

All poor practice must be challenged and addressed.

## **Principles**

Responses to possible and actual incidents of adult abuse should be proportionate, timely and effective and underpinned by the six key principles enshrined within the Care Act 2014.

The Adult Social Care Directorates of the three Unitary Authorities of Reading, West Berkshire and Wokingham, have the lead responsibility to coordinate the implementation of the Berkshire Multi-Agency Safeguarding Adults Policy and Procedures in relation to possible and actual incidents of adult abuse. (*Care Act 2014*)

The West of Berkshire Safeguarding Adults Board, through the Partnership and Best Practice Group, will coordinate and monitor the implementation of partner agencies safeguarding procedures but will not participate directly in them.

The views, wishes and choices of the adult at risk of abuse must be actively sought and all safeguarding work must be victim-focused. The primary focus of all safeguarding work should be protecting adults at risks from abuse and harm and this will require partnership trust, respect and working.

This guidance must be implemented in a way that is compatible with the Mental Capacity Act 2005, whilst recognising that agencies have a duty of care to all their service users which may, in exceptional circumstances, require them to over-rule the wishes of individual service users who have capacity and do not wish a safeguarding alert to be raised.

## **Triggers**

To determine **when to move from single agency procedures** (staff disciplinary, complaints, SRI, care management etc) to the Safeguarding Adults procedures, the following triggers should be considered:

***These are only for guidance.  
If you are concerned that abuse may have taken place, raise a safeguarding concern or have a conversation with the Safeguarding Team in the Local Authority.***

### **1. How serious was the harm or abuse/risk of harm or abuse or what was the potential consequence?**

Did or could the adult at risk suffer substantial and/or long-term harm as a result of the abuse? What is the impact of the abuse on the adult at risk? Is the risk of harm sufficient to indicate a Safeguarding Adults referral is required?

Has a criminal act (e.g. theft or assault) occurred?

If the service user wants police action, make a referral to the police, or support the service user to do this if able and willing.

If the service user does not want police action, or you are not sure whether a criminal act has occurred, seek advice from the Local Authority's Safeguarding Team.

## **2. How often has the actual/risk of abuse or harm occurred?**

Is this the first incident or has it happened before, indicating a pattern or trend?

Remember you must raise a safeguarding concern for a first or isolated incident if the adult has been harmed or if others are at risk of harm.

## **3. How many were exposed or could have been exposed to the harm or abuse?**

Was there just one adult at risk placed at risk of abuse/harm or were other adults put at risk at the same time? Consider how the number of people exposed to the harm/abuse relates to the size of the unit, ward, and services. Again, do not hesitate to raise a safeguarding concern if someone has been harmed or is at risk of further/future harm.

## **4. Likelihood of the abuse or harm from recurring?**

Was the situation apparently a one-off in terms of its occurrence, or is it likely, possible or probable that it will happen again?

## **5. Are there Children under 18 years of age at risk?**

Does consideration need to be given to discussion with the relevant Children's team?

## **6. Are there other family members / carers involved?**

Do they need support to become or remain safe? If so, does a carer's assessment need to be considered or other assessments to be undertaken?

**Using the guidance above** please look at the following table which has been developed to visually help staff/volunteers decide when they should move from single agency procedures (staff disciplinary, complaints, SIRI, care management etc) to the West of Berkshire Safeguarding Adults procedures.

Answer each question in turn. There are some case examples below to show how the tool can be used.

**Remember:** if in doubt, raise a safeguarding concern and discuss your concerns.

## West of Berkshire Safeguarding Adults Multi-Agency procedures

Safeguarding Triggers			
	If ALL of the following apply, POSSIBLY NOT SAFEGUARDING at this stage, but may need monitoring and review	If ANY of the following apply, POSSIBLY SAFEGUARDING – do not ignore. Consider raising a concern.	If ANY of the following apply, DEFINITELY SAFEGUARDING. Raise a concern
1. How serious was the abuse / risk of harm or abuse or what was the potential consequence	No harm  Not a criminal act	Some harm	Serious harm and or a criminal act
2. How often has the actual / risk of abuse or harm occurred?	Occurred once and risk of re-occurrence is considered minimal	Occurred once or more than once, with harm.  OR risk of occurrence with harm is possible.	Occurred regularly OR many times, indicating a pattern or trend.  OR risk is considered probable
3. How many adults were exposed or could have been exposed to the harm or abuse?	One adult	A number of adults involved	Significant number of adults involved in incidents
4. Likelihood of the abuse or harm recurring?	Unlikely	Possible	Probable

### IF IN DOUBT

- Discuss with senior manager.
- Initiate Safeguarding Adults Procedures and raise a Safeguarding Adults Concern.
- Record decision and reasons for decision:
  1. if an incident or event is **not** going to be considered such as care management, SRI, Staff Disciplinary procedures, complaints etc., or
  2. where the allegation involves e.g. paid staff / people in a position of trust then action of some sort **MUST** be taken.

If further information comes to light e.g. as a result of investigating under complaints or disciplinary processes and one or more adults are considered to be at risk of abuse, a safeguarding concern must be raised with the appropriate safeguarding team.

## **Quality Framework**

Each agency is responsible for ensuring this guidance is implemented consistently across their agency/organisation.

Each agency must establish a procedure for monitoring the implementation of this guidance.

The Partnership and Best Practice Subgroup will establish a procedure to collate and audit the implementation of this guidance. The findings will be reported to the West of Berkshire Adult Safeguarding Board and included in the Annual Report.

## **Appendix 1**

### **Case Examples**

#### **Case example 1**

Mrs Smith receives the wrong medication from care staff on one occasion. There is no harm to her. This is an isolated incident (it hasn't happened before), she is the only person to receive the wrong medication. The tablets are now in a marked medi-pack so the likelihood of reoccurrence is minimised.

***No safeguarding concern*** but staff disciplinary process used to investigate and put in safeguards. The staff member is advised about the implications of doing this again.

#### **Case example 2**

Mrs Smith has been given the wrong medication by care staff. There is no harm to her but this has happened before to her and others and there are concerns that this could happen again and/or lead to her/others being at risk of harm.

***Raise a safeguarding concern*** in addition to any action required e.g. under the organisation's disciplinary procedure.

#### **Case example 3**

Mr Brown, a service user hits Mr Singh, another service user. Mr Singh is not injured or harmed. This is the first time that Mr Brown has acted in this way. Staff take steps to separate the 2 service users and carry out a risk assessment and take appropriate steps to manage the risk of this happening again.

***No safeguarding concern***

#### **Case example 4**

Mr Brown, a service user hits Mr Singh, another service user. Mr Singh is not injured or harmed but this has happened several times before to Mr Singh and others and there are concerns that someone is going to be seriously hurt or injured.

**Raise a safeguarding concern** in addition to any action required e.g. under the organisation's disciplinary procedure.

#### **Case example 5**

Miss Kennedy lives alone in poor housing conditions. She does not like to throw away anything and her home is full of newspapers and household rubbish which impedes her mobility and restricts her access to only one room where she cooks, sleeps and carries out personal care tasks. There is evidence of vermin infestation.

Although physically frail she has mental capacity and understands the risks to her health from her chosen lifestyle and refuses to allow any services into her home.

**No safeguarding concern** at this point. However agencies should try to engage with her to risk assess and offer services/support as appropriate. Agencies should hold a multi agency meeting to consider the risks to Miss Kennedy / others and coordinate how they work with Miss Kennedy.

#### **Case example 6**

Miss Kennedy lives alone in poor housing conditions. She does not like to throw away anything and her home is full of newspapers and household rubbish which impedes her mobility and restricts her access to only one room where she cooks, sleeps and carries out personal care tasks. There is evidence of vermin infestation.

She is physically frail, has some cognitive impairment and fluctuating mental capacity. At times she appears to understand the risks to her health from her chosen lifestyle and refuses to allow any services into her home.

There are additional concerns that local children have been targeting her home for some time throwing objects at her house and shouting abuse and she has been seen outside her home in a distressed state.

**Raise a safeguarding concern**

**CQC Regulations (The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010) - Safeguarding service users from abuse**

Regulation 11.

- (1) The registered person must make suitable arrangements to ensure that service users are safeguarded against the risk of abuse by means of –
  - (a) taking reasonable steps to identify the possibility of abuse and prevent it before it occurs; and
  - (b) responding appropriately to any allegation of abuse.
- (2) Where any form of control or restraint is used in the carrying on of the regulated activity, the registered person must have suitable arrangements in place to protect service users against the risk of such control or restraint being –
  - (a) Unlawful
  - (b) Otherwise excessive
- (3) For the purposes of paragraph (1) , “abuse”, in relation to a service user, means –
  - (a) Sexual abuse;
  - (b) Physical or psychological ill treatment;
  - (c) Theft, misuse or misappropriation of money or property; or
  - (d) Neglect and acts of omission which cause harm or place at risk of harm

The provider should have in place processes which act as reasonable steps to identify the possibility of abuse 1(a). Of course there will be times when these fail in which case the provider needs to follow this guidance to ensure that they are responding appropriately to any allegation of abuse 1(b). The outcome of this reporting and subsequent investigations should be fed back so as to improve the processes which act as reasonable steps to identify the possibility of abuse.