

Gateshead Safeguarding Adults Board

Decision Making Tool

This tool should be used in conjunction with the Decision-Making Guidance for Providers and Practitioners on choosing the appropriate pathway for concerns relating to adults with care and support needs.

Please note that this document does not replace professional curiosity and professional judgement. Practitioners should consider the guidance document in relation to recordable incidents where a pattern is emerging that indicates abuse or neglect, which would require a safeguarding concern to be raised with the local authority.

Review and Version Control

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Author	Safeguarding Business Manager
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Update Process			
Version	Group/ Person	Date	Comments
1	Catherine Hardman	January 2026	New Document

Physical Abuse

See separate section: [Peer on Peer Abuse, Pressure Ulcers/ Falls/ Medication.](#)

<p style="text-align: center;">Recordable Incidents</p> <p style="text-align: center;">No harm, Isolated incident</p> <p style="text-align: center;">Not to be reported as a safeguarding referral (Regulated Providers may need to notify the CQC in line with the Health and Social Care Act Regulations)</p>	<p style="text-align: center;">Safeguarding Referral</p> <p style="text-align: center;">Incidents should be formally raised as a safeguarding concern with the local authority (Regulated Providers should also notify the CQC in line with the Health and Social Care Act Regulations)</p>
<p>Examples:</p> <ul style="list-style-type: none"> • Light marking or bruising found which can be explained and where the person is not distressed. • Staff error causing no/little harm e.g., friction mark on skin due to ill-fitting hoist sling. • Inexplicable marking found on one occasion. • Error by staff causing little/no harm e.g., skin mark. • Harm must not be caused by a Person in Position of Trust 	<p>Examples:</p> <ul style="list-style-type: none"> • Assault, grievous bodily harm. • Intended harm towards a person. • Unexplained significant injuries. • Unexplained marking or lesions, burns, cuts or grip marks on a number of occasions. • Accumulation of minor injuries on one person • Repeated incidents/patterns of similar physical injuries. • Rough or inappropriate handling or restraint that causes marks to be left, or the person to appear fearful or distressed. • Unauthorised restraint or deprivation of liberty by formal or informal carers. • Physical assaults or actions that result in significant injury or ongoing emotional distress to the person. • Deliberate withholding of food, drinks, or aids to independence. • Deliberate force-feeding food or drinks. • Unexplained fractures/serious injuries. • Unexplained marking or lesions, burns, cuts or grip marks. • Accumulation of minor injuries on one person. • Abuse/harm caused by a Person in Position of Trust.
<p>Actions to consider</p>	
<ul style="list-style-type: none"> • Assessment or review of care needs. • Onward referrals for support. • Review of existing care plans or creation of new care plans/risk assessments. • Referral to District nurse, GP, OT, Physiotherapy. • Referral to LD/Mental Health services for perpetrators, where abuse is contributed to by their own needs. • Referral to Caregivers Connected, for a Carers Assessment. • Consideration for external additional services. • Training and/or professional support and Development re escalation/ positive behaviour support/ M & H. • Consider referral to Domestic Abuse Service for early intervention and support. • Use of behaviour charts. 	<p>All actions under “Recordable Incidents” and:</p> <ul style="list-style-type: none"> • Share information with multidisciplinary team, Commissioning, ICB Quality Team and/or the CQC. • Review staffing arrangements. • Completion of body maps. • Consult health professional regarding injuries. <p>Raise a Safeguarding Referral - Immediate safety plans must be implemented.</p> <p>If there is an indication a criminal act has occurred, the police must be informed.</p> <p>Consider raising a provider service concern or complaint where appropriate.</p>

Sexual Abuse

Also consider domestic abuse.

<p style="text-align: center;">Recordable Incidents</p> <p style="text-align: center;">No harm, Isolated incident Not to be reported as a safeguarding referral (Regulated Providers may need to notify the CQC in line with the Health and Social Care Act Regulations)</p>	<p style="text-align: center;">Safeguarding Referral</p> <p style="text-align: center;">Incidents should be formally raised as a safeguarding concern with the local authority (Regulated Providers should also notify the CQC)</p>
<p>Examples:</p> <ul style="list-style-type: none"> Isolated incident of unwanted sexualised comments or touching directed at one adult by another with no fear, distress or injury caused. Harm must not be caused by a Person in Position of Trust. 	<p>Examples:</p> <ul style="list-style-type: none"> Sexualised comments or harassment which causes fear or distress. Being subject to indecent exposure which causes distress. Any sexualised behaviour committed by a Person in Position of Trust, regardless of consent or whether this causes fear or distress. Sexualised physical contact which causes distress. Any sexual act without valid consent, or where there is pressure to consent, regardless of whether this has caused distress. Any sexual behaviour directed towards another person who lacks the mental capacity to consent or where there is a wider concern for others. Concerns around grooming or sexual exploitation either in-person or online (e.g. sent or made to look at sexually explicit material without valid consent, pressure to send sexually explicit photographs or videos). Any sexual violence or activity within a relationship characterised by authority, inequality, or exploitation, e.g., receiving something in return for carrying out sexual act. Unexplained bruising in intimate/private areas. At risk of or have undergone Female Genital Mutilation (FGM). Persistent, recurring sexualised touching, exposure or sexualised comments, regardless of whether this causes fear or distress. Voyeurism without consent.
<p>Actions to consider</p>	
<ul style="list-style-type: none"> Assessment/review of needs. Onward referrals for support. Education around safe sexual relationships and consent for the perpetrator and adult at risk. Information for service users around expected standards of conduct. Increased monitoring for specified period. Share information with district nurse or GP. Review/create new care plans/risk assessments. Consideration of additional services. Contact with specialist services e.g. health Signpost adult at risk to care and support services Awareness training in this complex area Further information 	<p>All actions under “Recordable Incidents” and:</p> <ul style="list-style-type: none"> Share information with multidisciplinary team, Commissioning, ICB Quality Team and/or the CQC Share information with Northumbria Police <p>Raise a Safeguarding Referral - Immediate safety plans must be implemented.</p> <p>If there is an indication a criminal act has occurred, the police must be informed.</p> <p>Consider raising a provider service concern or complaint where appropriate.</p>

Psychological/ Emotional Abuse

Also consider domestic abuse.

<p style="text-align: center;">Recordable Incidents</p> <p style="text-align: center;">No harm, Isolated incident</p> <p style="text-align: center;">Not to be reported as a safeguarding referral (Regulated Providers may need to notify the CQC in line with the Health and Social Care Act Regulations)</p>	<p style="text-align: center;">Safeguarding Referral</p> <p style="text-align: center;">Incidents should be formally raised as a safeguarding concern with the local authority (Regulated Providers should also notify the CQC)</p>
<p>Examples:</p> <ul style="list-style-type: none"> • Isolated incident where adult is spoken to in a rude or inappropriate way – respect is undermined but no/little distress caused. • Infrequent taunts, insults or outbursts that cause no or only fleeting distress. • Withholding information from an adult that they have a right to know, where this is not intended to disempower them. • Harm must not be caused by a Person in Position of Trust. 	<p>Examples:</p> <ul style="list-style-type: none"> • Any abuse/harm caused by a Person in Position of Trust. • Treatment that undermines dignity and damages esteem. • Repeated incidents of denying or failing to recognise an adult’s opinions, views, and choices, particularly in relation to their care and support needs. • Taunts, mocking or outbursts which cause distress. • Withholding of information from a person that disempowers them. • Prolonged intimidation or humiliation. • Highly offensive and personal verbal attacks. • Emotional blackmail, e.g., threats of abandonment/harm. • Further information on exploitation can be found here. • Denying or failing to respect adult’s choice or opinion, where they have mental capacity to make a choice. • Frequent and frightening verbal outbursts or harassment. • Denial of Human Rights/civil liberties: e.g. forced marriage, unauthorised deprivation of liberty, ‘honour based’ psychological abuse. • Online bullying / ‘trolling’ • Radicalisation – see Gateshead Council Prevent Strategy and Channel Guidance
<p>Actions to consider</p>	
<ul style="list-style-type: none"> • Onward referrals for support. • Provide advice and information. • Review of existing care plans or creation of new care plans/risk assessments. • Information and education around expected standards of conduct, respect, and dignity. • Input from mediation services. • Staff training regarding de-escalation. • Review staffing arrangements. • Information for service users detailing expected standards of conduct • Referral to Adult Social Care for assessment/carer assessment 	<p>All actions under “Recordable Incidents” and:</p> <ul style="list-style-type: none"> • Share information with multidisciplinary team, Commissioning, ICB Quality Team and/or the CQC • Share information with the local Community Safety Team and Northumbria Police – consider Hate Crime if the incident(s) are motivated by a protected characteristic, e.g. disability, religion, race, sexual orientation. <p>Raise a Safeguarding Referral - Immediate safety plans must be implemented.</p> <p>If there is an indication a criminal act has occurred, the police must be informed.</p> <p>Consider raising a provider service concern or complaint where appropriate.</p>

Financial/ Material Abuse

Also consider domestic abuse.

<p style="text-align: center;">Recordable Incidents</p> <p style="text-align: center;">No harm, Isolated incident</p> <p style="text-align: center;">Not to be reported as a safeguarding referral (Regulated Providers may need to notify the CQC in line with the Health and Social Care Act Regulations)</p>	<p style="text-align: center;">Safeguarding Referral</p> <p style="text-align: center;">Incidents should be formally raised as a safeguarding concern with the local authority (Regulated Providers should also notify the CQC)</p>
<p>Examples:</p> <ul style="list-style-type: none"> • Failure by relatives to pay care charges where no impact occurs, and the person receives personal allowance or has access to other personal monies. • Isolated incident of small amounts of money or low-value belongings going missing, with no indication of theft/abuse. • Money is not stored and accounted for safely or properly, but immediate actions have been taken to rectify this. • Incident where a person is not involved in a decision about how their money is spent or kept safe, and concern is addressed. • A person lacking capacity to make financial decisions' monies being managed by relatives without legal authority, but no evidence of misuse of funds. • Harm not caused by a Person in Position of Trust 	<p>Examples:</p> <ul style="list-style-type: none"> • Falling behind on rent/mortgage payments and utilities where there should be sufficient funds in place. • Adult not routinely involved in decisions about how their money is spent or kept safe, and without sufficient consideration of capacity. • Adult has no access to own funds and no evidence of items being purchased for them. • Non-payment of client contribution or care fees, risking the adult not having their care needs met. • Misuse or misappropriation of the person's finances, property and/or possessions. • Personal finances or possessions removed from the person's control without legal authority. • Suspected fraud/exploitation/hate or mate crime relating to benefits, income, property, or legal documents. • Concerns re. cuckooing/home invasion. • Goods and services sold to the adult for significantly more than market value. • Doorstep, online and telephone scams. • Siphoning of interest/dividends from savings and investment accounts. • Staff accepting loans, gifts of significant value from service users. • Staff significantly benefitting from reward card points which belong to service users. • Abuse/harm caused by a Person in Position of Trust, including Power of Attorney.
<p>Actions to consider</p>	
<ul style="list-style-type: none"> • Assessment/review of needs/review of existing care plans/risk assessments. • Provide advice and information. • Assess capacity to manage finances. • Complaints or disciplinary processes. • Seek advice from Money Advice, Citizens Advice Bureau, DWP, Office of the Public Guardian and Trading Standards. • Review agency financial policies and procedures. • Training re professional boundaries 	<p>All actions under "Recordable Incidents" and:</p> <ul style="list-style-type: none"> • Share information with multidisciplinary team, Commissioning, ICB Quality Team and/or the CQC • Share information with Northumbria Police • For further information on Carer Support see the information on Caregivers Connected Gateshead. • Consult legal services <p>Raise a Safeguarding Referral - Immediate safety plans must be implemented.</p> <p>If there is an indication a criminal act has occurred, the police must be informed.</p> <p>Consider raising a provider service concern or complaint where appropriate.</p>

Neglect and Acts of Omission

Also consider domestic abuse.

<p style="text-align: center;">Recordable Incidents</p> <p style="text-align: center;">No harm, Isolated incident Not to be reported as a safeguarding referral (Regulated Providers may need to notify the CQC in line with the Health and Social Care Act Regulations)</p>	<p style="text-align: center;">Safeguarding Referral</p> <p style="text-align: center;">Incidents should be formally raised as a safeguarding concern with the local authority (Regulated Providers should also notify the CQC)</p>
<p>Examples:</p> <ul style="list-style-type: none"> • Isolated missed home visit where there is no impact, and no other visits are missed. • Adult is not assisted with a meal/drink on one occasion, and no harm occurs. • Inadequacies in care provision that lead to discomfort or inconvenience- no harm occurs e.g., being left wet occasionally. • Not having access to aids to independence. • Care needs not fully met but no harm or distress occurs. • Concerns around the safety of an adult's admission and/or discharge from hospital, where no harm has occurred. • Isolated incidents of adult not being bathed as per agreed care planning. 	<p>Examples:</p> <ul style="list-style-type: none"> • Continued failure to adhere to care plan. • Lack of action resulting in serious injury or death. • Recurrent missed home care visits where risk of harm escalates, or one missed visit where harm occurs. • Hospital discharge without adequate planning and harm occurs. • Failure to arrange access to lifesaving services or medical care. • Failure to intervene in dangerous situations where the adult lacks the capacity to assess risk. • Intentional neglect. • Care plans not reflective of individuals' current needs leading to risk of significant harm. • Ongoing lack of care to the extent that health and wellbeing deteriorate significantly resulting in, e.g., dehydration, malnutrition, loss of independence. • Repeated incidents/patterns of similar concerns. • Repeated health appointments missed. <p>Please note: The act/omission does not have to be intentional</p>
<p>Actions to consider</p>	
<ul style="list-style-type: none"> • Provide advice and information. • Review of existing care plans or creation of new care plans/risk assessments. • Referral to District nurse, GP, OT. • Internal organisational training or other risk management processes. • Complaints or disciplinary processes. • Consider any quality issues within your organisation • CQC notification/incident report. • Input from Commissioners, monitoring visits for a specific period. • Review staffing arrangements, consider staff mentoring. 	<p>All actions under "Recordable Incidents" and:</p> <ul style="list-style-type: none"> • Share information with multidisciplinary team, Commissioning, ICB Quality Team and/or the CQC. • Referral to Carers Centre, if applicable. <p>Raise a Safeguarding Referral - Immediate safety plans must be implemented.</p> <p>If there is an indication a criminal act has occurred, the police must be informed.</p> <p>Consider raising a provider service concern or complaint where appropriate.</p>

Organisational Abuse

<p style="text-align: center;">Recordable Incidents</p> <p style="text-align: center;">No harm, Isolated incident Not to be reported as a safeguarding referral (Regulated Providers may need to notify the CQC in line with the Health and Social Care Act Regulations)</p>	<p style="text-align: center;">Safeguarding Referral</p> <p style="text-align: center;">Incidents should be formally raised as a safeguarding concern with the local authority (Regulated Providers should also notify the CQC)</p>
<p>Examples:</p> <ul style="list-style-type: none"> • Isolated incidents of care planning documentation not being person-centred e.g. not involving the person or capturing their views. • Poor quality of care or professional practice that does not result in harm, albeit the person may be dissatisfied with service. • Service users not given sufficient voice or involved in the running of the service. • Lack of flexibility in approach to care delivery, e.g. daily routines, which does not cause distress or harm. • Short term lack of stimulation or opportunities for people to engage in meaningful social and leisure activities and where no harm occurs. • Single incident of insufficient staffing to meet all client needs in a timely fashion but causing no harm. 	<p>Examples:</p> <ul style="list-style-type: none"> • Complaints raised with the provider in relation to services, but no action taken (e.g., whistleblowing). • Single or repeated incident of low staffing resulting in injury, or death to one or more adults. • Punitive responses to managing challenging behaviours, e.g., overuse of medication, inappropriate restraint, seclusion. • Longstanding rigid and/or inflexible routines that undermine dignity and privacy. • Service user’s dignity is undermined e.g., lack of privacy during support with intimate care needs, sharing under-clothing. • Closed cultures - Bad/poor practice not being reported and going unchecked. • Unsafe and unhygienic living environments. • Staff misusing their position of power over service users. • Health and wellbeing of multiple service users compromised. • Denying adult at risk access to professional support and services such as advocacy. • Intentionally or knowingly failing to adhere to Mental Capacity Act. • Persistent failure to produce personalised care plans and facilitate choices. • Recurrent incidents of ill treatment by care provider to more than one service over a period of time.
<p>Actions to consider</p>	
<ul style="list-style-type: none"> • Onward referrals for support. • Provide advice and information. • Review of existing care plans or creation of new care plans/risk assessments. • Referral to District nurse, GP, OT, Medication optimisation team involvement via ICB. • Review staff training needs. • Complaints or disciplinary processes. • Staff training re person centred practice. • Consider any quality issues within your organisation. • Consider if there are concerns with clinical competencies of registered nurses. • Consultation with service users and families. • Review and refresh the approach to activities. • Access dignity in care resources from SCIE. • Review internal policies and procedures including, whistle blowing/ speaking up and complaints procedures. • Mentoring and additional support for staff. 	<p>All actions under “Recordable Incidents” and:</p> <ul style="list-style-type: none"> • Share information with multidisciplinary team Share information with multidisciplinary team, Commissioning, ICB Quality Team and/or the CQC. • Refer to Organisational Safeguarding Policy. • Review of placements. <p>Raise a Safeguarding Referral - Immediate safety plans must be implemented.</p> <p>If there is an indication a criminal act has occurred, the police must be informed.</p> <p>Consider raising a provider service concern or complaint where appropriate.</p>

Discriminatory Abuse

<p style="text-align: center;">Recordable Incidents</p> <p style="text-align: center;">No harm, Isolated incident Not to be reported as a safeguarding referral (Regulated Providers may need to notify the CQC in line with the Health and Social Care Act Regulations)</p>	<p style="text-align: center;">Safeguarding Referral</p> <p style="text-align: center;">Incidents should be formally raised as a safeguarding concern with the local authority (Regulated Providers should also notify the CQC)</p>
<p>Examples:</p> <ul style="list-style-type: none"> • Isolated incident of inappropriate prejudicial remark made to an adult and no distress is caused. • Care planning that fails to address an adult’s culture and diversity needs for a short period but where the issue(s) are being addressed. • Isolated incident of teasing motivated by prejudicial attitudes towards an adult’s individual differences. • Harm not caused by a Person in a Position of Trust. 	<p>Examples:</p> <ul style="list-style-type: none"> • Neighbourhood disputes targeting an adult with care and support needs. • ‘Honour’ based violence. • Inequitable access to service provision due to prejudice and /or a lack of equality and diversity. • Recurring failure to meet specific care and support needs associated with prejudice and/or a lack of equality and diversity that causes distress. • Being refused access to essential services. • Denial of civil liberties e.g. voting, making a complaint. • Repeated incidents/patterns of similar concerns. • Recurring taunts motivated by prejudicial attitudes with significant harm. • Service provision does not respect equality and diversity principles on an ongoing basis. • Humiliation, threats or harm motivated by prejudices e.g., hate crime. • Abuse/harm caused by a Person in Position of Trust. • Compelling a person to participate in activities inappropriate to their faith or beliefs. • Indirect discrimination e.g. ways of working which negatively affect people with a certain protected characteristic.
<p>Actions to consider</p>	
<ul style="list-style-type: none"> • Assessment/review of needs. • Onward referrals for support. • Provide advice and information. • Review of existing care plans or creation of new care plans/risk assessments. • Review staff training needs. • Complaints or disciplinary processes. • Education around use of language and conduct. • Information available to service users detailing standards of behaviour. • Review Equality and Diversity policies. 	<p>All actions under “Recordable Incidents” and:</p> <ul style="list-style-type: none"> • Share information with multidisciplinary team Share information with multidisciplinary team, Commissioning, ICB Quality Team and/or the CQC. • Share information with the local Community Safety Team and Northumbria Police – consider Hate Crime. • Consider Channel Process <p>Raise a Safeguarding Referral - Immediate safety plans must be implemented.</p> <p>If there is an indication a criminal act has occurred, the police must be informed.</p> <p>Consider raising a provider service concern or complaint where appropriate.</p>

Modern Slavery

Safeguarding Referral

Incidents **should be** formally raised as a safeguarding concern with the local authority
(Regulated Providers should also notify the CQC)

Modern slavery is deemed to be a serious crime, and all concerns need to be reported to Northumbria Police.

Consideration should also be given as to whether a safeguarding concern needs to be raised if the person affected has care and support needs or the appearance of.

Examples:

- It is common that potential victims of modern slavery may be unaware of, or unable to understand, the concept of exploitation and control measures. They may also be coached or scripted to prevent disclosure to authorities.
- Exploitation may relate to the compulsion or coercion of another to undertake sexual services, physical labour (whether paid or unpaid), domestic work, enter forced marriage, undergo organ removal, or commit criminal acts.
- Coercion may take the form of threats of violence to self or others, debt bondage, threat of deportation, psychological trauma or deception. This may include a false promise of hierarchal progress in a gang.
- Limited or no access to medical and dental care.
- No access to appropriate benefits.
- Limited access to food or shelter.
- Be regularly moved (trafficked) to avoid detection.
- Removal of passport or ID documents.
- Sexual exploitation.
- Starvation.
- Organ harvesting.
- Limited control over movement / imprisonment.
- Forced marriage.
- Long hours at work, poor living conditions, low wage or working without payment, lives in workplace.
- Fear of law enforcement.

Actions to consider

- Further information can be found by reading the Governments [Modern slavery how to identify and support victim: modern slavery statutory guidance](#)
- Under the [National Referral Mechanism](#) report modern slavery if you are a first responder working for a designated organisation, more information can be found [here](#).
- Notify Northumbria Police.
- Contact the Salvation Army on 0800 808 3733 (24 hours) if the individual is destitute and requires immediate support prior to a decision by the competent authority.
- Undertake a review or assessment of care needs.
- Raise a Safeguarding Referral, if the person has care and support needs and implement immediate safety plans.
- [See Modern Day Slavery and Exploitation Guidance](#)

Domestic Abuse

<p style="text-align: center;">Recordable Incidents</p> <p style="text-align: center;">No harm, Isolated incident Not to be reported as a safeguarding referral (Regulated Providers may need to notify the CQC in line with the Health and Social Care Act Regulations)</p>	<p style="text-align: center;">Safeguarding Referral</p> <p style="text-align: center;">Incidents should be formally raised as a safeguarding concern with the local authority (Regulated Providers should also notify the CQC)</p>
<p>Examples:</p> <ul style="list-style-type: none"> One-off incident with no harm experienced, please see action taken section below as risk needs to be assessed on an individual basis. 	<p>Examples:</p> <ul style="list-style-type: none"> Incidents of physical abuse, sexual abuse, or violent behaviour. Incidents of threatening, controlling or coercive behaviour. Incidents of psychological or emotional abuse. Incidents of economic abuse e.g. behaviour which negatively impacts finances, property, or access to goods and services. Unexplained marks or injuries on several occasions, such as bruising, cuts, fractures. Denial of access to medical treatment or care. Limited access to medical and dental care. Relationship characterised by imbalance of power. Threats to kill, attempts to strangle choke or suffocate. Forced marriage, Female Genital Mutilation (FGM), and Honour based violence. Stalking or harassment.
<p>Actions to consider</p>	
<ul style="list-style-type: none"> Assessment/review of needs. Provide advice and information – information available on Gateshead Council Domestic Abuse webpage. Review of existing care plans or creation of new care plans/risk assessments. 	<p>All under “Recordable Incidents” and:</p> <ul style="list-style-type: none"> Referral to MARAC, information can be found on this page. Refer to Gateshead DAT/ service for early intervention and support. Refer to MATAAC. Share information with multidisciplinary team, ICB Quality Team and/or the CQC. <p>Raise a Safeguarding Referral - Immediate safety plans must be implemented.</p> <p>If there is an indication a criminal act has occurred, the police must be informed.</p> <p>When children are present ALWAYS make a children's social care referral.</p> <p>Consider raising a provider service concern or complaint where appropriate.</p>

Self-Neglect

<p style="text-align: center;">Recordable Incidents</p> <p style="text-align: center;">No harm, Isolated incident Not to be reported as a safeguarding referral (Regulated Providers may need to notify the CQC in line with the Health and Social Care Act Regulations)</p>	<p style="text-align: center;">Safeguarding Referral</p> <p style="text-align: center;">Incidents should be formally raised as a safeguarding concern with the local authority (Regulated Providers should also notify the CQC)</p>
<p>Examples:</p> <ul style="list-style-type: none"> • Poor self-care causing some concern, but no signs of impact or distress. • Property neglected but all essential services/appliances work. • Occasional non-attendance at appointments not impacting health/safety/wellbeing. • There is no/low risk or impact to self or others. • Some evidence of hoarding – no impact on health/safety. • Support declined but no impact on health/safety/wellbeing. • Isolated/ occasional reports about unkempt personal appearance or property which is out of character or unusual for the person. 	<p>Examples:</p> <ul style="list-style-type: none"> • Lack of engagement with health and social care professionals which leads to risk of significant harm. • Property or environment shows signs of neglect with evidence of unsanitary conditions, clutter, hoarding that are potentially damaging to health and wellbeing. • Extensive structural deterioration/damage in the property causing risk to life including, but not limited to, fire or gas leaks. • Substance use significantly impacting on health/ safety/ wellbeing. • Lack of essential amenities/food provision. • Non-compliance with medication with risk to health and wellbeing. • Where animals in property are impacting on the environment with risk to health. • Refusal of health/medical treatment that will have a significant impact on health/wellbeing. • Behaviour poses risk to self and others, and care in place does not effectively mitigate this risk. • Appearance of malnourishment. • Reports of welfare concerns from multiple agencies. • Behaviour which poses a fire risk to self and others. • Poor management of finances leading to risks to health, wellbeing or property. • Ongoing lack of self-care to the extent that health and wellbeing. deteriorate significantly e.g. pressure sores, wounds, dehydration, malnutrition, incontinence. • Failure to seek lifesaving services or medical care where required.
<p>Actions to consider</p>	
<ul style="list-style-type: none"> • Onward referrals for support. • Provide advice and information. • Review of existing care plans or creation of new care plans/risk assessments. • Referral to District nurse, GP, OT, Crisis Team. • Referral to TWFRS for Safe and Well visit • Refer to Self-Neglect guidance. 	<p>All under “Recordable Incidents” and:</p> <ul style="list-style-type: none"> • Share information with multidisciplinary team, ICB Quality Team and/or the CQC. <p>Raise a Safeguarding Referral - Immediate safety plans must be implemented.</p> <p>If there is an indication a criminal act has occurred, the police must be informed.</p> <p>Consider raising a provider service concern or complaint where appropriate.</p>

Peer on Peer Abuse, Pressure Ulcers, Falls and Medication

Recordable Incidents No harm, Isolated incident Not to be reported as a safeguarding referral (Regulated Providers may need to notify the CQC in line with the Health and Social Care Act Regulations)	Safeguarding Referral Incidents should be formally raised as a safeguarding concern with the local authority (Regulated Providers should also notify the CQC)
Peer on Peer Abuse	
<ul style="list-style-type: none"> • Isolated incident where no significant harm or distress occurs • Multiple incidents where no significant harm or distress occur, and: <ul style="list-style-type: none"> ○ A care plan is in place ○ Action is being taken to minimise further risk ○ Other relevant professionals have been notified ○ There has been full discussion with the person, their family or representative ○ There are no other indicators of abuse or neglect • Multiple incidents where no harm or distress occurs, the adult victim has capacity and does not want a safeguarding concern raised, NB consideration should be given to over-riding consent where the incidents are likely to continue or there is a risk to other individuals; 	<ul style="list-style-type: none"> • Any incident resulting in intentional or intended physical or emotional harm or risk of harm to the person, including hate crimes, e.g. multiple incidents of remarks and / or name-calling or inappropriate language • Any incident where a weapon or other object is used with the deliberate intention of harm • Repeated incidents where the victim lacks capacity and is unable to take action to defend themselves • The victim is, or appears to be, fearful in the presence of the other person or is adapting their behaviour to pacify or avoid the other person • The adult victim has capacity however there is justification to over-ride consent due to the risk to other people with care and support needs.
Actions to Consider	
<ul style="list-style-type: none"> ○ Review of existing care plans or creation of new care plans/risk assessments ○ Consider what action can be taken to minimise risk. ○ Follow relevant internal policies and procedures. ○ Share information with other relevant professionals, GP, Mental Health Practitioner etc ○ Discuss with person, their family or representative. ○ Consideration of specialist support i.e. referral to behaviour support. ○ Medication review ○ Review staff training around managing challenging behaviour 	
Pressure Ulcers	
<p>Practitioners should refer to the DHSC Safeguarding Adults Protocol: Pressure Ulcers and Raising a Safeguarding Concern.</p> <p>Where appropriate a suitable qualified person should complete the Safeguarding Decision Guide should be completed along with the body map and concern proforma, which will assist in making a decision about whether or not a safeguarding referral should be made in relation to the incident.</p>	
Actions to Consider	
<ul style="list-style-type: none"> • Review of existing care plans or creation of new care plans/risk assessments • Follow relevant internal policies and procedures. • Share information with district nurse or GP. • Consideration of specialist support (e.g., Tissue Viability Nurses). • Complaints or disciplinary processes. • Review pressure care and prevention procedures. • Share information with multidisciplinary team, Commissioning, ICB Quality Team and/or the CQC <p>Raise a Safeguarding Referral - Immediate safety plans must be implemented.</p> <p>If there is an indication a criminal act has occurred, the police must be informed.</p>	

<p style="text-align: center;">Recordable Incidents No harm, Isolated incident Not to be reported as a safeguarding referral (Regulated Providers may need to notify the CQC in line with the Health and Social Care Act Regulations)</p>	<p style="text-align: center;">Safeguarding Referral Incidents should be formally raised as a safeguarding concern with the local authority (Regulated Providers should also notify the CQC)</p>
Falls	
<ul style="list-style-type: none"> • Unwitnessed falls - A Fall occurred, the individual explained what happened, there is no suggestion that the fall is linked to abuse or neglect. A Safeguarding referral is not required. • A witnessed fall occurred, but there is no link to abuse or neglect 	<p>Examples:</p> <ul style="list-style-type: none"> • Unexplained injuries – Suspected fall was unwitnessed, unexplained, and resulted in injury. • A death has occurred which is related to a fall, even if it is unclear whether the fall directly caused the death. • A fall can be a safeguarding adult’s issue when there are concerns there is abuse or neglect linked to it. There could be concerns that the fall occurred because of abuse or neglect (including self-neglect) or that care and treatment following a fall was abusive or neglectful. <ul style="list-style-type: none"> ○ Neglect - Person(s) responsible for the care and support needs (whether paid/unpaid) did not carry out their responsibilities as expected before or after the fall. ○ Organisational abuse - The fall occurred because of wider systemic failures within an organisation. See Organisational Abuse Enquiries guidance for more information. ○ Physical abuse - Someone pushed/tripped the adult which resulted in the fall. ○ Self-neglect - The fall occurred because of a lack of self-care, care of one’s environment or a refusal of services. Mental capacity will be a key consideration in these cases. See Self-Neglect Guidance for more information.
Actions to consider at every stage	
<ul style="list-style-type: none"> • Refer to Gateshead Council falls guidance. • Review and update risk assessment • Complete environmental risk assessment • Referral to falls team • Arrange medication review • Discussion with nurse practitioner • Review frequency of monitoring checks • Review falls policy and procedure • Review staff training re moving and handling • Consider any quality issues within your organisation • Refer to NICE guidance - https://www.nice.org.uk/ 	<p>All actions in green and:</p> <ul style="list-style-type: none"> • Share information with multidisciplinary team, Commissioning, ICB Quality Team and/or the CQC. <p>Raise a Safeguarding Referral - Immediate safety plans must be implemented.</p> <p>If there is an indication a criminal act has occurred, the police must be informed.</p>

<p>Recordable Incidents No harm, Isolated incident Not to be reported as a safeguarding referral (Regulated Providers may need to notify the CQC in line with the Health and Social Care Act Regulations)</p>	<p>Safeguarding Referral Incidents should be formally raised as a safeguarding concern with the local authority (Regulated Providers should also notify the CQC)</p>
<p>Medication Errors</p>	
<p>Examples:</p> <ul style="list-style-type: none"> Isolated incident where the person is accidentally given the wrong medication, given too much or too little medication or given it at the wrong time - but there has been no impact, pain or distress. Prescribing or dispensing error by GP, pharmacist or other medical professional resulting in no impact, pain or distress. 	<p>Examples:</p> <ul style="list-style-type: none"> Over-reliance on sedative medication to manage behaviour. Recurring prescribing, dispensing or administration errors that affect more than one person and result in harm, or the risk of harm occurring. Covert medication administration without correctly recorded mental capacity assessment, best interests' decision-making, and review arrangements. Any medication error causing harm, where medical attention is required, or where death occurs. Deliberate maladministration of medicines (e.g., sedation) Failure to follow proper reporting procedures for medication errors. Deliberate falsification of records or coercive/intimidating behaviour to prevent reporting. Insufficient or incorrect medication policies and procedures in place. Unsafe medication management and administration which leads to harm and neglect
<p>Actions to consider at every stage</p>	
<ul style="list-style-type: none"> Seek medical advice Contact and discuss with the GP and/or pharmacy Consider working with Pharmacy to carry out medication review Review medication arrangements, policies and procedures Re-visit medication arrangements with staff Review of existing care plans or creation of new care plans/risk assessments Review staff training needs Complaints or disciplinary processes. 	<p>All actions under "Recordable Incidents" and:</p> <ul style="list-style-type: none"> Share information with multidisciplinary team, Commissioning, ICB Quality Team and/or the CQC Serious Incident or alternative review or investigative process. Medication Optimisation Team involvement via ICB <p>Raise a Safeguarding Referral - Immediate safety plans must be implemented.</p> <p>If there is an indication a criminal act has occurred, the police must be informed.</p>

With thanks to North Tyneside Safeguarding Adults Board for allowing us to use the contents of their Safeguarding Decision Support Tool: Guidance for Professionals, to develop this document.

This guidance is informed by the frameworks produced by the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS). The frameworks support consistent multi-agency practice in relation to understanding, reporting, and recording of safeguarding concerns (LGA and ADASS, 2020) and whether a reported concern requires an enquiry under the Section 42 duty of the Care Act 2014 (LGA and ADASS, 2019).