Lambeth Safeguarding Adults Board

Safeguarding Adults and Pressure Ulcers: Decision Making Guidance

April 2016
Version 2.0

1.0 Introduction

1.1 This is guidance to support decisions about

- whether the response to concerns about pressure ulcer care need to be referred for consideration for a safeguarding enquiry,
- how safeguarding enquiries regarding pressure ulcer care can best be undertaken
- how such enquiries can be aligned with clinical governance and other processes, and
- how partner agencies can best work together to ensure the wellbeing of people at risk of pressure wounds is promoted.

1.2 Skin damage has a number of causes, some relating to the individual person, such as poor medical condition, non-compliance with recommendations or self-neglect and others relating to external factors such as poor care, ineffective multi-disciplinary team working, and lack of appropriate resources, including equipment and staffing. It is recognised that not all skin damage can be prevented and therefore the risk factors in each case should be reviewed on an individual basis to help decide whether a safeguarding adults concern should be referred to the local authority.

2.0 Scope

2.1 This guidance should be applied to pressure ulcers reported by anyone including carers, relatives and patients, as any pressure ulcer where the harm has occurred as a result of neglect or acts of omission should be investigated no matter who reports it.

2.2 Those working with people with pressure ulcers should also refer to:

- their own organisation's policies and procedures on pressure ulcers
- their own organisation's policies and procedures on safeguarding adults
- other relevant local and national guidelines, protocols and policies such as NICE Guidance and incident reporting policies

3.0 Background

3.1 The framework in law for safeguarding adults work is the Care Act 2014 and the Care and Support statutory guidance which accompanies it.

3.2 The policy context is the London safeguarding adults policy and procedure, and the various policies and procedures of local safeguarding adults boards and partner agencies, which are all broadly in line with the Care Act 2014 and the London policy and procedure on safeguarding adults.

3.3 For the purposes of Lambeth Safeguarding Adults Board, this guidance replaces the "Safeguarding Adults and Skin Damage Protocol" issued by Lambeth and Southwark Safeguarding Adults Boards in 2010.

4.0 Making safeguarding personal and pressure ulcers

"Making Safeguarding Personal" is a sector-led initiative in adult social care which aims to improve safeguarding adults work so it is more person-centred and outcomes-focused. Both Southwark and Lambeth Councils are participants. The principles of Making Safeguarding Personal are applied in practice by:

- Establishing early on what outcomes the person wants
- Keeping them involved throughout the process, checking if the outcomes they want remain the same, and that they are on track to be met
- Checking at the end whether their outcomes were met or not

4.1 Challenges may come from involving someone when they are unwell or in pain. This might be addressed by:

- Delaying some element of their involvement until they are better able to manage it
- Ensuring that if the person can't be directly involved there can be some representation of them in the process such as by friends, family or advocacy

5.0 Deciding whether to refer a safeguarding concern regarding pressure ulcers

5.1 The test for whether there should be a safeguarding enquiry is set out in section 42 of the Care Act 2014. This says that the local authority must ensure there is a safeguarding enquiry where it has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there)

- has needs for care and support (whether or not the authority is meeting any of those needs)
- is experiencing, or is at risk of, abuse or neglect, and
- as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

5.2 The Care Act 2014 says that, if these tests are met, then the local authority must make, or cause to be made, whatever enquiries are necessary to enable it to decide what action, if any, needs to be taken and if so, who by. Other partner agencies must refer matters that may meet the tests in section 42 of the Care Act to the local authority.

5.3 The Care and Support statutory guidance makes clear there are some factors which are not relevant to the decision whether to refer a safeguarding concern to the local authority

- It does not matter whether or not the person at risk of abuse has the capacity to make relevant decisions (paragraph 14.6 of the statutory guidance)

- It does not matter whether or not the abuse or neglect is thought to be have been intentional (paragraph 14.32 of the statutory guidance)

- It is not for front line staff to second-guess the outcome of an enquiry in deciding whether or not to share their concerns (paragraph 14.169 of the statutory guidance)

5.4 In many circumstances the decision whether or not to refer a safeguarding adults concern to the local authority will be a straightforward one. Where it is not, consideration should be given to using the assessment and decision making guidance tool in Appendix 1 or a similar tool. What tool is used will be organisation specific but the outcome must be patient centred and personalised. The Mini RCA used for this purpose by Guys and St Thomas' can be found in Appendix 2.

5.5 Local arrangements will need to be put in place in each organisation to set out the practical arrangements such as when people are expected to use the tool, who will do so, and how this will be recorded. Local arrangements should also address things like the expectations around training and support of those completing the tool, and quality assurance arrangements.

5.6 If further advice or support is needed with regards to making the decision to refer to the local authority, the safeguarding adults lead or Head of Safeguarding within the organisation should be contacted. If the matter is still unclear, contact the local authority for advice.

6.0 Timeliness in using the tool

6.1 The assessment and decision making guidance tool should be completed as soon as is practicable, and should not cause undue delay in reaching a decision about whether to refer a safeguarding adults concern to the local authority, nor should it delay the making of such a referral. There are expectations about timeliness in the London Safeguarding Adults policy and procedure, and there may be local expectations such as within particular organisations. What is important is that the patient involved in the incident is safe and receiving appropriate care and treatment and that there is no foreseeable risk to the patient and others.

7 Obtaining relevant information

7.1 When answering the questions on the assessment and decision guidance tool, you should consider whether you have available all the relevant information and, if not, what needs to be done to obtain it. These example scenarios illustrate some of the options available

- If the pressure wound developed while a person was living in a care home or was a patient in a hospital, and the concerns about abuse and neglect relate to their time in that place, then it is likely that service will have available all the relevant information
- If a person is living in a care home and has developed a pressure wound while there, and the concerns about abuse and neglect relate to their time there, but another service may have some information that would be of use in completing the assessment and decision making guidance tool, then the person completing that tool might decide to ask that other service for the relevant information

- If a person has arrived at hospital with pressure wounds need to align wounds to ulcers and keep document with the same wordage and there were concerns that these may be related to abuse or neglect by health or social care services involved in their care previously then there may be
  - A need to contact that other service to obtain information that will inform the immediate care and treatment for that person
  - A need to put the concerns in to the multi-agency safeguarding adults framework by making a referral to the local authority, which can enable the pulling together of information across agencies

8 Pressure Ulcer incidents and Safeguarding Enquiries

8.1 When a safeguarding concern meets the tests in section 42 of the Care Act, the local authority has a duty to

- Make, or cause to be made, the necessary enquiries
- Decide what actions, if any, are required and who by

8.2 The set of enquiries required to respond to a particular situation are referred to, collectively, as the Safeguarding Enquiry. The objectives of a Safeguarding Enquiry are to:

- establish facts;
- ascertain the adult's views and wishes;
- assess the needs of the adult for protection, support and redress and how they might be met;
- protect from the abuse and neglect, in accordance with the wishes of the adult;
- make decisions as to what follow-up action should be taken with regard to the person or organisation responsible for the abuse or neglect; and
- enable the adult to achieve resolution and recovery.

8.3 Where a safeguarding concern relates to a pressure ulcer, the local authority is likely to be dependent on partners in health care services who have the relevant expertise. Typically the elements of a safeguarding enquiry in such a situation might include

- The local authority undertaking an assessment of the person's need for care and support under s9 of the Care Act 2014
- A clinical governance process such as a Serious Incident investigation, where the concerns relate to the provision of health care. This might include a root cause analysis undertaken by someone such an experienced RGN and supported by a senior nurse.
- Where there are concerns about the actions of an employee of a health provider, social care service or other organisation, the employer of that person may use relevant processes to examine the actions of that person and reach a judgement on those, and contribute relevant information arising to the Safeguarding Enquiry

- Those responsible for the provision of health services, social care services or any other relevant service to the matter in hand may undertake some management investigation or use some other process such as a quality assurance process
- Commissioners or those with a contract management role may have a contribution to make
- Where there may have been a crime there may be a role for the Police or some other body with a relevant power such as the Health and Safety Executive or local Trading Standards
- Where the person who has experienced or been at risk of abuse and neglect raises concerns, or someone does so on their behalf, there may be a role for a complaints process

8.4 This is not an exhaustive list, and the local authority may involve others as appropriate in its decision making about what will comprise the Safeguarding Enquiry in any particular instance.

8.5 When arranging for other processes to contribute to a safeguarding enquiry, consideration needs to be given to

- The local authority ensuring there are clear expectations about the breadth and depth of each element contributing to the Safeguarding Enquiry, so that the various elements cover the range of what is needed and there are no gaps

- The local authority ensuring there are clear expectations about the timing and sequencing of the actions needed

- Ensuring there is a role for the local authority in quality assurance and sign-off of each of the elements that are contributing to the safeguarding enquiry

- There is a process in place for aggregating the information from the various elements of the enquiry and analysing it so that gaps, discrepancies and such like can be addressed

- Having clarity about how the decision making about what actions, if any, are required and who by will be carried out and communicated

9 Making for a useful Safeguarding Enquiry

9.1 How useful the actions arising from a Safeguarding Adults Enquiry are is greatly determined by how effective that Enquiry has been. In turn, this is greatly determined by how well the planning of the Enquiry has been done.

- Planning
  - A multi-agency plan needs to involve consultation with the relevant agencies. A conversation between the IO and the SAM is not usually going to be enough.

- The person with the need for care and support should be involved. They should know what is going on, and the planning should be informed by a clear understanding of what outcomes they want from the process.
- The presenting situation should be looked at critically, rather than accepting any presenting narrative without scrutiny. Ask what are the range of explanations for what has been seen, and what information will be needed to choose between those explanations.
- There should be clarity about who is doing what. The RASCI model can be useful for this

- Enquiring
    - Make sure the parts of the enquiry are being done by someone who has the knowledge and expertise to make sense of what they are looking at and to be able to answer the questions “Was what happened OK? If not, what should have been done? Why did it not happen that way?”
    - Keep the momentum going and don’t let things drift. A delayed enquiry will take more effort and has a much poorer chance of producing a useful outcome
- Developing the safeguarding plan
    - If the root causes have been identified well, then the actions needed should be easier to identify
    - But critically appraise the safeguarding plan. Ask “does it really address the causes of the situation?”, and don’t just come up with a list of the ‘usual suspects’ as an action plan. For example, if the absence of a policy, or the content of one, were not the cause of a problem, then writing or revising one won’t address the issue.
    - If something has gone wrong it can be important to distinguish between whether the cause sits with an organisation or with the actions or inactions of individuals. There are good models which can help determine these, so make use of them if needed.
- Reviewing the safeguarding plan
    - A safeguarding plan won’t have an impact if it is not put in to action. Having a good review process can be essential to ensuring this particularly if there is no other existing process that will review the actions that have been identified, or if they spread across a number of organisations or areas of responsibility

10 Prevention

- Spotting patterns

    - There are a number of issues that can help with spotting patterns
    - Tissue Viability Nurses have an important role
        - Within hospitals, they will be aware of all serious pressure ulcers
        - In community health services in Lambeth and Southwark, they will know of all pressure ulcers known to community health services, whether in people's own homes or for people living in care homes, or arising in care homes with nursing
    - There should be effective systems in place that allow for aggregation of the information about instances of pressure wounds, and this information should be routinely used by
        - Community and acute health service providers
        - Commissioners of community and acute health services
        - Commissioners of care homes
- The role of social care services
    - Home care and care home workers will often be well-positioned to spot and respond to pressure ulcers. Provider services need to ensure their staff know what to look out for and what do if a pressure wound has or is at risk of developing
    - Social workers and social care assessors need to know how to take account of the risks of pressure ulcers when assessing people and planning their care with them
- The role of the Safeguarding Adults Board and the Health and Wellbeing Board
    - The HWWB Boards need to receive assurance that appropriate measures are in place to reduce the likelihood of pressure ulcersoccurring. The Safeguarding Adults Boards will need assurance that concerns that pressure wounds have resulted from abuse and neglect are spotted and are responded to appropriately. Health and social care services and their commissioners will need to provide the Boards with the appropriate assurances, and there will be local arrangements for this.

Appendix A: NHS England decision making guidance tool, and notes on its use

Details of individual with pressure ulcer(s)			
First name		Last name	
D.O.B		NHS Number	
Address		Local authority of usual residence	
Persons completing decision guide for safeguarding concern			
Department/ Base /Address		Organisation Name	
		Telephone Number	
Name of assessing nurse (PRINT)			
Job Title		Signature	
Name of second assessor (PRINT)			
Job Title		Signature	
Date and Time assessors witnessed pressure ulceration		Date / time of completing documentation/referral	

Synopsis of concern regarding pressure ulceration and safeguarding	
State site and category/ grade of all pressure ulcer(s)	
Decision guide Score	
Summary of concerns about abuse or neglect or the risk of these	
Rationale for decision whether a safeguarding adults referral is to be made	

Safeguarding adults referral required	**Yes** ☐ **No** ☐

Adult Safeguarding Decision Guide for patients with pressure ulcers					
Patient Name		**Patient Number**		**Date tool completed**	
Person completing the tool			**Role and contact details**		

	Risk Category	**Level of Concern**	**Score**	**Evidence**
1	Has there been an unexpected deterioration in the patient's skin integrity from the last opportunity to assess?	Progressive onset / deterioration of skin integrity	**5**	
		Sudden onset / deterioration of skin integrity	**0**	
2	Has there been a recent change in their /clinical condition that could have contributed to skin damage? e.g. infection, pyrexia, anaemia, end of life care (Skin Changes at Life End), critical illness	Change in condition contributing to skin damage	**0**	
		No change in condition that could contribute to skin damage	**5**	
3	Was there a pressure ulcer risk assessment or reassessment wit appropriate pressure ulcer care plan in place and documented? I line with each organisations polic and guidance	Current risk assessment and care plan carried out by a health care professional anc documented appropriate to patients needs	**0**	State date of assessment Risk tool used Score / Risk level
		Risk assessment carried out and care plan in place documented but not reviewec as person's needs have changed	**5**	What elements of care plan are in place
		No or incomplete risk assessment and/or care plan carried out	**15**	What elements would have been expected to be in place but were nc
4	Is there a concern that the Pressure Ulcer developed as a result of the informal carer wilfull ignoring or preventing access to care or services	No / Not applicable	**0**	
		Yes	**15**	
5	Is the level of damage to skin inconsistent with the patient's risk status for pressure ulcer development? e.g. low risk –Category/ grade 3 or 4 pressure ulcer	Skin damage less severe than patient's risk assessment suggests is proportional	**0**	
		Skin damage more severe than patient's risk assessment suggests is proportional	**10**	
Answer (a) if your patient has capacity to consent to every element of the care plan				

Answer (b) if your patient has been assessed as not having capacity to consent to any of the care plan or some capacity to consent to some but not all of the care plan				
6A	Was the patient compliant with the care plan having received information regarding the risks of non-compliance?	Patient not compliant with care plan	**0**	
		Patient compliant with some aspects of care plan but not all	**3**	
		Patient compliant with care plan or not given information to enable them to make an informed choice.	**5**	
6B	Was appropriate care undertaken in the patient's best interests, following the best interests checklist in the Mental Capacity Act Code of Practice? (supported by documentation, e.g. capacity and best interest statements and record of care delivered)	Documentation of care being undertaken in patient's best interests	**0**	
		No documentation of care being undertaken in patient's best interests	**10**	
		Total		

If the score is 15 or over, a safeguarding adults referral is indicated. Use this form as your safeguarding referral to the relevant point of contact. When the decision guidance tool has been completed, even when there is no indication that a safeguarding refferal needs to be made, the tool should be stored in the patient's notes.

Appendix 2

Guy's and St Thomas' NHS
NHS Foundation Trust

<table>
<tr><th colspan="6">Mini RCA – Pressure ulcers</th></tr>
<tr><td colspan="2">Patient's name</td><td colspan="2"></td><td>Age</td><td></td></tr>
<tr><td colspan="2">Datix no</td><td colspan="2"></td><td>STEIS ref:</td><td></td></tr>
<tr><td colspan="2">Completed by:</td><td colspan="2"></td><td>Date of completion</td><td></td></tr>
<tr><td colspan="2">Hosp / NHS no</td><td colspan="2"></td><td>DOB</td><td></td></tr>
<tr><td colspan="4">Ward / Community team</td><td colspan="2"></td></tr>
<tr><th colspan="6">Assessment and findings</th></tr>
<tr><td>1.</td><td colspan="4">Date pressure ulcer detected/date deterioration of ulcer detected</td><td></td></tr>
<tr><td>2.</td><td colspan="4">Where was the person resident when the pressure ulcer was acquired</td><td></td></tr>
<tr><td>3.</td><td>Current waterlow / braden score</td><td>Score</td><td></td><td>Date</td><td></td></tr>
<tr><td>4.</td><td>Previous waterlow / braden score</td><td>Score</td><td></td><td>Date</td><td></td></tr>
<tr><td>5.</td><td>Location and size of pressure ulcer(s)</td><td colspan="4"></td></tr>
<tr><td>6.</td><td>Grade / stage of pressure ulcer(s)</td><td colspan="4"></td></tr>
<tr><td>7.</td><td>Reason for admission / transfer?</td><td colspan="4"></td></tr>
<tr><td>8.</td><td>Outline any relevant past medical history</td><td colspan="4"></td></tr>
<tr><td>9.</td><td colspan="3">Has a movement and handling assessment been carried out? (delete as appropriate)</td><td>Yes</td><td>No</td></tr>
<tr><td>10.</td><td colspan="3">Were there delays in:</td><td></td><td></td></tr>
<tr><td></td><td colspan="3">• using appropriate preventative equipment</td><td>Yes</td><td>No</td></tr>
<tr><td></td><td colspan="3">• providing nursing care</td><td>Yes</td><td>No</td></tr>
<tr><td></td><td colspan="5">If yes – please state reason</td></tr>
<tr><td>11.</td><td colspan="5">Comments / additional information:</td></tr>
<tr><td>12.</td><td colspan="3">Has there been a rapid onset / deterioration of skin integrity? (delete as appropriate)</td><td>Yes</td><td>No</td></tr>
<tr><td>13.</td><td colspan="3">Has there been a change in medical condition? (delete as appropriate)</td><td>Yes</td><td>No</td></tr>
<tr><td></td><td colspan="5">If yes, explain briefly:</td></tr>
<tr><td>14.</td><td colspan="3">Were reasonable steps taken to prevent skin damage?</td><td>Yes</td><td>No</td></tr>
<tr><td></td><td colspan="3">Appropriate pressure relieving mattress (delete as appropriate)</td><td>Yes</td><td>No</td></tr>
<tr><td></td><td colspan="3">Regular turning (delete as appropriate)</td><td>Yes</td><td>No</td></tr>
<tr><td></td><td colspan="3">Heel protectors (delete as appropriate)</td><td>Yes</td><td>No</td></tr>
<tr><td></td><td colspan="3">Pressure relieving cushion (delete as appropriate)</td><td>Yes</td><td>No</td></tr>
<tr><td></td><td colspan="3">Regular skin checks (delete as appropriate)</td><td>Yes</td><td>No</td></tr>
<tr><td></td><td colspan="5">Other (please specify)</td></tr>
<tr><td>15.</td><td colspan="3">Were the pressure areas and any skin breaks monitored regularly</td><td>Yes</td><td>No</td></tr>
<tr><td>16.</td><td colspan="3">Were treatments and care plans altered as necessary and recorded</td><td>Yes</td><td>No</td></tr>
<tr><td>17.</td><td colspan="3">Was there concordance with the care plan?</td><td>Yes</td><td>No</td></tr>
<tr><td>18.</td><td colspan="5">If no – please explain what the issues were:</td></tr>
<tr><td>19.</td><td colspan="3">Did the patient have capacity to make informed decisions?</td><td>Yes</td><td>No</td></tr>
<tr><td></td><td colspan="3">Was the capacity assessment recorded</td><td>Yes</td><td>No</td></tr>
</table>

	Are / were there concerns regarding family / carers?	Yes	No
	Is a safeguarding referral needed?	Yes	No
20.	Were agreed protocols followed? (delete as appropriate)	Yes	No
21.	**Summary of findings**		
22.	**Root causes –** what caused the pressure ulcer to develop / deteriorate?		
23.	Is there any concern about nursing care? (delete as appropriate)	Yes	No
	If yes please provide detail		
24.	What are the **lessons learned** (if any)?		

25.	**Actions** to be taken to address any lessons learned	By when	In GSTT action plan	To be added (Y/N)
	•			
	•			
	•			
	•			
26.	If any actions are **not** being added to the GSTT action plan please specify monitoring arrangements			
27.	Being open (duty of candour) for **PUs grade 3 / 4** please detail discussion/s with the patient (family / carers if the patient consents / does not have capacity) about the pressure ulcers			
			Date:	
28.	Copy of the mini RCA provided to the patient / family / carers		Date	

Name		Designation		Date:	
Name		Designation		Date:	

Formal approval by pressure ulcer assurance group	
Signed **Tissue viability lead**	**Date**
Signed **Safeguarding lead**	**Date**
Signed **Patient safety lead**	**Date**
Avoidable / Unavoidable (delete as appropriate)	
Comments / actions (if any)	

Mini-RCA “Crib” Sheet

Please read this sheet before completing a mini-RCA.

All mini RCAs should be completed within **5 days** of reporting on Datix (IR1) for all GSTT acquired stage 2 pressure ulcers and above.

The form must be fully completed - incomplete mini RCAs will not be accepted by the pressure ulcer assurance group and returned for revision. This will delay the ratification process.

Points to remember:

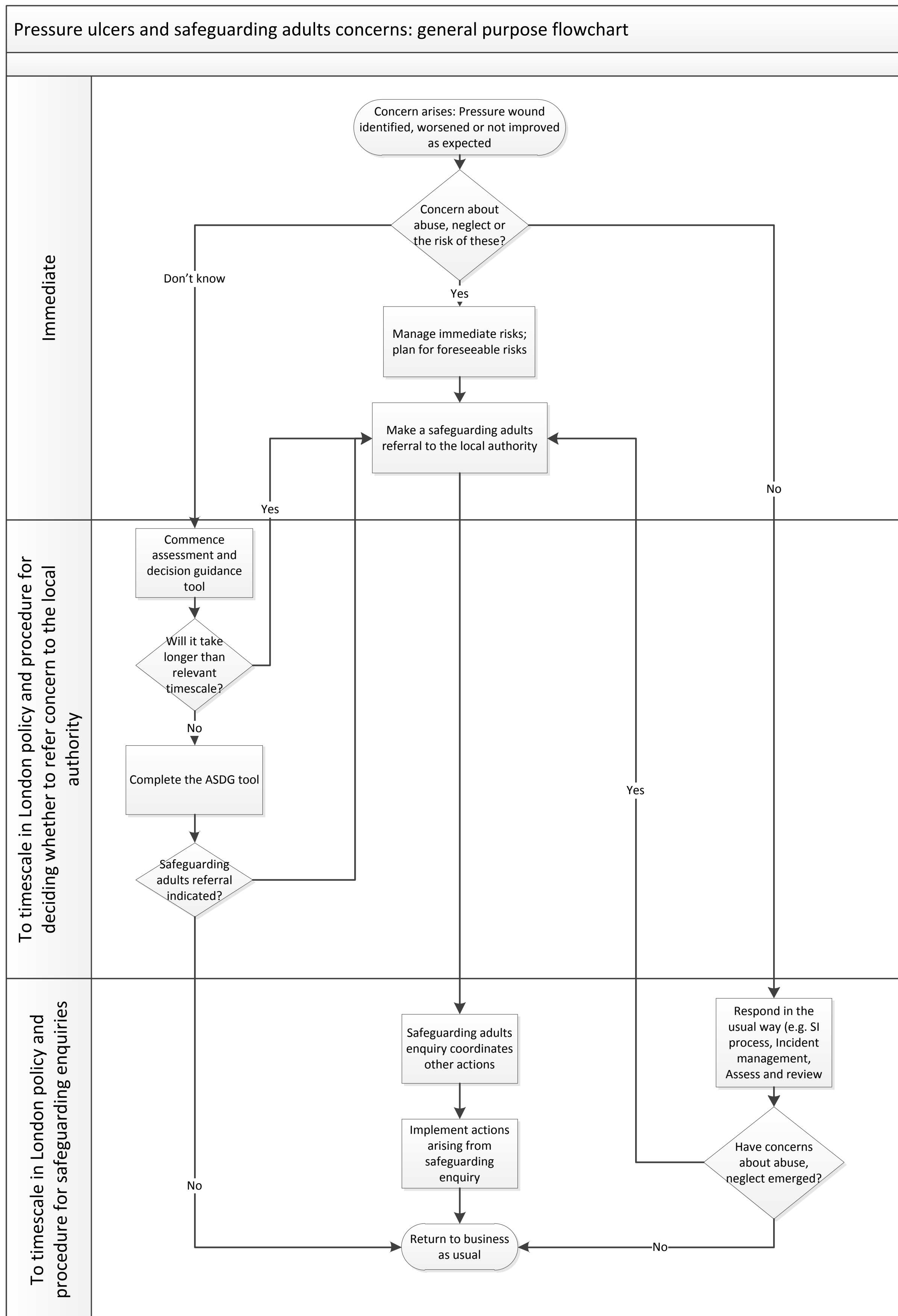
- Only outline the events and timeline related to the pressure ulcer developing not the whole patient’s history
- Please do not over-write an existing document; it is essential that dates and patient information are accurate
- Ensure that you have dated when assessments were completed and pressure relieving equipment provided
- Please document the date the pressure ulcer was first noted
- If a patient declined care and was judged to lack capacity, please confirm a best interest process was followed and documented
- If a patient declined care / equipment, and had capacity, please make sure it is made clear in the mini RCA what information the patient was given about the consequences of this to enable them to make an informed decision
- Please ensure all sections are completed as fully as possible including root causes, lessons learned and what actions are being taken in the clinical area to prevent this occurring again
- For pressure ulcers grade 3 & 4 the Duty of Candour applies. It is important to document discussions with the patient or where appropriate relatives and carers both in the patient records and record on the mini RCA form.
- The form must be electronically signed by two people
- Once fully completed a typed word version (not scanned copy) should be emailed to:

  :Risk Management

  :Tissue Viability Nurse Specialists

  :Safeguarding Adults

Appendix C: Flowchart showing typical process



Appendix D: NHS England (London Region) good practice principles

Pressure Ulcers

The broad principals of good practice in relation to Maintaining skin integrity

Preventing pressure ulcers should be a key priority for all agencies and may or may not be an indicator of abuse. They do however have a significantly adverse effect upon a person's quality of life and should be prevented.

If they do occur, irrespective of which investigation is being used, organisational learning has to occur.

- All care, support and explanation for patients who are at risk of developing pressure ulcers or who have pressure ulcers has to be done within: The principals of the MCA and the principals of duty of care and autonomy for those who have capacity.
- The engagement of, carers, paid and unpaid and legal representatives such as those holding LPOA for Health and welfare and relatives should be evident for those who lack capacity.
- Patients should receive an initial and on-going risk assessment within 6 hours of the first episode of care.
- Those assessed as at risk should be cared for as guidance suggests dependent upon the degree of risk.
- This should include a care plan that records the frequency of pressure area care required/skin care regime and the type of pressure relieving equipment required.
- An optimum environment should be created to maintain skin integrity or where compromised the ideal wound healing interventions. This will include satisfactory maintenance/referral/management of nutrition and Hydration; hygiene; continence care and maintaining mobility.
- Good communication is essential, which would include accurately recorded assessments; care/treatment plan; transfer/discharge forms and includes open/transparent and appropriate information sharing between agencies.

Safeguarding considerations

- All NHS organisations have a duty of candour and transparency in their outcomes.
- Any pressure ulcer may be an indicator of neglect/abuse; therefore all should be appropriately assessed to identify any possible safeguarding concerns.
- Not all grade 3 /4 pressure ulcers are indicative of abuse/neglect.
- Patients must be involved and empowered to engage with all stages of the safeguarding process and, their preferred outcome must be recorded.
- Once a safeguarding concern is identified, a safeguarding alert must be raised within the guidelines of the Local Policy and procedure timescales to safeguard adults from abuse.
- Keep up to date with best practice/evidence through learning the lessons from the investigation process.
- A duty of candour and openness is applicable and important for all concerned.

Appendix E: Roles and responsibilities

Local authority

Local authorities have adult social care responsibilities for

- Assessing the needs of people who may be in need of care and support, and leading multi-agency planning about how those needs are best met. This might involve the local authority arranging for care and support or providing the person with a Direct Payment so that they can arrange their own care
- Leading on the response to safeguarding adults concerns. In particular they have duties to
  - Make, or cause to be made, a Safeguarding Adults Enquiry when there is a concern that a person with care and support needs has experienced or is at risk of abuse or neglect and, because of their care and support needs, they cannot protect themselves from the abuse or neglect
  - On completion of a Safeguarding Adults Enquiry, to determine what, if any, action needs to be taken and who by.

Local authorities may have arrangements in place to delegate some or all of their adult social care functions to other bodies. A common example of this is where social care responsibilities for people with mental health needs are undertaken by multi-disciplinary teams within health services. In this document, references to the "local authority" should also be taken to relate to such arrangements.

General Practitioners

General Practitioners (GPs) are lead clinicians for day-to-day contact with patients. For people with or at risk of pressure ulcers they have a key role in recognising, assessing, responding, monitoring and referring.

Through Clinical Commissioning Groups, GPs also have a role in ensuring that the right types of service are available for people with or at risk of pressure ulcers.

Community Health Services

Community Health Services had a role in targeted health services.

- Community nurses have roles in regard to recognising, assessing, responding, monitoring and referring to pressure wounds and the risks of these
- Tissue Viability Nurses have particular expertise and play a role in giving specialist advice to health and social care partners as well as in managing complex cases

Acute Health providers;

- Primary prevention through risk assessment of all in-patients and taking appropriate actions to minimise that risk

- Early recognition of skin breakdown, assessment, responding to any skin break down and continuously monitoring healing progress
- Providing patient information

Clinical Commissioning Groups

Clinical Commissioning Groups (CCGs) commission the bulk of local health services, other than GPs, so they have a role in ensuring that the right type and amount of services are available to meet the healthcare needs of the population, and for checking the quality of these services. They contract with care homes and home care providers for Continuing Care Patients.

Where things have gone wrong and a health provider needs to undertake a Serious Incident (SI) investigation, CCGs review the quality and timeliness of the investigation and implementation of any learning.

NHS England

NHS England commission GP services, and they oversee the work of CCGs. They set expectations about how CCGs and health providers undertake SI investigations.

Home care providers

These are services that provide care to people in their own homes. These are mostly independent or voluntary sector organisations, and are regulated by CQC. Local authorities and CCGs will have contractual arrangements with these providers to deliver care on their behalf, and many people will contract directly with these services to meet their care needs.

Care Homes and Care Homes with Nursing

Care homes are used by people whose health and social care needs are such that living in their own homes is not possible. People might pay for their care home placement themselves, or some or all of it might be paid for by a local authority or a CCG. Care homes are staffed by care workers; care homes with nursing have nursing staff in addition. Care homes are responsible for ensuring they are able to meet the needs of people living there, and that they respond appropriately to changes in health and care needs.

Social Care Commissioners

Social care commissioners contract with home care and care home providers. They are responsible for monitoring services they contract with to ensure services are of good quality.

Appendix F: Applying the RASCI model to safeguarding concerns relating to pressure ulcers

The RASCI model can help clarify roles in a project such as a safeguarding enquiry. For each task involved, identify who is responsible, accountable, or supportive of the work and who is to be consulted, and to be informed

Responsible: The person or stakeholder that leads the doing of the work. They must complete the task or objective or make the decision. There must be one and only one R. R has an integration role and is directly accountable for quality of decisions. This person ensures that the task is completed effectively and handed over for sign off for approval by A to move on to the next step.

Accountable: Person or stakeholder who is the "owner" of the task. He or she must sign off or approve when the task, objective or decision is complete. This person must make sure that responsibilities are assigned in the matrix for all related activities. There can be more than one A, but the aim is always to have as few as possible, since all A's must approve every action that takes place. This person coaches, provides feedback, adds value, provides direction, sets overall terms of reference and is ultimately accountable for overseeing the implementation.

Supportive: The person or team of individuals who are needed to do "the real work."

Consulted: People or stakeholders who need to give input before the work can be done and signed-off on. These people are "in the loop" and active participants, and the communication with them is two-way. C's input should be obtained before a decision is made, though it may not necessarily be used.

Informed: People or stakeholders who need to be kept "in the picture." They need updates on progress or decisions, but they do not need to be formally consulted, nor do they contribute directly to the task or decision. They should be advised after decisions have been made to avoid being sucked into the decision making.

For example: A safeguarding concern arises when a person who lives in a care home arrives at hospital by ambulance. The person is in a somewhat unkempt state, and the ambulance crew say this was the condition they were in when they arrived at the care home. They also mention that there were delays both with the response from the ambulance service to the call from the care home, and once they arrived at the hospital with A&E being able to receive the person from the ambulance. A couple of hours after they have arrived at hospital, staff and A&E notice that the person has pressure ulcers. The hospital staff make a safeguarding referral to the local authority, noting there is the potential that the pressure wounds could be associated with possible neglect at the care home, by the ambulance service, or the hospital. A RASCI matrix for the likely steps involved in responding to such a situation might look like this

	Person at risk	Local Authority: SAM role	Local Authority: IO role	Hospital	Ambulance Service	Care Home	Healthcare Commissioner	Social Care Commissioner	CQC
Immediate risk management	C	A	R	S	S	S	I	I	I
Deciding what the safeguarding enquiry will involve	S	A	R	C	C	C	C	C	I
Undertaking the safeguarding enquiry	C	A	R	S	S	S	S	S	I
Developing the safeguarding plan	S	A	R	C	C	C	C	C	I
Implementing the safeguarding plan	S	A	R	S	S	S	S	S	I

Reviewing the safeguarding plan	S	A	R	S	S	S	S	S	S