

Kent and Medway Multi-Agency Policy, Protocols and Guidance Amendments for Publication 31st January 2014

All sections below in **red**, represent additions/changes to the relevant sections of the document.

Please note all references to 'Care Director' have now been changed to **'FRAMEWORKI'**

Please note all references to 'HAPLM' have now been changed to **HSC (Hospital Safeguarding Coordinator)**

Please note all references to **Locality Managers** have been deleted throughout the document

Policy Section

2 Policy

- 2.7 This document acknowledges the principles of intervention based on the concept of **empowerment** and **participation** of the vulnerable individual **or their representative if this is appropriate.**

4 Types of Abuse

4.13 Hate Crime Reporting an Incident

You can report any type of hate crime, however small the incident, including criminal damage, assault, verbal abuse and harassment.

Choose from the following methods to report your concerns:

- **Call the Kent Hate Crime incident reporting (Racial, Homophobic and Transphobic) line on freephone 0800 138 1624**
- Call Kent Police on **01622 690690** or by **dialling 101** – there are specially trained officers in your area that you can speak to in confidence
- Visit www.report-it.org.uk – this is the website of True Vision

6 Priority for Referral and Assessment of the Concerns

- **REMEMBER: EVERY STAFF MEMBER (AND VOLUNTEER) IN ALL AGENCIES AND SERVICES HAS A PROFESSIONAL AND MORAL DUTY TO REPORT ANY WITNESSED OR SUSPECTED ABUSE TO THEIR LINE MANAGER IMMEDIATELY. IF THERE IS SUFFICIENT CAUSE FOR CONCERN, THE LINE MANAGER SHOULD ENSURE THAT THE INFORMATION IS REFERRED IMMEDIATELY TO THE SOCIAL SERVICES AGENCY IN ALL CASES EXCEPT WHERE THE ABUSE IS ALLEGED TO HAVE OCCURRED IN SERVICES PROVIDED BY AN ACUTE HOSPITAL TRUST.**
- **IT IS IMPORTANT TO ENSURE THAT HEALTH AND SOCIAL CARE PROFESSIONALS IN PRACTICE PLACEMENTS RECEIVE SUPPORT FROM COLLEGES AND UNIVERSITIES AND PLACEMENT SUPERVISORS WHEN THEY**

HAVE CONCERNS ABOUT POSSIBLE ABUSE OR POOR CARE BEING PROVIDED WITHIN THE SERVICE.



Referral to the social services agency **must** take place as soon as possible after the abuse has been recognised **or disclosed**. For other agencies and services the alert/report form AP1 (see guidance section 6) should be completed and directed to the social service agency. For further clarification please see protocol section 4.3). If the local office is closed reports can be directed to the Social Services Out of Hours Team. They will take any emergency protective action considered necessary and pass the alert to the appropriate locality team leader/service manager/mental health manager at the social service local office/mental health trust office for planning action to be taken.

Protocol Section

8 Risk/Protection

8.1 What if the risks involve a care service?

For organisations with contracts with the social services agencies in Kent or Medway this may be achieved by the use of the flag system on the contract database. **Even if the organisation does not have a contract with any agency in Kent or Medway a level of risk should be agreed and commissioning authorities informed of the risk level.** Decisions about risk and communication should be made in consultation with the Head of Service/Service Manager/Assistant Director and the relevant Commissioning Manager. Within Medway Council any decision to suspend placements within a care service will be made within the Council's specific Embargo Policy.

9 The Planning/Strategy Process

1 That they have sufficient information via consultations with various people/agencies to proceed to an investigation/assessment. If this is the case they will plan how this is to be carried out. They will establish the terms of reference for the investigation/assessment; who will be involved in this work and who will be responsible for each aspect. **This must take into account the desired outcome/s of the vulnerable adult.** A time scale will be agreed for the completion of the work and the results to be reported back to the DSO. It will be DSO's responsibility to determine the need for a case conference or an alternate way to feedback information about the outcomes to other key participants. These may include the alleged victim and perpetrator, referrer, carers and service providers.

9.2 Formal planning/strategy meeting

This meeting forms part of the formal investigation into the allegations received and should be attended by all relevant professionals/agencies **and** any other person who has essential information pertaining to the case provided they are not implicated in the allegations. This may include the vulnerable adult(s), a carer, care worker or advocate. **Ensure that any action planned, takes account of the desired outcome/s of the vulnerable adult.**

13 Responsibilities

13.4.1 What are my responsibilities as a representative of the commissioning team

a If a staff member(s) who is providing ongoing care or support to vulnerable adult(s) is implicated, it may be necessary to consider, **prior to any planning process**, if action needs to be taken to reduce any further risk that this staff member might pose to any vulnerable adults or children. If this appears to be the case initial discussion with case management staff should take place to determine who advises the service's registered manager/provider of the adult protection issue. Where the allegation refers to abuse by a staff member within any service or agency, the designated senior officer or **commissioning** staff should inform the employer.

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Guidance Notes for Adult Protection Protocol between Adult Social Services in Kent and Medway and Acute Hospital Trusts

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Adult Protection Protocol between Adult Social Services in Kent and Medway, Acute Hospital Trusts and Kent Police

The responsibility for initiating an adult protection alert/referral form will rest with the agency staff / managers receiving the initial information that a vulnerable adult **may have** been the victim of abuse. For safeguarding adults concerns arising in services managed by the acute hospital Trusts the Hospital Adult Protection Lead Manager (**HSC**) will be the responsible Designated Senior Officer (DSO) for the Case unless the Trust delegated the responsibility to another manager for a particular case.

Reported to Adult Social Services

ACTION TO BE TAKEN

- Discuss concern with line manager or Designated AP specialist
- If abuse possible start alert/referral form
- Enter information onto SWIFT/FRAMEWORKI
- Send copy of alert/referral form to HSC and phone to confirm receipt
- If possible crime HSC must consult with Police
- If any delay in contacting HSC and possible crime, Adult Social Care must alert the Police.
- Inform hospital care management team of the concerns
- If person placed in care home by another Authority the HSC should advise that commissioning authority.
- If the person is ordinarily resident in another LA area and is receipt of social care services the HSC should advise the other LA.
- The HSC determines the most appropriate course of action via strategy discussion/meeting
- Investigation/assessment carried out and outcome agreed and recorded
- HSC completes the monitoring and closure details on the relevant form(s)
- All relevant papers should be passed to Hospital care management team
- Hospital care management team enter monitoring information into SWIFT/FRAMEWORKI
- All papers should be passed to community based adult social services senior /service manager where the hospital is based
- Manager countersigns the closure form and ensures information is entered onto SWIFT/FRAMEWORKI

Reported to Acute Hospital Trust

ACTION TO BE TAKEN

- Discuss concern with line manager and or **HSC**
- If abuse possible start alert/referral form
- If possible crime **HSC** must consult with Police
- Send form to CDT for Kent Acute Hospitals or Medway Access and Information for Medway Maritime Hospital
- Adult social care will ensure that the alert information is entered onto SWIFT/FRAMEWORKI
- Social services will inform hospital care management team of the concerns
- If person placed in care home by another Authority the **HSC** should advise that commissioning authority.
- If the person is ordinarily resident in another LA area and is receipt of social care services the **HSC** should advise the other LA.
- The **HSC** determines the most appropriate course of action via strategy discussion/meeting
- Investigation/assessment carried out and outcome agreed and recorded
- **HSC** completes the monitoring and closure details on the relevant form(s)
- All relevant papers should be passed to Hospital care management team
- Hospital care management team enter monitoring information into SWIFT/FRAMEWORKI
- All papers should be passed to community based adult social services senior /service manager where the hospital is based
- Manager countersigns the closure form and ensures information is entered onto SWIFT/FRAMEWORKI

If following the initial assessment of the concerns by the **HSC (Hospital Safeguarding Coordinator)** it becomes apparent that the allegations relate to actions by: a member of the public, a family member or personnel from another agency/service, it may be more appropriate for the Local Authority to co-ordinate the response to the adult protection concerns in partnership with the Trust and where appropriate with the Police.

Protocol for Determining Causative Factors of Pressure Ulcers in Adult Protection Investigations

Introduction

The purpose of this protocol is to support Multi-agency decision making when considering whether or not to raise an adult protection alert for an individual presenting with one or more pressure ulcers. The main issue to consider before raising an alert is, “was the pressure ulcer most likely to have been preventable?”

Incident Reporting

Each provider must have their own procedures for incident and pressure ulcer reporting, which fulfils all local and statutory reporting requirements whilst providing the framework for reporting pressure ulcers as an adult protection alert in line with this multi agency protocol.

Process

The process is covered within Thresholds for Reporting Adult Protection Concerns re: Pressure Ulcers

Factors to Aid Decision-making (contributory factors)

Are covered within Thresholds for Reporting Adult Protection Concerns re: Pressure Ulcers and the Threshold Guidance

The identified factors established determining events (tier 1) leading up to the pressure ulcer development must be recorded to provide information for the adult protection investigation process

For more information please use the following link:

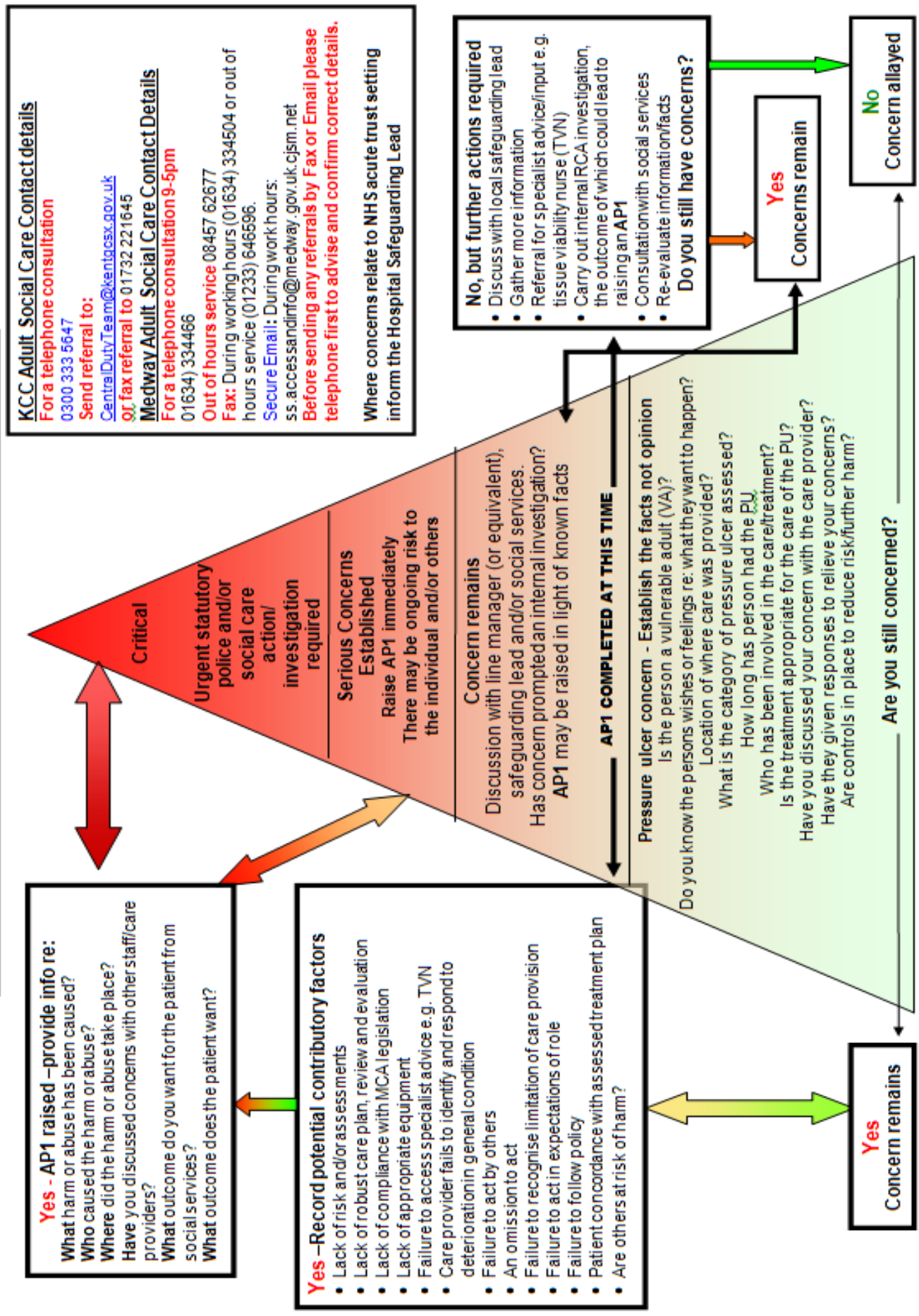
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_125233.pdf

(Annex two and three provide further guidance in decision making)

You should consult with your line manager and if appropriate the local authority as per contacts provided in Thresholds for Reporting Adult Protection Concerns re: Pressure Ulcers.

In the community setting including residential and domiciliary care where a nurse is not already involved please refer to the persons General Practitioner for further support.

Thresholds for Managing Concerns About Pressure Ulcers



KCC Adult Social Care Contact details
 For a telephone consultation
 0300 333 5647
 Send referral to:
 CentralDutyTeam@kentccsx.gov.uk
 Or fax referral to 01732 221645
Medway Adult Social Care Contact Details
 For a telephone consultation 9-5pm
 01634) 334466
 Out of hours service 08457 62677
 Fax: During working hours (01634) 334504 or out of hours service (01233) 646596.
 Secure Email: During work hours: ss.accessandinfo@medway.gov.uk.cjism.net
 Before sending any referrals by Fax or Email please telephone first to advise and confirm correct details.

Where concerns relate to NHS acute trust setting inform the Hospital Safeguarding Lead

Please see Threshold Guidance sheet for examples of concern

<https://www.gov.uk/government/publications/safeguarding-adults-the-role-of-health-services>

PRESSURE ULCER THRESHOLD GUIDANCE

Each Provider must have their own procedures for incident and pressure ulcer reporting, which fulfils all local and statutory reporting requirements whilst providing the framework for reporting pressure ulcers as an adult protection alert in line with the multiagency protocol.

The examples below provide a limited illustration of managing concerns about pressure ulcers and indicate the possible range of severity

Lower Level Pressure Ulcer Concern (Remember the cumulative effect of low level concerns may lead to harm)	Significant Concern Remains / Serious Concerns confirmed AP1 completed Provider Incident investigation prompted	Very Significant Harm	Critical AP1 + Urgent statutory Police and/or Social Services action Multi agency contribution to investigation / SCR/DHR
<ul style="list-style-type: none"> Isolated missed home care visit - no harm occurs Minor events that still meet criteria for 'incident reporting' Patient not concordant with assessed care plan Informal carer requiring additional support to meet vulnerable adults needs MCA has been considered in least restrictive approach to manage pressure area care Patient's co-morbidities are such that PU development would have been likely. Patient was receiving planned and well provided end of life care 	<ul style="list-style-type: none"> Inexplicable Pressure Ulcer development and deterioration within a care setting or where the person is supported with personal care by paid worker. Transfer of care where as a result of inadequate sharing of information and planning harm occurs Rigid/inflexible routines which fail to provide individual care needed. Failure to whistle blow on serious issues when internal procedures to highlight issues are exhausted Failure to refer disclosure of abuse 	<ul style="list-style-type: none"> Inexplicable pressure ulcer Establishment of facts supports that there is no appropriate management of contributory factors. The concerns identified in this case may have implications for others in receipt of care from the same team or agency. There are known reports of other vulnerable adults developing inexplicable pressure sores by the same care provider(s) Ongoing lack of care to extent that health and well-being deteriorate significantly e.g. pain, category 3 / 4 pressure ulcers, dehydration, malnutrition, loss of independence/confidence Bad practice not being reported and going unchecked Failure to support vulnerable adult to access health, care, treatments 	<ul style="list-style-type: none"> Pattern of recurring errors or an incident of deliberate maladministration that results in ill-health or death Failures in reporting severe deterioration of pressure ulcer for further health opinion. Coroner reports cause of death attributable to pressure ulcer Mental Capacity Act not observed in supporting best interests as related to health care Failure to arrange access to life saving services or medical care Failure to intervene in dangerous situations where the adult lacks the capacity to assess risk Widespread, consistent ill treatment Professionals involved fail to follow their code of conduct

Information from Safeguarding Adults; The Role of Health Service Practitioners (Department of Health 2011) (page 51) may help in decision making process

Guidance Section

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Consent and Mental Capacity

Due to the fact that social workers were not listed on the Court of Protection COP3 (Assessment of Mental Capacity) form as someone allowed to carry out the capacity assessment, some judges within the Court of Protection had been unprepared to accept an assessment carried out by a social worker, requiring it to be completed by a medical practitioner instead. In November 2013, following a review of the COP3 Form, the Court of Protection has now agreed that they will accept the mental capacity assessments carried out by a social worker.

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Adult Protection Planning Checklist

- a Have the vulnerable adult's wishes been recorded regarding the allegations and in respect of their desired outcomes?

Useful Addresses

**Kent & Medway NHS and social care partnership trust
intergrated mental health teams**

Access and recovery services – Medway
Canada House. Barnsole Road
Gillingham ME7 4JL
Tel: 01634 583020