



# Neglect in Care Settings

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# Scenarios

- What are the types of abuse?
- Are there any themes?
- Could it happen in your organisation?

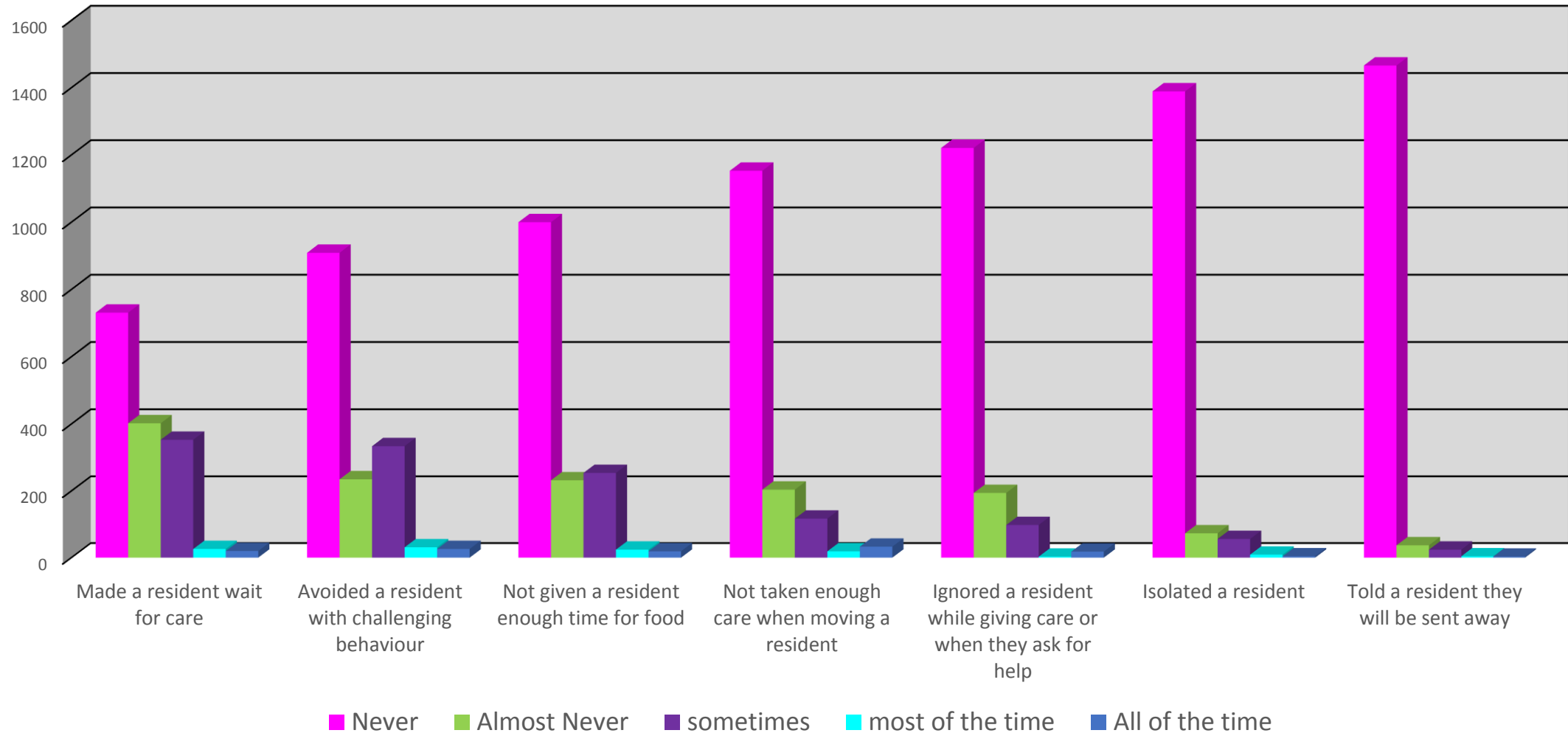
# **Cross sectional study on staff reported abusive and positive behaviours towards residents (Cooper C et al, March 2018)**

The most common reported abusive behaviours: -

- making a resident wait for care (26% of staff)
- avoiding a resident with challenging behaviour (25%);
- giving residents insufficient time for food (19%);
- taking insufficient care when moving residents (11%).
- verbal abuse was reported by 5% of respondents,
- physical abuse by 1.1%.

# Most commonly reported neglectful behaviours

(Cooper et al, 2018)



# Neglect and acts of omission

These include;

- ignoring medical needs
- ignoring emotional or physical care needs
- failure to provide access to appropriate health, care and support or educational services
- the withholding of the necessities of life, such as medication, adequate nutrition and heating.

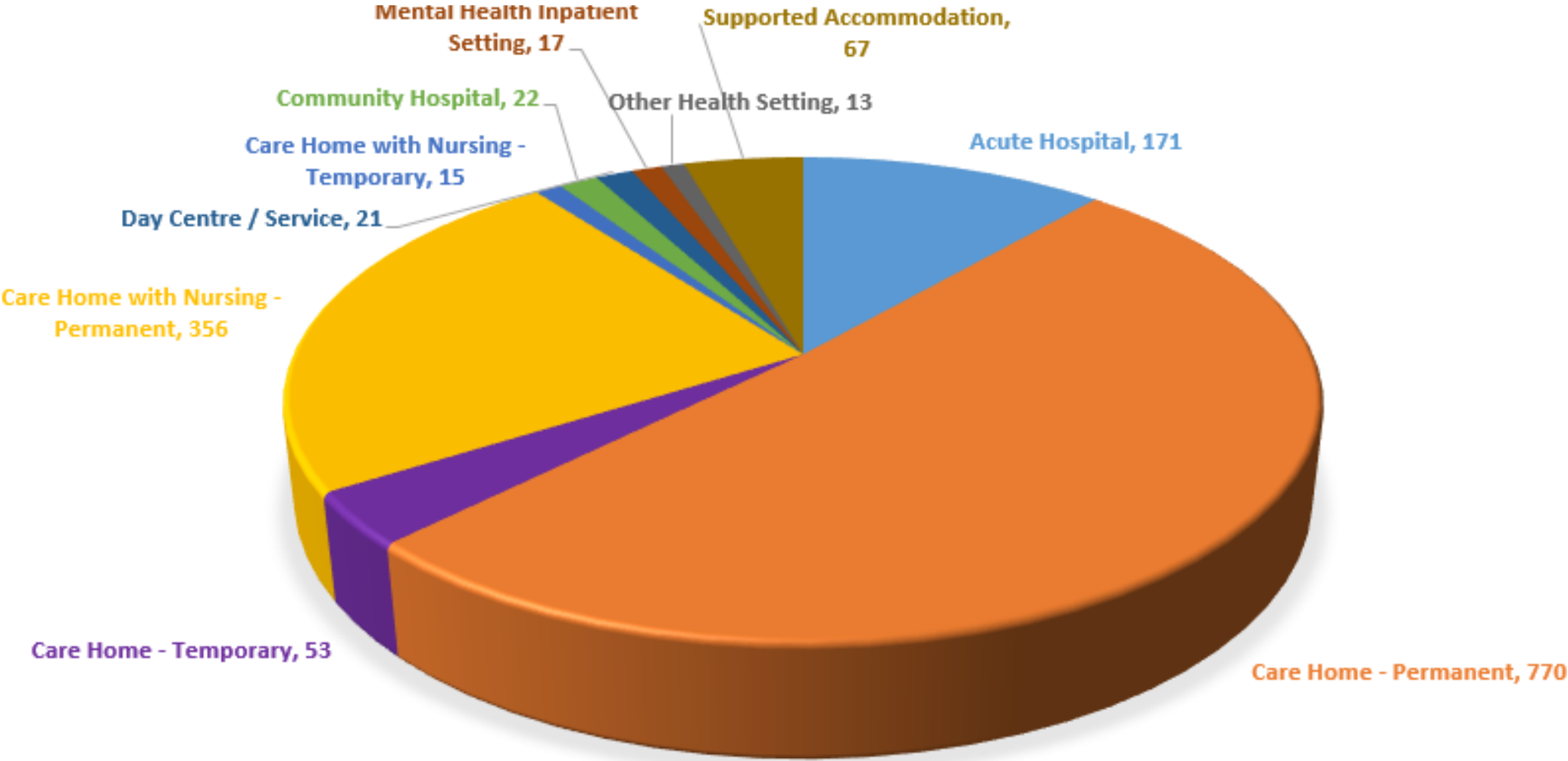
Care Act Guidance

# Legislation and Guidance

In April 2015 a new Act 'Criminal Justice & Courts Act 2015' came in to force. Section 20 & 21 of the Act makes it a criminal offence for a care worker or a care provider to wilfully neglect or ill treat an individual regardless of their capacity.

Section 20 relates to the Care Worker and can carry a sentence of up to 5 years imprisonment. Section 21 is in relation to the Care Provider

# Concerns & Enquiries Received between 01/10/17 - 31/09/2018 for Neglect & Acts of Omission by Care Setting in Surrey .



# When to raise a Safeguarding concern

The Care Act 2014 – **Section 42:**

Requires an **enquiry** in response to indications of abuse and neglect to an adult with care and support needs.

- An adult who is experiencing abuse or neglect.
- An adult who is at RISK of abuse or neglect.
- Is unable to protect themselves because of these care and support needs.



# Safeguarding Guidance/Tools

- SSAB Policies and Procedures
- Organisational Risk Assessments (Pressure Ulcer, MUST, Care Plans etc.)
- Mental Capacity Assessment Templates
- Deprivation of Liberty Safeguards
- Choking Prevention Policy
- Safeguarding Adults Protocol (2018) – DOH (including Adults Safeguarding Pressure Ulcer Decision tool) NHS Safeguarding App
- SSAB Missing Persons Protocol
- Health Passports – LD
- CQC – Regulation 18 Notification

# Group Activity – Remember Professional Judgement!!

In your groups please read this case study.

The Tissue Viability Team (TVN) received a referral for John 98 Year old gentleman with dementia. The referral was to review a wound on his right palm. John Lived in a nursing home, he was bed bound and needs full support with all personal care. John can get very agitated and distressed when he is nursed and he often declines care. On arrival the TVN found that his right hand was contracted, he had long finger nails and validated a category 4 pressure ulcer to his right palm

As a group please discuss this case and answer the questions outlined below:

- What actions would you take in this situation?
- What Preventative measures would you use/ could be used regarding pressure ulcer development and management?
- What other actions could have been considered at first signs of skin integrity changes?
- Would you discuss this concern, if so who with?
- Would you raise this as a safeguarding concern? If so with whom?
- What tools could you use/could have been used to support this situation?
- Is there any additional information that you might need, if so what?