



Making Good Referrals of Adult Safeguarding Concerns in Surrey

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Referring adult safeguarding concerns:

“At a glance”

Referring an adult safeguarding concern

An adult safeguarding concern is a worry that an adult with care and support needs is at risk of abuse or neglect. Referring an adult safeguarding concern to a local authority is a request that the local authority considers if it should ensure there is an adult safeguarding enquiry.

When you are making an adult safeguarding referral, you need to have reasonable cause for concern that the person you are referring

- Has care and support needs; and
- Is experiencing, or at risk of, abuse or neglect

You should make clear in your referral what leads you to believe each of these. Other information that can be helpful to include is

- Details about what has happened, where, when and to who to cause concern; and
- Information about anything that has already been done, or is planned, to help support the person and prevent any further abuse or neglect; and
- Any risks that it would be helpful for the local authority to be aware of when considering what happens next

If you do have information that can help inform a decision whether the person is unable to protect themselves from the abuse and neglect because of their care and support needs please include it, but you do not have to have this to refer an adult safeguarding concern.

[You can find information about how you make a referral of an adult safeguarding concern on Surrey County Council's website.](#)

Not sure whether to make a referral? Consult the [“Level of Needs for Adults”](#) guidance

What happens next?

The local authority must ensure there is an adult safeguarding enquiry if it has reasonable cause to suspect that the person

- Has care and support needs;
- Is experiencing, or at risk of, abuse or neglect; and
- The person is unable to protect themselves from the abuse and neglect because of their care and support needs

If there is an adult safeguarding enquiry, Surrey County Council will work with the person, with any family and friends they want involved, and with partners in other organisations that may be involved with the person or that have a role in responding to the abuse or neglect they are facing, to help support the person and protect them from further abuse. Whether the person who made the referral is involved in that, and the degree of that involvement, depends on their role in relation to the person.

1. What is an adult safeguarding concern?

An adult safeguarding concern is a worry that someone with care and support needs may be at risk of abuse or neglect.

In some circumstances, when a local authority with adult social care responsibilities, such as Surrey County Council, is aware of an adult safeguarding concern then it must make sure there is an adult safeguarding enquiry under s42 Care Act 2014.

2. Who is an adult with care and support needs?

An adult is someone who is 18 years old or more.

The [Local Government Association \(LGA\) and the Association of Directors of Social Services \(ADASS\)](#) have produced some guidance about adult safeguarding concerns. That says

“The term ‘needs for care and support’ is not precisely defined within legislation or statutory guidance. Common ingredients used in defining a need for care and support consider both the nature of care and support and the circumstances in which an adult may need care and support.

An adult with care and support needs may be:

- *an older person*
- *a person with a physical disability, a learning difficulty or a sensory impairment*
- *someone with mental health needs, including dementia or a personality disorder*
- *a person with a long-term health condition*
- *someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living.*

Consideration of this need for care and support must be person-centred (for example, not all older people will be in need of care and support but those who are ‘frail due to ill health, physical disability or cognitive impairment’ may be). The above is not an exhaustive list and it must be considered alongside the impact of needs on the individual’s wellbeing.”

3. When should an adult safeguarding concern lead to an adult safeguarding enquiry?

Surrey County Council must ensure there is an adult safeguarding enquiry if it has reasonable cause to suspect that an adult with care and support needs in Surrey is experiencing, or is at risk of, abuse or neglect, and they are not able to protect themselves from the abuse or neglect because of their care and support needs.

4. When should adult safeguarding concerns be referred to Surrey County Council?

The LGA / ADASS guidance says that working out if someone is unable to protect themselves because of their care and support needs is complex. It is sufficient for potential referrers to only need to have reasonable cause to suspect that an adult with care and support needs may be experiencing abuse or neglect to refer a safeguarding concern.

5. What happens once a referral of an adult safeguarding concern has been made?

The local authority will decide whether it must

- arrange for an adult safeguarding enquiry; and / or
- assess the care and support needs of the person

Adult safeguarding enquiry

The [Care Act 2014](#) says that when the criteria in s42(1) of the Act are met then there must be an adult safeguarding enquiry.

Those criteria are that a local authority with adult social care responsibilities, such as Surrey County Council, has reasonable cause to suspect that an adult in its area

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

The purpose of an adult safeguarding enquiry is to enable Surrey County Council to decide whether any action should be taken in the adult’s case, and if so what that action should be. These can be actions by the local authority under the Care Act, or any other actions by anyone else.

Assessment of care and support needs where there is an adult safeguarding concern

Section 9 of the Care Act 2014 says

“Where it appears to a local authority that an adult may have needs for care and support, the authority must assess

- *whether the adult does have needs for care and support, and*
- *if the adult does, what those needs are.”*

An assessment can result in advice being given about where people can get help, and can inform decisions by the local authority about help a person might need to meet their care and support needs. Where a person with care and support needs is at risk of abuse or neglect but refuses an assessment of their needs, Section 11 of the Care Act says the local authority must carry out the assessment of their care and support needs despite their objection.

If the local authority has assessed the person’s care and support needs before, they might review any care and support plan or, if it appears circumstances have changed, they might reassess the person’s care and support needs.

6. What information should be included in a referral of an adult safeguarding concern?

There is a wide range of circumstances in which an adult safeguarding referral might be made, so it is not possible to give hard-and-fast rules about what information to include. The information here gives some pointers, but there will often have to be a case-by-case judgement by the person making the referral about this. When making those decisions it can be useful to try to anticipate what will be useful information for the local authority to have in order to make the decisions about whether it should ensure there is an adult safeguarding enquiry and whether it should assess the care and support needs of the person.

Information that can be useful

- **What has given cause to suspect there is a risk of abuse or neglect?**
 - What have you seen, and where and when did you see it? What have you heard, when did you hear it, who from?
 - What happened, where did it happen, when and how?
- **Who is the adult at risk of abuse or neglect?**
 - Details about who they are, such as name, address, date of birth
 - If you are not the adult with care and support needs, what is your relationship to them?
 - What care and support needs do they have?
 - If you have any information about why their care and support needs may mean they unable to protect themselves from the abuse or neglect, please include it.
 - Do they have mental capacity to make decisions about keeping themselves safe?
 - Is the person aware you are making the referral? If not, why not?
 - If they are aware, you are making the referral, were they in agreement with it being made? If not, why not?
 - Have you sought the views and wishes of the adult about what they want to happen as a result of this referral? If so, what did they say? If not, why not?
 - Have they said there is anyone they want us to involve?
- **Any other information that may be relevant**
 - Are there any immediate risks to the adult or to others, including children?
 - Who is involved in the adults support informal or formal network of support?
 - Will the person have substantial difficulty in participating in the safeguarding adults process? If so, is there someone who could represent and support them in the process?
- **If you are making the referral about someone else, what actions, if any, have you taken already or plan to take?**

Appendix A: Deciding whether to refer an adult safeguarding concern to Surrey County Council



Appendix B: Further information

The Care and Support statutory guidance says

This is only a brief recap of a few salient points from [the Care and Support statutory guidance](#) and is not a substitute for familiarity with that guidance.

Paragraph 14.6 of the guidance says

“statutory adult safeguarding duties apply equally to those adults with care and support needs regardless of whether those needs are being met, regardless of whether the adult lacks mental capacity or not, and regardless of setting, other than prisons and approved premises where prison governors and National Offender Management Service (NOMS) respectively have responsibility.”

Paragraph 14.8 of the guidance says

“Incidents of abuse may be one-off or multiple, and affect one person or more. Professionals and others should look beyond single incidents or individuals to identify patterns of harm”

Paragraph 14.42 of the guidance says

“No professional should assume that someone else will pass on information which they think may be critical to the safety and wellbeing of the adult. If a professional has concerns about the adult’s welfare and believes they are suffering or likely to suffer abuse or neglect, then they should share the information with the local authority and, or, the police if they believe or suspect that a crime has been committed.”

Paragraph 14.199 of the guidance says

“It is not for front line staff to second-guess the outcome of an enquiry in deciding whether or not to share their concerns. There should be effective and well-publicised ways of escalating concerns where immediate line managers do not take action in response to a concern being raised.”

What other guidance says

Other guidance that may be useful includes

- The LGA / ADASS guidance "[Understanding what constitutes a safeguarding concern and how to support effective outcomes](#)"
- The LGA / ADASS guidance "[Making decisions on the duty to carry out Safeguarding Adults enquiries](#)"
- NICE guideline NG189 "[Safeguarding adults in care homes](#)"

LGA / ADASS guidance to referrers on when to refer an adult safeguarding concern

The LGA and ADASS "Understanding what constitutes a safeguarding concern ..." guidance is intended to help with making decisions about when to refer an adult safeguarding concern to a local authority's adult social care services about a person with care and support needs who may be experiencing or at risk of abuse or neglect. The guidance says that when considering making a referral to the local authority about an adult with care and support needs who is at risk of abuse or neglect, you need only consider the first two criteria in 42(1) Care Act.

This means that there should be a referral of an adult safeguarding concern if the person considering making the referral thinks there is reasonable cause to suspect that a person

- is an adult with care and support needs; and
- is experiencing or is at risk of abuse or neglect

It is then for the local authority to decide

- if it should carry out an assessment under s9 Care Act and if s11(2)(b) Care Act applies
- if it thinks there is reasonable cause to suspect that the person meets the three criteria in s42(1) Care Act criteria. If it does, there must be an adult safeguarding enquiry

See Appendix A below for a flowchart adapted from this guidance for Surrey.

LGA / ADASS guidance to local authorities on deciding when to carry out enquiries

The LGA / ADASS "Making decisions on the duty to carry out Safeguarding Adults enquiries" says

"from the point at which the 'three statutory criteria' ... are met then there is a duty under S42 Care Act to undertake an enquiry. All activity from that point will constitute an enquiry under the S42(2) duty. This activity may take many forms. Decisions as to how to respond and what form an enquiry takes should be tailored to meet the needs of the individual." (page 8)

NICE guidance to care homes

The NICE guideline NG189 "Safeguarding adults in care homes" gives useful information about making decisions about when to refer an adult safeguarding concern to a local authority. It was written for care homes but may be useful in other contexts. However, as it reminds us at paragraph 17.3, it cannot amend the underlying statutory framework or create a different threshold to that in the Care Act, and

"If the safeguarding lead suspects abuse or neglect, they should make a safeguarding referral to the local authority, in line with the Care Act 2014 and Care Act 2014 statutory guidance."

Appendix C: Further considerations for referrals from health and social care service providers regarding risks within their organisations

There can be challenges when an adult safeguarding concern arises within the context of a health or social care service provision, as there may be several frameworks in operation simultaneously and there can be a range of organisations involved with overlapping responsibilities.

The response to an adult safeguarding concern in a regulated care setting must be carried out in line with the requirements of paragraphs 14.68 – 14.75 of the Care and Support Statutory Guidance. While this is a legal requirement for regulated care settings, the principles there can be a useful framework to use when concerns arise in other settings. The principles include

- Though there can be a role for others, the first responsibility to act must be with the provider of the service;
- When a service provider is aware of abuse or neglect in their organisation, then they are under a duty to correct this and protect the adult from harm as soon as possible and inform the local authority. They may also need to inform others such as the regulator of the service and commissioners of the service;
- Whatever the action taken by the service provider, where a local authority has reasonable cause to suspect that an adult may be experiencing or at risk of abuse or neglect, then its duty to make (or cause to be made) whatever enquiries it thinks necessary to decide what if any action needs to be taken and by whom still applies;
- Where the service provider is able, at the time of referring the adult safeguarding concern to the local authority, to also provide information about the action they have taken to correct the abuse and neglect and protect the adult from harm that assures the local authority that the response by the service provider has been sufficient to deal with the safeguarding issue then the local authority can decide that no further actions are required. In that case, the adult safeguarding enquiry will have consisted of the actions by the service provider and the scrutiny of those actions by the local authority.

In considering whether the response by the service provider has been sufficient to deal with the safeguarding issue, the local authority will need to take account of whether the information provided demonstrates that the objectives of an adult safeguarding, set in paragraph 14.94 of the Care and Support statutory guidance, have been met. These objectives 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
- enable the adult to achieve resolution and recovery

If the service provider ensures the information they provide when referring the adult safeguarding concern, or as soon after as is practical, shows that the response has been sufficient to achieve these objectives, it can help to bring the adult safeguarding enquiry to a timely conclusion.

Missed home care visits, missed medication, medication errors and falls

These are areas that have caused challenges to services in determining whether and how they relate to adult safeguarding enquiries. Decision making about this has sometimes been based on issues such as degree of harm or whether they are part of a pattern. These are not relevant issues for deciding whether

a matter is a safeguarding concern or whether there is a duty to have an adult safeguarding enquiry. Presence, absence or scale of harm is irrelevant in the context of s42 of the Care Act. The test in s42 applies even where there is only risk of abuse or neglect, so there does not need to be any actual harm. 14.17 and 14.18 of the Care and Support statutory guidance have neither a harm test nor a distinction between minor or major incidents. One-off incidents are specifically included.

These issues can, however, be very relevant in deciding what an adult safeguarding enquiry will involve and what actions will be required.

The expectation of the Surrey Safeguarding Adults Board is that a safeguarding concern should be referred to Surrey County Council on those occasions when there is reasonable cause to suspect that a person with care and support needs has been at risk of abuse or neglect due to a care visit being missed, medication being missed, a medication error occurring or a fall occurring

Where there is an adult safeguarding concern about such issues, the provider of the service should act in line with paragraphs 14.68 – 14.75 of the Care and Support statutory guidance.

The employer should review the concern against their own organisational policies and procedures and escalate to the LA where the criteria is met.

Deciding whether a safeguarding concern needs to be referred following a fall

It can be particularly challenging deciding whether there is reasonable cause to suspect there has been abuse or neglect following a fall.

Factors that may indicate it is more likely that a referral is needed include

- Where an adult using a service sustains a physical injury due to a fall, and there is a concern that a risk assessment was not in place or was not followed. The key factor is that the person may have experienced neglect or organisational abuse.
- Where an adult in a service has sustained an injury (other than perhaps a very minor injury) which is unexplained
- Where an adult in a service has sustained an injury and appropriate medical attention was not sought.
- Where an adult has repeated falls of unexplained nature and where advice has not been obtained.
- Where there has been an incident following on from a pattern of high numbers of falls for adults living within one service.
- Where an adult has repeated unexplained injuries.

Where the decision is made that it is not necessary to make a referral of an adult safeguarding concern following a fall, consideration should be given to whether any commissioners of the care for that person needs to be informed of the incident. If this is done it should be made clear that the intention is that this is for information only and is not a referral of an adult safeguarding concern, to avoid any confusion.

Typical information needed for frequently arising adult safeguarding concerns in regulated care settings

The examples below show the type of information often needed for an adult safeguarding enquiry in regards to the matters. It can help inform decisions about

- What information to provide at the time of making a referral about an adult safeguarding concern
- Information that may be needed should an adult safeguarding concern lead to an adult safeguarding enquiry under s42(2) Care Act 2014

The examples are broken down into sections

- **The concern and the context:** This is information that may well be known at the point of referral
- **The person with care and support needs:** This is information that may well be known at the point of referral, or the referrer may be able to give an indication of what will be done to fill any gaps in this
- **Hypotheses:** These can be useful for planning an enquiry, and for reviewing information gathered during an enquiry to help ensure it has covered all relevant issues

- **Making enquiries:** These may or may not be known at the point of referral, but as it can be anticipated they will be issues that will need to be addressed during the enquiry, the referrer may wish to indicate what their plans are to do so

The information from the referral and the enquiries made will allow the local authority to make decisions about

- Whether there has been sufficient assurance about the employer's response to the adult safeguarding concern
- If there has not been sufficient assurance, what else needs to be done to get this assurance
- Whether, as a result of this enquiries any actions are needed and, if so, what and by whom. If there are actions needed, these will form the safeguarding plan

A concern regarding a person who has gone missing from the service

The concern and the context

- What is the abuse or neglect that there is a concern about? Please give the specifics of who, what, where and when.
- What has been the impact on the person?
- How did the concern come to light?
- Information about the person, including
 - What care and support needs do they have?
 - How do these need impact on their ability to protect themselves from this abuse or neglect?
 - How are they supported to manage risks to themselves?
- Any other relevant context about the person, the service, or any source of risk to the person
- Has there been a possible crime?
- Any actions already taken or planned

The person with care and support needs

- Does the person lack mental capacity to make relevant decision:
 - About how to protect themselves from the risk of abuse or neglect?
 - Regarding what they want the adult safeguarding enquiry to involve?
- Does the person require someone to support them and represent their wishes?
 - No, they can represent themselves
 - Yes, and they have someone available to do this (please note, this cannot be someone paid to provide care to them). Please give details of who this is.
 - Yes, and they require independent advocacy

Hypotheses to consider

Hypotheses to consider: Keeping a range of hypotheses in mind during the enquiry can help ensure we are paying attention to all relevant issues. Some possible hypotheses to consider

- Risks had been identified and appropriate risk management was in place and followed
- Risks had been identified; appropriate risk management was in place but had not been followed
- Risks had been identified, but appropriate risk management had not been put in place
- Risks had not been identified but should have been
- Risks had not been identified and could not reasonable had been foreseen
- The person has not gone missing

Making enquiries

- What has been done, or is planned to be done, to establish whether there were grounds for the concern
 - Was the risk of the person going missing a known risk?
 - If so, was an appropriate risk management in place?
 - If so, was the risk management plan followed?
- On balance of probabilities, has it been established:

- The person experienced abuse or neglect
- The person did not experience abuse or neglect, but they were at risk of these
- The person did not experience abuse or neglect
- The information does not allow for a conclusion to be reached
- What actions have been taken, or are planned, in response to this concern or incident?
- Have CQC been informed
- Has there been any follow-up action with member(s) of staff? If so, please give details
- Views of the adult or their representative on the response to the adult safeguarding concern

A concern regarding a person who has been assaulted by another person with care and support needs

The concern and the context

- What is the abuse or neglect that there is a concern about? Please give the specifics of who, what, where and when
- What has been the impact on the person?
- How did the concern come to light?
- Information about the person, including
 - What care and support needs do they have?
 - How do these needs impact on their ability to protect themselves from this abuse or neglect?
 - How are they supported to manage risks to themselves?
- Any other relevant context about the person, the service, or any source of risk to the person
- Has there been a possible crime?
- Any actions already taken or planned

The person with care and support needs

- Does the person lack mental capacity to make relevant decision:
 - About how to protect themselves from the risk of abuse or neglect?
 - Regarding what they want the adult safeguarding enquiry to involve?
- Does the person require someone to support them and represent their wishes?
 - No, they can represent themselves
 - Yes, and they have someone available to do this (please note, this cannot be someone paid to provide care to them). Please give details of who this is.
 - Yes, and they require independent advocacy

Hypotheses to consider

Hypotheses to consider: Keeping a range of hypotheses in mind during the enquiry can help ensure we are paying attention to all relevant issues. Some possible hypotheses to consider

- This was a one-off incident which was not foreseeable
- This forms part of a pattern between these individuals
- Incident was foreseeable, but all appropriate and proportionate risk management was in place and followed
- Incident was foreseeable, but all appropriate and proportionate risk management was not in place and / or was not followed
- No assault took place

Making enquiries

- What has been done, or is planned to be done, to establish whether there were grounds for the concern
 - Was the other person known to be a risk to others? Had there been previous incidents with this person and / or with others? If so please give details of previous incidents and action taken in response.
 - If so, was an appropriate risk management in place?

- If so, was the risk management plan followed?
- On balance of probabilities, has it been established:
 - The person experienced abuse or neglect
 - The person did not experience abuse or neglect, but they were at risk of these
 - The person did not experience abuse or neglect
 - The information does not allow for a conclusion to be reached
- What actions have been taken, or are planned, in response to this concern or incident?
- Have CQC been informed
- Has there been any follow-up action with member(s) of staff? If so, please give details
- Views of the adult or their representative on the response to the adult safeguarding concern

A concern regarding issues with a discharge from hospital

The concern and the context

- What is the abuse or neglect that there is a concern about? Please give the specifics of who, what, where and when.
- What has been the impact on the person?
- How did the concern come to light?
- Information about the person, including
 - What care and support needs do they have?
 - How do these needs impact on their ability to protect themselves from this abuse or neglect?
 - How are they supported to manage risks to themselves?
- Any other relevant context about the person, the service, or any source of risk to the person
- Has there been a possible crime?
- Any actions already taken or planned

The person with care and support needs

- Does the person lack mental capacity to make relevant decision:
 - About how to protect themselves from the risk of abuse or neglect?
 - Regarding what they want the adult safeguarding enquiry to involve?
- Does the person require someone to support them and represent their wishes?
 - No, they can represent themselves
 - Yes, and they have someone available to do this (please note, this cannot be someone paid to provide care to them). Please give details of who this is.
 - Yes, and they require independent advocacy

Hypotheses to consider

Hypotheses to consider: Keeping a range of hypotheses in mind during the enquiry can help ensure we are paying attention to all relevant issues. Some possible hypotheses to consider

- Actions were planned and carried out appropriately
- Action was planned but an error by a staff member led to it not happening
- Action was planned but an error within systems led to it not happening
- Action was not planned and should have been
- Action was not planned, and this was appropriate

Making enquiries

- What has been done, or is planned to be done, to establish whether there were grounds for the concern
- On balance of probabilities, has it been established:
 - The person experienced abuse or neglect
 - The person did not experience abuse or neglect, but they were at risk of these
 - The person did not experience abuse or neglect
 - The information does not allow for a conclusion to be reached
- Have issues been identified regarding any of the following

- An error by individual staff member(s)
- An error arising from the structure, policies, processes, or practices within the organisation
- No error occurred
- What actions have been taken, or are planned, in response to this concern or incident?
- Have CQC been informed
- Has there been any follow-up action with member(s) of staff? If so, please give details
- Views of the adult or their representative on the response to the adult safeguarding concern

A concern regarding a medication error

The concern and the context

- What is the abuse or neglect that there is a concern about? Please give the specifics of who, what, where and when.
- What has been the impact on the person?
- How did the concern come to light?
- Information about the person, including
 - What care and support needs do they have?
 - How do these needs impact on their ability to protect themselves from this abuse or neglect?
 - How are they supported to manage risks to themselves?
- Any other relevant context about the person, the service, or any source of risk to the person
 - Have there been other medication errors recently? If so, what is known about these and why they happened.
- Has there been a possible crime?
- Any actions already taken or planned

The person with care and support needs

- Does the person lack mental capacity to make relevant decision:
 - About how to protect themselves from the risk of abuse or neglect?
 - Regarding what they want the adult safeguarding enquiry to involve?
- Does the person require someone to support them and represent their wishes?
 - No, they can represent themselves
 - Yes, and they have someone available to do this (please note, this cannot be someone paid to provide care to them). Please give details of who this is.
 - Yes, and they require independent advocacy

Hypotheses to consider

Hypotheses to consider: Keeping a range of hypotheses in mind during the enquiry can help ensure we are paying attention to all relevant issues. Some possible hypotheses to consider

- No errors or issues occurred
- One-off error by a single member of staff
- Multiple errors by a single member of staff
- Errors arising from systems or process in the organisation

Making enquiries

- What has been done, or is planned to be done, to establish whether there were grounds for the concern
- On balance of probabilities, has it been established:
 - The person experienced abuse or neglect
 - The person did not experience abuse or neglect, but they were at risk of these
 - The person did not experience abuse or neglect
 - The information does not allow for a conclusion to be reached
- Have issues been identified regarding any of the following
 - An error by individual staff member(s)

- An error arising from the structure, policies, processes, or practices within the organisation
- No error occurred
- What actions have been taken, or are planned, in response to this concern or incident?
- Have CQC been informed
- Has there been any follow-up action with member(s) of staff? If so, please give details
- Views of the adult or their representative on the response to the adult safeguarding concern

A concern regarding a missed home care visit

The concern and the context

- What is the abuse or neglect that there is a concern about? Please give the specifics of who, what, where and when.
- What has been the impact on the person?
- How did the concern come to light?
- Information about the person, including
 - What care and support needs do they have?
 - How do these needs impact on their ability to protect themselves from this abuse or neglect?
 - How they are supported to manage risks to themselves?
- Any other relevant context about the person, the service, or any source of risk to the person
 - Have there been other medication errors recently? If so, what is known about these and why they happened.
- Has there been a possible crime?
- Any actions already taken or planned

The person with care and support needs

- Does the person lack mental capacity to make relevant decision:
 - About how to protect themselves from the risk of abuse or neglect?
 - Regarding what they want the adult safeguarding enquiry to involve?
- Does the person require someone to support them and represent their wishes?
 - No, they can represent themselves
 - Yes, and they have someone available to do this (please note, this cannot be someone paid to provide care to them). Please give details of who this is.
 - Yes, and they require independent advocacy

Hypotheses to consider

Hypotheses to consider: Keeping a range of hypotheses in mind during the enquiry can help ensure we are paying attention to all relevant issues. Some possible hypotheses to consider

- No errors or issues occurred
- One-off error by a single member of staff
- Multiple errors by a single member of staff
- Errors arising from systems or process in the organisation
- Error by another organisation or person

Making enquiries

- What has been done, or is planned to be done, to establish whether there were grounds for the concern
- On balance of probabilities, has it been established:
 - The person experienced abuse or neglect
 - The person did not experience abuse or neglect, but they were at risk of these
 - The person did not experience abuse or neglect
 - The information does not allow for a conclusion to be reached
- Have issues been identified regarding any of the following
 - An error by individual staff member(s)

- An error arising from the structure, policies, processes, or practices within the organisation
- No error occurred
- What actions have been taken, or are planned, in response to this concern or incident?
- Have CQC been informed
- Has there been any follow-up action with member(s) of staff? If so, please give details
- Views of the adult or their representative on the response to the adult safeguarding concern

A concern regarding a pressure wound

The concern and the context

- What is the abuse or neglect that there is a concern about? Please give the specifics of who, what, where and when.
- What has been the impact on the person?
- How did the concern come to light?
- Information about the person, including
 - What care and support needs do they have?
 - How do these needs impact on their ability to protect themselves from this abuse or neglect?
 - How they are supported to manage risks to themselves?
- Any other relevant context about the person, the service, or any source of risk to the person
 - Have there been other medication errors recently? If so, what is known about these and why they happened.
- Has there been a possible crime?
- Any actions already taken or planned
- Is a copy of a completed [adult safeguarding pressure ulcer decision guide](#) available?

The person with care and support needs

- Does the person lack mental capacity to make relevant decision:
 - About how to protect themselves from the risk of abuse or neglect?
 - Regarding what they want the adult safeguarding enquiry to involve?
- Does the person require someone to support them and represent their wishes?
 - No, they can represent themselves
 - Yes, and they have someone available to do this (please note, this cannot be someone paid to provide care to them). Please give details of who this is.
 - Yes, and they require independent advocacy

Hypotheses to consider

Hypotheses to consider: Keeping a range of hypotheses in mind during the enquiry can help ensure we are paying attention to all relevant issues. Some possible hypotheses to consider

- Appropriate risk management was in place and followed
- Appropriate risk management was in place but not followed by one person
- Appropriate risk management was in place but not followed by more than one person
- The person with care and support needs did not comply with the care regime to manage their skin integrity, and they had the mental capacity to make that decision
- The person with care and support needs did not comply with the care regime to manage their skin integrity, and they did not have the mental capacity to make that decision

Making enquiries

- What has been done, or is planned to be done, to establish whether there were grounds for the concern
- On balance of probabilities, has it been established:
 - The person experienced abuse or neglect
 - The person did not experience abuse or neglect, but they were at risk of these
 - The person did not experience abuse or neglect

- The information does not allow for a conclusion to be reached
- Have issues been identified regarding any of the following
 - Was appropriate risk management in place?
 - Was the risk management plan followed?
 - Did the adult with care and support needs comply with the risk management and / or care arrangements?
 - If they did not comply were they given all the information needed about the risks arising to make an informed decision, and did they have mental capacity to make that decision?
 - An error by individual staff member(s)
 - An error arising from the structure, policies, processes, or practices within the organisation
 - No error occurred
- What actions have been taken, or are planned, in response to this concern or incident?
- Have CQC been informed
- Has there been any follow-up action with member(s) of staff? If so, please give details
- Views of the adult or their representative on the response to the adult safeguarding concern

A concern regarding an unwitnessed injury or fall

The concern and the context

- What is the abuse or neglect that there is a concern about? Please give the specifics of who, what, where and when.
- What has been the impact on the person?
- How did the concern come to light?
- Information about the person, including
 - What care and support needs do they have?
 - How do these needs impact on their ability to protect themselves from this abuse or neglect?
 - How they are supported to manage risks to themselves?
- Any other relevant context about the person, the service, or any source of risk to the person
 - Have there been other medication errors recently? If so, what is known about these and why they happened.
- Has there been a possible crime?
- Any actions already taken or planned
- Is a copy of a completed [adult safeguarding pressure ulcer decision guide](#) available?

The person with care and support needs

- Does the person lack mental capacity to make a relevant decision:
 - About how to protect themselves from the risk of abuse or neglect?
 - Regarding what they want the adult safeguarding enquiry to involve?
- Does the person require someone to support them and represent their wishes?
 - No, they can represent themselves
 - Yes, and they have someone available to do this (please note, this cannot be someone paid to provide care to them). Please give details of who this is.
 - Yes, and they require independent advocacy

Hypotheses to consider

Hypotheses to consider: Keeping a range of hypotheses in mind during the enquiry can help ensure we are paying attention to all relevant issues. Some possible hypotheses to consider

- The adult has been assaulted
- The adult has accidentally caused the injury themselves
- Someone else has caused the injury
- There is a medical reason for the injury
- There has been an unavoidable accident or incident which has caused the injury
- A fall has occurred

- There was a known risk of falls, and this was managed appropriately
- There was a known risk of falls and there was a gap in how this was managed
- The person has unexpectedly had a fall, and this was not reasonably foreseeable
- The person has experienced a medical episode leading to them being found on the floor
- There is no injury

Making enquiries

- What has been done, or is planned to be done, to establish whether there were grounds for the concern?
- On balance of probabilities, has it been established:
 - The person experienced abuse or neglect
 - The person did not experience abuse or neglect, but they were at risk of these
 - The person did not experience abuse or neglect
 - The information does not allow for a conclusion to be reached
- Have issues been identified regarding any of the following
 - Accidental self-injury
 - Intentional self-injury
 - An accidental injury by a staff member
 - An accidental injury by someone else
 - An assault by a staff member
 - An assault by another person
 - Medical factors which did or may have increased likelihood or severity of the injury
 - Something occurred which was not reported or recorded as it should have been
 - Unable to determine the cause of an injury
 - The risk of a fall was well-managed or unforeseeable
 - There was a gap in management of a risk of a fall
 - There was no injury
- What actions have been taken, or are planned, in response to this concern or incident?
- Have CQC been informed
- Has there been any follow-up action with member(s) of staff? If so, please give details
- Views of the adult or their representative on the response to the adult safeguarding concern

Document history

Version	Date	Author(s)	Details
1	June 2022	Safeguarding Adults Board	New Policy.