



Stockport Safeguarding Adults Service: Framework for Partnership Working in responding to Safeguarding Adults Concerns

Harm Levels Guidance for Provider Services: Single Agency or Multi-agency response

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Section 1: Introduction and overview of Harm Level Guidance for Provider Services

1.1 For Adult Safeguarding under the Care Act 2014, the first responsibility to act lies with the employing organisation as a provider of the service. When an employer becomes aware of abuse or neglect, they are under a duty to correct this, protect the adult at risk as soon as possible and inform Stockport Local Authority, CCG and CQC.

Transparency, open-mindedness and timeliness are important features of fair and effective safeguarding enquires.

In Stockport partners should be aware of the local agreement regarding who needs to be notified or involved in safeguarding alerts.

Safeguarding procedures should be used in a proportionate way that reflects the principles of the Care Act and the significance of the harm and risk identified.

1.2 The Stockport Safeguarding Adults Board recognises that responding to issues of adult protection regarding adults at risk can be complex. This guidance is intended for provider services in Stockport to support decision making resulting in the most appropriate pathway to address adult protection concerns.

1.3 The guidance is a recognition that all provider services in regulated activity (as defined by the Disclosure and Barring Service), are automatically affiliated to the Multi-Agency Safeguarding Policy and Procedure and are required to safeguard adults at risk to whom they provide services.

1.4 The Safeguarding Adults Board recognises that providers are best placed to deal with many issues regarding allegations of abuse or poor practice to give a proportionate response

1.5 Section 42 of the Care Act requires Stockport Local Authority to 'make enquiries or cause others to do so if they believe that an adult is experiencing or at risk of abuse'. This guidance outlines the circumstances in which a Provider Service would be expected to make a single agency response for Harm Levels 1, 2 and 3. Additionally, the guidance outlines the expectations of a Provider Service to report through to the Adult Safeguarding and Quality Team on the outcome of any Single Agency response to an adult protection or safeguarding issue.

1.6 A Single agency response or investigation should not in any way be seen as giving a lesser response to the safeguarding issue but rather ensuring an appropriate and proportionate response.

1.7 In the first instance the provider service should determine the appropriate Harm Level response.

1.8 Please note that the Local Authority retains the lead role in Safeguarding (Care Act section 42) and will be the ultimate arbiter where there are differing views about the harm level response required.

1.9 Stockport Safeguarding Adults Board has a zero tolerance of all abuse and all allegations or instances of abuse need to be responded to and addressed with an appropriate and proportionate response.

Aims of the guidance:

- To create a consistent approach to the response and investigation of adult protection concerns across Stockport.
- To determine Harm Levels where an internal investigation, by a provider service, is appropriate as opposed to multi-agency response.
- To create a proportionate response to the adult protection concerns in Stockport that, as far as possible, enables the views of the adult at risk and/or their representative to remain central to the process in line with Making Safeguarding Personal.

The guidance draws on the thresholds guidance (ADASS North East) & National Patient Safety Guidance (NHS England) and outlines five levels of harm and the appropriate response to each level. The guidance should be used in conjunction with Stockport's Safeguarding Adults Policy and Procedures.

<http://www.stockport.gov.uk/services/socialcarehealth/adultsocialcare/safeguardingadults/safeguardadulspolicy/>

Section 2: Definitions

Please see Stockport Safeguarding Adults Policy and Procedures for full definitions

<p>Adult at risk</p>	<ul style="list-style-type: none"> • Aged 18 years or over • Eligible for or receives any adult social care service • Receives Direct Payments in lieu of Adult Social Care services, funds their own care and has social care needs or otherwise has social care and/or health needs that are low, moderate, substantial or critical. • Is a carer such as a family member/friend who provides personal assistance and care to adults and is subject to abuse by the cared for person • Is unable to demonstrate the capacity to make a decision and is in need of care and support.
<p>Harm</p>	<ul style="list-style-type: none"> • Ill treatment (including sexual abuse and forms of ill-treatment that are not physical) • The impairment of development and/or an avoidable deterioration in, physical or mental health • The impairment of physical, emotional, social or behavioural development or the impairment of health • Unlawful conduct which appropriates or adversely affects property, rights or interests (e.g. theft)
<p>Significant Harm</p>	<p>The impact of harm upon a person will be individual and depend upon each person's circumstances and the severity, degree and impact or effect of this upon that person, or their dignity or human rights.</p> <p>The concept of 'significant harm' is therefore relative to each individual concerned.</p>
<p>'Professionals' (as referred to in the Harm Levels matrix)</p>	<p>People paid to provide a service within a care setting or the person's own home.</p> <p>Volunteers providing a service through a voluntary organisation who have contact with adults at risk and are required to be DBS checked should also be considered as professionals for the purpose of this guidance.</p>
<p>'Recurring' (as referred to in the Harm Levels matrix)</p>	<p>More than 1 incident with the same service user or more than 2 incidents in the service within a quarter.</p>

Section 3: Making Safeguarding Personal and key principles that should underpin all safeguarding work

Making Safeguarding Personal

Making Safeguarding Personal is a person-led and outcome focused approach. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. (Care Act Statutory Guidance 14.15).

Key principles to underpin any Safeguarding Adults response

Empowerment – Presumption of person led decisions and informed consent

Prevention – It is better to take action before harm occurs

Proportionality – Proportionate and least intrusive response appropriate to the risk presented

Protection – Support and representation for those in greatest need

Partnership - Working in partnership at all times

Accountability – Accountability and transparency in delivering safeguarding

(Care Act 2014 Statutory Guidance section 14.13)

Section 4: Five Harm Levels

2.1 The Harm Levels Guidance for provider services identifies five Harm Levels with differing responses. Please note that the response to a particular safeguarding issue within a level may vary depending upon the likelihood and dangers associated with the risk from abuse.

2.2 The five Harm Levels should be viewed as a continuum rather than five separate categories. They give an indicator of the most appropriate response and all reports of suspicions or concerns should be approached with an open mind and could give rise to action under the policy and procedures. There must be a consideration of the risks of reoccurrence when assessing the harm levels.

2.3 Pressure ulcers

The simple fact that an adult at risk has a pressure ulcer – even a serious one – is not in itself a reason to suspect abuse or neglect. There are a number of factors to help you decide whether the presence of pressure ulcers potentially indicates neglect, or whether it indicates a need for care providers to improve their practice.

These factors include:

- the person's physical health and existing medical conditions
- any skin conditions the person may have
- any other signs of neglect, such as poor personal hygiene
- the appropriateness of their care plan and whether it has been properly carried out
- the person's own views, and the views of their family and friends, on their treatment and care.

The above factors should be reviewed by a clinician initiated by the local NHS trust or clinical commissioning group to establish whether the person's pressure ulcers are the result of poor practice that can be improved, or whether intentional or avoidable neglect is likely to have taken place. If the issue is neglect, a decision will need to be made as to whether there is a risk to other adults receiving services from the same provider.

For safeguarding concerns relating to pressure ulcers the same process is required. Please contact the Tissue Viability Team for guidance on prevention and appropriate management of Pressure Ulcers.

2.5 In the first instance it is essential to ensure the safety of the Adult at Risk and contact medical services the police or other appropriate services as a priority. If you are in any doubt about how to proceed or the response level required to a potentially abusive situation then you should seek advice from Stockport Adult Social care via the Contact Centre Tel 0161 217 6029 or the Adult Safeguarding and Quality Team Tel 0161 474 3696. For instances that occur Out of Hours contact 0161 718 2118.

POINTS TO NOTE

2.6 Provider services delivering care in another provider service setting

A provider service going into another provider service e.g. NW Ambulance Service, Master Call, District Nurses etc., would NOT be expected to conduct an internal investigation or keep a log of concerns about the delivery of care of another provider service. In these instances, individual internal policy should be followed for making safeguarding adults alerts as appropriate. Emergency services visiting services would also not be expected to investigate incidences in other provider services.

2.7 Abuse perpetrated by informal carers

Any suspected safeguarding concerns perpetuated by an informal carer, should be referred in as an alert to be addressed under the Multi-Agency Policy and Procedures.

2.8 Abuse perpetrated by Personal Assistants employed by the persons using direct payments or a personal budget

Any abuse perpetrated by a Personal Assistant should be reported as a Safeguarding Adult alert to the contact Centre to be addressed under the Multi-Agency Policy and Procedures.

2.9 Notification to Care Quality commission (CQC)

CQC should be notified of any safeguarding incidents of harm level 3 or above, providers should decide as to whether to contact the CQC for Level 1 and 2 incidences.

2.10 Role of Advocacy

Under The Care Act, the LA has a duty to provide an advocate for those who are unfriended, or where there is not a suitable relative or friend to support that person through the safeguarding process. If an advocate is required at Level 3 and above then please contact the contact centre/ASQS/Locality Social work team to request an advocate.

2.11 Quarterly Online Survey – FAO Provider Managers

When managers submit their quarterly online survey, managers should provide information specific to the incident only. For example; care plan reviews, auditing and training are all examples of intervention applied following any incident. Therefore, such examples should only be reported when relating to a harm level incident and not generically

Section 5: Descriptions of Harm Levels

These are examples to illustrate the levels of harm, but this list is not exhaustive and is for guidance only:

Harm Level 5

- An adult at risk has been abused and a crime is suspected to have taken place (e.g. sexual abuse, threats to injure/kill, hate crime, theft/fraud)
- An adult at risk has sustained a potentially life threatening injury through abuse or neglect
- An adult at risk is being exploited, ill-treated or wilfully neglected by a person in trust in a professional capacity
- An adult at risk dies & abuse or neglect is suspected to be a factor in their death
- Consider immediate referral to emergency services as appropriate

Harm Level 4

- Significant impact on an adult at risk resulting in fear, humiliation, injury, loss or neglect
- One –off incident that causes significant harm to an adult at risk
- On-going treatment that undermines dignity
- Re-occurring errors in a service setting that impact on one or more adults at risk at a level that moves from poor practice into abuse
- Institutional abuse where more than one adult at risk is affected e.g. issues relating to moving and handling, medication, care plans, cultural issues in hospitals, care homes, day care settings etc.)

Harm Level 3

- Non adherence to Mental Capacity Act particularly the application of the 5 principals in the delivery of care or treatment
- Service user on service user incident that is either recurring or results in actual injury
- Any error that causes a high risk of harm
- Recurring treatment that undermines dignity
- On-going denial or failing to recognise an adult's choice or opinion
- Recurrent missed home care visits where risk of harm escalates, or one missed visit where harm occurs.

Harm Level 2

- Poor quality of care rather than issues of abuse e.g. low staffing levels, issues relating to the environment, adherence to the care plan in the delivery of care etc.
- Disputes between service users quickly resolved that cause little or no harm and risk assessment and plan put in place.
- Adult does not receive prescribed medication (missed/wrong dose) on one occasion - no harm occurs

Harm Level 1

- One off incidents of poor practice that cause little or no harm

- One off incidents or service user on service user abuse that cause no harm and measures put in place to reduce risk of repeat incident
- staff error causing no/little harm, e.g. skin friction mark due to ill-fitting socks on one occasion
- One off incident of money not recorded appropriately by a professional e.g. receipt not retained
- Isolated missed home care visit - no harm occurs – measures put in place to reduce risk of further incident
- Adult is not assisted with a meal/drink on one occasion and no harm occurs
- Temporary environment restrictions but action to resolve is in place e.g. temperature, lighting, access to outside or communal areas

Please note that the response to a particular safeguarding issue within a level may vary depending upon the likelihood and dangers associated with the risk from abuse. Therefore, all reports of suspicions or concerns should be approached with an open mind and could give rise to action under the policy and procedures.

<http://www.stockport.gov.uk/services/socialcarehealth/adultsocialcare/safeguardingadults/safeguardadulspolicy/>

If you are in any doubt about whether a concern constitutes a safeguarding matter, then you should submit an alert to the Adult Social Care Contact Centre (0161 217 6029) or the Out of Hours Service (tel 0161 718 2118) See policy and procedures for more information on making a referral.

Section 6: Harm Level Process

This section outlines the response to safeguarding under the harm levels. This refers to the reporting and investigation of the incident. The safety and wellbeing of service users should be ensured in the first instance. Please see section 3 and 4 of the multiagency policy and procedures and complete a risk assessment of the situation to ensure that all adults at risk have been considered.

Level 1:

- Record incident/accident on monthly log.
- Store, monitor and analyse monthly logs in preparation for submitting the quarterly online survey.
- Identify patterns, key themes and learning points and submit data via the quarterly online survey.
- Follow internal procedures in recording and responding to incidents.
- Consider contact to CQC
- Complete and submit the quarterly online survey and print off pdf summary for own records

Level 2:

- Record incident/accident on monthly log.
- Store, monitor and analyse monthly logs in preparation for submitting the quarterly online survey.
- Continue to identify and record patterns, key themes and learning points and submit data through the quarterly online survey.
- Follow internal procedures in recording and responding to incidents.
- THIS LEVEL REQUIRES AN ACTION e.g update care plan/risk assessment/staff training.
- Record and monitor action/safeguards taken.
- Consider contact to CQC
- Complete the quarterly online survey and print off pdf summary for own records

Level 3:

- Contact ASC to raise safeguarding alert.
- Complete Internal Investigation and action as required
- Complete Internal Investigation Report.
- Safeguarding OUTCOME to recommended by provider.
- Send completed report to ASC for review panel.
- Identify any patterns, key themes and learning points from the investigation and record and include data when submitting the quarterly online survey.
- Contact CQC and other partners in safeguarding e.g DBS/NMC
- Complete the quarterly online survey and print off pdf summary for own records

Level 4 and 5:

- Contact ASC to raise safeguarding alert.
- Contact relevant partner agencies (Police, CCG, CQC, DBS, NWC)
- Ensure appropriate safeguards are in place to protect Adults at Risk.
- Safeguarding will be led by ASC and guidance should be sought from the safeguarding adult's policy and procedures.
- Identify and record any patterns, key themes and learning points from the investigation and include data when submitting the quarterly online survey.
- Complete the quarterly online survey and print off pdf summary for own records

This is an outline of the actions required to respond to safeguarding concerns, professional judgement and accountability should be applied when determining the level of harm and the action required.

Please be aware that Level 4 and 5 require a multi-agency response and will be outcomed by Adult Social Care and partner agencies as outlined in the safeguarding policy and procedures.

The incidences reported in the logs will NOT be investigated as per the Safeguarding Adults Policy and Procedures. Therefore NO incidences where alleged abuse has occurred and which requires investigation should be reported on the logs. The logs are not to be used as a method of informing ASC of safeguarding concerns but rather a tool used by providers to identify patterns, themes and learning.

The logs do not replace any internal procedure.

The logs will be reviewed by the ASC during monitoring visits by the Quality Service Team. These logs should be available on request by CQC.

Providers will record levels 1 and 2 logs and gather information that will look at patterns, key themes, safeguards and learning points from ALL logs. The information gathered will need to be monitored and analysed, with the information all providers will record data and input information to the quarterly online survey. The same process will be required for Harm levels 3, 4 and 5.

The harm level data you submit via the online survey will be submitted to the Quality Assurance officer for the Safeguarding Adults Board and Children Partnership at the end of the scheduled quarterly month. The Quality Assurance officer will send an email to remind providers a week before the deadline for all submissions. susan.holroyd@stockport.gov.uk

The logs will not be reviewed under the safeguarding policy and procedures and providers by recording an incident on the logs are accountable for their response to that incident..

Role of the Harm Levels Panel:

All Harm Level 3 Investigation Reports are reviewed by a multiagency panel including representatives from Stockport CCG, Stepping Hill Foundation Trust

and Pennine Care. It is led by Stockport MBC. The panel meets on the first Wednesday of every month.

The aim of the Harm Levels Panel is to review all Level 3 Investigation Reports to ensure that providers have carried out a suitable investigation; proportionate to the incident and focused around the person's desired outcome. The manager should detail any learning, themes, safeguards or actions from the investigation to the quarterly online survey which will then be sent directly to the Safeguarding Business Manager.

If the panel are satisfied with the outcome of the provider led investigation, the safeguarding alert is closed off by the Safeguarding team. Further information may be requested if the panel identify any issues or concerns. Feedback is given to providers for every Level 3 Investigation Report following the monthly panel meeting.

Feedback to families:

Providers are expected to work with the adult at risk and where appropriate, their families. This will involve informing the adult at risk and their family of the safeguarding alert which is being investigated under Level 3.

For Levels 4 and 5, the communication strategy will be discussed at the strategy meeting. This will be of particular importance for investigations that the police are leading on.

It is important for providers to record the wishes and desired outcomes of the adult at risk and their family, in line with Making Safeguarding Personal. The person's desired outcomes should remain at the core of the safeguarding investigation throughout. Providers should look at whether the desired outcomes have been met when the investigation is concluded.

Providers should inform the adult at risk and their family about any changes to the care plan or risk assessment that might be made as a result of the safeguarding investigation.

SECTION 7: Harm Level Scenarios

Stockport's Harm Levels Guidance contains Harm Level scenarios. The aim of this tool is to help the provider service to determine the appropriate response to the safeguarding concern and make proportionate enquiries.

When assessing Harm Levels you should consider the following points:

- The Harm Levels are in place to ensure that there is a proportionate response to safeguarding concerns.
- Only managers and deputies should be decision makers when assessing the Harm Level caused.
- When an incident occurs and harm is caused, providers must look at the incident holistically. Asking questions such as; has this happened before? Was there a

probable cause for it? What precipitated this? This will assist providers in identifying what Harm Level this is.

- What is the level of harm caused to that individual? What outcome do they want to make them feel safer?
- Is a single agency or a multi – agency response needed i.e who needs to be involved in investigating what has occurred?
- Safeguarding is not a static process and taking time to ensure you ask the right questions and that you respond proportionally and share the information with relevant parties allows for the most appropriate response to be followed.
- The immediate concern is to the safety of the service user and them feeling safe from harm.

The scenarios below are used to demonstrate how initial questioning and information gathering allows for a proportionate and person centred approach to determining the harm level. The scenarios are guidance only.

Scenario 1

Mrs Wilson is receiving a care package of three calls a day commissioned by SMBC. On a review visit Mrs Wilson discloses that 'a carer' has taken money from her purse without her permission.

Mrs Wilson is not able leave her property independently and is supported weekly to collect her pension through a commissioned call. Mrs Wilson wants to keep her money in her own purse, which is kept in her bag. Mrs Wilson always has her bag with her.

Mrs Wilson does not have many visitors as her family live far away.

What do you need to know to give a proportionate response?

- Is Mrs Wilson able to identify the carer in question? (What they did? What Mrs Wilson saw?)
- What level of detail is Mrs Wilson able to give? (date/time/amount of money)
- What does Mrs Wilson identify as her own outcomes for this alleged incident?
- What risk assessments are in place for staff supporting Mrs Wilson with collecting her pension?
- What is Mrs Wilson's capacity around managing her finances?
- Can you obtain any evidence to explain the incident? (e.g collect receipts/review care logs)
- Identify who has been supporting Mrs Wilson to collect her pension?
- Has the care plan been followed for collecting Mrs Wilson's pension?
- Is this the first time Mrs Wilson has made this allegation?
- Do I need to call the police, as theft has been alleged?
- What safeguards are in place to protect Mrs Wilson from any future incidences?

Through finding the information above you will be able to determine the Harm Level.

The allegation of theft would require sharing the information with the police. If following this conversation with the police they are going to complete an ongoing investigation then this would be a **multi-agency response** and therefore would be at a level 4.

Prior to contacting the police obtaining basic information to inform their decision as per the policy and procedures.

The impact upon Mrs Wilson would need to be considered and her outcomes identified for the agency completing the investigation. This would require the investigator to discuss this with Mrs Wilson. The manager needs to consider Mrs Wilson's mental capacity and her understanding. The principles of the mental capacity act need to be applied.

Scenario 2

John is 79 year old gentleman who lives in a residential home and has been for the last five years. John has a diagnosis of dementia. John is assisted with his personal care and the carer supporting John, notices that John has extensive bruising on his right side. The carer reports this to yourself and after reviewing Johns falls log there are no reported falls.

What do you need to know to give a proportionate response?

- Is John able to recall the falls incident?
- Does John identify any reasons for the fall?
- What would make John feel safer?
- What information is John able to provide?
- Do you need to complete a body map?
- Is it necessary to contact a GP to examine John?
- Do you need to consult Johns care plan to ascertain if there are any processes to follow around supporting John with bruising?
- Is it necessary to ask the staff who supported John the following day to identify if there were any bruising at previous interventions?
- Do you need to ask the night staff if there were any incidences which would cause bruising?
- Was John observed over night?
- Is this a one off incident?
- Is there any other unexplained bruising on other residents?
- Is John able to recall the falls incident?
- Does John identify any reasons for the fall?

In order to establish the harm level you need to understand how the bruising occurred and the events that led up to this. Through making the above initial enquiries you may be able to establish the timeframe within which the bruising occurred. Creating a time line could assist you with this.

If this is a one off incident and there is an explanation for the bruising following a discussion with the night staff who has not reported a fall accurately then there is need to address the importance of recording with the member of staff, then it would be appropriate to look at logging this as a level 2 with the action being increased training for staff and up-dating John's care plan and risk assessment.

If however the bruising does not have an explanation and there is no initial reason for the bruising then further investigation is required. You need to consider contacting the police as the bruising could be an indicator of physical assault. This would need to be considered as a Level 3 or above. If you are asking the police to support in the investigation then this would be a Level of 4 or 5 depending on the severity of the injuries sustained.

If further bruising is identified on other residents without an explanation then it would be necessary to raise a safeguarding alert as a level 4/5 and there you may need to consider the risks to your residents and determine whether staff suspension is required.

The initial information gathering would allow for an understanding of how the bruising occurred and to understand whether any abuse has occurred.

Scenario 3

Mr Philips and Mrs Andrews are both residents in a residential care home. Mrs Andrews is found in Mr Philips bed. The night staff respond by taking Mrs Andrews back to her bed and Mrs Andrews is settled in her room and does not appear to be in any distress.

What do you need to know to give a proportionate response?

- Do both parties have mental capacity?
- Is this a consensual relationship?
- Why did the carer take Mrs Andrews out of the room?
- Has a sexual act occurred?
- Is this a one off incident?
- What is Mr Philips and Mrs Andrews understanding?
- Is there any evidence that needs to be preserved?
- Does the information need to be shared with the police?
- Is there a sufficient risk assessment in place to ensure the safety of residents within the home?

Following the incident the initial response would need to ensure that adequate safeguards were in place and that the information is shared with the relevant parties.

This may be a consensual relationships between Mr Phillips and Mrs Andrews and both have capacity to consent to their relationship. If this is the case then the reaction of the carer needs to be addressed as this would be in breach of their rights as consenting adults.

If either party lacks capacity to consent then you would need to consider sharing the information with the police. The police can then make a decision as to how they are going to respond. If the police are taking part in the investigation then this will be a multi-agency response. The preservation of any evidence would need to be considered.

If the police are deciding not to proceed with any investigations then it may be appropriate to complete an internal investigation as a level 3 if no significant harm was caused. This would allow for a person centred response and for the risk management to have a holistic assessment considering the importance of personal relationships within the environment.



Harm Levels FLOW CHART

CONSIDER THE HARM LEVEL CAUSED



