



Leicester City Council

SAFEGUARDING ALERTS
INFORMATION FORM

GUIDANCE FOR
RESIDENTIAL/
NURSING HOMES

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1. SAFEGUARDING ALERTS INFORMATION FORM INTRODUCTION

1:1 This guidance is given in order to help a residential and/or nursing home fill in the Leicester City Council Safeguarding Alerts Information Form. The purpose of this form is to introduce a means by which a residential and/or nursing home can document an incident that they would ordinarily be presenting to Leicester City Council for contractual and/or safeguarding consideration in an effective and timely way.

1:2 This form is intended to be used by the residential and/or nursing home to **report all** circumstances of potential contractual and/or safeguarding concern to the Leicester City Council.

1:3 It is acknowledged that there may be a circumstance of potential low or moderate concern when a decision can be made that the form alone is submitted. The acknowledgement and response to the submission of the form then becomes the responsibility of the Leicester City Council.

1:4 If there is a likely higher level or serious concern to report we ask that both a telephone call to the appropriate Leicester City Council Contact and Response/Emergency Duty Team or social work team is made and the Safeguarding Alerts Information Form is completed. We suggest that first the telephone call is made to the Leicester City Council and the Safeguarding Alerts Information Form is completed and sent after.

1:5 In designing a way to improve communication between the residential and/or nursing home and the Leicester City Council it is acknowledged that some events are of a nature that require more attention and greater activity proportionate to the severity of the circumstances. The professional judgement of the residential and/or nursing home is required in the determination of the event and if it is of a higher level or serious concern.

1:6 Some events that may be characterised of a higher level or serious concern can be physical injuries that require medical attention, repeated injuries or bruises, suspected inappropriate restraint, assault leading to injuries, deliberate misadministration of medications, threatening staff behaviour, failure to care plan that leads to harm, a pattern of money going missing or one large lump sum, incidents of a sexual nature, events that lead to an ambulance or police being called and cumulative events (low level events) that together seem of a higher level. This is not an exhaustive list, but examples of situations that will prompt the residential and/or nursing home to make a telephone call as well as complete and send the Safeguarding Alerts Information Form.



1:7 In the section on the Safeguarding Alerts Information Form, 'What has been done by the provider' (see below) the judgement of the residential and/or nursing home (if a telephone call to Leicester City Council was/was not decided to be made) can be documented.

1:8 It is also acknowledged that there may be times when staff at the residential and/or nursing home haven't the ability to complete the form, regardless of the level of concern. In these circumstances the residential and/or nursing home is asked to make a telephone call to the Leicester City Council Contact and Response/Emergency Duty Team or social work team to make the safeguarding and/or contractual alert, regardless of completing the form.

2. Safeguarding Alert Process

2:1 It is important to state from the start that this form does not change what may or may not be necessary to report to Leicester City as a contractual and/or safeguarding concern. It does not in any way change the Leicester, Leicestershire and Rutland Safeguarding Multi-Agency Policies and Procedures. These are available at lradultsafeguarding.co.uk.

There is **no change** in the Safeguarding Adults Process followed by the Leicester City Council. There is **no change** in the Stage 1:Alert process contained in the Policy and Procedures. There is **no change** in the roles and responsibilities of the residential and/or nursing home in carrying out the needs of reporting to Leicester City Council.

2:2 It is still important to remember that completion of this form does not determine that the situation is safeguarding for the Leicester City Council. As the lead agency for safeguarding the Leicester City Council will determine the information it needs to be satisfied that it must make a safeguarding enquiry, at what point this can be decided and who will be involved to carry that enquiry out.

2:3 **Timescales.** There is no change to the timescales for reporting information about potential safeguarding to the Leicester City Council. These remain:

2:3:1 Immediate action may be required to safeguard the adult, when they request this or when they cannot safeguard themselves.

2:3:2 Contact should be made to the lead agency for safeguarding within the same working day.

2:3:3 If the incident occurs outside of normal working hours and cannot wait for a response until the next working day, it should be reported to the Emergency Duty Team (EDT).

3. Completing the Safeguarding Alerts Information Form

3:1 In general the more information that can be provided to the Leicester City Council the least likely there will be a need to contact again for additional points of clarification.

3:2 There are elements of the form that are self-explanatory. There are some parts, however, where this guidance will assist give more prompting for consideration.

3:3 **Nature of the incident.** The detail you may add in this box can rely on a number of characteristics. The questions that follow may not be the only ones to consider – but act as helpful prompts overall.

3:3:1 What type of abuse and/or neglect may have occurred? Is it physical? Is it sexual? Financial? Institutional? Neglectful actions? It would be helpful to have your first thoughts.

3:3:2 What were the events leading up to the incident. Was it after food? After bad news? Following an infection (UTI)? After particular care has taken place? After a family visit? Does it/ or similar concern occur during a particular shift? This may involve the perpetrator and/or Adult at Risk.

3:3:3 What describes the events that happened? What are the facts that can be established in the chronology they occurred? How long did the incident last? Who were the witnesses? What can be reported to have been said at the time of the incident? What evidence remains to help clarify what happened?

3:3:4 What happened immediately after the incident? Did people walk away? Did parties make apology? Were confessional statements made? What support was needed for a perpetrator and/or Adult at Risk?

3:3:5 What history exists between perpetrator and Adult at Risk? What support do the people involved normally have? Were they getting this? Have these events happened before for any party? What are Mental Capacity issues for the people concerned? Are they under a DOLs? How long have they lived at the home? If staff are involved how long have they worked at the home? What roles and responsibilities does that staff normally have that brought them into the incident?

3:3:6 What known risks exist? Are there risks involved with the perpetrator and/or Adult at Risk? How does this combine with the history of the people involved? How does this combine with the support provided to the people involved?

3:4 When and where it happened. If an exact time cannot be given is there an approximation? How was the approximation reached? Where the incident occurred, is it the location of a room, or if it was in the community were they indoors at a particular place or were they in an open space, such as a park or public space?

3:5 What has been done by the provider. This can cover a range of activities and the more that can be explained the more informed the safeguarding alert. It is important to remember that the Leicester, Leicestershire and Rutland Safeguarding Multi-Agency Policies and Procedures make it clear that the provider, when speaking to the adult, *'Should try not to contaminate any ongoing enquiry / investigation. You should offer reassurance to the adult, and try and establish the facts. You should avoid asking any leading questions.'* In turn this form is not asking for a provider to go beyond this policy and procedure, but there may be activity completed that has helped the adults concerned and establish some facts surrounding the incident. The following are some example suggestions of activity, but you should be specific to the event that has taken place.

3:5:1 Are there any other forms completed that will assist provide information: Body charts, ABC charts, incident reports, statements from staff or parties involved, any complaint process started, Mental Capacity Assessment, Support Plan updated and/or Risk Assessment updated? Is it clear how any new support needs and risks are being managed? Are there new monitoring forms set up or short term support plans monitoring injuries, falls, behaviours, finances or other concerns? Can any of these additional forms be attached?

3:5:2 Are there professionals and organisations referred, such as the police, ambulance, GP, District Nurses, specialist nurses, DOLs, funding authorities (other local authorities, CHC?)? Have they made any requests upon you? Is there any family or advocacy in place that have been informed?

3:5:3 What protective factors have been introduced that look to mitigate from further safeguarding and/or contractual concerns for either the perpetrator or Adult at Risk? Have there been changes to staffing and support? Are there training issues identified? Have there been new approaches such as new distraction techniques? Is there a medication review or physical health check completed? Have there been changes in rooms within the environment or key workers or other significant differences in the new support planning?

3:5:4 What staff related actions have been required in view of the residential and/or nursing home responsibility as employer? Has there been staff suspended? Disciplined? Placed under reduced tasks/responsibilities? Has supervision of a staff increased and at what frequency? What staff investigation may be proposed and do you need information to know if it needs to tie in with any safeguarding/police/Nursing Midwifery Council or other enquiry? The overall need not to contaminate any other enquiry should be established in the information in the form.

3:6 Making Safeguarding Personal. This is described in the Care Act 2014 Guidance as Safeguarding which, '*Should be person-led and outcome-focused. 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.*' The provider should not put themselves in a position whereby they may ask any leading questions as regard the potential safeguarding event, but if they can record expressions of opinion by the Adult at Risk about what would be their outcome, or ask as a matter of fact for an opinion on an outcome, this should be written down in this section. It is acknowledged that any opinion offered is a snapshot of an expression at the time and may change.

3:7 If the Adult at Risk does not have capacity it is still important to record any expression of opinion about the outcome, even if it may only be indicative of the person at the time. If the person does not have capacity can an expression of the preferred outcome be recorded from a family/ advocate as may represent the opinion of the Adult at Risk?

3:8 Action Plan. As a result of what the provider has done there may be actions that come out of the event – such as actions from the audit of the incident report by the manager/ senior of the residential and/or nursing home. If these can be recorded for the form and/or documentation attached that sets out the future planned actions.