**GUIDANCE: MEDICATION INCIDENTS AND SAFEGUARDING**

Most isolated medication incidents, including where a person misses or receives the wrong medication, will not constitute abuse or neglect and will be more appropriately dealt with outside safeguarding procedures, though e.g. quality, safety or complaints routes.

Conversely, where there are concerns that the medication incident constitutes abuse or neglect, including gross negligence or intentional misuse of medication, then the local multiagency safeguarding adults procedures should also be followed, after taking any immediate action needed to minimise harm.

In addition you may be required to report medication incidents to e.g. the CQC or whoever commissions the service. **The Bradford Medication Support Guidance for Care Homes and Home Care organisations provides useful further information. (Link)**

**The following table gives examples of situations and suggested responses (See overleaf for Key and further guidance)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Medication issues: Is it abuse or neglect and need does it need reporting to the Local Authority safeguarding Adults team?*** | | | | |
| ***Unlikely*** | ***Possibly*** | ***Probably*** | ***Definitely*** | ***Definitely & Consider Safeguarding Adults Review*** |
| *Isolated prescribing or dispensing error(s) not leading to mal-administration*  *Isolated medication administration error(s), including, missing, wrong dose, time or person.* | *Re-occurring prescribing or dispensing error(s) not leading to mal-administration.*  *Reoccurring medication administration error(s), including, missing, wrong dose, time or person.*  *Failing to report prescribing and dispensing errors by self or others* | *Covert (hiding) medication without documented best interest decision and agreed care plans?*  *Failing to report or document a medicines administration error according to agency policy and procedure.*  *Failing to monitor or seek appropriate medical advice and support following medication error.* | *Widespread use of covert medication without personalised care plans and best interest decisions.*  *Intentional misuse of medication by an individual, used to threaten, control or harm a person.*  *Deliberate falsification of medication records by an individual following an error*  *Harm as a result of failure to seek appropriate medical advice and support following medication error.* | *Medication incident caused by gross neglect causing death or irreversible harm to a person.*  *Culture of using medication to threaten, control or harm a person.*  *Failure of quality and monitoring of medication leading to death or irreversible harm to a person.* |

**This guidance should be read in conjunction with the Joint Multi-Agency Safeguarding Adults Policy & Procedures and decisions should be underpinned by the six safeguarding principles: Empowerment, Prevention, Proportionality, Protection, Partnership and Accountability.**

**Every event or concern must be considered on it’s own merits, to determine whether there are concerns about abuse or neglect, that need to be shared with the local authority so that they can undertake safeguarding enquiries.**

**General Considerations**

* Whether the concern is about abuse (including neglect) of an adult(s) at risk.
* What the adult at risk wants to happen (or their best interests if they lack mental capacity to make the decision).
* Risk of abuse and neglect to others who may not be able to protect themselves from abuse.
* Whether safeguarding enquiries are needed reduce risk of further abuse.
* The severity of harm or risk of harm.
* The adult’s vital interests (to prevent serious harm or distress or life threatening situations).

***KEY***

**Unlikely: Could be addressed through single agency action, e.g. care management, quality or incident management systems, complaints or personnel policies.**

**Possibly: Consider safeguarding procedures, but could be addressed through single agency action, e.g. care management, quality or incident management systems, complaints or personnel policies.**

**Probably: Likely to require safeguarding adults procedures or discussion with local authority safeguarding team**

**Definitely: High expectation that concern will be shared with local authority though safeguarding Adults Procedures.**

**Definitely and SAR: High expectation that concern will be shared with local authority and considered for a Safeguarding Adult Review.**

**GUIDANCE: FALLS AND SAFEGUARDING**

Falls can have multiple causes and may lead to serious physical and psychological damage, including pain and discomfort, bone fractures, loss of confidence and injuries that can lead to death. Although the risk from falls can often be reduced though personalised care planning and environmental changes, a fall does not automatically suggest abuse or neglect and each individual case should be examined in order to determine whether there is a safeguarding concern.

Issues around falls risks may be appropriately dealt with through e.g. care planning, quality monitoring, patient safety or complaints routes. Conversely, where there are concerns that a fall is as a result of abuse or neglect, including e.g. intentional over-sedation or failure to reasonably manage falls risks, then the local multiagency safeguarding adults procedures should also be followed, after taking any immediate action needed to minimise harm.

In addition you may be required to report medication incidents to e.g. the CQC or whoever commissions the service.

**The following table gives examples of situations and suggested responses (See overleaf for Key and further guidance)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Falls: Is it abuse or neglect and need does it need reporting to the Local Authority safeguarding Adults team?*** | | | | |
| **Unlikely** | **Possibly** | **Probably** | **Definitely** | **Definitely & Consider Safeguarding Adults Review** |
| Isolated incident of fall (un-witnessed or witnessed) where person has received appropriate medical treatment.  Repeated falls incidents where the care plan shows that all reasonable steps have been taken to review and reduce risk | Failure to implement or review a falls risk assessment or care plan to reflect changing condition or frequent falls.  Failure to consider environmental falls risks | Harm resulting from failure to implement or review a falls risk assessment / care plan, to reflect changing condition  Failure to monitor or seek appropriate medical advice, treatment or support following a fall. | Repeated failure to seek appropriate medical advice or support following a fall.  Repeated failure to implement or review falls risk assessments.  Unmanaged falls resulting from intentional over-sedation  Harm as a result of not following falls risk assessments / care plans failure | Fall resulting in irreversible harm or death, due to neglect or abuse (Including failure to review or follow care plans).  Fall resulting in irreversible harm or death due to breaches in health and safety legislation. |

**This guidance should be read in conjunction with the Joint Multi-Agency Safeguarding Adults Policy & Procedures and decisions should be underpinned by the six safeguarding principles: Empowerment, Prevention, Proportionality, Protection, Partnership and Accountability.**

**Every event or concern must be considered on it’s own merits, to determine whether there are concerns about abuse or neglect, that need to be shared with the local authority so that they can undertake safeguarding enquiries.**

**General Considerations**

* Whether the concern is about abuse (including neglect) of an adult(s) at risk.
* What the adult at risk wants to happen (or their best interests if they lack mental capacity to make the decision).
* Risk of abuse and neglect to others who may not be able to protect themselves from abuse.
* Whether safeguarding enquiries are needed reduce risk of further abuse.
* The severity of harm or risk of harm.
* The adult’s vital interests (to prevent serious harm or distress or life threatening situations).

***KEY***

**Unlikely: Could be addressed through single agency action, e.g. care management, quality or incident management systems, complaints or personnel policies.**

**Possibly: Consider safeguarding procedures, but could be addressed through single agency action, e.g. care management, quality or incident management systems, complaints or personnel policies.**

**Probably: Likely to require safeguarding adults procedures or discussion with local authority safeguarding team**

**Definitely: High expectation that concern will be shared with local authority though safeguarding Adults Procedures.**

**Definitely and SAR: High expectation that concern will be shared with local authority and considered for a Safeguarding Adult Review.**

**GUIDANCE: PRESSURE ULCERS AND SAFEGUARDING**

Although risk of pressure damage can often be reduced through appropriate personalised care planning, pressure ulcers do not automatically suggest abuse or neglect. Only a minority of cases are likely to warrant raising a safeguarding concern with the local authority though Safeguarding Adults Procedures.

All concerns about pressure damage must however be reported to a registered health professional who will ensure access to appropriate health services and report it through the organisations internal patient safety reporting system..

A practising Registered Nurse (RN), with experience in wound management and not directly involved in the provision of care to the service user, will review the person’s care and complete An Adult Safeguarding Decision Guide Assessment to help determine if there are concerns about abuse or neglect. [See Appendix 3, Safeguarding Adults Protocol: Pressure Ulcers and the Interface with a Safeguarding Enquiry (Department of Health and Social Care 2018)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/756243/safeguarding-adults-protocol-pressure-ulcers.pdf)

**The following table gives examples of situations and suggested responses (See overleaf for Key and further guidance)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Pressure Ulcers: Is it abuse or neglect and need does it need reporting to the Local Authority safeguarding Adults team?** | | | | |
| **Unlikely** | **Possibly** | **Probably** | **Definitely** | **Definitely & Consider Safeguarding Adults Review** |
| Any skin damage from pressure (Any category of Pressure Ulcer or suspected deep tissue injury) where a registered nurse with experience in wound management concludes that there are no safeguarding concerns (using the Safeguarding Decision Guide assessment or Root Cause Analysis). | Any skin damage from pressure (Any category of Pressure Ulcer or suspected deep tissue injury) where there is differing opinion as to whether there are safeguarding concerns (using the Safeguarding Decision Guide assessment or Root Cause Analysis). | Any skin damage from pressure where a registered nurse with experience in wound management concludes that there are safeguarding concerns (using the Safeguarding Decision Guide assessment or Root Cause Analysis).  Failure to respond or seek health support in relation to any category of skin damage due to pressure. | Repeated safeguarding concerns in relation to the prevention and management of skin damage due to pressure.  Safeguarding concerns relating a pressure ulcer(s) coincide with other safeguarding concerns. | Death from septicaemia as a result of un-managed pressure ulcer. |

**This guidance should be read in conjunction with the Joint Multi-Agency Safeguarding Adults Policy & Procedures and decisions should be underpinned by the six safeguarding principles: Empowerment, Prevention, Proportionality, Protection, Partnership and Accountability.**

**Every event or concern must be considered on it’s own merits, to determine whether there are concerns about abuse or neglect, that need to be shared with the local authority so that they can undertake safeguarding enquiries.**

**General Considerations**

* Whether the concern is about abuse (including neglect) of an adult(s) at risk.
* What the adult at risk wants to happen (or their best interests if they lack mental capacity to make the decision).
* Risk of abuse and neglect to others who may not be able to protect themselves from abuse.
* Whether safeguarding enquiries are needed reduce risk of further abuse.
* The severity of harm or risk of harm.
* The adult’s vital interests (to prevent serious harm or distress or life threatening situations).

***KEY***

**Unlikely: Could be addressed through single agency action, e.g. care management, quality or incident management systems, complaints or personnel policies.**

**Possibly: Consider safeguarding procedures, but could be addressed through single agency action, e.g. care management, quality or incident management systems, complaints or personnel policies.**

**Probably: Likely to require safeguarding adults procedures or discussion with local authority safeguarding team**

**Definitely: High expectation that concern will be shared with local authority though safeguarding Adults Procedures.**

**Definitely and SAR: High expectation that concern will be shared with local authority and considered for a Safeguarding Adult Review.**