

# LCC Safeguarding Adults Service

# Housekeeping

1. Please switch your cameras on and microphones off.
2. If you have a question, there will be plenty of opportunity to do this at the end of the presentation.

# Safeguarding Support Team (SST)

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- We have all been involved in the Safeguarding Enquiry Service since its conception.
- We are a new Team set up to support providers.
- Why are we doing these sessions
  - Redesign of Safeguarding Enquiry Service – One SW throughout
  - Way Professionals raise Safeguarding's has changed -Referrals through Portal

# What is Safeguarding ?

Definition of Safeguarding as written in the Care Act 2014:

“Adult safeguarding” is working with adults with care and support needs to keep them safe from abuse or neglect. It is an important part of what many public services do, and a key responsibility of local authorities.

Safeguarding is aimed at people with care and support needs who may be in vulnerable circumstances and at risk of abuse or neglect. In these cases, local services must work together to spot those at risk and take steps to protect them.

# What is a Section 42 Enquiry?

This is set out in Section 42, Care Act (2014)

The Section 42 duty requires consideration of the following criteria under Section 42 (1) and (2) of the Care Act (2014):

S42 (1) Whether there is “reasonable cause to suspect” that an adult

**i. has needs for care and support(whether or not the authority is meeting any of those needs)**

**ii. is experiencing, or is at risk abuse or neglect, and**

**iii. as a result of their needs is unable to protect themselves**

*S42 (2) Making whatever enquiries are necessary v. Deciding whether action is necessary and if so what and by whom*

# Provider Toolkit

The LCC portal holds all the information you will need

[Safeguarding toolkit for providers and professionals](#)

# Provider Portal

[Are you concerned about a vulnerable adult? - Lancashire County Council](#)

# Provider Responsibility

- What happens next – Outcomes taken to mitigate risk for the future.
- Doesn't meet LSAB Guidance, but actions still need to be taken.



# Scenarios

- Falls – Mr Jones has suffered a fall and suffered a fractured hip..
- He was in the lounge and was walking to the dining table to have his lunch. He mobilises using a zimmer frame. The fall was witnessed but staff could not prevent the fall. This is the first fall Mr Jones has had since being in the care home. Staff called an ambulance.
- Does a safeguarding need to be raised ?

# Outcome

Doesn't meet LSAB Criteria –

- One off fall.
- Witnessed.
- No third Party.
- Not as a result of omissions of care.
- Provider took appropriate action.

# Scenarios (contd)

- Mrs Smith has had several falls in the past 6 months all resulting in minimal harm. Risk assessments are in place, sensor mats are in place, she has been assessed by the falls team and no equipment has been provided. Mrs Smith has capacity and understands the risks of trying to mobilise independently, however, she will quite often get up and walk without the support of staff despite her call bell always being in her reach.
- She was in her bedroom and has tried to walk to the ensuite, the sensor mat has alerted staff and they have got to her within seconds of the alarm being triggered, but she has fallen and got a nasty head injury. An ambulance was called and she was taken to hospital and has suffered a bleed on the brain.
- Does a safeguarding need to be raised ?

# Outcome

Doesn't meet LSAB Criteria –

- Safeguards in place
- Not as a result of omissions of care
- Provider took appropriate action at the time of the fall.

# Scenarios Pressure Sores

- Pressure Sores - Mrs Taylor has a grade 3 pressure sore. -
- Tissue Viability Nurses have put a wound care plan in place and have placed Mrs Taylor on 2 hour repositioning. On their second visit, the pressure sore has deteriorated. They can see that the dressings have been done in line with their plan, but the positional changes are not being carried out 2hrly as advised.
- Does a safeguarding need to be raised ?

# Outcome

This meets LSAB Criteria.

- There has been omissions of care as the repositioning has not been carried out in line with the care plan and this is likely to have contributed to the deterioration in the wound.

# Scenarios (contd)

- Mr White has a pressure sore. Mr White likes to get up early about 7am in the morning and will sit on his mobility scooter all day. Pressure relieving equipment is in place and relevant professionals have been involved in care planning.
- His care plan advises bed rest in an afternoon for 2 hours. Mr White quite often refuses bed rest and the pressure sore is deteriorating. He has capacity and despite encouragement from the staff he very rarely has any pressure relief during the day.
- Does a safeguarding need to be raised?

# Outcome

This does not meet LSAB Criteria –

- Mr White has capacity and is making unwise decisions.
- Care plans and risk assessments are in place.
- No third party.
- Not as a result of omissions of care.



# Scenarios Medication

- Mrs Murphy has a calcichew tablet every morning.
- The carer forgot to administer the tablet one morning.
- The GP was informed and advice given.
- No harm occurred.

# Outcome

This does not meet LSAB Criteria –

- This is a one off incident.
- No harm occurred
- Provider took appropriate action.

# Scenarios (cont'd)

- Mr Jackson was given another residents medication which resulted in him suffering a seizure and needing to be treated at hospital.
- Does a safeguarding need to be raised?

# Outcomes

This does meet LSAB Criteria-

- There has been an omission of care
- Mr Jackson became ill as a result.
- Mr Jackson required medical attention at hospital.

# Any Questions

# Thank You

We would just like to thank you all for attending this presentation.

We will be emailing a feedback form to you and we would really appreciate you completing this.

Should you need any support going forward, please do not hesitate to contact us through our email.

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