

# STOCKPORT SAFEGUARDING ADULTS BOARD

## 01 Background

X is an 86yr old man living in a residential Care Home. His physical health has recently deteriorated and he is now receiving all of his care in bed.

John's Waterlow Score indicates he is at high risk of developing a pressure ulcer. X has pressure relieving equipment in situ and a care plan for 2 hourly repositioning

## 02 Concern

During a routine visit by a Healthcare Support Worker [HCSW] X indicated he was in extreme discomfort. On closer examination the HCSW observed multiple grade 2, 3 & 4 pressure ulcers to various sites on John's body.

The HCSW noticed the 'Turning & Repositioning Record' had not been completed consistently and recording of ulcer sites was not consistent with John's presentation.

## 03 Recognise

X is an 'Adult at Risk' in accordance with the Care Act [2014] definition. He has care and support needs due to his physical health conditions. The HCSW was concerned that X may have been subjected to abuse in form of neglect, since he was unable to manage his own care needs. This is an 'Adult Safeguarding Concern'.

The HCSW recognised that this situation could also constitute 'Wilful Neglect' which is a crime introduced by the Mental Capacity Act [2005], for adults who lack capacity to make certain .

## 04 Respond

The HCSW should speak to X about the concerns and establish his wishes and feelings, including what he wants to happen. The HCSW should escalate immediately to their line manager and request assistance from a qualified practitioner who should collect appropriate evidence. This could include, body maps, medical photography, and detailed notes about the concern and action taken.

Urgent medical attention should be sought as required e.g. GP, Tissue Viability Nurse [TVN] or ambulance. Where there are concerns about 'Wilful Neglect' or any other potential crime, guidance should be taken from the Public Protection & Investigation Unit [PPIU]. The Registered Manager of the Care Home should be informed of the concerns and actions undertaken.

## 05 Refer

All professionals have a duty to share information about a safeguarding concern. Since X has been identified as an 'Adult at Risk' the concern must be raised with the Local Authority – irrespective of his consent. In order to ensure his needs are holistically met, discussions should be held regarding any specialist services available e.g. TVN. If it's felt X may have 'substantial difficulty' [Care Act 2014] or is deemed to lack capacity to make relevant decisions, a referral for advocacy should be considered.

## 07 Remember

1. RECOGNISE – is this an adult at risk, is there an allegation of abuse?
2. RESPOND – ensure immediate safety and wellbeing of all involved
3. REFER – raise the safeguarding concern with LA
4. RECORD – detailed written records are essential including safeguard/incident report

## 06 Record

A written record of the concern should be completed as soon as practicable [no longer than 24 hours]. This should be as detailed as possible, in line with record-keeping guidelines and include any evidence gathered such as body maps & medical photography. Care plans and risk assessments should be updated in accordance with standard procedure. A PCFT Safeguard/Incident Report must be completed, including a detailed account of all actions taken and measures implemented to safeguard X [and other adults at risk] up to this point.



STOCKPORT  
METROPOLITAN BOROUGH COUNCIL

Safeguarding  
**Adults**  
in Stockport