Where Health or Social Care staff identify or receive concerns they must ensure that an assessment of the individual and their care takes place by an appropriate health care professional. This may be a doctor, registered nurse or tissue viability specialist.

The Health Care professional undertaking the assessment will consider the patient and establish how their care has been delivered. This should be assessed against local and national guidance available. If necessary they should seek a second opinion or advice from a tissue viability specialist.

The purpose of this guidance is to brief managers in health and social care regarding the issues to be considered in deciding whether to convene strategy discussions under (Safeguarding Adults) Policy and Procedures where there is a report concerning possible neglect of skin care.

It may be of use for other partner agencies including social and health care providers as to when an adult protection report (referral) should be made regarding neglect and tissue viability.

This guidance does not replace the need to read The Adult Protection (Safeguarding Adults) Policy and Procedures or any Health Guidance issued on Tissue Viability.

**Current Tools used in Identifying Pressure Ulcers**

There are trigger tools in use in Derbyshire agreed with the Derbyshire County PCT, Derby City PCT, Local Authorities and Hospitals for identifying those people who are at risk of developing pressure ulcers and they are:

The Waterlow Risk Assessment Tool used by the PCT’s staff and hospital staff updated in 2005 for use in health care particularly used by nursing staff.

Accident & Emergency Units in the Acute Foundation Trusts use the Anderson Tool

The Goodhead Pressure Ulcer Prevention Trigger Tool (1999). Specifically developed to be used by those working in non-nursing environments in South Derbyshire to aid the identification of people who are at risk of developing pressure ulcers and to trigger a request for assessment by a general
registered nurse. In late 2006 it was reviewed and adapted for use by Derbyshire County Council and Derbyshire County Primary Care Trust as part of a multi-agency approach to reducing the risk of pressure damage to people living in their own homes and care homes.

References:

- National Institute for Health and Clinical Excellence Guidance for the prevention and Treatment of Pressure Ulcers September 2005 (Appendices)
- Essence of care service user focused Benchmarks for clinical governance April 2003, Department of Health
Recommended Practice

Step 1

Assess if there is a problem

Where tissue viability is a concern and the service users live in their own home or in a care home, they will first be seen by a carer (formal or informal) who can refer to a GP or a District Nurse for assessment and treatment. The health community can provide information to informal carers on how to identify possible skin care problems.

[Ref: NICE guidance 2005]

Hospitals and private nursing homes have registered nursing staff in place with the relevant skills and knowledge to undertake assessment of the risk of pressure ulcer development and manage treatment. For care homes with service users who receive residential care, reports or referrals are made to registered nurses working in community nursing teams who will undertake and facilitate treatment for service users.

A strategy discussion is required when there is a high risk of serious harm being caused by acts or omissions which could have reasonably been avoided. This applies whether the service user is being treated for a pressure ulcer or not.

Step 2

In all cases consider these three questions:

1. Are there concerns that all reasonable steps have not been taken to prevent the pressure ulcer?
2. Is the adult vulnerable?
3. Is there evidence of neglect?

1. Are there concerns that all reasonable steps have not been taken to prevent the pressure ulcer?

If there are concerns about whether reasonable steps to reduce the risk of pressure ulcers were taken, the care that was given should be assessed against available local and national guidance. A second opinion should be sought if necessary.

Specialist advice is available from specialist tissue viability nurse advisors as to sources for seeking second opinions and evaluating the information collected.

2. Is the Adult Vulnerable?
Consider the definition of vulnerability contained in the Adult Protection (Safeguarding Adults) Policy and Procedures 2007.

A vulnerable adult, for the purpose of these procedures is any person aged 18 years or over who:-

- Is or appears to be eligible for Local Authority/Mental Health Services assistance by reason of mental ill health, physical or learning disability, age or illness;

And

- May be unable to take care of him/herself OR unable to protect him/herself against significant harm or exploitation.

3. Is There Evidence of Neglect?

Not all pressure ulcers in a vulnerable adult are the result of neglect.

Neglect is the deliberate withholding OR unintentional failure to provide appropriate and adequate care and support, and that this has resulted in, or is highly likely to result in (when considering other vulnerable adults in the same situation), a preventable pressure ulcer.

However the key questions to ask of an appropriate nurse or doctor (from whom you are gathering information) which applies to all settings are:

- Should the illness, behaviour or disability of the vulnerable adult have reasonably required the monitoring of skin condition (where no monitoring has taken place prior to serious pressure ulcers occurring)?

- If monitoring was then refused by the vulnerable adult/family was it reasonable for advice to be sought? The vulnerable adult's consent to monitoring should always be sought but if the person lacks mental capacity to make a decision regarding this, then a decision will need to be taken in their best interests. The family has no right to refuse monitoring.

- If monitoring agreed, was the frequency of monitoring appropriate for the condition as presented at the time?

- Would monitoring have shown changes in the presentation of the skin (eg persistent change in colour, temperature of skin etc) that should have triggered the need for intervention or the seeking of more expert assistance that would have prevented serious harm or its high likelihood?
• Was the appropriate expert assistance sought? If so did that result in a care plan/equipment provision appropriate to address the pressure care needs of the vulnerable adult? Did the care plan address the management of risks that should have reasonably been identified? (eg the high risk of non compliance by the service user or informal carer?)

• Was the care plan adhered to and revised appropriately? Was the equipment provided in a timely manner and used appropriately?

If the answer to all 3 questions above is yes:

Then safeguarding adults procedures must be instigated and a strategy discussion must be held.

[Ref: Adult Protection (Safeguarding Adults) Policy and Procedures]

Step 3

If a report has been made under the Adult Protection (Safeguarding Adults) Policy and Procedures 2007 and where it is necessary to hold a strategy discussion and develop a protection plan:

The strategy discussion and development of a protection plan must include all agencies agreeing their respective roles and responsibilities. This must be clearly documented and recorded.

Where the abuse/neglect of a vulnerable adult is alleged to have taken place in Derby or Derbyshire, the report will be made to the officer in the Local Authority or Service Manager in Mental Health Services who is responsible for the services provided to the vulnerable adult.

If the alleged abuse/neglect is discovered or suspected it needs to be made clear that such information may need to be shared with other agencies on a “need to know” basis. The service user’s consent to the sharing of information should always be sought. In certain circumstances information about a person may be disclosed without their consent. For further guidance on this please refer to the Adult Protection (Safeguarding Adults) Policy and Procedures 2007, paragraph 2.2.

Where no officer can be quickly identified then contact will be made to the Local Authority by telephoning Call Derbyshire on 0845 605 8058 or Derby Care Line on 01332 717777.

If the patient is in the Derby Hospitals NHS Foundation Trust then the report (referral) should go to the Derby Hospitals NHS Foundation Trust Community Care Coordinator who will identify the appropriate officer.
If the patient is in the North Derbyshire Royal Hospital Foundation NHS Trust referrals are made to the social services department in the hospital.

**Step 4**

Agree and set timescales within Adult Protection (Safeguarding Adults) Policy and Procedures. All agencies to clearly understand their roles and responsibilities. The roles and responsibilities of all agencies to be recorded and minuted at each stage of the Adult Protection (Safeguarding Adults) Policy and Procedures.

**Step 5**

The service user’s case to be reviewed within 6 months of the Adult Protection (Safeguarding Adults) Plan being completed and thereafter at least annually OR as appropriate until the closure of the Adult Protection (Safeguarding Adults) Policy and Procedures.

June 2007