

This tool is intended assist providers, Adult Social Care and NHS staff, CHC assessors, commissioners, safeguarding teams and General Practitioners (GPs) to identify concerns with a service. If you are observing a range of these indicators advice should be sought from the safeguarding lead in your organisation, and you should also feed this back to a senior person in the service to enable them to address any immediate risks unless doing so could cause more harm than good (e.g. it is the senior person causing the abuse). **If you observe abuse or neglect directly you should make a safeguarding referral (in conjunction with safeguarding lead if appropriate).**

<b>Service Name</b>	
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<b>Examples to Consider</b>	<b>Areas of Concern Identified and Evidence</b>
<p style="text-align: center;"><b>Leadership and Management</b></p> <ul style="list-style-type: none"> <li>• The manager doesn't provide appropriate leadership or direct staff to do their job properly</li> <li>• The manager is often unavailable</li> <li>• There are insufficient staff to meet the needs of the people being supported</li> <li>• There are high levels of staff turnover</li> <li>• There is a high reliance on agency staff</li> <li>• The service accepts referrals for people whose needs it cannot meet</li> <li>• The manager does not inform commissioners when they are unable to meet the needs of specific individuals</li> <li>• Policies and procedures are not readily available, accessible or do not appear to be being followed</li> <li>• Problems are not proactively recognised or responded to by the management of the service</li> <li>• Safeguarding alerts in relation to the service are unusually high/ low for the type/size of service</li> <li>• Complaints in relation to the service are unusually high/low</li> <li>• Internal incident reporting (e.g. hospital admissions, pressure areas, instances of choking) is unusually high/ low</li> <li>• External incident reporting/communication not completed appropriately – e.g. CQC, Police, Commissioners</li> <li>• Provider fails to audit/review service quality</li> </ul>	
<p style="text-align: center;"><b>Staff Behaviour and Attitudes</b></p> <ul style="list-style-type: none"> <li>• Staff appear to lack knowledge of the individual needs of the people they are supporting (e.g. specific behaviours, individual interests/preferences or communication needs)</li> <li>• Members of staff use judgemental language about the people they support</li> <li>• Members of staff are controlling and there is little or no choice available</li> <li>• Communication across the staff team is poor, either written or verbal</li> <li>• Risks arising from abusive behaviour between people using the service is not recognised, adequately addressed or managed</li> <li>• Staff fail to treat people with dignity or respect</li> <li>• There is a lack of documentation to demonstrate that Best Interests decisions are being made and adequately documented</li> <li>• Staff are not working to the principles of The Mental Capacity Act</li> </ul>	
<p style="text-align: center;"><b>Behaviours and Interactions of People Who Use the Service</b></p> <ul style="list-style-type: none"> <li>• People's behaviours change without an obvious reason</li> <li>• People's behaviours improve without obvious therapeutic input</li> <li>• People's skills change – for example they become less independent, self-care or continence management deteriorates.</li> <li>• People appear distressed in the presence of certain members of staff or other people who use the service</li> <li>• People behave differently in different environments (e.g. Day Centre)</li> <li>• Peoples who appear distressed are either ignored or experience unacceptable delays in having their emotional support needs met</li> <li>• People who require it are not supported to eat their meals / drinks</li> <li>• People appear hungry or thirsty and show signs of dehydration</li> <li>• People express a desire to stop using the service or move to a new service provider and the reasons for this have not been explored, or are not understood</li> </ul>	

Examples to Consider	Areas of Concern Identified and Evidence
<p style="text-align: center;"><b>ISOLATION &amp; LACK OF OPENNESS</b></p> <ul style="list-style-type: none"> <li>• There is little input from outsiders/professionals</li> <li>• Individuals have little contact with family or people who are not staff</li> <li>• Appointments are repeatedly cancelled</li> <li>• Members of staff do not maintain links between individuals and people outside the service</li> <li>• Proportionate to the size of the service, there is little contact with outside professional mainstream services</li> <li>• Appropriate referrals are not made (e.g. Speech &amp; Language Therapy; GP; Dietician; CPN)</li> <li>• Management and/or staff demonstrate hostile or negative attitudes to visitors, questions or criticisms</li> <li>• It is difficult to meet the person privately</li> <li>• It is difficult to see the person's bedroom (where applicable)</li> <li>• Family contact is supervised</li> <li>• The service is defensive and does not respond effectively to complaints</li> <li>• People who complain experience reprisals or are unwilling to complain because they fear reprisal for their loved one</li> </ul>	
<p style="text-align: center;"><b>SERVICE DESIGN, DELIVERY &amp; MAKE UP</b></p> <ul style="list-style-type: none"> <li>• Peoples' needs are not being met as agreed and identified in care plans</li> <li>• Care plans are of poor quality and do not represent an accurate record of the care needs of the individual</li> <li>• Care plans and risk assessments are not reviewed / updated to reflect increased needs or changed risks</li> <li>• Agreed staffing levels are not being provided</li> <li>• Staff do not carry out actions recommended by professionals</li> <li>• The service is 'unsuitable' but no better option is available</li> <li>• There is incompatibility in the group of people who use the service. This may lead to physical assaults on other people who use the service which should be reported to appropriate agencies and families</li> <li>• Safeguarding policies and procedures are not present or applied</li> <li>• Limited or no evidence of The Mental Capacity Act being applied (where required)</li> <li>• There is a reliance on restrictive practices and no DoLS</li> </ul>	
<p style="text-align: center;"><b>ENVIRONMENT &amp; BASICS OF CARE</b></p> <ul style="list-style-type: none"> <li>• Peoples' rooms are not personalised (where applicable)</li> <li>• There is a lack of care of personal possessions</li> <li>• Personal possessions are lost or stolen</li> <li>• Support for people to maintain personal hygiene is poor</li> <li>• People appear unkempt</li> <li>• There are insufficient bathroom facilities to meet the personal care needs of people who use the service</li> <li>• Essential records are not kept effectively</li> <li>• The environment is dirty and/or there are unpleasant smells</li> <li>• The environment is of a poor quality with potential hazards (e.g. trip hazards)</li> <li>• There are few activities or things to do</li> <li>• Peoples' dignity and privacy is not being promoted or supported</li> <li>• People are dressed in clothing that is not theirs and/or is inappropriate for their needs and/or the weather</li> <li>• People's independence and skills are not promoted</li> <li>• Medication is not properly provided or recorded</li> </ul>	

I shared this with the service I was concerned about	Signature
Name and role of person shared with	