**Appendix 5.2: Adult Safeguarding Decision Guide**

**When to raise a safeguarding concern in regard to pressure ulcers**

If the score is 15 or over refer to the Safeguarding Adult Team by sending this form with your safeguarding concern.

The threshold for a safeguarding concern is 15 or above. However, this should not replace professional judgement and recording in relation to cases that come into your service.

When completing this decision guide please refer to [**Berkshire Safeguarding Adults Polices and Procedures**](https://www.berkshiresafeguardingadults.co.uk/reading/procedures/?procId=1454)

**Person Name: …………………………………………………. Person Reference Number:……………………………………………..**

**Decision Guide Questions**

**Transfer of care with pressure damage**

Has the person been transferred into the care of the organisation or admitted from home to your service with significant damage and it was not possible to ascertain any information or jointly assess using the decision guide?

Yes [ ]

No [ ]

The decision guide or information to support the completion of the decision guide has been shared across the providers **INSERT NAMES AND AGENCIES HERE** and based on this information the following decision has been made:

No Safeguarding concern has been raised [ ]

The previous care provider has confirmed they have raised a safeguarding concern [ ]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Risk Category** | **Level of Concern** | **Score** | **Evidence** |
| **1** | Has there been an unexpected deterioration in the person’s skin integrity from the last opportunity to assess? | Progressive onset / deterioration ofskin integrity | **5** |  |
| Sudden onset / deterioration of skinintegrity with a clinical reason explanation (if a lapse in care score 5 above)  | **0** |  |
| **2** | Has there been a recent change in their/clinical condition that could have contributed to skin damage?e.g. infection, pyrexia, anaemia, end of life care (Skin Changes at Life End) | Change in condition contributing toskin damage | **0** |  |
| No change in condition that couldcontribute to skin damage | **5**  |
| **3** | Was there a pressure ulcer risk assessment or reassessment with appropriate pressure ulcer care plan in place and documented? In line with each organisations policy and guidance. *If this is a new pressure ulcer an appropriate pressure ulcer care plan would not be in place. A risk assessment would be.*  | Current risk assessment and care plan carried out by health care professional and documented appropriate to patient needs | **0**  | State date of assessment risk tool used score/ risk level  |
| Risk assessment carried out and care plan in place documented but not reviewed as person needs have changed  | **5**  | What elements of care plan are in place  |
| No or incomplete risk assessment and /or care plan carried out  | 15  | What elements would have been expected to be in place but were not **THIS IS SAFEGUARDING**  |
| **4** | Is there a concern that the Pressure Ulcer developed as a result of the informal carer wilfully ignoring or preventing access to care or services? | No /Not Applicable  | 0 |  |
| Yes  | 15 | **THIS IS SAFEGUARDING** |
| **5** | Is the level of damage to the skin inconsistent with the person’s risk status for pressure ulcer development? | Skin damage less severe than person risk assessment suggests is proportional  | 0 |  |
| Skin damage more severe than person’s risk assessment suggests is proportional | 10  |
| **6** | **Answer (a) if the person has capacity to consent to every element of the care plan****Answer (b) if the person has been assessed as not having capacity to consent to ant part of the care plan or some capacity to consent to some but not all.**  |
| **a** | Was the person compliant with the care plan having received information regarding the risk of non- compliance and documented they been explained  | Person not compliant with care plan  | 0 |  |
| Person compliant with some aspect of care plan but not all  | 3 |
| Person compliant with care plan or not given information to enable them to make an informed choice | 5 |
| **b** | Was appropriate care undertaken in the person’s best interests, following the best interest’s checklist in the Mental Capacity Act Code of Practice? (supported by documentation, e.g. capacity and best interest statements and record of care delivered) | Documentation of care being undertaken in person’s best interest  | 0 |  |
| No documentation of care being undertaken in the person’s best interest  | 10  |
| **Total**  |  |  |  |

**Complete and Attach body Map, Appendix 5.3**

**Completed By …………………………………………………. Date:……………………………………………..**

**Outcome**

Safeguarding concern to be raised [ ]

Safeguarding concern not required [ ]