



Safeguarding Adults Framework – Train the Trainer Scenarios Facilitators Notes

There are 10 scenarios - one for each type of abuse. These scenarios are examples of real cases referred to the MASH in Suffolk:

1. Get participants to read through a scenario.
2. Ask them to look at the Framework and decide:
 - Which type of abuse it relates too; and
 - Which box within that abuse type on the Framework most relates to the scenario?
3. Advise participants to think about the considerations the person raising the concerns and/or a safeguarding lead/MASH would need to think about.

SCENARIO 1

Fred is 84 years old; he has some physical health conditions and lives in his own home in rural Suffolk.

Fred tells a carer that a friend from the village is giving Fred “special baths” for which he is giving her £100 each time.

The carer raises a safeguarding concern, as she is worried that Fred is being financially and sexually abused.

Considerations

- What type of abuse could this be?
- Has the carer spoken to Fred about her concerns?
- Does Fred have an impairment of the mind and display behaviour that would lead us to question his ability to consent to the situation described?
- Has Fred disclosed that he unhappy or distressed by the situation?
- Has the carer spoken to her manager or service safeguarding lead?
- Has the carer called the MASH Consultation Line?

Outcome

- The carer asked Fred what he meant by special baths, Fred didn't want to give details but said she stayed in the bathroom with him and helped him wash his private areas and did things that made him feel good.
- Fred has no impairment of the mind and therefore capacity is assumed.
- Fred stated he was happy with the arrangement and had plenty of money to pay for her services. Fred stated she had many other customers including Bill down the road who have dementia.
- The carer contacted the consultation line to advise Fred is happy with the arrangement and no concerns about his capacity to partake or pay his friend. However, she is concerned the “friend” has been visiting Bill who is very vulnerable and does not believe him to have capacity to make decisions about relationships or sexual activity.
- Consultation line advice was to raise a safeguarding concern to Customer First for Bill including details about Bill and his representative and the “Friends” details.
- A referral was made for Bill, Enquiries were made and the “friend” was charged with sexual assault on two further clients.

SCENARIO 2

Arthur has dementia and resides at a residential care home.

Carers and family noted a recent significant deterioration in Arthur's mobility and following developing a cold, he has taken to spending most of the day in bed.

Arthur's GP was called and a home visit to medically assess him was arranged.

The GP requested Arthur be taken to hospital for further assessment of respiratory concerns. On admission, nursing staff observed Arthur had a grade two pressure sore on his ankle and a red patch of skin on his elbow.

The carer who had accompanied Arthur in the ambulance from the Care Home to Hospital advised he was not aware of Arthur having any pressure sores. A skin breakdown care plan has not been sent to the Hospital in Arthur's yellow folder (Care Planning Folder).

The hospital are concerned that Arthur may have been neglected.

Considerations

- What type of abuse could this be?
- Has Arthur and/or his family/representative been asked if they were aware of skin breakdown and what action was being taken?
- Has the Care Home manager been contacted and asked if there is information regarding knowledge of Arthur's skin breakdown, whether a care plan was in place, was this followed and had relevant professionals been involved?
- Don't presume that because the carer did not readily have this information that it means it was not in place!
- Refer to the supporting documents.
- Depending on the outcome of these discussions either record all information and ensure care plan regarding skin integrity is in place for discharge (satisfactory information supplied by home) or discuss with the safeguarding lead (unsatisfactory information supplied by the home).
- Also consider potential wider risks to others if information is not satisfactory from the home.

Outcome

- The Doctor asks carer how long she has been working with Arthur, confirms she is an agency worker who picks up 2 shifts a week at the care home.
- The Doctor speaks to Arthur about his pressure sore, Arthur seems quite confused but gives his daughters name to discuss it with her.
- The Doctor contacts the daughter who advises she was aware of the pressure area, the manager of the home had telephoned her last week.
- The Doctor contacts the care home manager to discuss the sore and treatment plan.
- The manager advises they have a care plan in place, which was being reviewed at the time of his admittance, hence why it was not in the Yellow folder. The manager advises the care plan was being reviewed due to the sore not improving.
- The Doctor gives advice and guidance and makes an urgent referral to the tissue viability nurse.

SCENARIO 3

Cathy has been admitted to hospital following a fall in the supermarket. Tests show that Cathy was malnourished and dehydrated. Cathy told the consultant she had not been able to afford to buy food the last couple of weeks because she has spent all her savings but was there as she just received her pension.

Cathy told nursing staff she was worried about her young neighbour, Bob. Cathy told them Bob has no money because he has to send all his money on his poorly mum. Cathy had no money left in her savings because she gave Bob £7,000 to pay for his mum's hip operation.

Cathy said Bob has been coming to the house regularly asking for money, he is quite a persistent man. Bob has been in to the hospital to visit Cathy. She has given him her bank card to pay her gas bill and buy some food for himself because he has no money at the moment.

Considerations

- What could the abuse type be?
- The hospital ward manager needs to speak to Cathy about what she wants to happen next.
- Consider speaking to Cathy to give her advice and support to put any necessary immediate measures in place to keep her money safe.
- Records are kept of all discussions and actions taken by all staff working with Cathy.
- What are Cathy's care and support needs?
- Are there any services who maybe able to support Cathy with keeping her money safe?
- Are there any services that Cathy or others maybe able to suggest to Bob to support him?
- Are there other people in Cathy's support network who can help?

Outcome

- The hospital ward manager spoke with Cathy and asked what she wanted to happen. Cathy said she was happy to help Bob out now and again but it is becoming a frequent occurrence and he seems to be getting more persistent and angry. Cathy has tried to say no a few times but finds this difficult because Bob gets very angry. Cathy would like some help to stop Bob frightening her.

- The hospital ward manager contacted the MASH consultation line and was advised to raise a safeguarding concern.
- The hospital ward manager informed Cathy a safeguarding concern has been raised so somebody from the Multi Agency Safeguarding Hub (MASH) would contact her. Cathy agreed to this.
- A MASH practitioner spoke with Cathy whilst she was in hospital to discuss possible actions and what she wants to happen. Cathy states she does not want any police action and suggests Bob may have a learning disability, Cathy would like someone to assist her with phoning the bank to cancel her card and set up a standing order with the gas company.
- With Cathy's agreement a referral was made for a Age UK to visit and support her with finances.
- After establishing Bob had a learning disability and caring responsibilities for his mum, a referral was made to Customer First for an offer of a Care Act assessment for services and carers review.

SCENARIO 4

Simon has a learning disability and works at a farm.

Simon lives with his girlfriend Gloria who also has a learning disability.

Simon arrives at work one day with a cut on his face and a bruise on his arm.

After some discussion, Simon tells a support worker at the farm that he and Gloria had a fight the night before.

The support workers have been concerned previously that Gloria may have been physically and verbally abusive to Simon.

Considerations

- What could the abuse type be?
- Simon has stated that a fight has occurred – what is meant by this?
- Has Simon been asked the when, who, where questions to establish the facts?
- Has Simon been asked what he would like to happen next?
- There is a concern that this is not the first incident?
- Has Simon received medical attention?
- Is Simon happy to go home?
- Is there any immediate danger?

Outcome

- The support worker asked Simon open questions that established that Gloria had started an unprovoked attack on Simon resulting in his injuries.
- Simon states that he loves Gloria, wants her to get support for her anger and wants to go home.
- The support worker asks Simon what he wants to happen next and he states that he doesn't want to go home and will talk to the police.
- An urgent safeguarding concern is raised and Simon is visited at work by an ACS practitioner and a police officer.
- Simon is supported to go to his brothers house to stay and Gloria is arrested.
- Following an enquiry and safeguarding planning with Simon, Gloria receives a warning from the police and starts anger management course.
- Simon returned home with plans in place of how to seek support if Gloria becomes violent in the future.
- Simon also attends the freedom programme with a support worker.

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SCENARIO 5

Joel is 24 years old and lives with his Mum, Stepfather, younger stepbrother and stepsister.

Joel works as a engineer.

Recently Joel's colleagues have noticed that he has been posting an increasing number of right wing propaganda messages on social media.

Joel has asked his boss for time off work so he can go on a right-wing retreat and "learn skills needed for post Brexit".

Considerations

- What could the abuse type be?
- Are there any risks to public?
- Are there any risks to younger siblings?
- Are there any care and support needs?
- Have you considered completing a Vulnerable to Radicalisation form (VTR)?

Outcome

- Joel's colleague makes a Vulnerable to Radicalisation Referral (VTR) to Channel.
- Joel's referral is screened for specific vulnerabilities to radicalisation.
- Channel request information from partners and find Joel to have mental health involvement.
- Referrer is asked to attend Channel for further information.
- Assessment is completed to determine suitability and alternative support mechanisms.
- Channel panel agree on risks and vulnerabilities and agree action plan.
- Prevent officer to arrange to meet with Joel to explore ideologies.
- Joel's' case will be reviewed by Channel panel if appropriate.

SCENARIO 6

Deepak has a mild learning disability and lives on his own.

Deepak has support for an hour each morning to support him with daily living tasks to be more independent e.g. finances.

Deepak like to get a paper each day and some chocolate to have with his cup of tea in the afternoon.

Some local school children have recently starting calling Deepak racist and disablist names. The local shopkeeper is concerned as Deepak told him they have posted dog poo through his door and Deepak will be giving them a good telling off.

Considerations

- What could the abuse type be?
- Has it been discussed with Deepak and/or his representative to establish what he wants to happen?
- What are the ongoing risks? Consider learning from previous cases, SCR for Fiona Pilkington <http://www.hampshiresab.org.uk/learning-from-experience-database/serious-case-reviews/fiona-pilkington-leicestershire/>
- Involve Deepak at each stage so he can make decisions about what happens next.

Outcome

- The shopkeeper submits a safeguarding concern.
- Deepak is spoken to by the police and a safeguarding practitioner and decides he would like support from his Auntie through the safeguarding enquiry.
- Deepak is supported by his Auntie to make a statement as he wishes to report the matter to the police.
- Deepak states that he feels unsafe in his home but doesn't wish to move, Deepak is supported by the practitioner and the housing officer to put additional security in his home.
- The police issue warnings to the children and they write letters of apology to Deepak.
- The shopkeeper agrees to be part of Deepak's safeguarding plan by asking Deepak how he is each day and how he is getting on.

SCENARIO 7

Miss C has contacted the continuing healthcare team because she is worried about the carers looking after her. Continuing healthcare are currently funding the healthcare package provided for Miss C by a local domestic agency.

Miss C has said that she does not have any concerns with regards to the care she is receiving. One of the carers frequently arrives for work with bruises on their arms and once arrived with a black eye and a cut on their cheek. They did not explain what had happened and just said everything was ok. Miss C has a number of carers coming to support her at home. She has also noticed that two of them look quite thin and possibly underweight. Although they are required to work long hours for Miss C, none of the carers ever bring sandwiches or food to eat. Miss C has also noticed that none of them speak very good English and thinks that two of them mentioned they were from Romania.

Miss C is also concerned all of the carers may be living at the same address in a house around the corner from where she lives.

Considerations

- What could the abuse type be?
- Do any of the carers have care and support needs? If not then consider which is the best possible agency/ies to refer (Miss C may be able to do this herself if provided with signposting)
- Check the Care Quality Commission registration status of the agency and if see they have recently been inspected.
- Inform the CCG commissioner who will have a Contract with the agency (As Miss C is receiving CHC funded care).
- Inform the police if the concern is that the carers are being exploited, and are at risk physical harm.
- Give Miss C details of the Salvation Army to pass to the carers for support.

Outcome

- Miss C spoke with the Continuing Healthcare Team about her concerns
- Miss C passed on details of the Salvation Army to one of the carers following them turning up with a black eye and bruising on the side of their face
- Miss C, with support from Continuing Healthcare, contacted the Police to raise her concerns. These were forwarded to the Police Team dealing with Modern Day Slavery.
- Following police visit to the house where most of the carers were living, three men were taken to A& E for assessment and treatment and 2 were

seen by Health Outreach Services. All five carers wished to return to their current residence and continue working for the Agency as this life was better than returning to their home in Romania.

- ACS and CHC Contracts met with the Agency and requested assurances with regards to working/living conditions in line with Legal requirements/Law for carers coming from other countries, if they were to continue to commission care from the Agency.

SCENARIO 8

A GP visits the surgery's local Nursing Home every week.

Over the past few months, a number of residents have required hospital treatment and care for conditions the GP felt should have been effectively managed by the nursing staff at the home.

The CCGs Care Home Team and Adult Social Care, Provider Support Team have been working with the Home to improve quality of nursing care.

Nursing Staff at the Home have had Diabetes Care Training, Pressure Damage Care Training, Medicines Management Training . The GP Surgery have worked closely with the Home's Clinical Lead to set up systems to ensure residents medications are ordered and delivered to the Home in a timely manner.

Last month the Clinical Lead and two nurses left and as yet have not been replaced.

Last week three female and one male resident were assessed by GP and were admitted to hospital. The GP feels that; poor management of diabetes care for two of these residents resulted in them becoming critically ill, that the gentleman resident developed sepsis possibly due to poor care of pressure sores, and that the other lady's health significantly deteriorated (she later died in hospital) following the Home not ordering her repeat prescription and her not receiving her medicines for a five day period prior to hospital admission.

Considerations

- Speak with the residents concerned and, if appropriate, their families/friends, to understand what they feel about the Nursing Home , the care provided for them and what they would like to happen. E.G; Would they wish to return to the Home on discharge from hospital?
- Speak with the Home's nursing staff to establish how the diabetes care, pressure damage care and medicines management trainings have changed nursing practice in the Home.
- Speak with the relevant health professionals to understand if the deterioration in health for these residents may have been due to neglect of healthcare.
- Gather information on staffing levels and how the Home is ensuring good nursing cover to manage all their resident's health needs.

Outcome

- This was not Organisational Abuse by the Nursing Home.
- The three residents advised they were really happy living at the Nursing Home and wanted to return to their care.
- The family of the resident who died had written to the Nursing Home Manager to thank her for the wonderful care their mother had received.
- One resident, who was admitted following the nurses/GP being unable to manage her high blood sugar readings, post mortem indicated she had tumours in her kidneys which would have caused serious infection and more than likely contributed to her diabetes being unmanageable- Diabetes blood sugar readings were a symptom of the health deterioration rather than a cause.
- One resident – unknown to the nursing staff, her daughter had been sneaking in alcohol and sweets for her mother and her significantly high blood sugar readings, which led to her hospital admission, may have been as a result of this.
- The resident who was admitted with sepsis and significant deterioration in pressure sores was in receipt of end of life care and had become bedbound with fast deteriorating health in the days preceding his admission to hospital.
- The prescription for the female resident who later died in hospital, was for extra pain relief should it be required during her last days/weeks of life. She was also following an end of life care plan. She was receiving adequate pain relief during her final days at the Home. The agreed end of life care plan had determined some of her medications had been stopped, five days prior to her hospital admission. The delay in the pain relief medicines arriving at the home were being followed up by the nursing team. The prescription request had been submitted, but the Pharmacy did not have record of this on their systems and the delay was in request to the surgery to reissue the prescription and send to Pharmacy.
- A Clinical Lead and two nurses from other local sister homes were covering shifts at the Home to ensure adequate nursing staff available at all times.
- A meeting between the Nursing Home and the GP Surgery was facilitated by the CCG Named Nurse for Safeguarding and the CCG Quality in Care Homes Lead to support and empower better communications and working relationships between the surgery and the Home. Together the Home and Surgery developed a Memorandum of Understanding for how they would work together and communicate and they set up regular bi monthly meetings where they could discuss together any concerns or issues with regards to quality of care or resident safety.

SCENARIO 9

Geoff and Mark are both residents of Happy Days Nursing Home, both have dementia.

Geoff often wanders into other residents' rooms and needs to be guided back to his own room or communal areas.

Mark does not like people coming into his room and usually keeps his door closed. He has recently assaulted a member of staff for entering his room uninvited.

Staff believed that Geoff tried to walk into Marks room yesterday evening, Mark shut the door as Geoff was walking in causing a head wound requiring treatment at A&E.

There is no CCTV available and neither Geoff or Mark can give an account of the incident.

Considerations

- What could the abuse type be?
- Is this an isolated incident?
- What has the care home recorded previously?
- After the staff member was assaulted, what safety plans have been put in place to prevent reoccurrence?
- Have CQC recently inspected?
- Were Police or Customer First notified about previous assault?
- Are the home confident in dealing with Mark's behaviour should it escalate further?
- Were Geoff's injuries were significant enough to require hospital treatment?

Outcome

- The Care Home Management had recently commissioned positive behaviour management training for their staff. They had received a " Good " rating from CQC following inspection three months ago. And had a robust plan in place to address areas identified by CQC as where they could improve.
- A risk management plan with regards to Geoff wandering into other residents bedrooms had been in place. However, the day of the incident, he was being looked after by a carer from an Agency
- Two weeks prior to the incident, Geoff's wife had died . Following her death, Geoff had increasingly been going into rooms searching for her. Following this incident, his risk management plan was reviewed and part of this plan

highlighted that Geoff must always be allocated a familiar carer who already knows him.

- Following the incident where Mark assaulted a member of staff, the Home had called the police. It was assessed that Mark did not understand what he had done and had responded to anxiety created by finding a member of staff in his bedroom . Police did record this, as an assault by Mark, however no charges were made and it was agreed the responsibility was with the Home to put in place a safety plan to manage Mark's anxieties and reduce risk of a similar incident taking place. The Home were waiting for a special lock for Mark's door to be fitted when the incident with Geoff happened.
- Mark was provided with a lock on his bedroom that meant he maintained his privacy and only he and the staff team could access his room. His plan was clear that staff must be respectful of his privacy when needing to go in to his room. They must request his permission and only enter when invited by him or enter when he is there .The plan also detailed they should not continue to enter if he was showing signs of becoming distressed unless he was at risk or needed urgent care.

SCENARIO 10

Maureen is 84 and lived with her daughter Joan since Maureen's husband passed away 15 years ago. Joan was very close to her father, she has had anxiety attacks since he passed. Joan does not work due to her anxiety but has taken on the role of carer. Maureen has mobility problems due to arthritis and some sight problem due to untreated cataracts.

Joan and Maureen like to collect things such as dolls, magazines and craft materials.

Maureen recently had a fall and required hospital treatment, paramedics arrived at the house but had to move many boxes to gain Maureen immediate treatment and assist her out of the house.

Whilst in the house paramedics observed the hallways to be stacked with boxes floor to ceiling leaving only narrow pathways. All the rooms that were available to see were the same with boxes stacked precariously throughout the rooms and on every surface.

Considerations

- What could the abuse type be?
- Has a conversation happened with Maureen and Joan about concerns?
- What services, professionals are already involved - who needs to be involved?
- Is there any understanding of root cause of hoarding, if so what support can be offered?
- Has there been a multi agency approach which has not reduced the risks?
- Has the Self Neglect & Hoarding risk assessment tool been completed?
- Is there a need for Self Neglect & Hoarding referral to Customer First?
- Are there immediate risks relating to fire and evacuation - possible fire safety assessment from fire service?
- Are there immediate risks relating to others - neighbours, animals, public?

Outcome

- A safeguarding referral was received and forwarded to MASH, information sharing established there were no professional involvements.
- A referral was made to social work services to assess Maureen prior to her discharge from hospital. Maureen declined support offered and was assessed to have capacity to return to her property and understand risks to further falls and fires safety.

- Due to concerns that decisions were heavily influenced by her daughter the social worker continued to try and support Maureen to accept help, after several months it was apparent Maureen was being influenced.
- Self-Neglect & Hoarding risk tool completed and a further referral was made to Customer First, a multi-agency case conference was called.
- After a long period of intervention and a significant deterioration in health Maureen made the decision to move out of the family home. Joan agreed to except support from a house clearance service.