



This applies to anyone over the age of 18 who:

- Has needs for care and support (regardless of who or what supporting systems are in place to meet those needs.)
- Is experiencing, or at risk of, abuse or neglect; and
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Some factors to consider when somebody has fallen:

- If someone has come to harm doesn't mean this needs to be reported as a safeguarding.
- Accidents can also happen; this doesn't mean there is a safeguarding concern.
- Working in partnership and reducing risk, not removing all risk.
- Is there evidence of abuse or neglect relating to the fall?
- Do you feel that moving and assisting has resulted in abuse or neglect?
- Were there appropriate levels of staffing?
- Is the person independently mobile, with or without aids?
- Was the individual able to let you know what happened if the fall was unwitnessed?
- Was medical assistance, monitoring or treatment timely?
- Is there concern or evidence that the fall resulted because of another individual?



When to report?

Once you have considered the above factors and there is evidence or concern of abuse or neglect.

The next step would be to raise a safeguarding referral.



How to report?

Use the mandatory safeguarding portal. When submitting a safeguarding concern via the portal.

[Click here to Report a concern about an adult](#)

Or scan the QR code:

Please provide a succinct summary of concern incident and rationale of why this has been raised.





Categories linking to falls:

- **Physical abuse:** Physical abuse is when a provider is alleging physical harm has occurred by another individual. **This is not to be ticked if this is a physical injury, such as skin tear, head injury, or bruising.**
- **Neglect and acts of omission:** Possible neglect of individuals, resulting in harm or abuse. Processes/systems are in place but a concern that these have not been followed. An example of this is that there is poor moving and assisting that has resulted in a bruise or skin tear.
- **Organisational:** Concerns over a lack of processes or systems, leading to an incident.



Please note, these are factors to consider. Are there concerns that actions have resulted in abuse and neglect?

Pressure care

Before raising a safeguarding concern, consider the possible circumstances and scenario relevant to the individual at that time. If you are concerned about someone returning from hospital, ensure you receive a handover.

A history of the development of the skin damage should first be obtained by a clinician, usually a nurse. If the person's care has recently been transferred, this may require contact being made with former care providers for information, to seek clarification about the cause and timing of the skin damage. This is the responsibility of the organisation raising the concern.

Once this information is gathered if there is evidence of abuse or neglect regarding the skin damage then a safeguarding concern should be raised.

Cases of single category/grade 1 and 2 pressure ulcers must be considered as requiring early intervention to prevent further deterioration of damage. Prevention is key here.

Severe damage in the case of pressure ulcers is indicated by multiple pressure ulcers of category/grade 2 or a single category/grade 3 or 4 (to include unstageable and suspected deep tissue injury).

If a professional has concerns regarding poor practice, the person must ensure appropriate escalation through internal local reporting systems.

 T: 01707 536020  E: stopfalls@hcpa.co.uk  W: hcpa.info/stopfalls



For more information please scan the QR code to visit Hertfordshire Safeguarding Adults Board website.

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