



# Shropshire Partners in Care

*Supporting social care providers in Shropshire, Telford & Wrekin*

## Safeguarding Adults Forum September 2021



**PROFESSIONAL  
CARE WORKERS' WEEK**



6th - 10th SEPTEMBER  
#PCWEEK21



Keeping Adults Safe  
in Shropshire  
Network



Shropshire Safeguarding  
Community Partnership



Shropshire, Telford and Wrekin  
Clinical Commissioning Group



Telford & Wrekin  
COUNCIL



Shropshire Partners in Care



Shropshire  
Council

# Acknowledgements and Disclaimers

**The views expressed by the presenters are their own and not necessarily those of partner agencies.**

# Forum Agenda

- ✓ **Liberty Protection Safeguards – An Update.**  
Paul Cooper, Adult Safeguarding Lead (NHS Shropshire, Telford & Wrekin Clinical Commissioning Group)
- ✓ **Effective Communication between Hospitals and Care Providers -**
  - ✓ **Kathy George**, Head of Adult Safeguarding, MCA Lead and Prevent Lead (Shrewsbury and Telford Hospitals)
  - ✓ **Rachel Jones**, Deputy Designated Adult Safeguarding Professional (NHS Shropshire, Telford & Wrekin Clinical Commissioning Group)
  - ✓ **Hayley Self**, Director of Operations (Komplex Care)
  - ✓ **Melissa Morgan**, Registered Manager (Affinity Homecare)
- ✓ **Signposting - CPD Opportunities, Resources, Articles and Events -** Karen Littleford:  
Safeguarding Adults Lead, Shropshire Partners in Care



# Mental Capacity Amendment Act introduces the **Liberty Protection Safeguards**

**Presented by Paul Cooper: Adult Safeguarding Lead (NHS  
Shropshire, Telford & Wrekin Clinical Commissioning Group),**



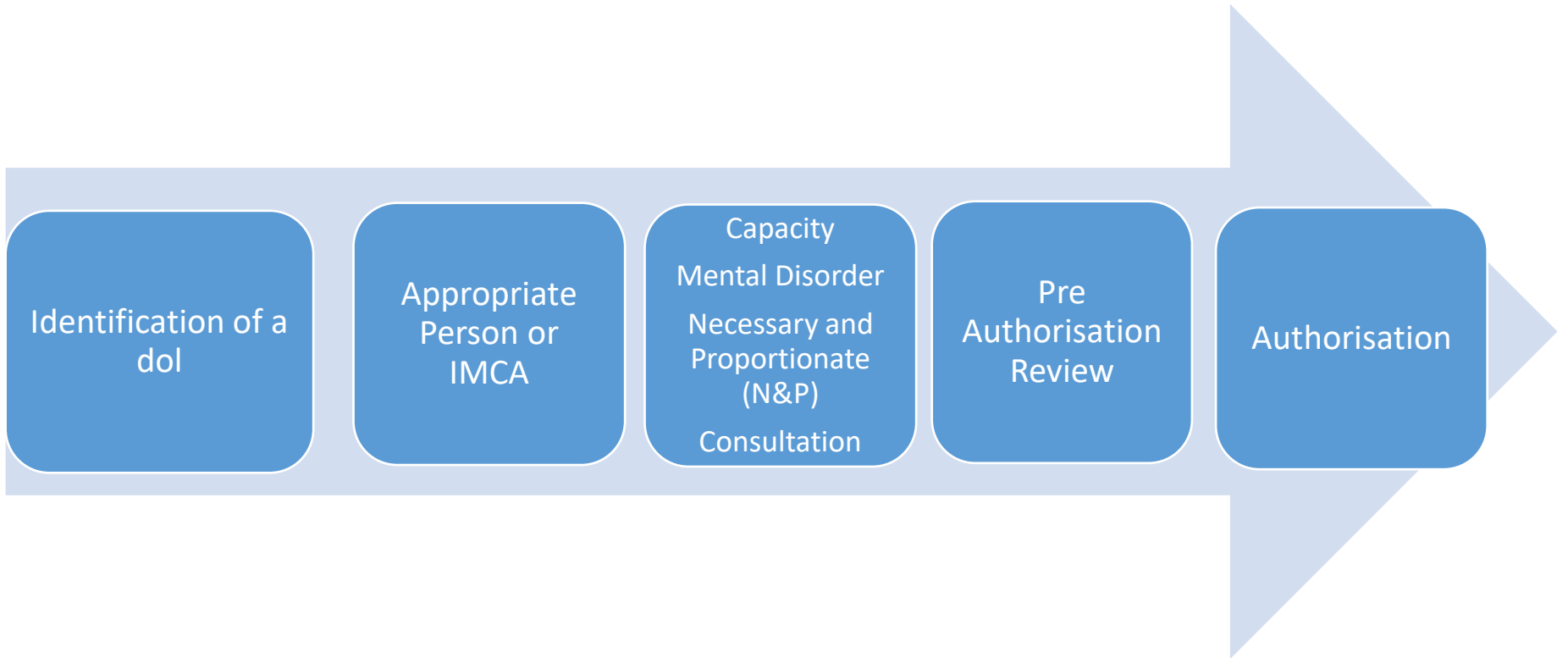
The Act is about the new procedure to be used when a person (16 and over) who lacks capacity to consent, needs to be deprived of liberty. It will replace DoLS and Community DoL Orders.

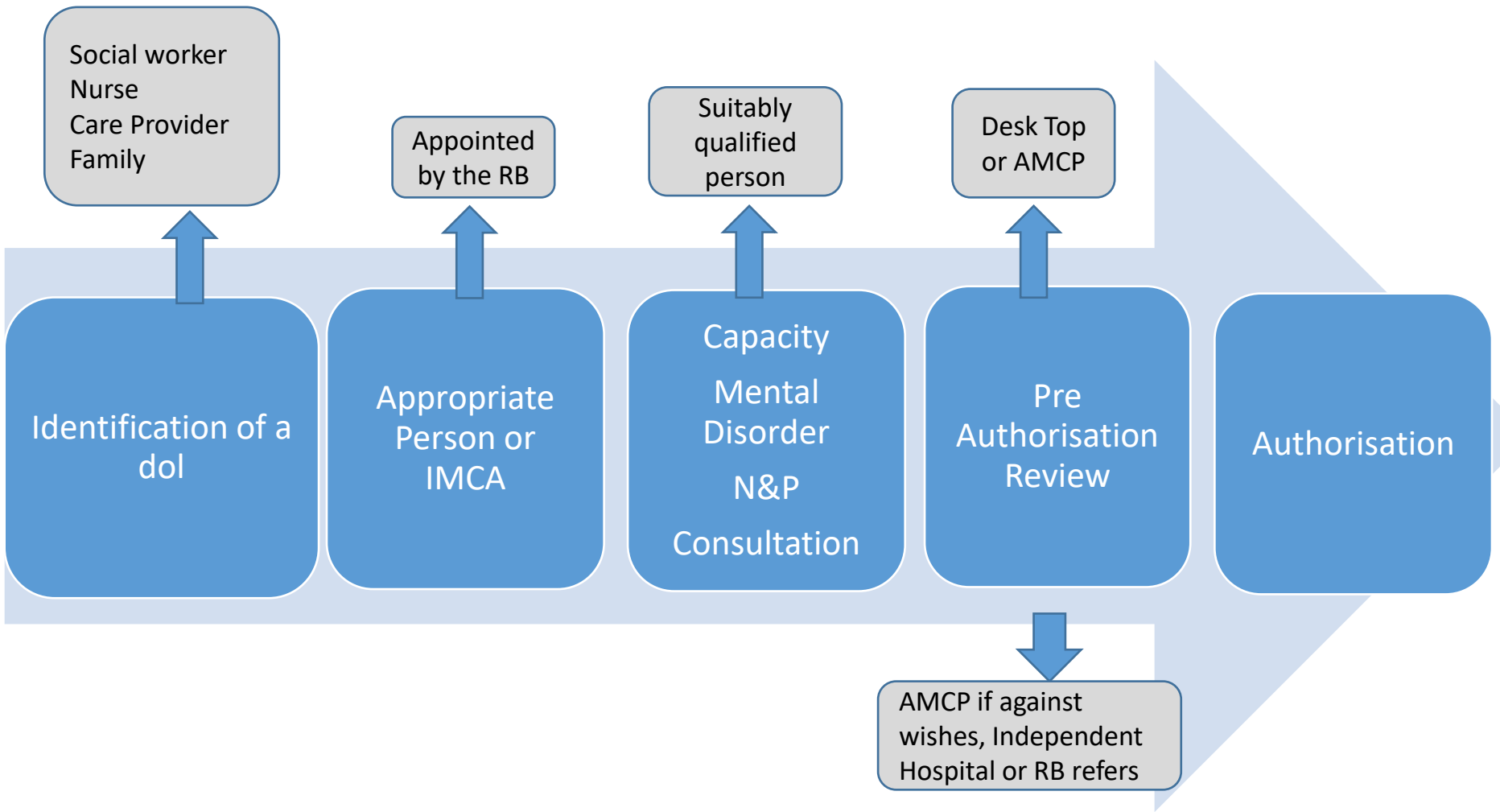


# What's now and what's new

DoLS	LPS
Applies in care homes and hospitals only	Applies in any setting
All other situations need to be taken to Court of Protection	Includes cases previously taken to Court of Protection
Applies from 18	Applies from 16
Care home or hospital identify the acid test is met	Frontline staff identify the acid test is met
6 assessments	3 assessments
Specialist assessors	Front line staff
Lasts for up to 12 months	Lasts for up to 12 months x 2 then up to 3 years
Doesn't include transport	Includes transport

# LPS sits in mainstream practice







# LPS offers a Simplified process

- Care or health staff identify that the care (or treatment) plan will give rise to a deprivation of liberty
- The process begins
- An IMCA or Appropriate Person is selected
- 3 assessments are completed
- Consultation is carried out
- Assessments are sent for Pre authorisation review
- Authorisation is given or not



# Who is Responsible for deciding?

The new term 'Responsible Body' replaces the current 'Supervisory Body' and there will be 3.

- The hospital manager for arrangements mainly in an **NHS hospital**
- The Clinical Commissioning Group for NHS **Continuing Health Care arrangements**
- The Local Authority for **everyone else** including Independent Hospitals.

## Arrangements that may be authorised (*for example*)

- For the cared for person to reside in a particular place
- For the cared for person to receive care or treatment at a particular place
- The means and manner of transport for the cared for person to, from or between particular places



# Appropriate Person or IMCA



- The RB must appoint an IMCA unless there is an Appropriate Person (AP)
- AP must be suitable and agree to represent and support the person
- AP must not be providing care or treatment in a professional capacity
- If the person has capacity they must consent to AP

# Consultation



- Cared for person
- Anyone named as someone to be consulted about arrangements
- Anyone engaged in caring for P or interested in their welfare
- LPA or Deputy
- AP or IMCA
- The main purpose is to ascertain Ps wishes and feelings in relation to the arrangements

# Three Assessments

- Lacks mental capacity to consent to the arrangements
- Has a mental disorder
- The arrangements are necessary to prevent harm to P and proportionate in relation to the likelihood and seriousness of harm to P





# Capacity and Mental Disorder assessment and determination

- Assessments and determination need not be by the same person
- Assessments can be reused provided it appears reasonable to rely on it
  - How old
  - Purpose
  - Change
- Regulation making power to specify requirements for
  - A person making a determination
  - A person carrying out the assessments
- Assessments cannot be carried out by someone with a prescribed connection to a care home

# Necessary and Proportionate assessment and determination

- By a person who meets requirements to be specified in Regulations
- A **determination** made on an **assessment by that person**
- Must take account of (amongst other things)
  - Ps wishes and feelings in relation to the arrangements
- This assessment **cannot** be relied on again (reused)

# Assessments submitted for Pre authorisation review by the Responsible Body

They will also need

- Confirmation of the persons age
- Confirmation that the person is not excluded due to the MHA
- A draft Authorisation Record



# Pre – Authorisation Review

- A pre- authorisation review will be carried out by someone who is not involved in the day to day care or treatment of the person.
- This is expected to be a desk top review unless
  - there is reason to believe the person does not wish to reside in the place
  - there is reason to believe the person does not wish to receive care/treatment there
  - care or treatment is mainly in an Independent Hospital
  - other cases selected by the RB
- In these cases it is by an Approved Mental Capacity Professional (AMCP)
- Reasonable to conclude that the conditions are met

# AMCP role

- Initially conversion of BIA to AMCPs
- AMCP must
  - (a) review the information on which the responsible body relies, and
  - (b) **determine** whether the authorisation conditions are met.
- They must meet the cared for person
- Carry out consultation of their own if necessary
- **Can take any other action they think is appropriate**

**AMCP**

Receive and read assessments

Meet P & carry out consultation  
(sort of mediation)

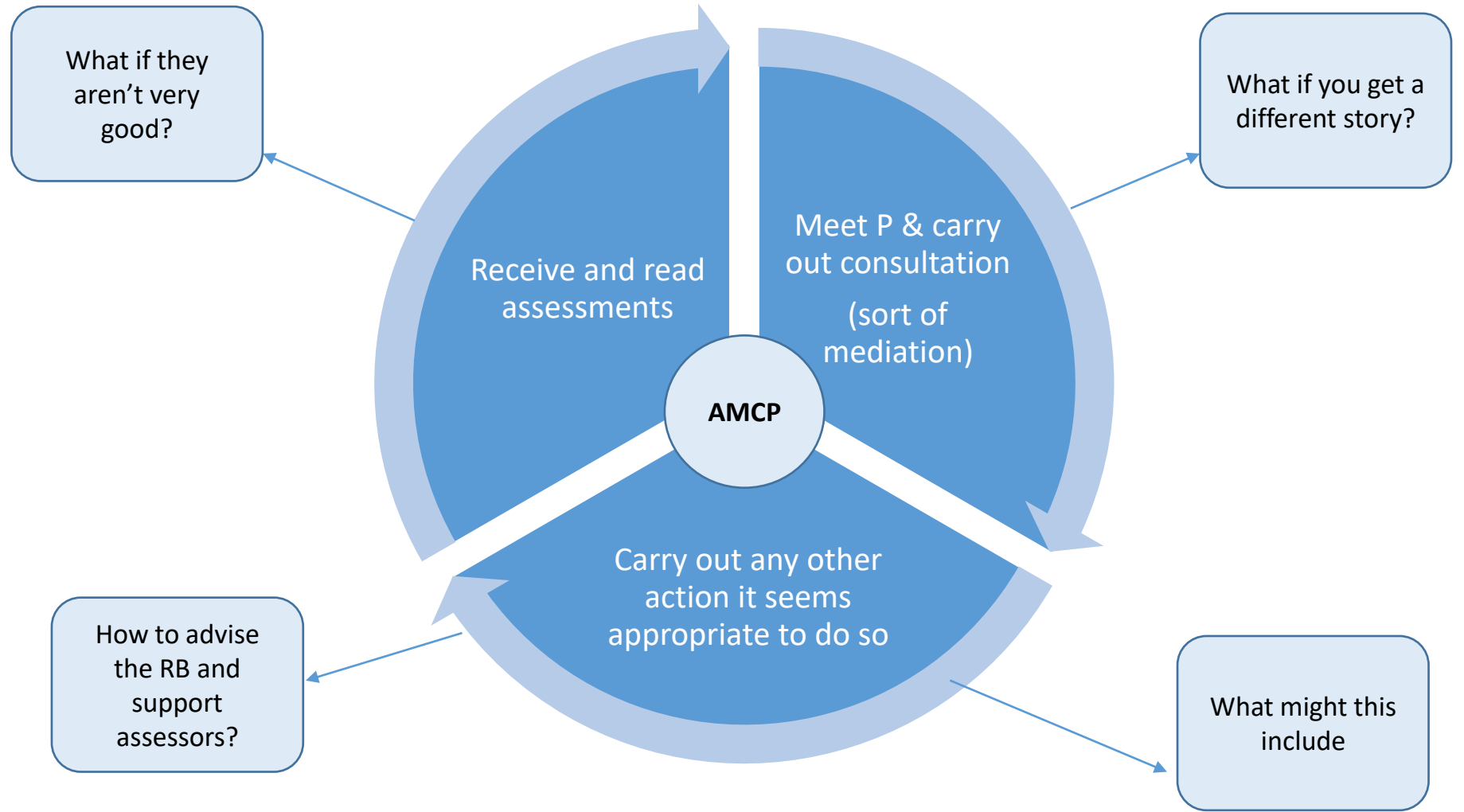
Carry out any other action it seems appropriate to do so

What if they aren't very good?

What if you get a different story?

How to advise the RB and support assessors?

What might this include





# Authorisation

- The draft authorisation record will then be approved and become the actual authorisation record.
- The record can be given to begin immediately or up to 28 days in advance.
- The duration can be **up to** 12 months, **up to** a further 12 months on renewal and then for **up to** 3 years.
- The record can cover more than one planned setting
- The record must have a programme of reviews built into it

## Rights to information

After authorising arrangements the RB must provide a copy of the authorisation record to

- The cared for person
- Any IMCA
- Any appropriate Person (and their IMCA if one is appointed)
- If the information is not supplied within **72 hours** of the authorisation, the RB must review and record why not.

# Will there still be Urgent Authorisations?

There is no direct replacement for Urgent Authorisations

But immediate steps can be taken which deprive a person of liberty

- For life sustaining treatment or
- To do a vital act

Life sustaining treatment is

‘Treatment which is necessary to sustain life’

A vital act is

‘Something which the person doing it reasonable believes necessary to prevent a serious deterioration in Ps condition’.



# When can this be used?

1. In an emergency or
2. Pending an application to Court to deprive liberty being decided or
3. Pending LPS being processed to a decision



# What is an emergency?

It is an emergency if it is not reasonably practicable before taking the steps to

- Make an application under s.2 MHA or
- Make an application to CoP or
- Complete LPS process

There are no time limits in statute, but the Code of Practice will add some guidance



# Renewals

Authorisations can be renewed as long as the RB has evidence of the 3 C's

- **C**onditions continue to be met
- **C**hange is unlikely
- **C**onsultation has been carried out

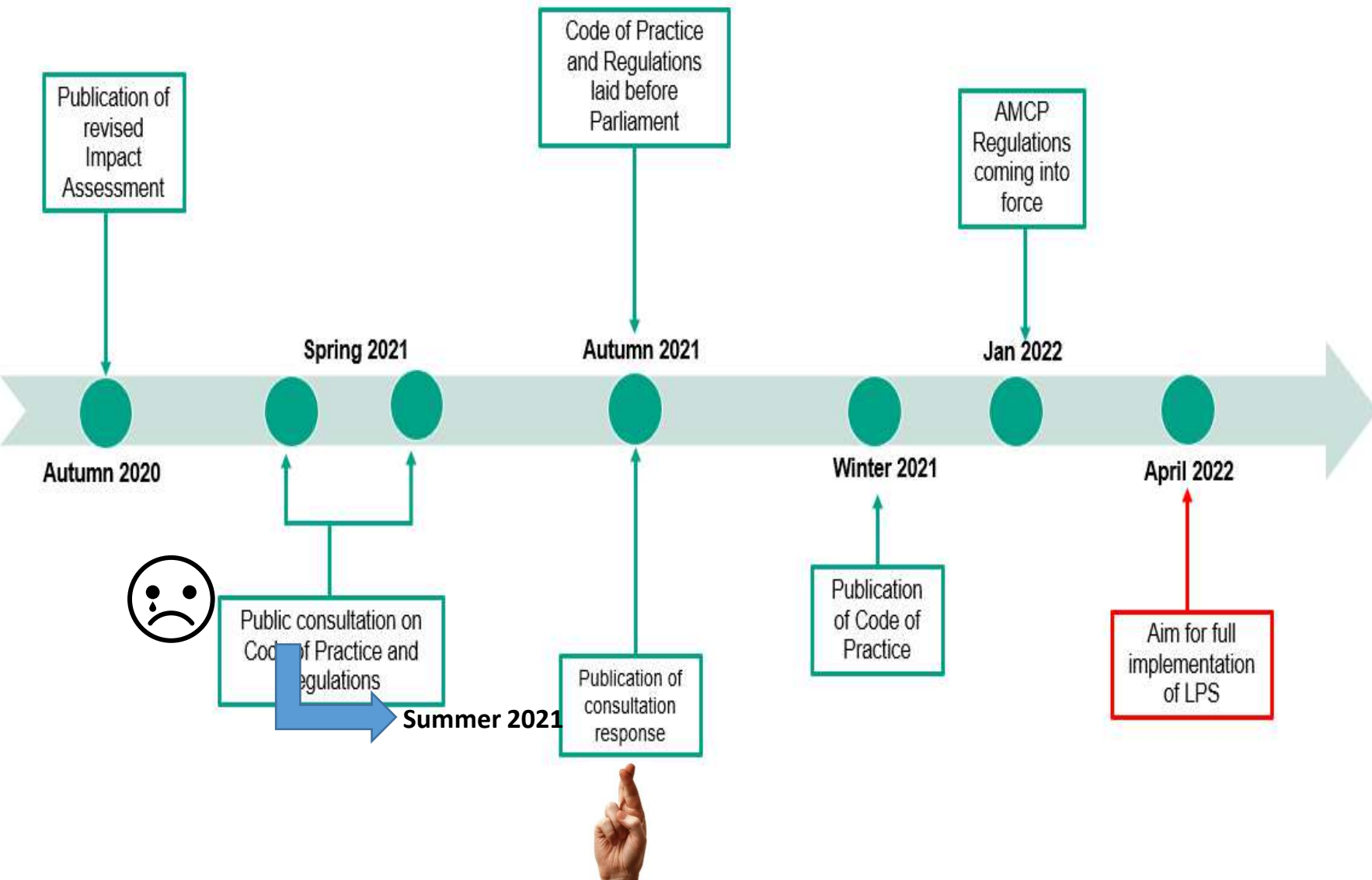
No requirement for further assessment

# Reviews

- Reviews are carried out by the RB (will be ASC staff )
- If objection becomes apparent on review and the case was not previously reviewed by an AMCP then it must now be referred to an AMCP.
- There will be scheduled reviews and unscheduled reviews



# Planned milestones for Liberty Protection Safeguards



Expected implementation date *not before April 2022*



# Questions for now

- How many social care staff do we have
- How many qualified workers
- Annual DoLS requests approx. 2000
- How many CHC, Hospitals
- How many self funders
- How many self funders currently access Care Act assessments
- How many 16/17 year olds
- How many CoP cases
- What will be the impact on front line social work teams
- How many AMCPs will we need
- How many reviewers will we need





Stay in touch

**DHSC Newsletter email**  
[lps.cop@dhsc.gov.uk](mailto:lps.cop@dhsc.gov.uk)

PowerPoint content by Lorraine Currie, Professional Lead MCA (Shropshire Council)



# Adult Safeguarding

## Concern Commonalities across the Health and Social Care Economy

Kathy George  
Head of Adult Safeguarding  
September 2021



# Main types of Concerns raised both by and against the Trust

- The majority of adult safeguarding concern raised by the Trust are raised by the 'front door' services
- These are ED, AMU and SUA respectively
- The main type of concern raised by the Trust is **Neglect/Act of Omission - primarily relating to pressure wounds/skin condition at point of admission.**

Similarly the main concern raised against the Trust by external providers and agencies is

- **Neglect/Act of Omission - primarily relating to pressure wounds/skin condition at point of discharge**
- **Discharge Concerns**

# Trust Governance Arrangements

- All pressure wounds whether identified on admission or hospital acquired are reported through the Trust **Datix** system
- There is a **Monthly Pressure Ulcer Review Panel** which undertakes a review of all Category 2 Pressure Wounds and above which are Hospital acquired. The Safeguarding Team attend these meetings to identify any safeguarding concerns attributable to the Trust
- **Discharge Review Panel** chaired by the Trust Patient Safety Lead reviews all discharge concerns identified as no harm N2Ns through the Joint local Authority Reporting Patient Concerns Subgroup. All concerns are triaged by the respective local authorities to ensure no safeguarding issues are missed.
- The Safeguarding team attend a weekly **Rapid Review** of all datix concerns and complaints identified within the Trust that are low harm. Where appropriate cases are escalated through to **RALIG** (Review and learning from Incidents Group)
- **Serious Incident Reporting** – monitored by CCG and CQC
- All Safeguarding concerns raised against the Trust and by the Trust are included within a monthly Adult Safeguarding Activity report which is presented to the **Adult Safeguarding Operational Group** ( attended by the CCG) which in turn reports to a monthly **Safeguarding Assurance Committee** chaired by the Director of Nursing

# Common factors leading to concerns being raised

## On admission/transfer to the Trust

- Lack of communication
- On admission the Trust rarely receives a copy of a patient Pressure Ulcer Protocol as part of the Transfer information or an up to date body map
- This means that the admitting team have no understanding of the wound care plan and specialist input which may already be being provided. Were that information to be made available then a safeguarding concern raised against your organisation would be unlikely

## Conversely

- The Trust acknowledge that the information provided on discharge often does not include evidence of a wound care plan or information relating to a pressure wound, including evidence of review by the TVN and the Pressure Ulcer Review Panel

# So what can we do to communicate more effectively?

- Revisit our respective minimum level of transfer/discharge information.
- Consider if there is an appetite to develop a locally agreed minimum transfer data set?
- Take feedback to the Trust in respect of common transfer information issues
- Work together to identify common areas which might benefit from improved communication.
- Look forward
  - MCA/DoLS
  - LPS arrangements – current restrictions

# What would you like to see from the Trust?



The Shrewsbury and  
Telford Hospital  
NHS Trust

## Kathy George

Head of Adult Safeguarding, MCA & Prevent  
Lead – 01743 261000 ext. 3589

[kathy.george2@nhs.net](mailto:kathy.george2@nhs.net)

# Effective communication between hospitals and care providers

**NICE Guideline [NG27] *Transition between hospital settings and community or care home settings for adult with social care needs* Published: 01 Dec 2015**



# Aim of the guidance

- To improve people's experience of admission to, and discharge from, hospital by better co-ordination of health and social care services.

## Who is it for?

- Service users and their families
- Health and social care practitioners and providers
- Commissioners



# Key principles

## Person-centred care

- Equal partner who can make choices about their own care
- Involve families and carers (with the person's consent)
- Identify and support people where needed

## Communication and Information Sharing

- Effective and regular communication between all parties
- Provide information about diagnoses and treatment
- Provide continuity and consistency of care

# Before admission to hospital

- Talk to the person about the care they might receive
- Develop the care plan for anyone at risk of admission to hospital. Include contingency planning for all aspects of a person's life.
- Community-based multidisciplinary team should give hospital based multidisciplinary team a contact name.

# Admission to hospital – information to provide:

Person's needs  
and wishes

Named carers  
and next of kin

Preferred places  
of care

Behavioural issues

Care plans

Current medicines

Housing status

MCA/DoLS  
information

Advance care  
plans

Hospital  
passport

Communication  
needs/passport

# Admission to hospital – good communication

- Discuss the person's specific care needs with the admitting team such as communication needs, dysphagia, pressure ulcer prevention, pressure ulcer care, falls prevention, reasonable adjustments etc.
- If the person has been admitted through A&E as an emergency admission, ensure that A&E have provided all information to the ward/department.

# Discharge from hospital – The Discharge Plan

- Details of the person's condition
- Information about the person's medicines
- Contact information after discharge
- Arrangements for continuing health support
- Details of other useful community and voluntary services
- Specialist equipment and support
- End-of-life care needs (if relevant)

# Contact Details

Rachel Jones, Deputy Designated Adult Safeguarding Nurse

Email: [rachel.jones111@nhs.net](mailto:rachel.jones111@nhs.net)

Mobile: 07554 437596

# Resources

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National Institute for Health and Care Excellence (2015) ***NICE Guideline [NG27]*** *Transition between hospital settings and community or care home settings for adult with social care needs*. Published: 01 Dec 2015. London: NICE.

<https://www.nice.org.uk/guidance/ng27>

‘**This is Me**’, is a tool developed by the Alzheimer’s Society which can help capture key information about the person’s cultural and family background, what is important to them and their wishes and care needs. This has been developed for people who cannot easily share information about themselves. [This is me | Alzheimer's Society](https://www.alzheimers.org.uk)

[\(alzheimers.org.uk\)](https://www.alzheimers.org.uk)

Priorities for the plan, The long term NHS plan and beyond: views from leaders in charities and voice organisations.

[https://www.nationalvoices.org.uk/sites/default/files/public/publications/priorities\\_for\\_the\\_plan - views from leaders in charities and voice organisations.pdf](https://www.nationalvoices.org.uk/sites/default/files/public/publications/priorities_for_the_plan_-_views_from_leaders_in_charities_and_voice_organisations.pdf)

# Webinars, Resources and Reports





# The Oliver McGowan Mandatory Training in Learning Disability and Autism.

This training will ensure staff working in health and social care receive learning disability and autism training, at the right level for their role. They will have a better understanding of people's needs, resulting in better services and improved health and wellbeing outcomes.

## Where did it come from?

In November 2019, the Government published 'Right to be heard' its response to the consultation on proposals for introducing mandatory learning disability and autism training for health and social care staff.

The response included a commitment to develop a standardised training package. The training will draw on existing best practice, the expertise of people with autistic people, people with a learning disability and family carers as well as subject matter experts.

HEE and Skills for Care are co-ordinating the development of training in both health and social care. The training is being co-produced and delivered by autistic people, people with a learning disability and family carers.

The training is still in the pilot stage but Further information is available [here](#) and details of Oliver's Campaign are [here](#) or follow **Paula McGowan OBE (Oliver Behind EVERYTHING)** on Twitter [here](#)



The screenshot shows a webpage titled "Oliver McGowan's Story". At the top left, there are logos for "mencap", "AUTISM HERO AWARDS CELEBRATING EXCELLENCE", and "BAPS BATH AWARDS 2019 WINNER". The main content area features a photograph of a young man, Oliver McGowan, smiling. To the right of the photo, there is a text block with a red header "Oliver McGowan's Story". The text describes Oliver's background, his medical challenges, and his achievements. It mentions that he was born a month premature, developed bacterial meningitis at three weeks of age, and was told by doctors he would not survive. Despite these challenges, he became a Paralympian, a member of Team Bath, and a prefect at school. He also achieved several GCSE and BTEC examinations and attended National Star College in Cheltenham. The text concludes by stating that Oliver brought happiness and fun to their lives.

# National Safeguarding Adults Week 2021

15 – 21 November 2021

#SafeguardingAdultsWeek

**ann craft trust**  
acting against abuse

Mon- Emotional Abuse and Safeguarding Mental Health

Tues- The Power of Language

Wed- Digital Safeguarding

Thurs- Adult Grooming

Fri- Creating Safer Organisational Cultures

Sat & Sun [#Safeguarding](#) and You

<https://www.anncrafttrust.org/safeguarding-adults-week-2021-sign-up-for-free-resources/>

# Live Webinars

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## Webinar on 'How We Can Support Survivors by Being Trauma Responsive'



WEST MIDLANDS  
**REGIONAL ADULT  
SAFEGUARDING  
LEADS**

DEVELOPING POLICIES AND  
PRACTICE ACROSS THE REGION

Join this Webinar by **Solihull Safeguarding Adults Board** and **RSVP** to find out more about:

- Exploring the prevalence of sexual violence, harassment and abuse
- Myths surrounding sexual violence and abuse
- Victim blaming attitudes and language
- Examining the physical and emotional impact of trauma
- Reflecting on the basic principles of 'trauma-informed' practice
- Understanding ways of supporting survivors in a trauma responsive way

This webinar will be of interest to practitioners and professionals from health and social care - social workers, nurses, care workers and providers.

### **How to Book:**

**Click the link below to register via Eventbrite**

How We Can Support Survivors by Being Trauma Responsive Registration, Wed 22 Sep 2021 at 10:00 | Eventbrite Date: **Wednesday 22<sup>nd</sup> September 2021**

Time: **10:00am – 12:00pm**

<https://www.eventbrite.co.uk/e/how-we-can-support-survivors-by-being-trauma-responsive-registration-169976818239>

# All Age Safeguarding Partnerships

## The Future of Safeguarding

**29th September, 12:30 - 1:30pm**

As you know, in the world of safeguarding there has been a shift in thinking over the last few years, with many authorities adopting a single partnership to safeguard all residents; children, young people and vulnerable adults.

Back by popular demand, join us for our exclusive session, where our speakers will explore why authorities are making this change, the benefits of an all age approach, and what some of the challenges for implementation are.

**More Info and booking:** [https://www.eventbrite.co.uk/e/all-age-safeguarding-partnerships-the-future-of-safeguarding-tickets-166632372913?aff=odeimcmailchimp&mc\\_cid=1b543a27f5&mc\\_eid=2337e9b2c2](https://www.eventbrite.co.uk/e/all-age-safeguarding-partnerships-the-future-of-safeguarding-tickets-166632372913?aff=odeimcmailchimp&mc_cid=1b543a27f5&mc_eid=2337e9b2c2)

SEP 14<sup>th</sup> 2021

## Conversation with people with lived experience of gambling harms

Frankie Graham, CEO of Betknowmore gambling support charity will introduce Experts by Experience who will share their journeys.

**About this event - Conversation with Frankie Graham and other experts by experience of Betknowmore on lived experience of gambling harms.**

This webinar is part of an NIHR Research for Social Care (RfSC) funded study which is developing a screening question for identifying gambling harms to individuals and affected others and piloting it in three local authorities.

We are hosting a series of webinars focused on various aspects of the study and on other research on gambling harms. This webinar will be Chaired by Dr Emily Finch, Clinical Director for Addictions, South London and Maudsley NHS Foundation Trust.

**Book here** - [https://www.eventbrite.co.uk/e/conversation-with-people-with-lived-experience-of-gambling-harms-tickets-165888481915?fbclid=IwAR0XwxflDi\\_s3sxn01HfsA9mlsCU2o2mfaXnkbZ7f4iGesqlV0tRw7nGTxg](https://www.eventbrite.co.uk/e/conversation-with-people-with-lived-experience-of-gambling-harms-tickets-165888481915?fbclid=IwAR0XwxflDi_s3sxn01HfsA9mlsCU2o2mfaXnkbZ7f4iGesqlV0tRw7nGTxg)

There will be 6 webinars over the 22-month life of the study. The series will be sustainable and a great opportunity to share research plans, emerging findings and methods. For more information about this study and future seminars, see [www.kcl.ac.uk/research/identifying-gambling-harms](http://www.kcl.ac.uk/research/identifying-gambling-harms)

**Mailing List:** If you would like to be added to our seminar mailing list and be kept up to date with details of forthcoming meetings and the Gambling Harms in LAs study, please email Caroline Norrie - [caroline.norrie@kcl.ac.uk](mailto:caroline.norrie@kcl.ac.uk)



# Recorded Webinars and Podcasts

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# Liberty Protection Safeguards Social Care Institute for Excellence (Recorded)

Webinar: Liberty Protection Safeguards (LPS)  
(26 April 2021)

Monday 26 April 2021, 10:30

**Webinar recording: Liberty Protection Safeguards**  
from SCIE Videos

**Our Role: supporting the sector**

- Engagement:** to hear from the social care sector, including people using care services to support our understanding of preparedness, required knowledge and priorities for practice
- Dissemination:** to provide the sector with updates and promote activity to support access to the range of support we will be providing
- Development:** drawing on our learning to develop a range of products and support activities, including training and guidance

1:56:53

skillsforcare

vimeo

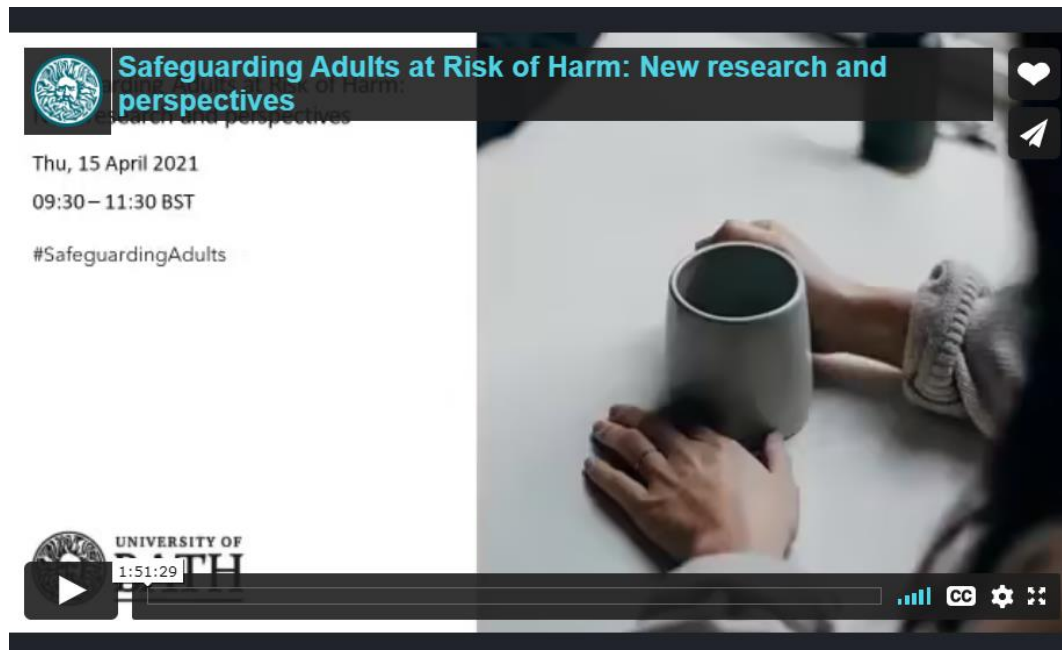
<https://www.scie.org.uk/mca/lps/webinar20210426>



# Safeguarding Adults at Risk of Harm: New research and perspectives(Recorded)

University of Bath - Safeguarding Adults at Risk of Harm: New research and perspectives Recording - Listen to Dr Megan Robb, Daphne Franks and Dr Sarah Donnelly discuss new research and perspectives on adult safeguarding. Recorded in April 2021.

<https://www.bath.ac.uk/campaigns/safeguarding-adults-at-risk-of-harm-new-research-and-perspectives/>



Making  
Safeguarding  
Personal event  
(recorded on 30<sup>th</sup>  
March) with  
Professor Michael  
Preston-Shoot.

Access here once  
available

[https://www.coventry.gov.uk/info/233/  
coventry\\_safeguarding\\_adults\\_board/3  
168/workforce\\_development/5](https://www.coventry.gov.uk/info/233/coventry_safeguarding_adults_board/3168/workforce_development/5)



**Myth**

**Reality**

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**Making  
Safeguarding  
Personal podcasts –**

Exploring and busting the myths that can prevent practitioners from making safeguarding personal for service users. A discussion between Professor Michael Preston-Shoot and Esi Hardy.

<https://soundcloud.com/rip-ripfa/sets/busting-myths-that-surround-making-safeguarding-personal/s-4nukW>



# RESOURCES



**Other Resources,  
Surveys and  
Research**

# Resident-to-resident harm in care homes and other residential settings: a scoping review. Social Care Institute for Excellence, August 2021

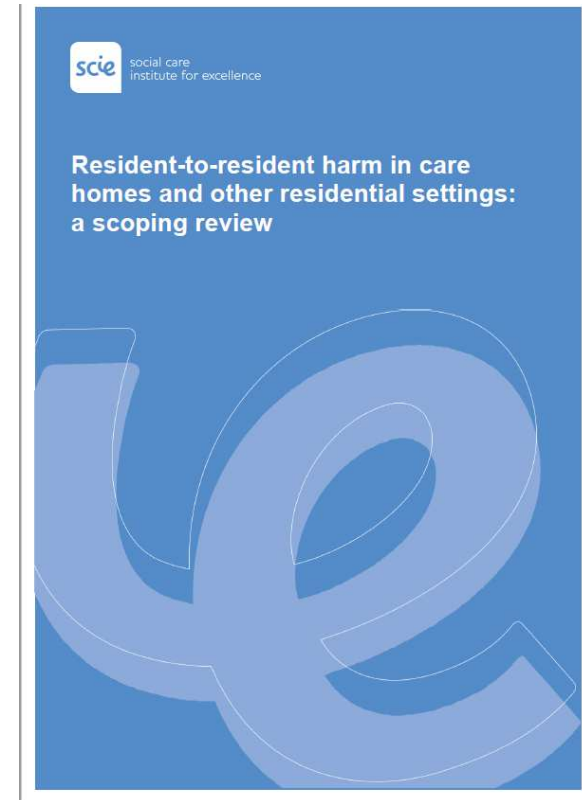
Abusive behaviour was rarely documented or reported in some settings, with evidence that some care managers consider it an inevitable or predictable part of living in a residential setting. Some services allow harmful behaviours to be accepted and unchallenged.

Environmental characteristics that are risk factors for resident-to-resident harm include a crowded environment, inadequate staffing levels, lack of staff training, high numbers of residents with dementia, a lack of meaningful activities, crowded common areas and excessive noise.

Many incidents of resident-to-resident harm are not witnessed by staff.

There is significant overlap between interventions to prevent staff-to-resident abuse as for resident-to-resident harm. These include professional training, development of person-centred care practices, and the use of a multidisciplinary approach.

Interventions to reduce resident-to-resident harm include both environmental considerations (such as reducing crowding, noise and clutter, and prompting meaningful activities) and care practices (including care plans, staff training, identifying risk factors, consistent staffing to build relationships)



<https://www.scie.org.uk/safeguarding/evidence/resident-to-resident-harm>

**"Tricky Friends"** is a short animation developed by Norfolk Safeguarding Adults Board to help people to understand what good friendships are, when they might be harmful, and what they can do.

It is important that people with learning disabilities and autism, those who have cognitive difficulties, and also children and young adults, have positive opportunities to make and maintain friendships. We want to help them to do this, to reduce the risk of harm and exploitation in groups who may be less able to recognise the intentions of others. NSAB hope this animation is used as a way to help people to think about the issues, to start those conversations, and keep them safer while enjoying friendships.

It is only 3 minutes long, and can be used with or by anyone - carers, family, organisations, groups.



Full details here

<https://www.norfolksafeguardingadultsboard.info/about-us/current-campaigns/tricky-friends-animation/>

also added to the Shropshire Partners in Care YouTube channel Playlist for 'Mate Crime' [here](#)

# Safer Online Lives



## About the project

The internet and social media have become a big part of many people's lives.

But we don't know much about how people with intellectual disabilities use the internet and social media.

We want to hear from adults with intellectual disabilities in the UK, and the people who support them, about the positive aspects and opportunities people with intellectual disabilities have when using the internet. We also want to find out the negative aspects and barriers people might come across when using the internet.

## Take part in our study if you are...

Information and links  
to the surveys (Easy  
read and a video)  
<https://research.kent.ac.uk/tizard/safer-online-lives/>

**An adult with an intellectual disability who uses (or have used) the internet >**

**Caring for or supporting an adult family member with an intellectual disability, who uses the internet >**

**A paid carer for an adult with an intellectual disability, who uses the internet >**

**A Safeguarding Practitioner – someone who has safeguarding responsibilities as part of their role\*, but who is not a carer or support worker >**

\*this includes (and is not limited to): Nurses, Psychologists, Occupational Therapists, Speech and Language Therapists, Social Workers, Psychiatrists, Educators, GPs etc.

# Changes to landline telephones

The UK's telephone network is being upgraded, which means that landline services are changing. You'll still be able to have a landline in your home, but the technology that powers it will be a bit different and you may need to upgrade some of your equipment.

<https://www.ageuk.org.uk/information-advice/money-legal/consumer-issues/changes-to-landline-telephones/>





# Safeguarding adults in care homes

NICE guideline [NG189] Published: 26 February 2021

This guideline covers keeping adults in care homes safe from abuse and neglect. It includes potential indicators of abuse and neglect by individuals or organisations, and covers the safeguarding process from when a concern is first identified through to section 42 safeguarding enquiries. There are recommendations on policy, training, and care home culture, to improve care home staff awareness of safeguarding and ensure people can report concerns when needed.

**NICE** National Institute for  
Health and Care Excellence



## Safeguarding adults in care homes

NICE guideline  
Published: 26 February 2021  
[www.nice.org.uk/guidance/ng189](https://www.nice.org.uk/guidance/ng189)

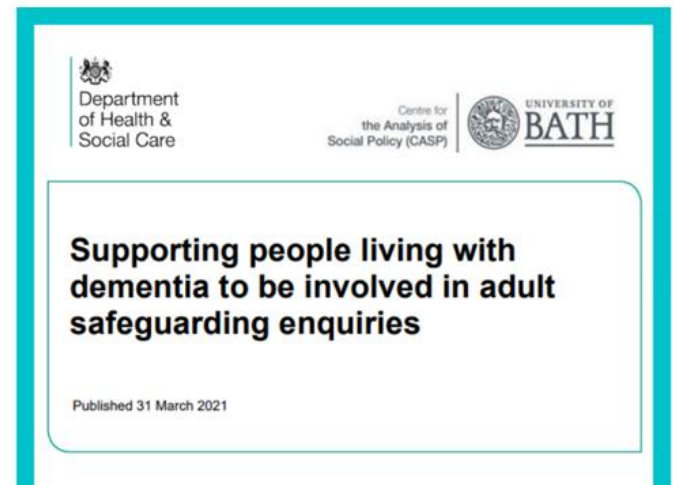
<https://www.nice.org.uk/guidance/ng189>

# Department of Health and Social Care

Research and analysis - Supporting people living with dementia through safeguarding processes  
Guidance bringing together research undertaken by Dr Jeremy Dixon at the University of Bath, alongside people living with dementia, their family carers and professionals in the sector.

Details - This guidance sets out good practice for working people living with dementia, suggesting ways in which professionals can provide quality safeguarding and best involve people in decision-making.

<https://www.gov.uk/government/publications/supporting-g-people-living-with-dementia-through-safeguarding-processes>



# Domestic Abuse and Employees

## If you are an employer

Let your employees know that if they are facing domestic abuse you want to help them to get help. Stay in regular contact with employees you know, or fear, may be facing abuse and if you lose contact with them, take swift action to visit them. If you believe there is an immediate risk of harm to someone, or it is an emergency, always call 999.

Encourage employees to look out for others who may be facing domestic abuse and signpost them to support. Your staff may also be worried about their own abusive behaviour at this time. There is no excuse for domestic abuse, no matter what stresses you are under, and support is available.

Hestia's [Respond to Abuse Advice Line](#) is a free resource for employers. Employers can call 020 3879 3695 Monday to Friday, 9am to 5pm, or email [adviceline.eb@hestia.org](mailto:adviceline.eb@hestia.org) for support, guidance or information about domestic abuse and how to support employees and colleagues experiencing domestic abuse.





## The Employers' Initiative on Domestic Abuse website

provides resources to support employers including an employers' toolkit which may also be found here



# Further Resources

## Shropshire Partners in Care YouTube Channel

[https://www.youtube.com/channel/UCQ4WOazrhYa3MS4JAgOLDtg/playlists?view\\_as=subscriber](https://www.youtube.com/channel/UCQ4WOazrhYa3MS4JAgOLDtg/playlists?view_as=subscriber)

The screenshot displays the YouTube channel page for 'Shropshire Partners in Care', which has 7 subscribers. The page features a navigation menu with 'HOME', 'VIDEOS', 'PLAYLISTS', 'CHANNELS', and 'ABOUT'. Below the navigation, there is a section titled 'Created playlists' with a 'SORT BY' option. The playlists are arranged in two rows of five. Each playlist card includes a video thumbnail, a title, an update date, and a 'VIEW FULL PLAYLIST' link. The first row contains: 'Human Rights' (updated today, 6 videos), 'Covid-19 and the Impact in Care Homes' (updated 6 days ago, 1 video), 'Covid-19 Related Videos' (updated 6 days ago, 6 videos), 'Safeguarding Adults Films' (9 videos), and 'Suicide Prevention' (1 video). The second row contains: 'Making Safeguarding Personal' (1 video), 'Domestic Abuse' (6 videos), 'Safeguarding Children' (4 videos), 'Mental Capacity Act' (14 videos), and 'Safeguarding Adults and Children Podcast During Covid-19' (2 videos).

Including  
links to Alex  
Ruck Keens  
'Shedinar'  
series

<https://www.mentalcapacitylawandpolicy.org.uk/shedinars/>

**COVID-19 and the  
MCA 2005**

<https://www.mentalcapacitylawandpolicy.org.uk/resources-2/covid-19-and-the-mca-2005/>



**Mental Capacity Law and Policy  
website**

<https://www.mentalcapacitylawandpolicy.org.uk/>