

Type of Abuse	Non-Reportable	Requires Consideration	Reportable
ORGANISATIONAL Neglect or poor professional practice concerns or incidents as a result of the structure, policies, processes or practices within an organisation, resulting in ongoing neglect or poor care. Not all organisational concerns constitute safeguarding. Where there is no evidence of abuse, neglect or risk of harm, issues should be addressed through appropriate provider, commissioning or quality assurance processes.	Low Risk No Impact	Medium Risk Some harm or risk of harm	High Risk Significant harm or risk of harm
	Lower-level concern where the threshold for a safeguarding enquiry is unlikely to be met. These concerns should be recorded and addressed through internal quality assurance, supervision, and service improvement processes. Where there are a number of low-level concerns consideration should be given as to whether the threshold is met for a safeguarding enquiry due to increased or cumulative risk.	Incidents at this level should be recorded, and internal policies and procedures followed. Consultation should be undertaken internally as well as through the South Tyneside Safeguarding Adults Policy and Procedures. www.southtynesidesafeguardingapp.co.uk Action should be taken to reduce risk and a discussion with the local adult social care service. After the conversation, they may request you formally report the concern as a safeguarding. Consideration should be given as to whether concerns indicate a wider service failure or risk that may require escalation through safeguarding procedures, rather than quality or commissioning routes alone.	Incidents at this level should be reported to adult social care and directed to the safeguarding team. Consideration should also be given as to whether the police or other emergency services need to be contacted. Ensure whole family approaches if children or other adults may be impacted.
	Examples: - Care planning documentation is not person-centered or does not involve the person or consider their views - Short term lack of stimulation or opportunities for people to engage in meaningful social and leisure activities and where no harm occurs - Single incident of insufficient staffing to meet all client needs in a timely fashion but causing no harm	Examples: - Rigid inflexible routines that are not always in the person's best interests - The wellbeing and dignity of the person is undermined - Recurrent poor care practice, which is not person centered, lacks management oversight and is not being addressed or escalated through appropriate governance or commissioning processes. - Risk can/cannot be managed appropriately with current professional oversight or universal services	Examples: - Involves a Person / People in Position of Trust - Staff misusing their position of power within a service - Widespread, consistent ill treatment. - Intentionally or knowingly failing to adhere to Mental Capacity Act - Rigid or inflexible routines lead to a person's dignity being undermined - Punitive responses to challenging behaviours e.g. misuse of

	• Service design where groups of adults live together and are not compatible, but no harm occurs • Poor quality of care or professional practice that does not result in harm, albeit adult may be dissatisfied with the service	• Unsafe and unhygienic living environments that could have had an impact on the person have caused minor injury but require no external medical intervention or consultation. • Health and wellbeing of multiple people compromised • Recurrent bad practice lacks management oversight and is not being reported to commissioners/ASC • Denying adults at risk access to professional support and services such as advocacy • Poor practice not being reported and going unchecked • Whistle Blowing / complaints raised with the provider in relation to services, but no action taken	medication, inappropriate restraint • Failure to refer to disclosure of abuse or poor care practices. • Staff misusing their position of power over people • Overmedication and/or inappropriate restraint managing behaviour • Recurrent incidents of ill treatment by care provider to more than one person over a period of time • Service design where groups of adults living together are incompatible and harm occurs • Single or repeated incident of low staffing resulting in injury or death of one or more adults.
Actions/Outcomes to consider at every stage	• Advice and information provided • Consultation with the person and their next of kin where appropriate • Immediate review of existing care plans or development of new ones • Appropriate training for staff • Development of a quality improvement plan • Consider whether concerns are best addressed through supervision, training or quality improvement processes	• Review of placement • Consultation with family or service user • Outward referrals • CQC quality referral • Consider the Provider Concerns process outlined in the Safeguarding Adults Policies and Procedures • Determine whether the concern should be managed through Provider / commissioning quality processes or escalated to safeguarding	RAISE SAFEGUARDING CONCERN Where there is an indication of a criminal offence, the police should be considered and contacted in line with local procedures.