



**south ayrshire**  
health & social care  
partnership

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Partnership**

Escalation Process (Community Health and Care)  
- Adults

**ESCALATION PROCESS**  
**CARING FOR PEOPLE AT HOME**  
**ESCALATION PROCESS**

**GUIDANCE FOR STAFF AND  
PROVIDERS**

This guidance is written to support the delivery of care to Individuals in their own homes, recognising and respecting individual choice, in line with local policy arrangements.

The landscape of health and social care has changed with an emphasis on supporting Individuals to stay in their own homes for longer, reducing admissions to acute hospital settings or other residential care facilities and understanding that “home is best”. It is critical therefore that we view the provision of care at home as a vital support in this agenda, ensuring that staff are properly supported to enable Individuals to remain safe and well in their own homes for as long as possible.

It is essential that as a commissioned service under Option 2 or 3 Self Directed Support (SDS) Service Providers and their staff are fully supported in their role to deliver care and support efficiently and that all risks are reduced or managed timeously. There will be occasions, due to changing need or circumstances that the Individuals we support are required to be supported out with routine planned events or planned contact arrangements. This may be a result of Individuals declining to engage with agreed care outcomes or choose not to accept personal care which needs to be discussed with the Individuals Care Manager.

This guidance is to support staff in recognising when to report issues, who to, and what to do if these are not responded to. Whilst this is specifically for staff delivering care to Individuals in their own homes, it is important that this is seen as part of a partnership approach to care delivery. Research has shown that a multi-agency approach can be effective in supporting individuals who choose not to accept support. Health and Social Care Practitioners are sometimes torn between their duty to care for people and protect them from harm, and the need to respect their choices about how they live (Braye et al 2013). Such situations raise ethical dilemmas in the balance to be struck between respecting autonomy and fulfilling a duty of care.

Service Provider/Supervisor's Responsibilities (or delegated care staff who may have authority to link directly with SAHSCP Care Manager)

If an Individual declines aspects of their agreed care plan, e.g. personal care or activities or other planned events/appointments, staff must read the Individual's care plan to see if it identifies any likelihood that this may happen and what strategies may work to encourage the Individual to accept some level of care.

Staff must consider Adult Support and Protection (ASP), the Individual's capacity to accept support and the risk of them not doing so. The Individual's Care Plan must identify if there is a risk of skin breakdown and/or other health conditions such as fluid and nutrition and continence care or other such risk resulting from not engaging with care staff or the impact of not achieving identified outcomes following a refusal to be supported. This will enable staff to deliver a high quality of care and support and recognise when this presents as an increased risk.

If the Individual declines personal care/engage with staff at a visit, staff must record in the daily notes and report to their supervisor. Staff may consider and implement a different approach at the visit which may be more successful. Care notes should reflect how this was achieved.

Should an Individual continue (twice or as detailed in agreed care plan) to decline personal care/engage with staff, the staff must report this to their supervisor and record in the notes. In certain circumstances (e.g. refusing to attend health appointments) refused engagement must be reported to the Care Manager by the supervisor as soon as is practical. Staff must also include in their notes any other observations, for example, apparent discomfort, odours, soreness or redness of skin, stained laundry, increased distress when offering support and reasons for declining care. If other aspects of care are not able to be delivered, staff must record in the notes and report this to their supervisor in the same way.

Care staff (with delegated authority to contact Care Managers) or Supervisors should report their concerns to the Care Manager within a reasonable timescale and no later than 48 hours after the event to agree a strategy in the event of further refusal to receive agreed support. It should be noted that support does not solely apply to personal care and may include participating in agreed activities or attending appointments etc.

The supervisor must consider the following information:

- Discuss with all care staff who are allocated to the Individual to establish pattern, or issues.
- When the Individual was last seen by any other professional?
- Is this usual for the Individual or a frequent occurrence for any specific staff member?
- Is there any mitigating circumstances?(e.g. feeling unwell)
- Have others expressed concern?
- Any previous knowledge/records
- Previous/current risks
- Current supports available to the individual e.g. do they live alone?
- Does the Individual's care plan adequately support care delivery given the changes in

presentation of the Individual – has capacity, delirium and other issues been considered?

- Which professionals would be able to support this Individual. (This may include but is not limited to Social Work, District Nursing, Physiotherapy, Occupational Therapy, GP)?

The supervisor must inform SAHSCP Care Manager once they have gathered this information in order that they can appropriately access any identified support. This must be done as soon as is reasonable and no later than 48 hours after support has been declined, with the understanding that health and wellbeing conditions can deteriorate quickly if left unchecked.

It is the responsibility of all Service Providers to ensure that staff have the training that they require to carry out the role they perform.

This must include but is not limited to:

- Skin care – recognition of skin breakdown and signs of pressure sores developing
- Adult Support and Protection
- Moving and assisting
- Escalation processes
- Medication management/support

The Service Provider must ensure ongoing monitoring of any situations described within this Guidance. Initial contact must be made by telephone, with an email to follow up no later than 48 hours after the event.

#### Care Managers Responsibilities

The Care Manager must record the concerns on CareFirst. The Care Manager must assess the situation which includes, but is not limited to:

- Discussion with the Individual and family members to ensure that the implications of declining personal care/activity are fully understood, and to determine if any alternative strategies can be employed.
- Discussion with other health care professionals to support assessment and care management. For example, District Nursing (DN) colleagues can offer support for issues around skin integrity, food and nutrition, pain management, delirium, UTIs, continence care and other clinical issues. Care managers must consider forward referral to DN colleagues immediately to ensure the Individual is supported to stay at home with the appropriate support if required.
- Assessment of risks surrounding declining personal care (or any other support)
- Ongoing review of the situation

Following the Care Manager's assessment of the situation, the Care Manager's must let the Service Provider know the outcome and any further information that might assist staff. This must also include updating the Individual's Care Plan to ensure any strategies identified are fully recorded, any health advice is followed, and any wishes and choices of the Individual and family members are clear.

Escalation if no response received to contact.

If the Service Provider is not satisfied with the responses of any professionals involved in securing appropriate support for the Individual, or if communications have not been responded to within a reasonable timescale, the Service Provider should escalate to

- a) Senior Manager for the Service and
- b) Senior Manager for Planning, Performance & Commissioning ([Sheila.tyeson@south-ayrshire.gov.uk](mailto:Sheila.tyeson@south-ayrshire.gov.uk)) and
- c) [SAHSCP.Commissioning@south-ayrshire.gov.uk](mailto:SAHSCP.Commissioning@south-ayrshire.gov.uk)

**ALL escalation email must be marked as urgent.**

Policy agreed at Health Care Governance May 2023.

Review date May 2025.

References

Braye, S., Orr, D. and Preston-Shoot, M. (2013) *A scoping study of workforce development for self-neglect work*, Leeds: Skills for Care (available at [www.skillsforcare.org.uk/Document-library/NMDS-SC,-workforce-intelligenceand-innovation/Research/Self-Neglect-Final-Report-301013-FINAL.pdf](http://www.skillsforcare.org.uk/Document-library/NMDS-SC,-workforce-intelligenceand-innovation/Research/Self-Neglect-Final-Report-301013-FINAL.pdf) ).