# **For additional information on Adult safeguarding refer to the Gloucestershire County Council Safeguarding Policy via the link below**

# [**https://www.gloucestershire.gov.uk/media/2095462/safeguarding-adults-policy-procedures-final-feb-2020.pdf**](https://www.gloucestershire.gov.uk/media/2095462/safeguarding-adults-policy-procedures-final-feb-2020.pdf)

# **Procedures and identifying roles (for policy see below)**

# **Making Enquiries**

Making enquiries is the term now used as a response to any adult safeguarding concern and the following procedures are in place for all staff who need to report an adult safeguarding concern. As new guidance is issued by our local authority partners, based on the new framework for Adult Safeguarding within the Care Act 2014, becomes available the current guidance issued by this organisation has been amended to reflect the new regulatory framework which is detailed in Chapter 14 of the Care and Support Statutory Guidance October 2014.

**Staff – How to report a Safeguarding Concern**

Any suspicion of a safeguarding situation must be reported as a matter of course, to the Registered Management or in their absence, to the senior manager on duty at the time. The Head of Support and Operations is the designated safeguarding lead in for the Trust

It is your duty to report any such allegation and the appropriate manager will then take advice and follow the appropriate guidance. If the safeguarding concern involves the manager, the report should be made to the Head of Support and Operations, who will then take advice and follow the appropriate guidance.

The requirement is to report an allegation and if there is anything else required from the staff member reporting the allegation this will be requested as appropriate.

It is good practice, as soon as possible for contemporaneous notes to be recorded for future reference.

Where required, support should be given to the staff member dependent upon the situation, their response and the urgency of the situation.

**Clients – how to report a safeguarding concern**

During the information gathering process within our quality assurance systems clients and or their representatives need to be informed and asked about any inappropriate behaviour verbal or physical that they have observed or been subject to by staff or visitors. This needs to be handled in a sensitive manner.

 As part of the information given to new clients and or their representatives our clients Guide explains and details how to report a safeguarding concern.

Information on raising a safeguarding concern can also be found on notice boards around the home.

Clients and or their representatives can inform any staff on duty at any time of their concerns. Staff will then report to the designated manager.

**The Role of the Manager**

As immediate assessment of the incident should be undertaken by the manager in relation to the following:

* The health safety and wellbeing of the adult.
* Their needs preference and wishes concerning any action to be considered.
* Their mental capacity to understand, comprehend and make decisions regarding the actions to be considered.

From this assessment, the manager will then take further advice from Head Of Support and Operations, or, institute steps to ensure the protection and safeguarding of the adult; as appropriate; with immediate effect. An initial report of the incident or allegation will be sent to the responsible local authority and to Gloucestershire’s Safeguarding Team to include the details and any actions taken or planned to be taken.

01452-426868 (GCC Adult Helpdesk)

Email:socialcare.enq@gloucestershire.gov.uk

The manager, in this context, is the person to whom the concern has been reported to, whether during office hours or out of hours. They will be the Responsible Manager until they are informed otherwise. Records and notes of all actions should be taken. This includes any advice given to the Responsible Manager by any triage arrangements that are in place.

**The Role of the Local Authority**

All local authorities have a legal duty to make enquiries or cause another agency to do so, whenever abuse or neglect are suspected in relation to an adult. The nature, scope, how long it takes and who leads it will depend on the particular circumstances presented. Everyone involved in an enquiry must focus on improving the adult’s wellbeing and work together to that shared aim. The objectives of the enquiry are to:

It is important to recognise that any member of staff involved in a safeguarding situation can find it stressful and distressing and workplace support should be available to:

* Establish fact;
* Ascertain the Adult’s views and wishes;
* Assess the needs of the adult for protection, support and wellness and how they might be met;
* Protect from abuse and neglect, in accordance with the wishes of the adult;
* Make decisions as to what follow up action should be taken with regard to the person or organisation responsible for the abuse or neglect; and
* Enable the adult to achieve resolution and recovery

The first priority must always be to ensure the safety and wellbeing of the adult. It is the responsibility of all staff and members of the public to act on any suspicion or evidence of concerns to a responsible person or agency.

Please note the following:

“Where a competent adult explicitly refuses any supporting intervention, this should normally be respected. Exceptions to this may be where or criminal offence may have taken place or where there may be a significant risk of harm to a third party. If for example, there may be an abusive adult in a position of authority in relation to other vulnerable adults (sic), it may be appropriate to breach confidentiality and disclose information to an appropriate authority. Where criminal offence is suspected it may also be necessary, to take further advice. Ongoing support should also be offered. Because an adult initially refuses the offer of assistance they should not therefore be lost to or abandoned by relevant services. The situation should be monitored and the individual informed that they can take up the offer of assistance at any time.

# **Statutory Notifications to CQC**

A Statutory Notification is sent to CQC concerning any abuse or alleged abuse involving a person(s) using our service. This includes where the person(s) is either the victim(s) or the abuser(s), or both. We notify CQC about abuse or alleged abuse at the same time as alerting our local safeguarding authority for children or adults, and the police where a crime has been or may have been committed.

The person submitting the Statutory Notification must use the electronic form supplied on CQC website to notify both alleged and actual abuse and email the form to CQC at the address stated on the form. <http://www.cqc.org.uk/content/notifications>

**Providers Guidance -Statutory Notifications for non-NHS trust providers**

The CQC website is regularly checked to ensure the above guidance we use is up to date.

# **Restrictive Interventions**

This policy and our organisational responses to restrictive practices reflect the guidelines in the document below.

Positive and Proactive Care: reducing the need for restrictive interventions

Prepared by the Department of Health. Published in April 2014.

**Making Safeguarding Personal**

This is an initiative built on the CQC 5 Core Domains being led by Local Authorities via the Local Government Association. We are aware of this as an ongoing resources toolkit which gathers together good and outstanding practice across commissioning and CQC

This guidance is of particular significance for health and social care services where individuals who are known to be at risk of being exposed to restrictive interventions are cared for. Such settings may provide services to people with mental health conditions, autistic spectrum conditions, learning disability, dementia and/or personality disorder, older people and detained patients. It is more broadly applicable across general health and social care settings where people using services may on occasion present with behaviour that challenges but which cannot reasonably be predicted and planned for on an individual basis. This may include homes where individuals employ their own support staff, and community-based primary and secondary care settings.

SEE CONTINUATION OF POLICY DETAILS BELOW

| **Signed**: Anthony Jeffers Head of Support and Operations | Issue Date: **10/7/15****Reviewed on 26/7/17****Updated 27/3/19****Updated 9/3/2020****Reviewed March 2021****Updated July 2021** **reviewed Feb 2022** |
| --- | --- |

All Local Authorities are required to produce the above Guidance. We are  contracted with more than one authority please see below web links to the policies of our other commissioners

Hereford; Shropshire; Worcestershire.

<https://herefordshiresafeguardingboards.org.uk/media/2051/wm-adult-safeguarding-pp-v1-0-1-9-16.pdf>..

Monmouthshire

<http://monmouthshire.gov.uk/app/uploads/2013/06/Wales-Adult-Protection-PandP-Updated-version-Janaury-20131.pdf>

Swindon

<http://www.wiltshire.gov.uk/policy-and-procedures-for-safeguarding-vulnerable-adults-2006-sept.pdf>

Cheshire East

<http://www.stopadultabuse.org.uk/pdf/multi-agency-safeguarding-adults-policy-and-procedure.pdf>

Wigan

<https://www.wigan.gov.uk/Docs/PDF/Resident/Health-Social-Care/Adults/Safeguarding-Adults-Policy.pdf>

**Contact List**

* **Provider Designated Lead**

Head of Support and Operations 01594 861137

* **Local Authority Safeguarding Unit**

Gloucestershire Safeguarding

01452-426868 (GCC Adult Helpdesk)

Email:socialcare.enq@gloucestershire.gov.uk

Website:[http://www.gloucestershire.gov.uk/gsab/article/109960/Home-Page](http://www.gloucestershire.gov.uk/gsab/article/109960/home-page)

**Local Police**

**Gloucester Police**

**Tel 101**

**Whistleblowing**

The government has set up a whistleblowing helpline for NHS and Social care. This is available to both managers for advice and staff for reporting purposes. This telephone number is 08000 724 725.

[www.wbhelpline.org.uk](http://www.dh.gov.uk/health/2011/12/whistleblowing-helpline)

CQC whistleblowing “Guidance for providers who are registered with CQC (issued November 2013)

[www.cqc.org.uk/whistleblowing](http://www.cqc.org.uk/whistleblowing)

* **Care Quality Commission (CQC)**

Citygate

Gallowgate

Newcastle Upon Tyne

NE1 4PA

03000 616161

<http://www.cqc.org.uk/content/notifications>

Scope

Part 1 Policy Statement Index

• **Policy Statement**

• **Multi-Agency Safeguarding (Adults) Protocol**

• **Care Act**

• Definition of an Adult at Risk

• Adult Safeguarding, What It Is and Why It Matters

• Aims of Adult Safeguarding

• The Six Principles that Underpin all Adult Safeguarding

• **Types of Abuse and Neglect**

• Patterns of Abuse

• Who Abuses and Neglects Adults?

* Safeguarding Children in an Adult Setting

• **The Mental Capacity Act 2005**

• **Reporting and Responding to Abuse and Neglect**

• **LA’s Role in Carrying Out Enquiries**

• Information Gathering Diagram

• Decision-making Tree

• **Procedures for Responding in Individual Cases**

• When Should an Enquiry Take Place?

• Objectives of an Enquiry

• Who Can Carry Out an Enquiry?

• What Happens After an Enquiry?

• Safeguarding Plans

• **Information Sharing**

• Record Keeping

• Confidentiality

• Front Line Staff

Part 2 The Policy Index

• **Making Enquiries**

• Staff: How to Report a Safeguarding Concern - the name of Designated Safeguarding Lead

• Clients: How to Report a Safeguarding Concern

• The Role of the Manager

* **Supporting staff who are subject to a safeguarding enquiry**

• **Statutory Notifications to CQC**

• **Restrictive Interventions**

• **Making Safeguarding Personal**

• **Related Policies**

• **Related Guidance**

• **Contact List**

• **Training Statement**

Policy Statement

With the introduction of the Care Act, 2014 changes came into place which updated adult safeguarding in England. This adult safeguarding guidance replaced ‘No Secrets’ in its entirety. Safeguarding duties apply to an adult who:

• Needs care and support (whether or not the local authority (LA) is meeting any of those needs),

• Is experiencing, or at risk of abuse or neglect,

• 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.

The above duties have a legal effect in relation to organisations other than the LA e.g. the NHS or police.

Our organisation adheres to Regulation 13 Safeguarding service users from abuse and improper treatment (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014) by implementing processes and procedures to prevent Clients from being abused by staff or other people they may have contact with when using the service, including visitors. This includes safeguarding Clients from suffering any form of abuse or improper treatment while receiving care and treatment (improper treatment includes discrimination or unlawful restraint, which includes inappropriate deprivation of liberty under the terms of the Mental Capacity Act 2005).

Multi-Agency Safeguarding (Adults) Protocol

All LAs updated their multi-agency safeguarding agreement to reflect these changes. See link at start of top of document All Local Authorities are required to produce the above Guidance. When contracted with more than one authority we ensure all protocols are listed and followed.

Care Act 2014

The changes introduced in April 2015 are fully detailed in the Care and Support Statutory Guidance issued under the Care Act 2014 (Chapter 14) of the Act and covers the following:

• Adult safeguarding, what it is and why it matters.

• Abuse and neglect.

o What they are and spotting the signs.

o Reporting and responding to abuse and neglect.

• Carers and adult safeguarding.

• Adult safeguarding procedures.

• LA’s role and multi-agency working.

• Criminal offences and adult safeguarding.

• Safeguarding enquiries.

• Safeguarding adult boards (SABs).

• Safeguarding adult’s reviews (SARS).

• Information sharing, confidentiality and record keeping.

• Roles, responsibilities, and training in Local Authorities. the NHS and other agencies.

The government also re-issued the Care and Support Statutory Guidance on 9 May 2016 under the Care Act

As an organisation, we are aware of the changes within chapter 14 concerning LAs’ roles and responsibilities

**Note:** Where someone is 18 years old or over but whose services are arranged via children services any safeguarding issue is dealt with via the adult safeguarding arrangement within the LA or other statutory partners such as NHS or police.

Definition of an Adult at Risk

An adult at risk of abuse or neglect is defined as someone who has needs for care and support, who is experiencing, or at risk of, abuse or neglect and, as a result of their care needs, is unable to protect themselves.

Throughout this policy, the distinction between an adult with the capacity to make decisions and adults lacking capacity is emphasised. Adults who have the capacity retain the right to make their own decisions and to direct their own lives. Adults lacking the capacity to make decisions, retain the right to be involved in decision-making as far as possible. However, decisions that have to be made on their behalf must be in their best interests. The judgement that an adult is at risk should not be confused with a decision about their capacity. They are distinct questions, although a lack of capacity will, ordinarily, contribute to an adult being at risk.

Adult Safeguarding, What It Is, and Why It Matters

It is a means of protecting an adult’s safety, free from abuse and neglect. It means people and organisations working together to prevent and stop such abuse and neglect, whilst making sure that the adult’s wellbeing is promoted, including, where appropriate, due regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

Organisations should always promote the adult’s wellbeing in their safeguarding arrangements. People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can best be achieved. Professionals should not be advocating safety measures that do not take account of the individual's wellbeing as defined in Chapter 1 of the Care and Support Statutory Guidance issued by the Department of Health.

Our organisation is committed to safeguarding our Clients. We have a safeguarding lead who is responsible for safeguarding within the home. Our organisation will ensure that our safeguarding lead has had suitable safeguarding training and has the right knowledge and skills to ensure the protection and safety of our Clients. Our organisation safeguards our Clients from abuse and harm by using the skills and experiences of our safeguarding champions. Our safeguarding champions understand the safeguarding policy and procedure and help to ensure our procedures are followed. They are available to support other staff, champion best practice and support reflective learning. Our organisation will ensure our safeguarding champions are supported by training and development opportunities to ensure they have the right knowledge and skills to be a safeguarding champion. It is important to note that a safeguarding champion is not a replacement or alternative to the safeguarding lead.

Safeguarding is not a Substitute for:

• Providers responsibilities to provide safe and high-quality care and support.

• Commissioners regularly assuring themselves of the safety and effectiveness of commissioned services.

• The Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action.

• The core duties of the Police to prevent and detect crime and protect life and property.

The Care Act requires that each authority must:

• Make enquiries or cause others to do so, if it believes an adult is experiencing or is at risk of abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect and if so by whom.

• Set up a SAB.

• Arrange where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or SAR. This applies if the adult has substantial difficulty in being involved in the process and where there is no other suitable person to present and support them.

• Co-operate with each of its relevant partners to protect the adult. In their turn, each relevant partner must co-operate with the LA.

Aims of Adult Safeguarding

The Act sets out the following which applies to all LAs and their relevant partners. Relevant partners include NHS, police, ambulance service, regulated or unregulated providers and all parties involved in the enquiry:

• Stop abuse or neglect wherever possible.

• Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.

• Safeguard adults in a way that supports them in making choices and having control about how they want to live.

• Promote an approach that concentrates on improving life for the adults concerned.

• Raise public awareness so that communities, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect.

• Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult.

• Address what has caused the abuse or neglect.

The Care Act sets out the steps which LAs must implement to meet the legal requirements of the Act - all staff must become familiar with these requirements. Guidance developed by our LA partners will be included in this policy as it becomes available. All LAs will review and amend the Multi-Agency Safeguarding Protocol which is available from the LA’s SAB website.

Any changes to training are incorporated with immediate effect.

The Six Principles that underpin all Adult Safeguarding

**Empowerment**: people being supported and encouraged to make their own decision and informed consent:

• “I am asked what I want from the safeguarding process and these directly inform what happens.”

**Prevention: i**t is better to take action before harm occurs:

• “I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”

**Proportionality: t**he least intrusive response appropriate to the risk presented:

• “I am sure that the professionals will work in my interest, as I see them, they will only get involved as much as needed.”

**Protection**: support and representation for those in greatest need:

• “I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.

**Partnership**: local solutions through services working with their communities have a part to play in preventing, deleting and reporting neglect and abuse:

• “I know that staff treat any personal or sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”

**Accountability**: accountability and transparency in delivering safeguarding:

• “I understand the role of everyone involved in my life and so do they.”

These principles apply to all sectors and settings including care and support services, further education colleges, commissioning, regulation and provision of health and care services, social work, healthcare welfare benefits, housing, wider LA function, and the criminal justice system. The principles should inform how professionals and other staff work with adults. They can also help SABs and other organisations more widely, by using them to examine and improve their local arrangements. In addition to these principles, the Act seeks to broaden a community approach to establishing their safeguarding arrangements. All organisations must recognise that adult safeguarding arrangements are there to protect individuals. We all have different preferences, histories, circumstances and lifestyles so it is unhelpful to prescribe a process that must be followed whenever a concern is raised; and the case study below helps illustrate this.

Types of Abuse and Neglect

**Physical abuse**: including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

**Domestic violence**: including psychological, physical, sexual, financial, emotional abuse; so, called ‘honour’ based violence.

**Sexual abuse**: including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

**Sexual exploitation**: The term “sexual exploitation” means any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. It may be very important in specific cases to be clear about the context in which concerns about sexual exploitation arise. Some individuals may have been groomed as children or young people, whilst others may be engaged as sex workers so are at risk because they are threatened or coerced, have drug dependencies and/or mental health needs. People with learning disabilities may be led into harm because of the perceptions they are being offered friendships.

**Controlling Behaviour**: Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

**Coercive Behaviour**: Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

**Forced Marriage**: Although forcing someone into a marriage and/or luring someone overseas for marriage is a criminal offence, the civil route and the use of ‘Forced Marriage Protection Orders’ is still available. These can be used as an alternative to entering the criminal justice system. It may be that perpetrators will automatically be prosecuted where it is overwhelmingly in the public interest to do so, however, victims should be able to choose how they want to be assisted

**Exploitation by radicalisation**: The Home Office leads on the anti-terrorism PREVENT strategy, of which CHANNEL is part (refer to www.gov.uk for information). This aims to stop people from becoming terrorists or supporting extremism. All local organisations have a role to play in safeguarding people who meet the criteria. Contact should be made with the police regarding any individuals identified who present concern regarding violent extremism.

**Psychological abuse:** including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

**Financial or material abuse**: including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including regarding wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

**Modern slavery**: encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

**Human Trafficking**: The definition of human trafficking is the illegal movement of people through force, fraud or deception to exploit them, typically for forced labour or sexual exploitation. Men, women and children are forced into a situation through the use (or threat) of violence, deception or coercion. Victims may enter the UK legally, on forged documentation or secretly under forced hiding, or they may even be a UK citizen living in the UK who is then trafficked within the country but should not be confused with people smuggling, where the person has the freedom of movement upon arrival in the UK. There is no ‘typical’ victim of human trafficking and modern slavery. Victims can be men, women and children of all ages, ethnicities, nationalities and backgrounds. It can however be more prevalent amongst the most vulnerable members of society and within minority or socially excluded groups.

**Cuckooing:** refers to the relatively recent identification of a type of controlling and coercive criminal activity. This involves gangs using adults at risk (and children and young people) to move, store and deliver drugs.

**Discriminatory abuse**: including forms of harassment, slurs or similar treatment, because of race, gender, gender identity, age, disability, sexual orientation or religion.

**Internet/cyberbullying**: can be defined as the use of technology, and particularly mobile phones and the internet, to deliberately hurt, upset, harass or embarrass someone else. It can be an extension of face-to-face bullying, with the technology offering the bully another route for harassing their victim, or can be simply without motive. Cyberbullying can occur using practically any form of connected media, from nasty text and image messages using mobile phones, to unkind blog and social networking posts, or emails and instant messages, to malicious websites created solely to intimidate an individual or virtual abuse during an online multiplayer game.

**Organisational abuse**

NICE Guidance NG189 (2021) states that organisational abuse (also known as institutional abuse) is distinct from other forms of abuse or neglect because it is not directly caused by individual action or inaction. Instead, it is a cumulative consequence of how services are managed, led and funded. Some aspects of organisational abuse may be hidden (closed cultures), and staff may act differently when visitors are there (disguised compliance). Organisational abuse can affect one person or many Clients. Therefore, it is important to consider each unique case and the impact on individual Clients as well as the whole care home.

**Neglect and acts of omission**: including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

**Self-neglect**: this covers a wide range of behaviour in neglecting to care for one’s hygiene, health or surroundings and includes behaviour such as hoarding.

Incidents of abuse may be one-off or multiple and affect one person or more. Professionals and others should look beyond single incidents or individuals to identify patterns of harm, just as the CQC, as the regulator of service quality, does when it looks at the quality of care in health and care services. Repeated instances of poor care may be an indication of more serious problems which is now described as organisational abuse. To see these patterns, it is important that information is recorded and appropriately shared.

**Signs of abuse**

**Physical Abuse**

• No explanation for injuries or inconsistency with the account of what happened.

• Injuries are inconsistent with the person’s lifestyle.

• Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps.

• Frequent injuries.

• Unexplained falls.

• Subdued or changed behaviour in the presence of a particular person.

• Signs of malnutrition.

• Failure to seek medical treatment or frequent changes of G.P.

**Sexual Abuse**

• Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck.

• Torn, stained or bloody underclothing.

• Bleeding, pain or itching in the genital area.

• Unusual difficulty in walking or sitting.

• Foreign bodies in genital or rectal openings.

• Infections, unexplained genital discharge, or sexually transmitted diseases.

• Pregnancy in a woman who is unable to consent to sexual intercourse.

• The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude.

• Incontinence not related to any medical diagnosis.

• Self-harming.

• Poor concentration, withdrawal, sleep disturbance.

• Excessive fear/apprehension of, or withdrawal from, relationships.

• Fear of receiving help with personal care.

• Reluctance to be alone with a particular person.

**Psychological**

• An air of silence when a particular person is present.

• Withdrawal or change in the psychological state of the person.

• Insomnia.

• Low self-esteem.

• Uncooperative and aggressive behaviour.

• A change of appetite, weight loss/gain.

• Signs of distress: tearfulness, anger.

• Apparent false claims, by someone involved with the person, to attract. unnecessary treatment.

**Financial**

• Missing personal possessions.

• Unexplained lack of money or inability to maintain lifestyle.

• Unexplained withdrawal of funds from accounts.

• Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity.

• Failure to register an LPA after the person has ceased to have the mental capacity to manage their finances so that it appears that they are continuing to do so.

• The person allocated to manage financial affairs is evasive or uncooperative.

• The family or others show an unusual interest in the assets of the person.

• Signs of financial hardship in cases where the person’s financial affairs are being managed by a court appointed deputy, attorney or LPA.

• Recent changes in deeds or title to a property.

• Rent arrears and eviction notices.

• A lack of clear financial accounts held by a care home or service.

• Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person.

• The disparity between the person’s living conditions and their financial resources, e.g. insufficient food in the house.

• Unnecessary property repairs.

 **Domestic abuse**

• Appears to be afraid of a partner and/or of making choices for themselves.

• Behaves as though they deserve to be hurt or mistreated.

• May have low self-esteem or appear to be withdrawn.

• Appears unable or unwilling to leave perpetrator.

• Leaves perpetrator and then returns to them.

• Makes excuses for or condones the behaviour of the perpetrator.

• Blames abuse on themselves.

• Minimises or denies abuse or seriousness of the harm.

• The perpetrator is always with the victim and will not let the victim speak for themselves, e.g., at GP visits.

• Low self-esteem

• Feeling that the abuse is their fault when it is not.

• Physical evidence of violence such as bruising, cuts, broken bones.

• Verbal abuse and humiliation in front of others.

• Fear of outside intervention.

• Damage to home or property.

• Isolation – not seeing friends and family.

• Limited access to money.

Domestic violence and abuse include any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been, intimate partners or family members regardless of gender or sexuality. It also includes so called 'honour’ -based violence, female genital mutilation and forced marriage.

**Modern Slavery**

• Signs of physical or emotional abuse.

• Appearing to be malnourished, unkempt or withdrawn.

• Isolation from the community, seeming under the control or influence of others.

• Living in dirty, cramped or overcrowded accommodation and or living and working at the same address.

• Lack of personal effects or identification documents.

• Always wearing the same clothes.

• Avoidance of eye contact, appearing frightened or hesitant to talk to strangers.

• Fear of law enforcers.

**Discriminatory Abuse**

• The person appears withdrawn and isolated.

• Expressions of anger, frustration, fear or anxiety.

• The support on offer does not take account of the person’s individual needs in terms of a protected characteristic.

**Organisational Abuse**

• Incidents of abuse or neglect are not reported, or there is evidence of incidents being deliberately not reported.

* Lack of flexibility and choice for people using the service.
* Inadequate staffing levels.
* People being hungry or dehydrated.
* Poor standards of care or frequent, unexplained deterioration in a Clients' health and wellbeing.
* Repeated cases of the resident not having access to nursing, medical or dental care.
* Lack of procedures and safeguards in place relating to the safe handling of Clients money.
* A sudden increase in safeguarding concerns in which abuse or neglect has been identified.
* Repeated instances of Clients, families and carers feeling victimised if they raise safeguarding concerns.
* The service fails to improve or respond to actions or recommendations in local compliance visits or audit frameworks from the local authority, clinical commissioning groups or the Care Quality Commission.
* Lack of personal clothing and possessions and communal use of personal items.
* Lack of adequate procedures.
* Poor record-keeping, missing documents or evidence of redacted, falsified, or incomplete records.

• Absence of visitors.

• Few social, recreational and educational activities.

• Public discussion of personal matters.

• Unnecessary exposure during bathing or using the toilet.

• Absence of individual care plans.

• Lack of management overview and support.

• Clients' money being misused by the care home (for example, to purchase gifts for staff or other Clients without permission)a sudden increase in safeguarding concerns in which abuse or neglect has been identified.

• repeated instances of Clients, families and carers feeling victimised if they raise safeguarding concerns.

• the care home fails to improve or respond to actions or recommendations in local.

• inspections or audit frameworks from the local authority, clinical commissioning groups or the Care Quality Commission.

**Neglect and Acts of Omission**

• Poor environment – dirty or unhygienic.

• Poor physical condition and/or personal hygiene.

• Pressure sores or ulcers.

• Malnutrition or unexplained weight loss.

• Untreated injuries and medical problems.

• Inconsistent or reluctant contact with medical and social care organisations.

• Accumulation of untaken medication.

• Uncharacteristic failure to engage in social interaction.

• Inappropriate or inadequate clothing.

**Self Neglect**

• Very poor personal hygiene.

• Unkempt appearance.

• Lack of essential food, clothing or shelter.

• Malnutrition and/or dehydration.

• Living in squalid or unsanitary conditions.

• Neglecting household maintenance.

• Hoarding.

• Collecting a large number of animals in inappropriate conditions.

• Non-compliance with health or care services.

• Inability or unwillingness to take medication or treat illness or injury.

(Social Care Institute for Excellence. Oct 2020).

Patterns of Abuse

**Serial abuse** in which the person allegedly responsible seeks out and ‘grooms’ individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse;

**Long-term abuse** in the context of an ongoing family relationship such as domestic violence between spouses or generations or persistent psychological abuse; or

**Opportunistic abuse** such as theft occurring because money or jewellery has been left lying around.

Who Abuses or Neglects Adults?

Anyone can carry out abuse or neglect, including:

• Spouses/partners.

• Other family members.

• Neighbours.

• Friends.

• Acquaintances.

• Local Clients.

• People who deliberately exploit adults.

• Paid staff or professionals.

• Volunteers and strangers.

While a lot of attention is paid, for example, to targeted fraud or internet scams perpetrated by strangers, it is far more likely that the person responsible for abuse is known to the adult and is in a position of trust and power.

 **Safeguarding Children in an Adult setting**

This organisation is aware of its obligations under the Health and Social Care Act 2008 (Regulated Activities) 2010 to protect and safeguard children.

Refer to our Safeguarding Children in Adult Settings policy. This policy sets out the responsibilities of staff concerning any allegation of abuse involving children that may be witnessed by staff whilst in the employ of this organisation. We are committed to working in partnership with other multi-agency partners so that the protection and safeguarding of children is consistent with current policy and guidance.

The Mental Capacity Act 2005

The MCA starts with the presumption that, from the age of 16, we can make our own decisions – including about our safety and when and how services intervene in our lives. People must be assumed to have the capacity to make their own decisions and be given all practicable help to make a specific decision before anyone treats them as not being able to make their own specific decision. Where an adult is found to lack the capacity to make a decision then any action taken, or any decision made on their behalf must be made in their best interests.

Professionals and other staff need to understand and always work in line with the Mental Capacity Act 2005 (MCA). They should use their professional judgement and balance many competing views. They will need considerable guidance and support from their employers if they are to help adults manage risk in ways and put them in control of decision making if possible.

Regular face-to-face supervision from skilled managers is essential to enable staff to work confidently and competently in difficult and sensitive situations.

Mental capacity is frequently raised in relation to adult safeguarding. The requirement to apply the MCA in adult safeguarding enquiries challenges many professionals and requires utmost care, particularly where it appears an adult has the capacity for making specific decisions that nevertheless places them at risk of being abused or neglected.

The MCA created the criminal offences of ill-treatment and wilful neglect in respect of people who lack the ability to make decisions. The offences can be committed by anyone responsible for that adult’s care and support, such as paid staff but also family carers as well as people who have the legal authority to act on that adult’s behalf (i.e. persons with power of attorney or court-appointed deputies).

These offences are punishable by fines or imprisonment. Ill-treatment covers both deliberate acts of ill-treatment and also those acts which are reckless which results in ill-treatment. Wilful neglect requires a serious departure from the required standards of treatment and usually means that a person has deliberately failed to carry out an act that they knew they were under a duty to perform.

Abuse by an attorney or deputy: If someone has concerns about the actions of an attorney acting under a registered enduring power of attorney (EPA) or lasting power of attorney (LPA), or a deputy appointed by the Court of Protection, they should contact the Office of the Public Guardian (OPG). The OPG can investigate the actions of a deputy or attorney and can also refer concerns to other relevant agencies. When it makes a referral, the OPG will make sure that the relevant agency keeps it informed of the action it takes. The OPG can also make an application to the Court of Protection if it needs to take possible action against the attorney or deputy. Whilst the OPG primarily investigates financial abuse, it is important to note that it also has a duty to investigate concerns about the actions of an attorney acting under a health and welfare LPA or a personal welfare deputy. The OPG can investigate concerns about an attorney acting under a registered EPA or LPA, regardless of the adult’s capacity to make decisions.

Reporting and Responding to Abuse and Neglect

We recognise that our role as a service provider is key to promoting good practice (and therefore preventing harm) or allowing harm to take place. By ensuring safe recruitment practices, effective supervision, focussed training and direct observation of staff practice are all critical elements that contribute to the prevention of harm. We also have a responsibility to work in partnership with commissioners to ensure that when things do go wrong we both report it and, if appropriate, seek help to put matters right without delay.

It is important to understand the circumstances of abuse, including the wider context such as whether others may be at risk of abuse, whether there is an emerging pattern of abuse, whether others have witnessed abuse and the role of family members and paid staff or professionals.

Concern should be raised when there is reason to believe an adult at risk may have been, is, or might be the subject of harm, abuse or neglect by any other person or persons. This may include anyone self neglecting where there is a significant risk to their health or wellbeing.

The local authority will determine if the concern meets the criteria for a Section 42 Enquiry and if not, what other actions may be taken. In doing so, the local authority will consider the circumstances surrounding any actual or suspected case of abuse or neglect.

For example, it is important to recognise that abuse or neglect may be unintentional and may arise because a carer is struggling to care for another person. This makes the need to act no less important, but in such circumstances, an appropriate response could be a support package for the carer and monitoring. However, the primary focus must still be how to safeguard the adult. In other circumstances where the safeguarding concerns arise from abuse or neglect deliberately intended to cause harm, then it would be necessary to immediately consider what steps are needed to protect the adult but also whether to refer the matter to the police to consider whether a criminal investigation is required or appropriate.

The nature and timing of the intervention and who is best placed to lead will be, in part, determined by the circumstances, and always directed by the local authority safeguarding team For example, where there is poor, neglectful care or practice resulting in pressure sores, then an employer-led disciplinary response may be more appropriate. However, this situation will need additional responses such as clinical intervention to improve the care given and a clinical audit of practice. Commissioning or regulatory enforcement action may also be appropriate.

Early sharing of information is the key to providing an effective response where there are emerging concerns. To ensure effective safeguarding arrangements:

• All organisations must have arrangements in place which set out clearly the processes and the principles for sharing information between each other, with other professionals and the SAB; this could be via an information sharing agreement to formalise the arrangements; and,

• No professional should assume that someone else will pass on information that they think may be critical to the safety and wellbeing of the adult. If a professional has concerns about the adult’s welfare and believes they are suffering or likely to suffer abuse or neglect, then they should share the information with the LA and, or the police if they believe or suspect that a crime has been committed.

LA’s Role in Carrying Out Enquiries

LAs must make enquiries, or cause others to do so, if they reasonably suspect an adult who meets the criteria in paragraph 14.2 is or is at risk of, being abused or neglected.

An enquiry is an action taken or instigated by the LA in response to a concern that abuse or neglect may be taking place. An enquiry could range from a conversation with the adult, or if they lack capacity, or have substantial difficulty in understanding the enquiry their representative or advocate. This should be done before initiating a formal enquiry under section 42 - right through to a more detailed formal multi-agency plan or course of action. Whatever the course of subsequent action, the professional concerned should record the concern, the adult’s views and wishes, any immediate action that has been taken and the reasons for those actions.

The purpose of the enquiry is to decide whether or not the LA or another organisation, or person, should do something to help and protect the adult. If the LA decides that another organisation should enquire, for example, a care provider, then the LA should be clear about timescales, the outcomes of the enquiry and what action will follow if this is not done.

What happens as a result of an enquiry should reflect the adult ‘s wishes wherever possible, as stated by them or by their representative or advocate. If they lack capacity it should be in their best interests if they are not able to make the decision and be proportionate to the level of concern.

The adult should always be involved from the beginning of the enquiry unless there are exceptional circumstances that would increase the risk of abuse. If the adult has substantial difficulty in being involved, and where there is no one appropriate to support them, then the LA must arrange for an independent advocate to represent them for facilitating their involvement.

Professionals and other staff need to handle enquiries in a sensitive and skilled way to ensure distress to the adult is minimised. Many enquiries will likely require the input and supervision of a social worker, particularly for more complex situations and to support the adult to realise the outcomes they want and to reach for resolution or recovery. For example, where abuse or neglect is suspected within a family or informal relationship a social worker will likely be the most appropriate lead. Personal and family relationships within community settings can prove both difficult and complex to assess and intervene in. The dynamics of personal relationships can be extremely difficult to judge and rebalance. For example, an adult may make a choice to be in a relationship that causes them emotional distress which outweighs, for them, the unhappiness of not maintaining the relationship.

Whilst work with the adult may frequently require the input of a social worker, other aspects of enquiries may be best undertaken by others with more appropriate skills and knowledge. For example, health professionals should undertake enquiries and treatment plans relating to medicines management or pressure sores.

For clarity: Section 42 Enquiries are the mechanism for Safeguarding Enquiries as set out in the Care Act 2014 Chapter 14. It is a legal duty on LAs to make enquiries or causes someone else to make enquiries.

Information Gathering Diagrams used by Local Authority Safeguarding Teams

Decision Making Tree

| **Principles**· Empowerment – Presumption of person led decisions and informed consent· Prevention – It is better to take action before harm occurs.· Proportionate and least intrusive response appropriate to the risk presented· Protection – Support and representation for those in greatest need.· Partnership – Local solutions through service working with their communities. |  · Communities – have a part to play in preventing, detecting and reporting neglect and abuse.· Accountability and transparency in delivering safeguarding· Feeding back whenever possible |
| --- | --- |

Decision Tree (Continued)

Procedures for Responding in Individual Cases

When Should an Enquiry Take Place?

LAs must make enquiries, or cause another agency to do so, whenever abuse or neglect are suspected concerning an adult and the LA thinks it necessary to enable it to decide what (if any) action is needed to help and protect the adult. The scope of that enquiry, who leads it and its nature, and how long it takes, will depend on the circumstances. It will usually start with asking the adult their view and wishes which will often determine what next steps to take. Everyone involved in an enquiry must focus on improving the adult’s wellbeing and work together to that shared aim. At this stage, the LA also has a duty to consider whether the adult requires an independent advocate to represent and support the adult in the enquiry. The decision-making tree highlights appropriate pauses for reflection, consideration and professional judgment and reflects the different routes and actions that might be taken.

Objectives of an Enquiry

The objectives of an enquiry into abuse or neglect are to:

• Establish facts.

• Ascertain the adult’s views and wishes.

• Assess the needs of the adult for protection, support and redress and how they might be met.

• Protect from abuse and neglect, following the wishes of the adult.

• Make decisions as to what follow-up action should be taken regarding the person or organisation responsible for the abuse or neglect.

• Enable the adult to achieve resolution and recovery.

The priority should always be to ensure the safety and well-being of the adult. The adult should experience the safeguarding process as empowering and supportive. Practitioners should wherever practicable, seek the consent of the adult before taking action. However, there may be circumstances when consent cannot be obtained because the adult cannot give it, but it is in their best interests to undertake an enquiry. Whether or not the adult has the capacity to give consent, action may need to be taken if others are or will be put at risk if nothing is done or where it is in the public interest to take action because a criminal offence has occurred. It is the responsibility of all staff and members of the public to act on any suspicion or evidence of abuse or neglect and to pass on their concerns to a responsible person or agency.

**Working with Adults at Risk who do not wish to engage with services and are or may become at serious risk of harm.**

Key Practice Principles

When an adult at risk with capacity is deemed to be at serious risk of harm but declines to engage with suggested care and support, good practice requires consideration of the following:

• Rights: Individuals have a right to receive advice and support to make choices about their service needs and take risks, subject to the degree of impact those risks may have on other adults and children.

• Duty of Care: Risk assessment and risk management are essential to establishing the likelihood and impact of risks that may be so serious that agencies need to take action to protect individuals.

• A duty of care is established in common law concerning all services. For an action to succeed in negligence there must be an identified duty of care. An action will only be successful where a duty of care is breached through negligent acts or omissions and where an injury is suffered as a result.

• Councils, health bodies, private care providers and individual care staff owe a duty of care to individuals to whom they provide services.

• Information: This should be provided in a form that the individual can understand.

• Equality: Services and support should be provided with dignity and respect and not discriminate because of disability, age, gender, sexual orientation, race, religion or belief or lifestyle.

Work to engage: Every effort should be made to engage with the individual highlighting triggers that may increase dependency or harm and actions that may minimise or eliminate risks.

Note: where a competent adult explicitly refuses any supporting intervention, this should normally be respected. Exceptions to this may be where or criminal offence may have taken place or where there may be a significant risk of harm to a third party. If for example, there may be an abused adult in a position of authority in relation to other adults at risk, it may be appropriate to breach confidentiality and disclose information to an appropriate authority. Where a criminal offence is suspected it may also be necessary to take further advice - ongoing support should also be offered. Because an adult initially refuses the offer of assistance they should not, therefore, be lost to or abandoned by relevant services. The situation should be monitored and the individual informed that they can take up the offer of assistance at any time.

Who Can Carry Out an Enquiry?

Although the LA is the lead agency for making enquiries, it may require others to undertake them. The specific circumstances will often determine who the right person to begin an enquiry is. In many cases, a professional who already knows the adult will be the best person. They may be a social worker, a housing support worker, a GP or other health worker such as a community nurse. The LA retains the responsibility for ensuring that the enquiry is referred to the right place and is acted upon. The LA, in its lead and coordinating role, should assure itself that the enquiry satisfies its duty under section 42 to decide what action (if any) is necessary to help and protect the adult and by whom and to ensure that such action is taken when necessary. In this role, if the LA has asked someone else to make enquiries, it can challenge the body making the enquiry if it considers that the process and/or outcome is unsatisfactory.

Where a crime is suspected and referred to the police, then the police must lead the criminal investigations, with the LA’s support where appropriate, for example by providing information and assistance. The LA has an ongoing duty to promote the wellbeing of the adult in these circumstances.

What happens after an enquiry?

Once the wishes of the adult have been ascertained and an initial enquiry was undertaken, discussions should be undertaken with them as to whether further enquiry is needed and what further action could be taken.

That action could take several courses: it could include disciplinary, complaints, criminal investigations or work by contracts managers and CQC to improve care standards. Those discussions should enable the adult to understand what their options might be and how their wishes might best be realised. Social workers must be able to set out both the civil and criminal justice approaches that are open and other approaches that might help to promote their wellbeing, such as therapeutic or family work, mediation/conflict resolution, and peer or circles of support. In complex domestic circumstances, it may take the adult some time to gain the confidence and self-esteem to protect themselves and take action and their wishes may change. The police, health service and others may need to be involved to help ensure these wishes are realised.

Safeguarding Plans

Once the facts have been established, a further discussion of the needs and wishes of the adult is likely to take place. This could be focused on safeguarding planning to enable the adult to achieve resolution or recovery, or fuller assessments by health and social care agencies (e.g. a needs assessment under the Care Act). This will entail joint discussion, decision making and planning with the adult for their future safety and wellbeing. This applies if it is concluded that the allegation is true or otherwise, as many enquiries may be inconclusive.

The LA must determine what further action is necessary. Where the LA determines that it should itself take further action (e.g. a protection plan), then the authority would be under a duty to do so.

The MCA is clear that LAs must presume that an adult has the capacity to make a decision until there is a reason to suspect that capacity is in some way compromised; the adult is best placed to make choices about their wellbeing which may involve taking certain risks. Of course, where the adult may lack the capacity to make decisions about arrangements for enquiries or managing any abusive situation, then their capacity must always be assessed and any decision made in their best interests. If the adult has the capacity to make decisions in this area of their life and declines assistance, this can limit the intervention that organisations can make. The focus should therefore be, on harm reduction. It should not however limit the action that may be required to protect others who are at risk of harm. The potential for ‘undue influence’ will need to be considered if relevant. If the adult is thought to be refusing intervention on the grounds of duress, then action must be taken.

To make sound decisions, the adult’s emotional, physical, intellectual and mental capacity concerning self-determination and consent and any intimidation, misuse of authority or undue influence will have to be assessed.

Information Sharing

Record Keeping

Good record keeping is a vital component of professional practice. Whenever a complaint or allegation of abuse is made, all agencies should keep clear and accurate records and each agency should identify procedures for incorporating, on receipt of a complaint or allegation, all relevant records to record all action taken. When abuse or neglect is raised, managers need to look for past incidents, concerns, risks and patterns. We know that in many situations, abuse and neglect arise from a range of incidents over a period of time. In the case of providers registered with CQC, records of these should be available to service commissioners and the CQC so they can take the necessary action.

Staff should be given clear direction as to what information should be recorded and in what format. The following questions are a guide:

• What information does staff need to know to provide a high-quality response to the adult concerned?

• What information does staff need to know to keep adults safe under the service’s duty to protect people from harm?

• What information is not necessary?

• What is the basis for any decision to share (or not) information with a third party?

Recording information about an allegation of abuse should be completed as soon as possible on the same day. If you need to refer a safeguarding concern you should make a chronological written record of what you have seen, been told or have concerns about. Try to make sure anyone else who saw or heard anything relating to the concern also makes a written record.

The written record will need to include:

• The date and time of the disclosure, or when you were told about or witnessed the incident/s,

• Who was involved, any other witnesses including service-users and other staff,

• Exactly what happened or what you were told, in the person’s own words keeping it factual and not interpreting what you saw or were told,

• The views and wishes of the adult,

• The appearance and behaviour of the adult and/or the person making the disclosure, any injuries observed,

• Any actions and decisions taken at this point,

• Any other relevant information, e.g., previous incidents that have caused you concern.

Records should be kept in such a way that the information can easily be collated for local use and national data collections.

All agencies should identify arrangements, consistent with principles and rules of fairness, confidentiality and data protection for making records available to those adults affected by, and subject to, an enquiry. If the alleged abuser is using care and support themselves, then information about their involvement in an adult safeguarding enquiry, including the outcome, should be included in their case record. If it is assessed that the individual continues to pose a threat to other people, then this should be included in any information that is passed on to service providers or other people who need to know.

To carry out their functions, SABs will need access to information that a wide number of people or other organisations may hold. Some of these may be SAB members, such as the NHS and the police. Others will not be, such as private health and care providers, housing providers/housing support providers or education providers.

In the past, there have been instances where the withholding of information has prevented organisations from being fully able to understand what “went wrong” and so has hindered them from identifying to the best of their ability, the lessons to be applied to prevent or reduce the risks of such cases reoccurring. If someone knows that abuse or neglect is happening, they must act upon that knowledge, not wait to be asked for information.

A SAB may request a person to supply information to it or another person. The person who receives the request must provide the information provided to the SAB if:

· The request is made to enable or assist the SAB to do its job.

· The request is made of a person who is likely to have relevant information and then either:

o The information requested relates to the person to whom the request is made and their functions or activities, or

o The information requested has already been supplied to another person subject to a SAB request for information.

The NICE guidance provides further advice for registered managers about record keeping which includes:

• Ensuring that actions are taken to safeguard Clients are recorded and shared with other staff as necessary.

• Safeguarding records are focused on the wellbeing of the individual resident.

• Records should be clear and easily accessible for purposes such as performance management, audits, court proceedings, Care Quality Commission inspections, or learning and development.

• Reviews of safeguarding records include checks of accuracy, quality and appropriateness.

Confidentiality

Agencies should draw up a common agreement relating to confidentiality and setting out the principles governing the sharing of information, based on the welfare of the adult or of other potentially affected adults. Any agreement should be consistent with the principles set out in the Caldicott Review, published 2013, ensuring that:

· Information will only be shared on a need-to-know basis when it is in the interests of the adult.

· Confidentiality must not be confused with secrecy.

· Informed consent should be obtained but, if this is not possible and other adults are at risk of abuse or neglect, it may be necessary to override the requirement; and

· It is inappropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other adults may be at risk.

Where an adult has refused to consent to information being disclosed for these purposes, then practitioners must consider whether there is an overriding public interest that would justify information sharing (e.g. because there is a risk that others are at risk of serious harm) and wherever possible, the appropriate Caldicott Guardian should be involved.

Decisions about who needs to know and what needs to be known should be taken on a case by case basis, within agency policies and the constraints of the legal framework.

Principles of confidentiality designed to safeguard and promote the interests of an adult should not be confused with those designed to protect the management interests of an organisation. These have a legitimate role but must never be allowed to conflict with the welfare of an adult. If it appears to an employee or person in a similar role that such confidentiality rules may be operating against the interests of the adult, then a duty arises to make full disclosure in the public interest.

In certain circumstances, it will be necessary to exchange or disclose personal information which will need to be in accordance with the law on confidentiality and data protection legislation where this applies. The Home Office and the Office of the Information Commissioner have issued general guidance on the preparation and use of information sharing protocols to comply with the Data Protection Act 2018.

Front-line Staff within the Service

Operational front-line staff are responsible for identifying and responding to allegations of abuse and substandard practice. Staff at the operational level need to share a common view of what types of behaviour may be abuse or neglect and what to do as an initial response to suspicion or allegation that it is or has occurred.

It is not for front line staff to second-guess the outcome of an enquiry in deciding whether to share their concerns. There should be effective and well-publicised ways of escalating concerns where immediate line managers do not take action in response to a concern being raised.

Concerns about abuse or neglect must be reported whatever the source of harm. Poor or neglectful care must be brought to the immediate attention of managers and responded to swiftly, including ensuring immediate safety and well-being of the adult. Where the source of abuse or neglect is a member of staff it is for the employer to take immediate action and record what they have done and why (similarly for volunteers and or students).

There should be clear arrangements in place about what each agency should contribute at this level. These will cover approaches to enquiries and subsequent courses of action. The LA is responsible for ensuring effective coordination at this level.

Line management and supervision of frontline staff

The registered manager and other staff with line manager responsibilities must:

• Promote reflective supervision to help staff understand how to identify and respond to potential abuse and neglect in care homes.

• Provide feedback (through supervision and appraisals) acknowledging how staff have learned from their experience of identifying, reporting and managing safeguarding concerns.

• Encourage staff to discuss care home culture, learning and management concerning safeguarding (e.g. in exit interviews) when leaving employment with the care home.

Be aware that staff may be reluctant to challenge poor practice or raise concerns about potential abuse or neglect, particularly if they feel isolated or unsupported.

Registered managers should also be aware of the potential for under-reporting of safeguarding concerns by staff who may be afraid of losing their job (for example staff who have their housing or work permit linked specifically to their current role)

**The Policy**

Making Enquiries

Making enquiries is the term now used as a response to any adult safeguarding concern and the following procedures are in place for all staff who need to report an adult safeguarding concern.

Staff: How to Report a Safeguarding Concern

Any suspicion of a safeguarding situation must be reported as soon as possible to the registered manager or, in their absence, to the senior manager on duty at the time. It is your duty to report any such allegation and the appropriate manager will then take advice and follow the appropriate guidance.

• Always believe the person who is disclosing the actual or potential abuse or neglect.

• Make sure that no one is in immediate danger. If there is immediate danger, call 999 and stay with the resident at risk until help arrives E.g., the ambulance and police service.

• Depending on the risks the resident is facing, and who the alleged abuser is, seek advice from a safeguarding lead (unless they are implicated in the alleged abuse or neglect)

• The worker should be supportive and listen but should not ask investigative questions.

• It is not the worker's job to decide if they are telling the truth or not, but it is their responsibility to report it to the person in charge.

• Even if the person asks for it not to be reported, it is the worker’s responsibility to report and explain that they have no choice but to follow policy.

• It is also important to tell the person to whom the report will be made and that they will need to come and talk to them about it.

• Remember it is your responsibility to report - the Local Authority Safeguarding Team will make or arrange the enquiries and listen to the individual’s views and choices.

• Do not confront the abuser or alert them to what has been alleged, do not put yourself in danger and call for backup as soon as is possible.

• Support needs to be given to the person especially through the initial stages of the enquiries and later if an investigation takes place.

• If there is a possibility that forensic evidence can be identified, protect the person and the evidence, do not clean up. Inform your manager.

• Think about who should be immediately notified. For example, the registered manager, a healthcare professional, or the NHS 111 service if there is a serious medical issue

• If a crime is suspected but the situation is not an emergency, encourage and support the resident to report the matter to the police. If they cannot or do not wish to report a suspected crime (for example, because they have been coerced or lack capacity), report the situation to the police yourself.

• Relevant documents to be completed, recording what you have seen or has been disclosed must be completed as soon as possible, recording only the facts and not opinions or views.

Remember. If you suspect abuse or neglect, you must act on it. Do not assume that someone else will.

**Complaint or allegation about another member of staff**

If a member of staff has concerns or receives a complaint or allegation about another member of staff who has,

• Behaved in a way that has potentially harmed, or harmed the service user.

• Possibly committed a criminal offence against the service user.

They must immediately report to their line manager who will immediately make an assessment, obtain further advice, and take steps to ensure the safety and protection of the service users.

When a complaint or allegation has been made against a member of staff, including people employed by the adult, they will be made aware of their rights under employment legislation and internal disciplinary procedures. This may include staff to be suspended (or transferred to other duties) pending consideration or investigation of an allegation of abuse or serious concern relating to the safety or well-being of individuals”.

A disciplinary investigation, and potentially a hearing, may result in the employer taking informal or formal measures which may include dismissal and possibly referral to the Disclosure and Barring Service.

If someone is removed dismissed or redeployed to a non-regulated activity following a safeguarding incident, or a person leaves their role (resignation, retirement) to avoid a disciplinary hearing following a safeguarding incident and the employer/volunteer organisation feels they would have dismissed the person based on the information they hold, the regulated activity provider has a legal duty to refer to the [Disclosure and Barring Service](https://www.gov.uk/government/publications/dbs-referrals-factsheets) and any other professional body such as the Nursing and Midwifery Council.

Clients: How to Report a Safeguarding Concern

During the information gathering process within our quality assurance systems, Clients and or their representatives need to be informed and asked about any inappropriate behaviour verbal or physical that they have observed or been subject to by staff or visitors. This needs to be handled sensitively.

 As part of the information given to new Clients and or their representatives our resident guide explains and details how to report a safeguarding concern.

Information on raising a safeguarding concern can also be found at the back of the Clients’ care plan in their home

Clients and or their representatives can inform any staff on duty at any time of their concerns. Staff will then report to the designated manager.

The Role of the Manager

An immediate assessment of the alleged abuse should be undertaken by the manager in relation to the following:

• The health safety and wellbeing of the adult.

• Their needs preference and wishes concerning any action to be considered.

• Their mental capacity to understand comprehend and make decisions regarding the actions to be considered.

From this assessment, the manager will then take further advice from the Head of Support and operations or, institute steps to ensure the protection and safeguarding of the adult; as appropriate; with immediate effect.

The manager will notify the local safeguarding team and the police if required.

The manager, in this context, is the person to whom the concern has been reported, whether during office hours or out of hours. They will be the responsible manager until they are informed otherwise. Records and notes of all actions should be taken. This includes any advice given to the responsible manager by any triage arrangements that are in place.

Learning lessons from safeguarding concerns, referrals and enquiries

As an organisation committed to continuous learning and driving improvement we recognise the opportunities of learning lessons and improving our practice with safeguarding concerns, referrals and enquiries. This organisation is committed to identifying key lessons to drive improvements at:

• An individual level – for example, changes to support, supervision, retraining, and performance management.

• An organisational level for example through, observations of practice, discussion and watching people work across the home. And/or, changing practices, procedures, policy and learning, and group training (including training from other health and social care practitioners).

Statutory Notifications to CQC

CQC must be notified immediately about abuse or allegations of abuse concerning a person using your service if any of the following applies:

• the person is affected by abuse

• they are affected by alleged abuse

• the person is an abuser

• they are an alleged abuser

The Registered Manager or delegated person sends a statutory notification to CQC concerning any abuse or alleged abuse involving a person(s) using our service. This includes where the person(s) is either the victim(s) or the abuser(s), or both. We notify CQC about abuse or alleged abuse at the same time as alerting our local safeguarding authority for children or adults, and the police where a crime has been or may have been committed.

The person submitting the statutory notification must use the electronic form supplied on the CQC website to notify both alleged and actual abuse and email the form to CQC at the address stated on the form.<http://www.cqc.org.uk/content/notifications>

If there are any issues when using the Provider Portal, you can use this form to tell CQC about abuse or allegations of abuse concerning a person using your service.

<https://www.cqc.org.uk/guidance-providers/notifications/allegations-abuse-safeguarding-notification-form>

**Guidance: Statutory Notifications for non-NHS Trust Providers**

The CQC website is regularly checked to ensure the above guidance we use is up to date.

Restrictive Interventions

This policy and our organisational responses to restrictive practices reflect the guidelines in the document below.

Positive and Proactive Care: Reducing the Need for Restrictive Interventions, prepared by the Department of Health, published in April 2014.

This guidance is of significance for health and social care services where individuals who are known to be at risk of being exposed to restrictive interventions are cared for. Such settings may provide services to people with mental health conditions, autistic spectrum conditions, learning disability, dementia and/or personality disorder, older people and detained Clients. It is more broadly applicable across general health and social care settings where people using services may on occasion present with behaviour that challenges but which cannot reasonably be predicted and planned for on an individual basis.

CQC are currently conducting a review into restrictive practices and have published guidance on closed cultures. A closed culture is a poor culture in a health or care service that increases the risk of harm. This includes abuse and human rights breaches. The development of closed cultures can be deliberate or unintentional – either way, it can cause unacceptable harm to a person and their loved ones.

CQC has published guidance for inspectors which is also helpful for providers in being alert to the risk of, identifying and tackling closed cultures.<https://www.cqc.org.uk/sites/default/files/20200623_closedcultures_guidance.pdf>

CQC has also published information on visiting in care homes during the pandemic which draws links between blanket policies on visiting and safeguarding.

CQC has asked all providers to consider the rights of the individual as paramount when deciding on visiting plans and they report areas of concern as including providers where there are:

• Blanket visiting bans (where there is no active outbreak).

• People being discouraged from having regular calls with loved ones.

• People not being effectively supported to communicate with relatives and groups that represent them.

• People not being allowed to see visiting professionals.

You can read more from CQC including links to best practice here.

<https://www.cqc.org.uk/news/stories/rights-individual-must-be-paramount-when-deciding-visiting-plans>

Care Home Cultures

NICE Guidance NG189 draws links between safeguarding adults from abuse and the culture of a care home and provides the following best practice advice for providers and registered managers who should:

• Promote a culture in which safeguarding is openly discussed and abuse and neglect can be readily reported.

• Encourage staff to watch out for changes in the mood and behaviour of Clients, because this might indicate abuse or neglect (see indicators of individual abuse and neglect).

• Ensure staff record and share relevant and important information about changes in mood or behaviour or other issues of concern in a timely manner (for example, at every shift handover or transfer of care).

• Ensure that support is readily available for people raising concerns, for example, by appointing safeguarding champions.

Registered managers must also make sure there are regular opportunities (for example in team meetings or one-to-one supervision) for all staff to:

• Share best practice in safeguarding, including learning from Safeguarding Adults Reviews.

• Challenge poor practice or discuss uncertainty around practice.

• Discuss the differences between poor practice (which is not necessarily a safeguarding issue) and abuse or neglect (which are safeguarding issues).

• Make particular efforts to involve staff who work alone or who get very little direct oversight (for example night staff).

The NICE guidance also suggests registered managers should ask for feedback about safeguarding from Clients (and their families, friends and carers) and other people working in care homes to:

• Ask them about their experience of safeguarding concerns and how these have been identified, reported, managed and resolved.

• Respond to feedback and tell people about any changes made in response to their comments.

This could be done using surveys, meetings and where appropriate, other community engagement (such as open days and visits).

Supporting staff who are subject to a safeguarding enquiry

Where the source of abuse or neglect is a member of staff it is for the employer to take immediate action and record what they have done and why (similarly for volunteers and or students).

Following immediate action to safeguard Clients, and through any subsequent safeguarding enquiry, registered should:

• Be aware of how safeguarding allegations can affect the way other staff and Clients view staff subject to a safeguarding enquiry

• Take steps to protect the staff member from victimisation or discriminatory behaviour.

When a member of staff is subject to a safeguarding enquiry the registered manager should also:

• Tell them about any available Employee Assistance Programme.

• Tell them about professional counselling and occupational health services (if available).

• Nominate someone to keep in touch with them throughout the enquiry if they are suspended from work.

• Staff who are subject to a safeguarding enquiry should be able to request that the nominated person be replaced if they think there is a conflict of interest.

• The nominated person should not be directly involved with the enquiry.

When members of staff return to work after being suspended, care home providers and managers should:

• Arrange a return-to-work meeting when the enquiry is finished, to give them a chance to discuss and resolve any problems.

• Agree on a programme of guidance and support with them.

Supporting care home staff during a safeguarding enquiry

Safeguarding enquiries can be stressful and impact staff morale. To mitigate this, registered managers should check with the local authority what information they can share with staff at each stage of the enquiry. They should communicate as much as possible and be open to answering questions. They should direct staff to sources of external support or advice if needed.

Registered managers should also:

• Think of ways to support staff (such as one-to-one supervision and team meetings)

• Provide extra support to cover absences as part of the enquiry, and to help staff

• Continue providing consistent and high-quality care

If staff are concerned about working with a resident who has made allegations, registered managers should:

• Provide support, additional training and supervision to address these concerns

• Ensure that the resident is not victimised by staff

Guidance on pressure ulcers and safeguarding

The risk of sustaining pressure damage is often seen to be the problem of the health or social care professional; however, the individual at risk is central to successful prevention. Pressure ulcers are considered an important part of the wider Safeguarding agenda and each local Safeguarding Adults Board has guidance in place to ensure that people with pressure ulcers are referred into the safeguarding process appropriately which aligns with the NHS reporting mechanisms.

To date, the government has advised that anyone who develops category 3, category 4 or ungradable pressure ulcers be referred to as a safeguarding risk.

Making Safeguarding Personal

This is an initiative built on the CQC 5 Core Domains being led by LAs via the Local Government Association. We are aware of this as an ongoing resources toolkit that gathers together good and outstanding practice across commissioning and CQC.

Related Policies

Challenging Behaviour, Violence and Aggression

Confidentiality

Cyber Security

Data Protection Legislative Framework (GDPR)

Deprivation of Liberty Safeguards

Duty of Candour

Female Genital Mutilation

Financial Irregularities

Handling of Clients Money

Meeting Needs

Mental Capacity Act 2005

Notifications

Position of Trust

Radicalisation

Record Keeping

Restraint

Safeguarding Children in an Adult Setting

Whistleblowing

Related Guidance

LA Multi-Agency Adult Safeguarding Guidance/Protocol

Care Act 2014: Safeguarding Adults:

<http://www.legislation.gov.uk/ukpga/2014/23/part/1/crossheading/safeguarding-adults-at-risk-of-abuse-or-neglect/enacted>

SCIE-Safeguarding Adults Reviews/SARs under the Care Act:

<https://www.nice.org.uk/guidance/qs132>

NICE Guidance [NG189] Safeguarding adults in care homes February 2021<https://www.nice.org.uk/guidance/ng189>

NICE Guidance [NC22] Older People with Social Care Needs and Multiple Long-Term Conditions, November 2015:

<https://www.nice.org.uk/guidance/ng22>

NICE Quality Standard [QS132] Social Care for Older People with Multiple Long-Term Conditions:

<https://www.nice.org.uk/guidance/qs132>

Making Safeguarding Personal:

<https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/making-safeguarding-personal>

Making Safeguarding Personal Booklet:

<https://www.local.gov.uk/sites/default/files/documents/25.142%20Making%20Safeguarding%20Personal_03%20WEB.pdf>

Department of Health and Social Care (2018) Safeguarding Adults Protocol Pressure Ulcers and the interface with a Safeguarding Enquiry:

<https://improvement.nhs.uk/resources/department-health-and-social-care-pressure-ulcers-safeguarding-adults-protocol/>

NHS Improvement (2018) Pressure ulcers: revised definition and measurement. Summary and recommendations:

<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/756243/safeguarding-adults-protocol-pressure-ulcers.pdf>

All staff will be made aware of the changes outlined above. This will include the Multi-Agency Safeguarding Agreement from the LA, as amended. All staff, during induction, are made aware of the organisation’s policies and procedures, all of which are used for training updates. All policies and procedures are reviewed and amended where necessary, and staff are made aware of any changes. Observations are undertaken to check skills and competencies. Various methods of training are used, including one to one, online, workbook, group meetings, and individual supervisions. External courses are sourced as required.In line with NICE Safeguarding Adults in Care Homes Guidance, this organisation will ensure that all staff read and understand the safeguarding policy and procedure during their induction and complete mandatory training on safeguarding as soon as possible.

The registered manager will also ensure that agency staff working at the home have completed the necessary safeguarding training for their role and that they understand the local safeguarding policy and procedure.

The registered manager will assess staff safeguarding knowledge annually, and run refresher training if needed.