

ADULT SAFEGUARDING

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Part 2 The Policy Index

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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:

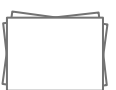
- Needs care and support (whether or not the local authority (LA) is meeting any of those needs),
- Is experiencing, or at risk of abuse or neglect,
- As a result of those care and support needs, is unable to protect themselves from either the risk of or the experience of abuse or neglect.

The above duties have a legal effect on 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 Service Users from being abused by staff or other people they may have contact with when using the Service, including their visitors. This includes safeguarding Service Users 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

The Pan London Safeguarding Board and the Southend , Essex and Thurrock (SET) Safeguarding Boards have policies and procedures put in place that recognises the vital role that all organisations including Shalom health Recruitment play in safeguarding adults. These policies and procedures set out clearly how concerns about adults at risk of abuse will be managed within the framework set out in the Care Act (2014) and it is expected that all local



organisation safeguarding policies will comply with the SET and Pan London adult safeguarding policies and procedures.

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.

- What they are and spotting the signs.
- 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 reviews (SARS).
- Information sharing, confidentiality and record keeping.
- Roles, responsibilities, and training in LAs, 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's services any safeguarding issue is dealt with via the adult safeguarding arrangement within the LA or other statutory partners such as NHS or police.

Health and Care Act 2022

The Act introduces measures to tackle the COVID-19 backlogs and rebuild health and social care services from the pandemic, backed by £36 billion over the next 3 years through the Health and Care Levy. It will also contain measures to tackle health disparities and create safer, more joined-up services that will put the health and care system on a more sustainable footing.

The Health and Social Care Act builds on the proposals for legislative change set out by NHS England in its Long-Term Plan, while also incorporating valuable lessons learnt from the pandemic to benefit both staff and patients/ Service Users. It marks an important step in the government's ambitious health and care agenda, setting up systems and structures to reform how health and adult social care work together, tackle long waiting lists built up during the pandemic, and address some of the long-term challenges faced by the country including a growing and ageing population, chronic conditions and inequalities in health outcomes.

The Health and Social Care integration white paper published in February 2023 will build on the act to ensure people receive the right care for them in the right place at the right time. It follows the People at the Heart of Care white paper which set out a 10-year vision for social care funded through the Health and Care Levy, and the COVID-19 Backlog Recovery Plan outlining NHS targets to tackle waiting lists. Dedicated plans to tackle health disparities are set to be published in due course.

This Act introduces many measures including

Supporting victims of abuse and responding to recent child safeguarding tragedies by committing to looking at information sharing about the safeguarding of children and requiring Integrated Care Boards to set out any proposed steps to address the particular needs of victims of abuse.

- Safeguarding women and girls by banning the harmful practices of virginity testing and hymenoplasty.
- Crackdown on the use of goods and services in the NHS tainted by modern slavery and human trafficking to ensure that the NHS is not buying or using goods or services produced by or involving any kind of slave labour.
- Introduce regulation of non-surgical cosmetic procedures and improve the way we regulate medical professions.

To continue to safeguard people in our service about the Covid-19 pandemic, the Health and Care Act 2022 Adult social care provider information provisions: guidance for providers on data collection requires us to submit a core subset of the data which has previously been submitted through the Capacity Tracker (CT). This is gathered on a monthly basis. We are required to update data by the end of the 14th day of each month, or the next working day where the 14th falls on a weekend or public holiday. Data must be no more than a week out of date –that is, data must be correct to no further back than the 8th of each month.

As a domiciliary service regulated by the Care Quality Commission the mandatory information required is:

- Number of people using the service today
- Number of staff in the organisation that have face-to-face contact with the people being supported
- Number of staff delivering care that are not working because of coronavirus
- COVID-19 vaccination
 - number of staff known to have received a full primary course of the COVID-19 vaccination
 - number of staff known to have received an autumn booster*

*The autumn booster questions will become mandatory in October 2022.

- Flu vaccination (seasonal: 1 September to 31 March):
 - number of staff known to have received this season's flu vaccination

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 emphasized. 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 well-being is promoted, including, where appropriate, due regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognize 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 well-being 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 well-being as defined in Chapter 1 of the Care and Support Statutory Guidance issued by the Department of Health.

Shalom Health Recruitment is committed to safeguarding our Service Users. We have a safeguarding lead who has had the requisite safeguarding training, knowledge and skills to ensure the protection and safety of our Service Users.

Our organisation safeguards our Service Users 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 practices 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 safeguarding champions. 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 assure themselves of the safety and effectiveness of commissioned services.

- The Care Quality Commission (CQC) ensures that regulated providers comply with the fundamental standards of care by taking enforcement action.
- The core duties of the Police are 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 cooperate 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 over 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: it 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: the 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 can 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, detecting 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.

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, and emotional abuse; so, called honour-based violence. Reference to the Domestic Abuse Act 2021 can be found here [Domestic Abuse Bill 2020: factsheets - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/90222/Domestic_Abuse_Bill_2020_factsheets.pdf)

Sexual abuse: includes 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 and are at risk because they are threatened or coerced, and have drug dependencies and/or mental health needs. People with learning disabilities may be led into harm because of the perception 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, and 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 the 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’ are 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 concerns regarding violent extremism.

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

Financial or material abuse: including theft, fraud, internet scamming, coercion about 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 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, 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 simple 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: 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. Therefore, it is important to consider each unique case and the impact on individual Service Users as well as the whole care service.

Neglect and acts of omission: include ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, and 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 personal 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 are 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 that is not related to any medical diagnosis.
- Self-harming.
- Poor concentration, withdrawal, and 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 a 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 the 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, and 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 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, seem 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 Service Users' health and well-being.
- Repeated cases of the Service User not having access to nursing, medical or dental care.
- Lack of procedures and safeguards in place relating to the safe handling of Service Users' money.
- A sudden increase in safeguarding concerns in which abuse or neglect has been identified.
- Repeated instances of Service Users, 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.

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 is when 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 occurs 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 residents.
- 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 who, whilst not Service Users, sometimes live with or accompany Service Users, their representatives or families, and are present during the delivery of the service.

We apply the Think Family principles and promote the whole family approach when working in a family situation.

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 are consistent with current policy and guidance.⁷

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 about 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 place them at risk of being abused or neglected.

The MCA created 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 and result 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 must 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.

Best interests

The Mental Capacity Act provides a non-exhaustive checklist of factors that must be considered when deciding what is in a client's best interest when they have already been assessed as lacking capacity. The factors that must be considered when staff have been authorised to make certain decisions are:

- Avoid making assumptions about someone's best interests merely based on the person's age, appearance, condition, or behaviour
- Consider a person's feelings, beliefs and values, past and present wishes and any written statements made by the person when they had capacity
- Take account of the views of family and informal carers
- Can the decision be put off until the person regains capacity?
- Involve the person in the decision-making process

- Demonstrate that you have carefully assessed any conflicting evidence or views
- Not to rush into making a decision
- Consulting with others such as partners, family, any Lasting Power of Attorney who is registered with the Office of Public Guardianship and other relevant people where it is practical to do so.

The Registered Manager is responsible for making referrals for any Best Interest meeting where there is concern over the decisions that need to be made for a client, who should not be deprived of their liberty and should there be any restrictions placed upon them to protect them from danger, decisions must be made with the least restrictive options available.

Official Appointees

There may be those that are formally appointed to look after someone who may lack mental capacity. It is important that Shalom Health Recruitment is familiar with any of these appointees as they may meet any of these appointees when caring for someone with capacity issues. Information of the appointees, if appropriate, must be recorded on the client's Capacity and Consent Form. Examples of these appointees are:

- Lasting Powers of Attorneys (LPA's): a Personal Welfare LPA will be the decision maker on all matters relating to the clients care and treatment.
- Property and Affairs LPA: appointees who deal with property and financial affairs who can also be known as Enduring Powers of Attorney

If the client has a Lasting Power of Attorney in place that can make decisions on their behalf once they have lost capacity, then Shalom Health Recruitment must contact them regarding any decisions that need to be made about their care and support service. Once agreement to changes has been made by the LPA Shalom Health Recruitment must then update the clients Care and Support plan and any other appropriate forms.

Independent Mental Capacity Advocate (IMCA)

If a client lacks capacity and has no family or friends and therefore has no one to support them with life changing decisions, other than paid staff, such as Shalom Health Recruitment staff members, then they may have or need access to an IMCA. This advocate is not a decision maker but operates to uphold the client's rights and can challenge decisions. Shalom Health Recruitment must record details of the IMCA on the clients Capacity and Consent Form. Shalom Health Recruitment can help the client to access the services of an IMCA by contacting the Local Authority or Health Board in their region.

Statements of wishes and preferences, and Advance decisions.

This is a summary term embracing a range of written or oral records that a person can make in relation to future treatment and care. Shalom Health Recruitment will ascertain at the initial assessment if any statements are in place and must take these into account when deciding in a client's best interests. Shalom health Recruitment has a 'Duty of Care' to question any advance decisions if they are unsafe for the client to avoid any future safeguarding matter.

Advance decisions should be recorded in the Capacity and Consent Form, or a reference made on the form as to where the advance decisions can be found. Shalom Health Recruitment fully supports the implementation of the Mental Capacity Act and its associated Code of Practice, including guidance on advance decisions and statements.

Clients are entitled to decide whether they want to specify care choices and refuse care in advance by completing an advance decision but there is no obligation for them to do so and no pressure should be brought on them to complete such a decision. Advance decisions will be respected and followed by care staff as legal indications of a service that the client prefers, provided it is valid and applicable.

The Registered Manager is responsible for ensuring that reasonable efforts are made to confirm the existence of an advance decision and understand that a person cannot make an advance decision to refuse basic care or ask for anything that is illegal. Clients' will be referred to their GP, legal representative, or an independent advocate if they express the wish to make an advance decision if they need help in doing so.

Lack of Capacity - specific decisions

If specific decisions need to be made that are other than the approved decisions in the client's care and support plan, then Shalom Health Recruitment has a responsibility to contact the Lasting Power of Attorney identified on the Capacity and Consent Form and discuss the decision that needs to be made.

Any immediate decision made by a care worker for the client, where they are unable to consent, can only be made in an emergency and to protect their safety where they are in danger of being harmed. The care worker must report the matter to the Field Care Supervisor as soon as the client is safe so that the concern can be addressed, and the client's capacity reviewed.

Decisions made that are different to those specified in the Care and Support plan must be reviewed as soon as possible by contacting the clients Lasting Power of Attorney and any agreement of altered decisions should be recorded by a Field Care Supervisor or the Care Manager / Registered Manager.

Recording decision making

Shalom Health Recruitment recognises that it is the care worker at the front line who will be expected to help someone come to an everyday decision if they lack capacity to do so, and that it is impractical for them to assess capacity for every day-to-day decision and then record each and every route taken to a decision and why the decision was taken on someone's behalf if they lacked capacity.

Care and support staff must record approved day-to-day decisions in the client's log sheet as they do for any other client. Shalom Health Recruitment recognises that the Care and Support plan is a snapshot in time and that Mental Capacity can fluctuate and a client's circumstances may change after the initial assessment is made. Shalom Health Recruitment will regularly quality assure, monitor, and review the clients care and support service and ensure that their best interests are continually at the centre of all decision-making processes.

Individual Reviews

Care and support workers can carry out individual reviews concerning any changes that a client has requested, or where they are concerned about the service and think changes need to be made. To request a review, care workers can contact the office stating the reason a review is required. The Registered/Care Manager must follow this up and arrange a review.

Restraint

If a client makes an unwise decision that could place them at serious risk or in danger of being harmed, then a decision about the use of restraint may have to be made because the situation is one of emergency.

Shalom Health Recruitment operates a 'non-restraint' service but in the event of an emergency, restraint may have to be used but it must be in the client's best interests e.g. stopping them from running into the road and being hit by a car. Restraint must always be carried out using the least restrictive option for the client.

Care workers must at all times observe the principles of the Mental Capacity Act 2005 and must reasonably believe that it is necessary to restrain the client to prevent them from coming to harm and providing this form of urgent care is in their best interest and stops them from being seriously harmed.

In the instance of restraint being used the care and support worker must complete an Incident Reporting Form stating the clear facts as to why the decision was made for restraint and evidence that it was in the client's best interests and safeguarded them from serious danger and harm.

Deprivation of Liberty Safeguards (DoLS)

DoLS can only be used if a person will be deprived of their liberty in a care home or hospital. However, Shalom Health Recruitment is aware that the Court of Protection can authorise a deprivation of liberty in other settings. As a service provider, Shalom Health Recruitment does not have to be an expert to decide what is and is not a deprivation of liberty - they just have to know when a person might be deprived of their liberty and take action.

Therefore, Shalom Health Recruitment will consider whether a client is deprived of their freedom and choices during the assessment and support planning process and address any matters of concern with the clients' official representatives. Shalom Health Recruitment will always use safeguarding procedures if they think that a client is wilfully being deprived of their liberty by another person.

Mental Capacity Training

All care staff undergo training that is compliant and mapped to the Care Certificate standards, which includes awareness training of the Mental Capacity Act 2005. Staff must also be given the opportunity to undertake further training on mental capacity. Training content should be underpinned by the Mental Capacity Code of Practice issued by the Lord Chancellor on 23 April 2007 in accordance with sections 42 and 43 of the Act.

Safeguarding Vulnerable Groups Act 2006

This Safeguarding Vulnerable Groups Act (SVGA) 2006 was passed to help avoid harm, or risk of harm, by preventing people who are deemed unsuitable to work with children and vulnerable adults from gaining access to them through their work. Refer to the Disclosure and Barring Service (DBS) and (DBS) Referral Policy for more details.

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. 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.

Refer to the Recruitment and Selection Policy for safe recruiting practices along with the Code of Conduct for Workers Policy for more details.

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 well-being.

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 on 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.

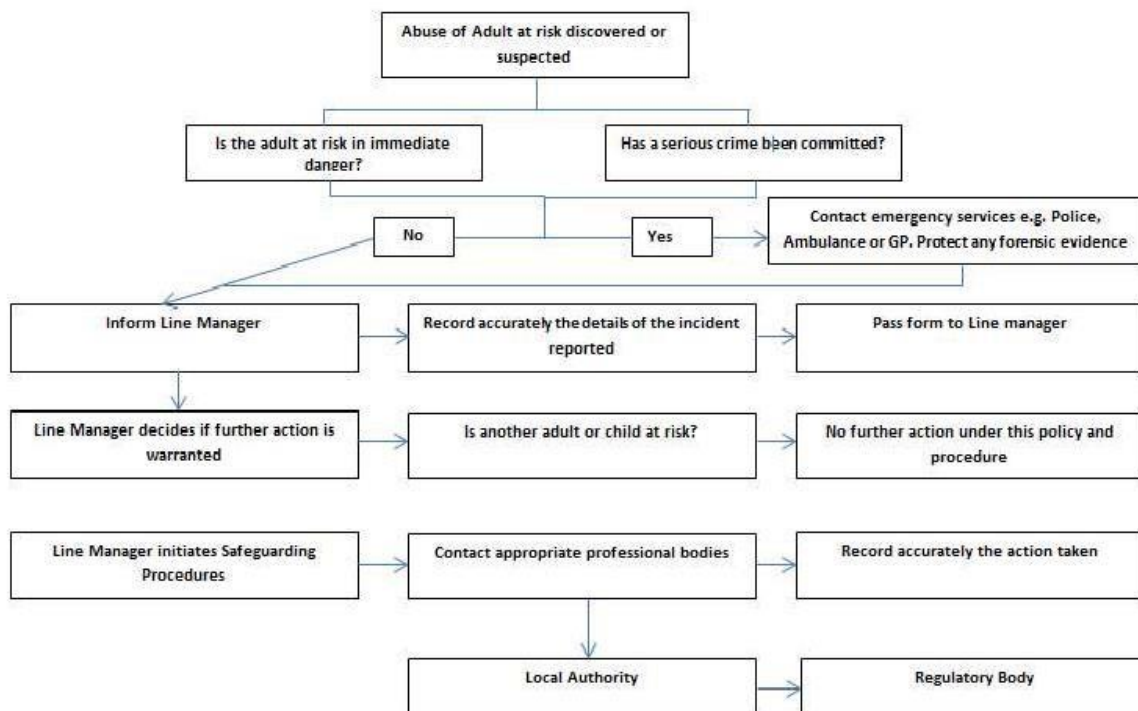
The nature and timing of the intervention and who is best placed to lead will be, in part, determined by the circumstances, and always directed by the local authority safeguarding team. For example, where there is poor, neglectful care or practice resulting in pressure sores, then an employer-led disciplinary 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 the processes and the principles for sharing information between each other, with other professionals and with 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 well-being 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.

Procedure for Reporting

Abuse



Contact Details

• Name	• Contact Number
• Urgent Medical Assistance	• Call 999
• Urgent Police Assistance	• Call 999
• Line Manager: Field Care Supervisor	• 07305064270
• Next Line Manager: Care Manager	• 07985584068
• Next Line Manager: Responsible Person	• 07963503390
• Essex Countywide Adult Duty Team	• 03330139994
• Regulatory Body: • The Care Quality Commission	• 03000 616161
• Essex SAB	• 03456037630
• Southend SAB	• 01702215008
• Thurrock SAB	• 01375511000
• Barking & Dagenham SAB	• 02082272915
•	•

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.

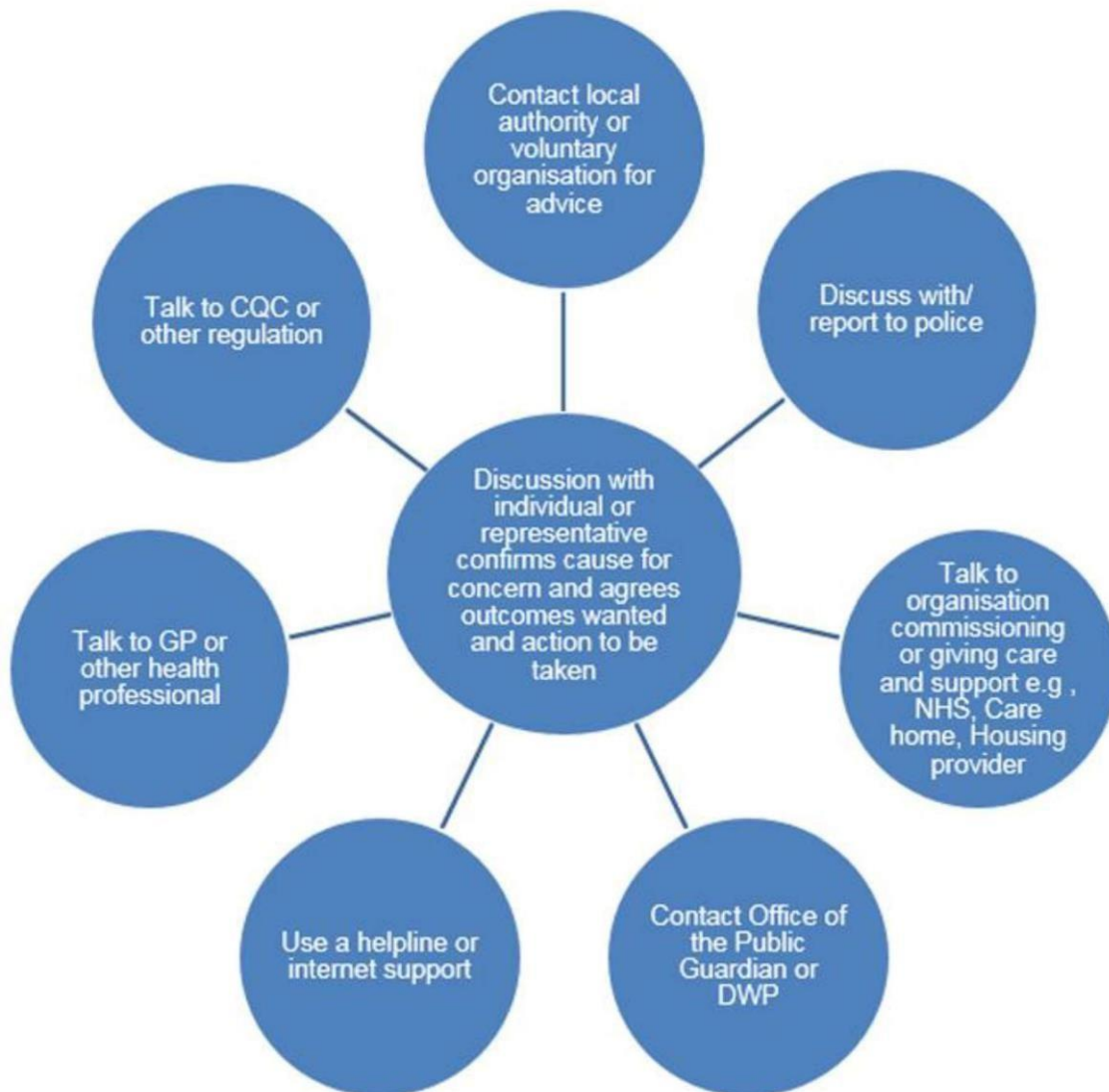
The adult should always be involved from the beginning of the enquiry unless there are exceptional circumstances that would increase the risk of abuse. If the adult has substantial difficulty in being involved, and where there is no one appropriate to support them, then the LA must arrange for an independent 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 choose to be in a relationship that causes them emotional distress which outweighs, for them, the unhappiness of not maintaining the relationship.

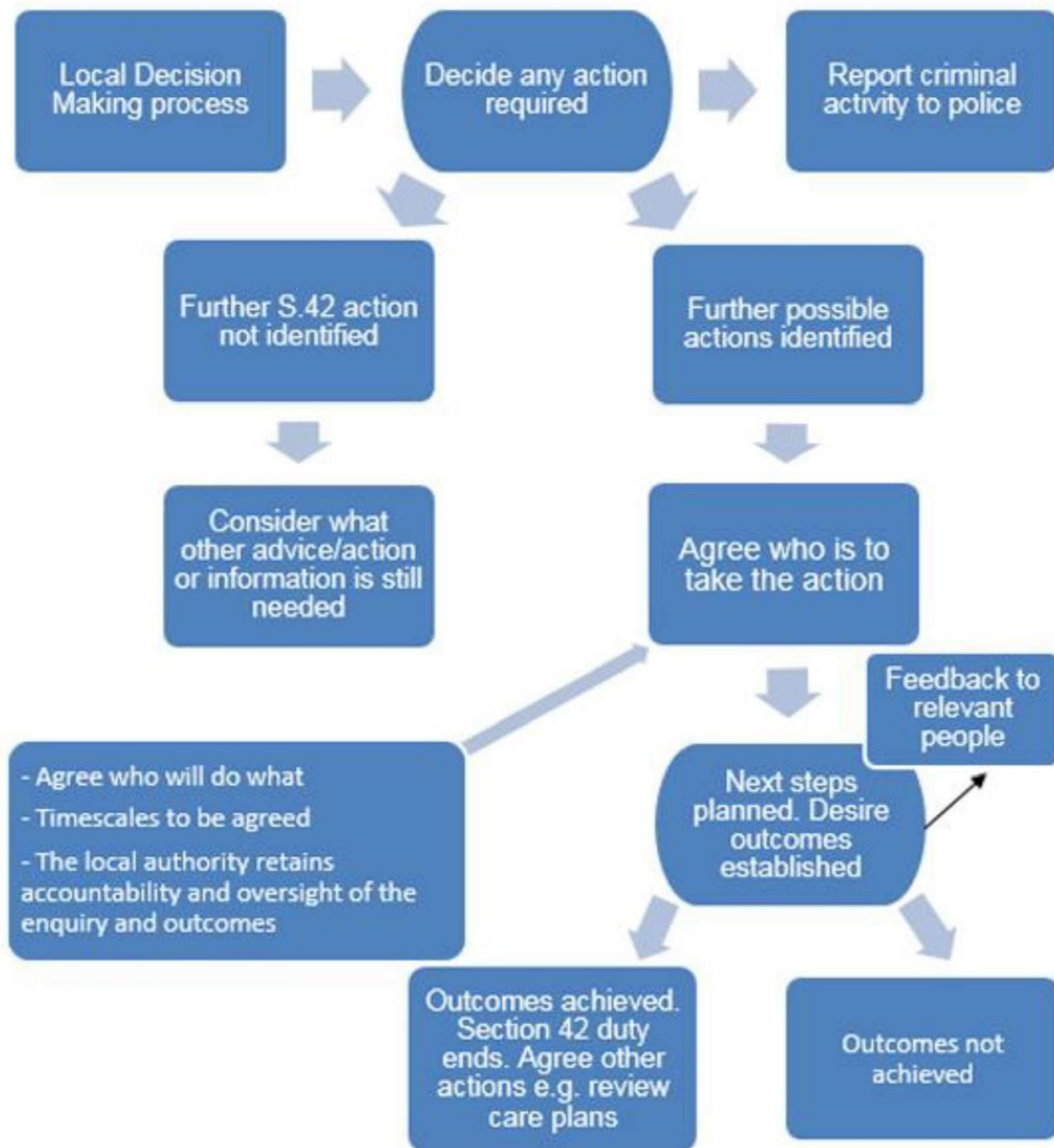
Whilst work with the adult may frequently require the input of a social worker, other aspects of enquiries may be best undertaken by others with more appropriate skills and knowledge. For example, health professionals should undertake enquiries and treatment plans relating to medicine management or pressure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

Information Gathering Diagrams used by Local Authority Safeguarding Teams



Local Authority Decision-Making Tree



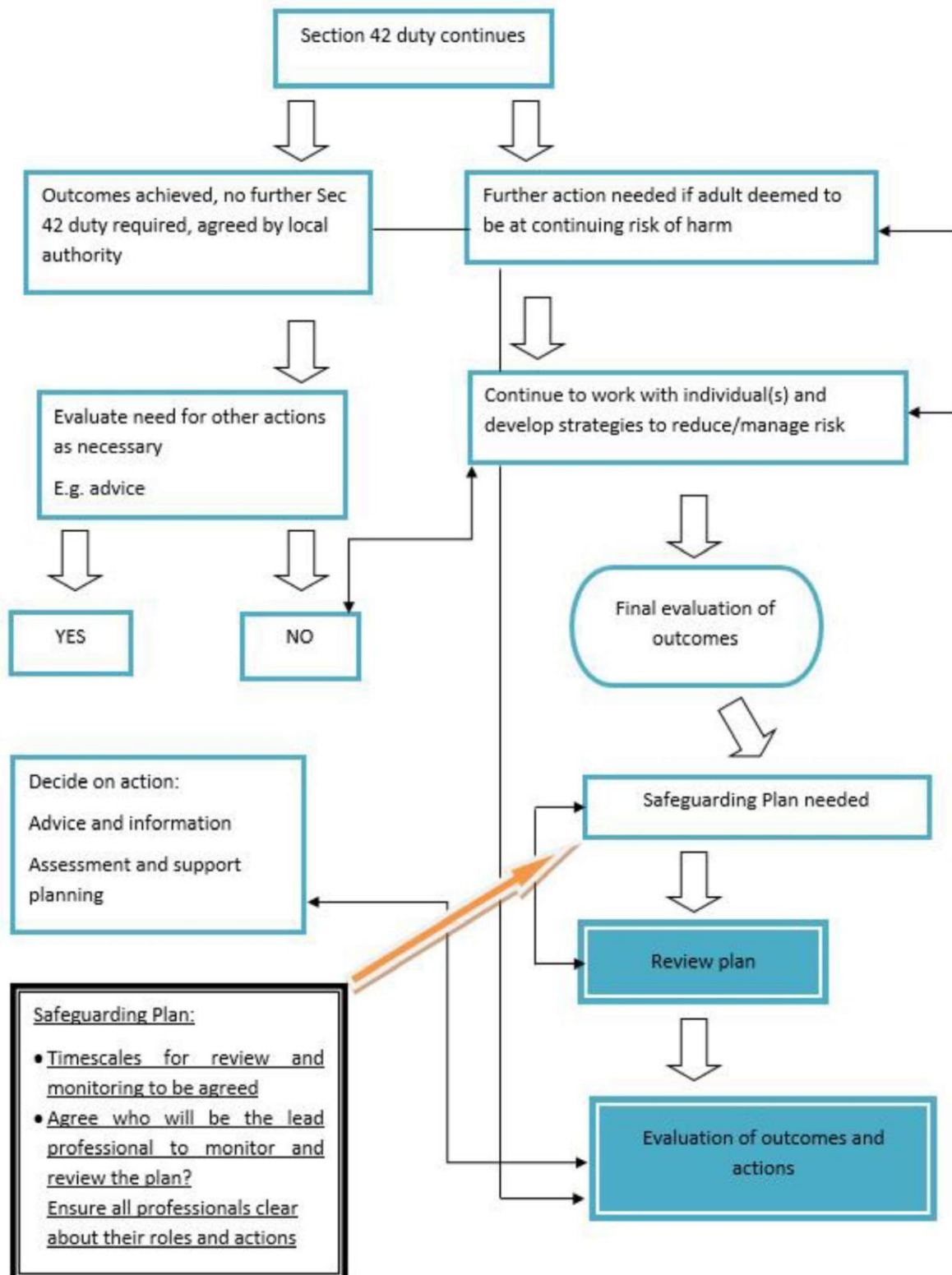
Principles

- | | |
|--|---|
| <ul style="list-style-type: none"> • Empowerment – Presumption of person-led decisions and informed consent • Prevention – It is better to take action before harm occurs. | <ul style="list-style-type: none"> • Communities – have a part to play in preventing, detecting and reporting neglect and abuse. • Accountability and transparency in delivering safeguarding • Feeding back whenever possible |
|--|---|

- | | |
|--|--|
| <ul style="list-style-type: none">• 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. | |
|--|--|



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 is 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 well-being and work together toward that shared aim. At this stage, the LA also must 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 lacks the capacity to 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 about 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 discriminated against 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 a 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 about 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 enquiring 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 well-being 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 wellbeings, 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 well-being. 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 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 decide until there is a reason to suspect that capacity is in some way compromised; the adult is best placed to make choices about their well-being 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 activities 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 for 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 actions 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 some time. In the case of providers registered with the 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 directions as to what information should be recorded and in what format. The following questions are a guide:

- What information do staff need to know to provide a high-quality response to the adult concerned?
- What information do 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. When you refer to 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 collection.

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 its functions, Safeguarding Adult Boards (SAB) 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:
 - The information requested relates to the person to whom the request is made and their functions or activities, or
 - The information requested has already been supplied to another person subject to a SAB request for information.

Registered managers should ensure that:

- All actions taken to safeguard Service Users are recorded and shared with other staff as necessary.
- Safeguarding records are focused on the well-being of the individual.
- All records are clear and easily accessible for purposes such as performance management, audits, court proceedings, local authority quality monitoring visits, 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 set 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, 2020 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 within 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 following 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 UK 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 the 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.
- 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 the organisation's culture, learning and management concerning safeguarding (e.g. in exit interviews) when leaving employment.

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 a 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 Service User at risk until help arrives E.g., the ambulance and police service.
- Depending on the risks the Service User is facing, and who the alleged abuser is, advice will be sought 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 office manager immediately.
- 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 that they will need to come and talk to them about it.

- Remember there is a responsibility to report - the Local Authority Safeguarding Team will make or arrange the enquiries and listen to the individual's views and choices.
- The abuser should not be confronted or alerted to what has been alleged, staff must not put themselves in danger and must call for backup as soon as possible.
- Support needs to be given to the person at risk, 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, and 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 Service User 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 manager who will report the situation to the police.
- Relevant documents must be completed, recording what has been seen or has been disclosed 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. A notification will be sent to the Local Safeguarding Team and CQC.

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 and relevant professional bodies where applicable, for example, the Nursing and Midwifery Council.

Service Users: How to Report a Safeguarding Concern

During the information gathering process within our quality assurance systems Service Users 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 Service Users and or their representatives our Service User guide explains and details how to report a safeguarding concern. Posters displayed in communal areas of the office will also draw attention to safeguarding and feeling safe.

Information on raising a safeguarding concern can also be found at the back of the Service User's care plan in their home

Service Users 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 concerning the following:

- The health safety and well-being of the adult.
- Their needs, preferences 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 action by putting steps in place to ensure the protection and safeguarding of the adult; as appropriate; with immediate effect.

The manager will immediately notify the local safeguarding team, CQC 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.

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 Service Users, and through any subsequent safeguarding enquiry, the registered manager should:

- Be aware of how safeguarding allegations can affect the way other staff and Service Users view staff subject to a safeguarding enquiry.
- Take steps to protect the staff member from victimisation or discriminatory behaviour.
- Check with the local authority what information they can share with staff at each stage of the enquiry subject to the employer's usual duties of confidentiality with its employees.
- Tell the staff member about any available Employee Assistance Programme.
- Tell the staff member about professional counselling and occupational health services (if available).
- Nominate someone to keep in touch with the staff member 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 must not be directly involved with the enquiry.

If a member of staff returns to work after being suspended, the manager should:

- Arrange a return-to-work meeting when the enquiry is finished, to give them a chance to discuss and resolve any issues.
- Agree to a programme of guidance and support with them.

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

- Provide support, additional training and supervision to address these concerns.
- Ensure that the Service User is not victimised by staff.

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 improve 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).

We also ask for feedback about safeguarding from our Service Users (and their families, friends and carers) and other people working in the service.

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

We respond to feedback and tell people about any changes made in response to their comments.

Making Safeguarding Personal (MSP) and Risk Assessment

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 that gathers together outstanding practices across commissioning and CQC.

Under MSP the adult is best placed to identify risks, provide details of its impact and whether or not they find the mitigation acceptable. Working with the adult to lead and manage the level of risk that they identify as acceptable creates a culture where:

- Adults feel more in control
- Adults are empowered and have ownership of the risk
- There is improved effectiveness and resilience in dealing with a situation
- There are better relationships with professionals
- Good information sharing to manage risk, involving all the key stakeholders
- Key elements of the person's quality of life and well-being can be safeguarded.

Not every situation or activity will entail a risk that needs to be assessed or managed. The risk may be minimal and no greater for the adult than it would be for any other person.

- Risks can be real or potential;
- Risks can be positive or negative;
- Risks should take into account all aspects of an individual's well-being and personal circumstances.

Sources of risk might fall into one of the four categories below:

- Private and family life: The source of risk might be someone like an intimate partner or a family member;
- Community-based risks: This includes issues like 'mate crime, anti-social behaviour, and gang-related issues;
- Risks associated with service provision: This might be concern about poor care which could be neglect or organisational abuse, or where a person in a position of trust because of the job they do financially or sexually exploits someone;
- Self-neglect: Where the source of risk is the person themselves.

The primary aim of a safeguarding adults risk assessment is to assess current risks that people face and potential risks that they and other adults may face. Specific to safeguarding, risk assessments should encompass:

- The views and wishes of the adult;
- The person's ability to protect themselves;
- Factors that contribute to the risk, for example, personal, environmental;
- The risk of future harm from the source;
- Identification of the person causing the harm and establishing if the person causing the harm is also someone who needs care and support;
- Deciding if domestic abuse is indicated
- Identify people causing harm

- It may increase risk where information is not shared.

It is the collective responsibility of all organisations to share relevant information, make decisions and plan interventions with the adult. A plan to manage the identified risk and put in place safeguarding measures includes:

- What immediate action must be taken to safeguard the adult and/or others
- Who else needs to contribute and support decisions and actions
 - What the adult sees as proportionate and acceptable
 - What options there are to address risks
 - When action needs to be taken and by whom
 - What the strengths, resilience and resources of the adult are
- What needs to be put in place to meet the ongoing support needs of the adult
- What the contingency arrangements are
- How will the plan be monitored

Positive risk management needs to be underpinned by widely shared and updated contingency planning for any anticipated adverse eventualities. This includes warning signs that indicate risks are increasing and the point at which they become unacceptable and therefore trigger a review.

Effective risk management requires exploration with the adult using a person-centred approach, asking the right questions to build up a full picture. Not all risks will be immediately apparent; therefore risk assessments need to be regularly reviewed as part of the safeguarding response.

Reviewing Risk

The individual need will determine how frequently risk assessments are reviewed and wherever possible there should be multi-agency input. These should always be in consultation with the adult.

Risk assessments will be reviewed and amended when any part of our safeguarding procedures is changed.

All Safeguarding related risk assessments are reviewed following a concern or a disclosure being raised and amended as required.

All Safeguarding risk assessments are stored following UK GDPR requirements and audited as part of our Safeguarding quality assurance system. Records may be disclosed in courts in criminal or civil actions. Quality recording of adult safeguarding not only safeguards adults but also protects workers by evidencing decision-making based on the information available at the time.

Statutory Notifications to CQC

CQC must be notified concerning allegations of abuse or suspected abuse 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.

It is the registered person's responsibility to ensure that notifications are made, this is usually the registered manager or an appropriate delegated individual.

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.

If unable to use the Provider Portal 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>

Guidance: Statutory Notifications for non-NHS Trust Providers includes guidance for Adult Social Care and can be found here: <https://www.cqc.org.uk/guidance-providers/notifications/notification-finder>

The CQC website is regularly checked to ensure the above guidelines we use are 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 disabilities, dementia and/or personality disorder, older people and detained persons. 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 cannot reasonably be predicted and planned for on an individual basis.

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

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 to 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 un-gradable pressure ulcers be referred to as a safeguarding risk.

Adult Safeguarding Information including this policy will be available as required, in accessible formats for the people who use our service, advocates, those lawfully acting on their behalf and those close to them, as well as our staff members.

Related Policies

Accessible Information

Behaviour that Challenges, Violence and Aggression

Code of Conduct for workers

Confidentiality

Cyber Security

Data Protection Legislative Framework (UK GDPR)

Deprivation of Liberty Safeguards

Disclosure and Barring Service and Disclosure and Barring Referrals

Duty of Candour

Female Genital Mutilation

Financial Irregularities

Handling of Service User '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

<http://essexsab.org.uk>

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 [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%2003%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

Gov. UK - Domestic Abuse Bill 2020: factsheets:

<https://www.gov.uk/government/publications/domestic-abuse-bill-2020-factsheets>

Health and Care Act 2022

<https://www.gov.uk/government/publications/health-and-care-act-2022-adult-social-care-provider-information-provisions>

NICE guideline [NG227]: Advocacy services for adults with health and social care needs

<https://www.nice.org.uk/guidance/ng227>

Contact List

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 and the website is

<https://www.gov.uk/government/news/nhs-whistleblowing-helpline-to-be-extended-to-social-care-staff>

CQC, November 2013: Whistleblowing Guidance for Providers who are Registered with CQC: www.cqc.org.uk/whistleblowing

Care Quality Commission (CQC)

Citygate, Gallowgate, Newcastle Upon Tyne, NE1 4PA

Training Statement

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, workbooks, group meetings, and individual supervision. External courses are sourced as required.

Review Date: 12/01/2026

Next Review Date: 11/01/2027