



Liver Care and Housing

ADULT SAFEGUARDING

Regulation 13: Safeguarding Service Users from Abuse and Improper Treatment

Liver Care & Housing

Scope

- **Policy Statement**
- **Policy - Part One**
- Accessing this Policy
- Multi-Agency Safeguarding (Adults) Protocol
- Legislation
 - o Care Act 2014
 - o Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
 - o Health and Care Act 2022
 - o Mental Capacity Act 2005
 - o Safeguarding Vulnerable Groups Act 2006
- Definition of a Vulnerable Adult (Adult at Risk)
- Adult Safeguarding, what it is and why it matters
- Staff - Adult Safeguarding Training
- Aims of Adult Safeguarding
- Learning Disabilities and Person-Centred Planning
- The Six Principles that underpin all Adult Safeguarding
 - o Levels of Safeguarding Training by Role
- Types of Abuse and Neglect
- Signs of Abuse
- Patterns of Abuse
- Who Abuses and Neglects Adults
- Safeguarding Children in an Adult Setting
- Reporting and responding to Abuse and Neglect
- Working with Adults at Risk who do not wish to engage with Service Users and are or may become at Serious Risk of Harm
- Who can carry out an enquiry
- What happens after an enquiry
- Information Sharing
 - o Record Keeping
 - o Confidentiality
- Front Line Staff within the Service

- Line Management and Supervision of Frontline Staff

Policy - Part Two – Raising Concerns

- Making Enquiries
- Staff – How to Report a Safeguarding Concern
- Name of the Designated Safeguarding Lead
- After a Concern is raised
- Consent
- Complaint or allegation about a member of staff
- Service Users – How to Report a Safeguarding Concern
- The Role of the Manager
- Supporting staff who are subject to a safeguarding enquiry
- Learning lessons from Safeguarding concerns, referrals and enquiries
- **Preventing/Reducing Abuse**
 - o Making Safeguarding Personal (MSP) and Risk Assessment
 - o Identifying Risks
 - o Safeguarding Adults Risk Assessments
 - o Reviewing Risk
- **Statutory Notifications to CQC**
- **Restrictive Interventions**
- Closed Cultures
- Identifying and Managing a Deprivation of Liberty (DOLs) Application
 - o Defining a Community Deprivation of Liberty
- Guidance on Pressure Ulcers and Safeguarding
- **Contacts List including Whistleblowing**
- **Related Guidance**
- **Training Statement**

Policy Statement

This policy should be read in conjunction with the following policies:

- Accessible Information
- Code of Conduct for Workers
- Confidentiality
- Cyber Security
- Data Protection (UK GDPR)
- Deprivation of Liberty Safeguards
- Duty of Candour
- Mental Capacity Act 2005
- Notifications
- Position of Trust
- Record Keeping
- Recruitment and Selection
- Safeguarding Children in an Adult Setting
- Whistleblowing

Our organisation complies with Regulation 13 Safeguarding Service Users from abuse and improper treatment (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014) by establishing processes and procedures to prevent Service Users from being abused by staff or others they may encounter at the Service, including their visitors. This includes safeguarding Service Users from experiencing any form of abuse or improper treatment during their care and treatment. Improper treatment encompasses discrimination or unlawful restraint, which includes inappropriate deprivation of liberty under the terms of the Mental Capacity Act 2005.

We recognise that safer recruitment is about thoroughly assessing the skills, experience, qualifications, and values of potential staff in relation to working with our service users. As an employer, we have a range of safer recruitment and selection practices. Working with individuals and families who may be at risk and need support can be both rewarding and challenging. Therefore, we are responsible for ensuring that the people providing these vital services are appropriately qualified and competent in keeping our service users safe. Refer to the Recruitment and Selection Policy for details.

Policy – Part One

Accessing this policy

Access to this policy is granted to all staff, volunteers and board members online

Other stakeholders (service users/visitors/ all other stakeholders) can request access to this policy by contacting the Registered Manager

We provide where required other formats including an easy-read safeguarding policy.

Multi-Agency Safeguarding (Adults) Protocol & Transforming Care Programme

All local authorities (LA's) have updated their multi-agency safeguarding agreement to reflect these changes.

All Local Authorities are required to produce the above Guidance. When contracted with more than one authority, we ensure all protocols are listed and followed.

NHS England's Transforming Care programme also aims to improve services for people with learning disabilities and/or autism. The national plan, **Building the Right Support**, developed jointly by NHS England, the Local Government Association and the Association of Directors of Adult Social Services, is the next stage in the **Transforming Care programme** and includes 48 Transforming Care Partnerships across England to re-design local services to meet individuals' needs. This is supported by a new Service Model for commissioners across health and social care that describes what good services should look like.

The Government and NHS England have also committed to reducing the number of people with a learning disability who are placed in inpatient services. The Transforming Care programme aims to improve the quality of life for those with

learning disabilities by significantly reducing the number of people hospitalised, shortening the duration of stays, and enhancing the quality of both hospital and community environments.

Legislation

Care Act 2014

Includes:

- 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
- Local authority's role and multi-agency working
- Criminal offences and adult safeguarding
- Safeguarding enquiries
- Safeguarding Adult Boards; (SABs)
- Safeguarding Adults Reviews (SARS)
- Information sharing, confidentiality and record keeping.
- Roles, responsibilities, and training in local authorities, the NHS, and other agencies

Please note:

Where someone is 18 years old or over but whose services are arranged through children's services, any safeguarding issue is addressed through the adult safeguarding arrangements within the local authority or other statutory partners, such as the NHS or the Police.

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014)

Regulation 13 Safeguarding Service Users from abuse and improper treatment.

The regulation aims to safeguard service users from suffering any abuse or improper treatment while receiving care and treatment. This may include discrimination or unlawful restraint, which is an inappropriate deprivation of liberty under the Mental Capacity Act 2005. Providers must have a zero-tolerance approach to abuse, unlawful discrimination and restraint.

Health and Care Act 2022

The Act introduced measures to tackle health disparities and create safer, more joined-up services, putting the health and care system on a more sustainable footing.

This Act introduced other 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

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.

To help determine if a person lacks the capacity to make a particular decision at the time it needs to be made, the Act sets out a two-stage test of capacity.

To help determine if a person lacks the capacity to make a particular decision at the time it needs to be made, the Act sets out a two-stage test of capacity.

The two-stage test is as follows:

Stage 1: Does the impairment or disturbance mean that the person is unable to make a specific decision when they need to?

For a person to lack the capacity to make a decision, the Act says their impairment or disturbance must affect their ability to make that specific decision when needed. But first, people must be given all practical and appropriate support to help them decide for themselves (Principle 2).

Stage 2 can only apply if all practical and appropriate support to help the person make the decision has failed.

Stage 2: Does the person have an impairment or a disturbance in the functioning of their mind or brain? If the person does **NOT** have such an impairment or disturbance, they will not lack capacity under the Act, and the assessment should stop.

Examples of impairment or disturbance include:

- Conditions associated with some forms of mental illness
- Dementia
- Significant learning disabilities
- The long-term effects of brain damage
- Physical or mental conditions that cause confusion, drowsiness or loss of consciousness
- Delirium
- Concussion following a head injury
- The symptoms of alcohol or drug use

Professionals and other staff must understand and consistently work in accordance 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 to help adults manage risk and, where possible, put them in control of decision-making.

Regular face-to-face supervision by skilled managers is vital to help staff work confidently and competently in challenging and sensitive situations.

Mental capacity is frequently raised in 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.

Safeguarding Vulnerable Groups Act 2006

The 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.

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, focused 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
- 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

Definition of a Vulnerable Adult (Adult at Risk)

The term “vulnerable adult” is in itself contentious. By labelling adults “vulnerable” there is a danger that they will be treated differently.

The label can be stigmatising and result in assumptions that an individual is less able than others to make decisions and to determine the cause of their lives. In this way, the term can level too subtle forms of inappropriate discrimination. Throughout this policy, the distinction between an adult with the capacity to make decisions and adult lacking capacity is emphasised. Adults who have the capacity retain the right to make their own decisions and to direct their own lives. Adults lacking the capacity to make decisions, retain the right to be involved in decision-making as far as possible but will nevertheless require decisions to be made on their behalf and so the overall approach shifts to promoting their best interests. The judgement that an adult is vulnerable 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's vulnerability.

People with learning disabilities may find it difficult to fit in with mainstream society. This can be for several reasons, as they may face prejudice and discrimination in their everyday lives. They might not have the ability to effectively communicate with other people. They may not understand certain aspects of social etiquette, or they may simply find it difficult to access their local communities and community services. In short, they are not always adequately protected like other people in society as they are sometimes excluded from it.

It is for this reason that people with learning disabilities may be classed as vulnerable. Their vulnerability might be due to their learning disability, physical disability, sensory impairment, or illness. Generally, a vulnerable person is someone who is aged over 18 but may not have the ability to not only look after themselves and may also be at risk because they cannot protect themselves from harm or exploitation.

They may be at risk in their own homes, in their local communities or whilst using public transport. It has been suggested that vulnerable people are less at risk from crime in general, but they are more at risk from actually being attacked than other people. It is thought that people with learning disabilities also have an increased risk of becoming victims of sexual abuse, and they may also be less able to defend themselves against violence.

A vulnerable person may be seen as an easy target, seemingly less protected and helpless in the face of attack, bullying or abuse. However, another problem exists in that a vulnerable person with a Learning Disability that has become a victim of crime may not have the ability or knowledge of how to tell someone or report such a crime to the authorities. And, even in instances where a crime has been reported, there have been cases where several obstacles have stood in the way of the victim having access to justice.

People with learning disabilities face a wide variety of challenges in their day-to-day lives. With so many aspects of society not ideally suited to those living with learning difficulties, it is vitally important that help and assistance are provided wherever possible. Organisations such as the British Institute of Learning Disabilities (BILD),

which is a national charity, fulfil this need thereby improving the lives of people with learning disabilities throughout the UK.

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 recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear, or unrealistic about their 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 adults to establish what being safe means to them and how that can best be achieved. Professionals should not be advocating "safety" measures which do not take into account individual well-being as defined in Chapter 1 of the Care and Support Statutory Guidance issued by the Department of Health.

People with a learning disability and/or autism who display behaviour that challenges are a highly heterogeneous group. Some will have a mental health problem which may result in them displaying behaviour that is challenging. Some, often with severe learning disabilities, will display self-injurious or aggressive behaviour unrelated to any mental health condition. This means that People with a Learning Disability and/or Autism are placed at far greater risk of harm and abuse, people with Autism are far more likely to be the victim of disability hate crimes so the importance of robust safeguarding protocols is essential to protect these very vulnerable people from harm.

People with Learning Disabilities often have difficulties with communicating and therefore may not be able to effectively talk about or fully comprehend that they are being abused. Therefore, all communication whether written or verbal must be in a format that people can understand and retain by the Accessible Information Standard.

The Learning Disabilities and Human Rights Act introduced several initiatives and strategies aimed at improving the lives of people with Learning Disabilities through improved support services and advocacy. Human rights are at the very core of Person Centred Planning which aims to give people with Learning Disabilities the right to be treated and live life with the same rights, choices, and opportunities as everybody else and keeping people safe from harm and abuse is at the very core of these principles.

Adult Safeguarding Training

Our organisation will ensure that our safeguarding lead has received appropriate safeguarding training and possesses the necessary competencies, knowledge, and

skills to guarantee the protection and safety of our Service Users and to support other staff.

Training for all staff is supplied and a training matrix is in place outlining the safeguarding training requirements for people at different levels. Areas covered also include mental capacity, deprivation of liberty safeguards, consent and access to easy-read resources.

Aims of Adult Safeguarding

The aims of the Care Act are as follows, which apply to all local authorities and their relevant partners. Relevant partners include NHS, Police, and 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; and
- Address what has caused the abuse or neglect

To achieve these aims and prevent harm and abuse we:

- Ensure that everyone, both individuals with learning disabilities and all who are involved with them, is clear about their roles and responsibilities.
- Create strong multi-agency partnerships that provide timely and effective prevention of and responses to abuse or neglect
- Support the development of a positive learning environment across these partnerships and at all levels within them to help break down cultures that are risk-averse and seek to scapegoat or blame practitioners
- Enable access to mainstream community resources such as accessible leisure facilities, safe town centres and community groups that can reduce social and physical isolation which in itself may increase the risk of abuse or neglect
- Clarify how to respond to safeguarding concerns that may arise from poor quality and inadequacy of the services being provided
- Ensure that people with Learning Disabilities are given information in a format that is accessible

Learning Disabilities & Person-Centred Planning

Person-centred planning is a process of constant review, learning and listening. Person-centred planning focuses on the immediate and the future, taking into account the needs, thoughts, concerns and opinions of the individual, and consulting their family and friends and others within their 'personal network'. Safeguarding is at the core of this approach by taking a balanced approach to risk to ensure people with Learning disabilities can take positive risks that improve their well-being and quality of life.

Person-centred planning is an approach that tries to include not just specialist learning disability services, but also services used by mainstream society. This in turn helps to connect them with mainstream society and fosters a greater move towards inclusion and realisation of life goals.

Person-centred Planning is an ongoing problem-solving process used to help people with disabilities plan for their future. In person-centred planning, groups of people focus on an individual and that person's vision of what they would like to do in the future. This "person-centred" team meets to identify opportunities for the focus person to develop personal relationships, participate in their community, increase control over their own lives, and develop the skills and abilities needed to achieve these goals. Person-centred Planning depends on the commitment of a team of individuals who care about the focus person. These individuals take action to make sure that the strategies discussed in planning meetings are implemented.

Purpose

- To look at an individual differently
- To assist the focus person in gaining control over their own life
- To increase opportunities for participation in the community
- To recognise individual desires, interests, and dreams
- Through a team effort, develop a plan to turn dreams into reality

When Valuing People was published, there was great emphasis on the fact that for person-centred planning to become a widespread normal practice, there had to be major changes in organisational practices. It was decided that the responsibility of making sure that this organisational culture change was implemented and maintained should lie with Learning Disability Partnership Boards.

Six Principles Underpinning all Adult Safeguarding Work

The Care Act sets out the steps that local authorities must implement to meet the legal requirements of the Act. All staff must become familiar with these requirements. Guidance developed by our local authority partners will be included in this policy as it becomes available. All Local Authorities will review and amend the Multi-Agency Safeguarding Protocol which is available from the Local Authorities Safeguarding Adult Board (SAB) website.

Any changes to training take effect immediately.

The Six Principles that underpin all Adult Safeguarding

Empowerment – People are 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 I want.

Partnership – Local solutions through services working with their communities have a part to play in preventing, deleting, and reporting neglect and abuse.

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

Accountability – Accountability and transparency in delivering safeguarding.

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

These principles apply to all sectors and settings including care and support services, further education colleges, commissioning, regulation and provision of health and care services, social work, healthcare, welfare, benefits, housing, wider local authority function and the criminal justice system. The principles should inform how professionals and other staff work with adults. They can also help SABs and other organisations more widely, by using them to examine and improve their local arrangements. In addition to these principles, the Act seeks to broaden a community approach to establishing their safeguarding arrangements.

All organisations must recognise that adult safeguarding arrangements are there to protect individuals. We all have different preferences, histories, circumstances, and lifestyles so it is unhelpful to prescribe a process that must be followed whenever a concern is raised; and the case study below helps illustrate this.

To achieve these aims of the above legislation and prevent harm and abuse, we:

- Ensure that everyone, both individuals with learning disabilities and all who are involved with them, is clear about their roles and responsibilities
- Create strong multi-agency partnerships that provide timely and effective prevention of and responses to abuse or neglect
- Support the development of a positive learning environment across these partnerships and at all levels within them to help break down cultures that are risk-averse and seek to scapegoat or blame practitioners

- Enable access to mainstream community resources such as accessible leisure facilities, safe town centres and community groups that can reduce social and physical isolation which in itself may increase the risk of abuse or neglect
- Clarify how to respond to safeguarding concerns that may arise from poor quality and inadequacy of the services being provided
- Ensure that people with Learning Disabilities are given information in a format that is accessible

Types of Abuse and Neglect

- **Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint, or inappropriate physical sanctions
- **Domestic violence** – including psychological, physical, sexual, financial, emotional abuse, and 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/factsheets/domestic-abuse-bill-2020)
- **Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting
- **Sexual exploitation:** The term “sexual exploitation” means any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. It may be very important in specific cases to be clear about the context in which concerns about sexual exploitation arise. Some individuals may have been groomed as children or young people, whilst others may be engaged as sex workers and so are at risk because they are threatened or coerced, have drug dependencies and/or mental health needs. People with learning disabilities may be led into harm because of perceptions that they are being offered friendships
- **Controlling Behaviour:** Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour
- **Coercive Behaviour:** Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten 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 a 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** – including 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, or illegally using 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 this 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 new 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
- **Gang exploitation:** Gang members are expanding into drug markets outside their usual urban areas because they are less known to local police, face less competition from rival gangs locally, and non-metropolitan police forces generally have less experience in tackling this kind of activity. This exploitation of people at risk is central to county lines. Victims can be men, women, or children
- **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, emails and instant messages, to malicious websites created solely to intimidate an individual or virtual abuse during an online multiplayer game.

- **Organisational abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or about the care provided in one's own home. This may range from one-off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes, and practices within an organisation
- **Neglect and acts of omission** – including ignoring medical, emotional, or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition, and heating
- **Self-neglect** – this covers a wide range of behaviour neglecting to care for one's hygiene, health or surroundings and includes behaviour such as hoarding

Incidents of abuse may be one-off or multiple and affect one person or more. Professionals and others should look beyond single incidents or individuals to identify patterns of harm, just as the Care Quality Commission, 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 and are what we now describe 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 blood-stained under clothing
- 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 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 LP
- Recent changes in deeds or title to the 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 their 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 and Trafficking

- Signs of physical or emotional abuse
- Appearing to be malnourished, unkempt or withdrawn.
- Visible tattoos suggesting gang exploitation
- Isolation from the community, seeming under the control or influence of others
- Living in dirty, cramped, or overcrowded accommodation and or living and working at the same address
- Lack of personal effects or identification documents.
- Always wearing the same clothes
- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers
- Fear of law enforcers

Discriminatory Abuse

- The person appears withdrawn and isolated

- Expressions of anger, frustration, fear, or anxiety
- The support on offer does not take account of the person's individual needs in terms of a protected characteristic

Organisational Abuse

- Incidents of abuse or neglect are not reported, or there is evidence of incidents being deliberately not reported
- Lack of flexibility and choice for people using the service
- Inadequate staffing levels
- People being hungry or dehydrated
- Poor standards of care or frequent, unexplained deterioration in 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 and 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 in which the perpetrator 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
- 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 they perceive as vulnerable to abuse
- Paid staff or professionals; and
- 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.

People with Learning Disabilities are more likely to be exploited because of their disability. This is because they may be easily manipulated by not fully understanding the nature of the abuse and will readily be compliant. After all, they feel they are doing something positive to improve a personal relationship.

Staff need to be extra vigilant when working with people with learning disabilities and so this organisation will provide training for those staff who work with this vulnerable group of people to ensure they are protected.

The Registered Manager is designated to handle concerns in relation to people in the position of trust.

Please refer to the Position of Trust Policy.

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 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.

The Registered Manager is designated to handle concerns in relation to People in Position of Trust.

Please refer to the Position of Trust Policy.

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 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 any 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.

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 ongoing monitoring. However, the primary focus must still be on how to safeguard the adult who is at risk. In other circumstances where the safeguarding concerns arise from abuse or neglect deliberately intended to cause harm, then it would not only be necessary to immediately consider what steps are needed to protect the adult but also whether to refer the matter to the police to determine whether a criminal investigation would be 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 for example, then an employer-led disciplinary response may be more appropriate; but this situation will need additional responses such as clinical intervention to improve the care given immediately 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
- 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 local authority and, or the police if they believe or suspect that a crime has been committed

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 format that the individual can understand
- Equality: Services and support should be provided with dignity and respect and not discriminate 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 the 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.

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 into a file to record all action taken. When abuse or neglect is raised, managers need to look for past incidents, concerns, risks, and patterns. We know that in many situations, abuse and neglect arise from a range of incidents over 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 does staff need to know to provide a high-quality response to the adult concerned?

- What information does staff need to know to keep adults safe under the service's duty to protect people from harm?
- What information is not necessary?
- What is the basis for any decision to share (or not) information with a third party?

Recording information about an allegation of abuse should be completed as soon as possible on the same day. 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 are 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 supports themselves, then information about their involvement in an adult safeguarding enquiry, including the outcome, should be included in their case record. If it is assessed that the individual continues to pose a threat to other people, then this should be included in any information that is passed on to service providers or other people who need to know.

To carry out their functions, SABs will need access to information that a wide number of people or other organisations may hold. Some of these may be SAB members, such as the NHS and the police. Others will not be, such as private health and care providers or 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:
 - I. The information requested relates to the person to whom the request is made and their functions or activities or
 - II. 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, 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
- 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 UK 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 local authority 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

Policy – Part Two: Raising Concerns

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 and to whom 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.

Who to report to if the Manager is absent - Chief Operating Officer

If the safeguarding concern involves a member of the management team, such as the registered manager, nominated individual, or director, the person reporting the concern must approach the next or another senior management member of staff and follow the reporting procedure.

To raise a concern about a member of the Management Team, contact the Office Manager.

When the registered manager is also the nominated individual, a report must be sent to Liverpool Careline.

After a concern is raised

It is a duty to report any such allegation, and the relevant manager will seek advice and follow the relevant 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 question
- It is not the worker's job to decide if they are telling the truth or not, but it is their responsibility to report it to the person in charge/office manager immediately
- Even if the person asks it not to be reported, it is the worker's responsibility to report and explain the requirement to report and to whom they will report
- 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 it is your responsibility to report - the Local Authority Safeguarding Team will make or arrange the enquiries and listen to the individual's views and choice
- Do not confront the abuser or alert them to what has been alleged, do not put yourself in danger and call for backup as soon as possible
- Support needs to be given to the person, especially through the initial stages of the enquiries and later if an investigation takes place
- If there is a possibility that forensic evidence can be identified, protect the person and the evidence, 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 to be completed, recording what you have seen or has been disclosed, must be completed as soon as possible, recording only the facts and not opinions or views

Consent

Once a person has consented to further action being taken, or for someone unable to give their consent, it has been decided that it is in their best interests to do so, the senior staff member or manager (or whoever has authority at the time) will then alert the local Safeguarding Adult team and follow its procedures and guidance from that point on. This will usually involve a strategy meeting and an action plan to be implemented from the strategy meeting

Any adult who it is thought might lack the mental capacity to give their consent for the abuse/harm to be reported will be assessed for their capacity to decide, and a

“best interests” decision will be taken in line with Mental Capacity Act 2005 procedures.

Where a competent adult explicitly refuses any supporting intervention, this should normally be respected. Exceptions to this will 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 over other adults at risk. It will then be appropriate to breach confidentiality and disclose information to an appropriate authority, such as the local safeguarding team or police to investigate.

Where a criminal offence is suspected, the registered manager will inform the police and follow their procedures.

Ongoing support should also be offered to the adult at risk because if an adult initially refuses the offer of assistance, they should not be abandoned or feel they cannot access further support at a later date.

A service user with capacity has the right to withhold consent.

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

Complaint or allegation about a 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.

People with Learning Disabilities may be more reluctant to raise concerns because the abuser may have a high degree of control over the person.

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. This information will be in an accessible format that is aligned with the person's communication needs. It is important to discuss this information in person to ensure the person at risk understands the importance of reporting a concern.

Offering reassurance to the person that it is ok to report a concern is paramount. It is vital that the person doesn't feel afraid or intimidated, in these cases, it is good practice to have named individuals that the person knows and trusts i.e., the Lead Support Worker or Social Worker.

Posters displayed in communal areas of the office will also draw attention to safeguarding and feeling safe and these will be in an accessible format where required.

information on raising a safeguarding concern can also be found at the back of the Service Users' care plan in their homes and on the organisation's website.

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 about 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 advice from our HR consultant service or, institute steps to ensure the protection and safeguarding of the adult; as appropriate; with immediate effect.

The manager will notify the local safeguarding team, 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.

Preventing/ Reducing Abuse

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 resource toolkit that gathers together outstanding practices across commissioning and CQC.

Under MSP the adult is best placed to identify risks, provide details of their 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

Identifying Risks

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 'hate crime, anti-social behaviour, and gang-related issues
- Risks associated with service provision: This might be a 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

Safeguarding Adults Risk Assessment

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's need will determine how frequently risk assessments are reviewed. Wherever possible, there should be multi-agency input, which 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 without delay 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.

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 guidance we use is up to date.

Restrictive Interventions

We have separate robust policies to prevent abuse and improper treatment, including restraint.

The Mental Capacity Act 2005, deprivation of liberty under the terms of the Mental Capacity Act 2005, and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 13, safeguarding service users from abuse and improper treatment, outline the legal framework of restraint.

Restraint must only be used if assessed and deemed necessary, as a last resort, proportionate in relation to the risk of harm and within current national guidelines and good practice. There are regular and ongoing reviews of our restrictive practices

We focus on Positive Behaviour Support. Staff are trained to use restraint responsibly and safely in a manner that respects the dignity and rights of each individual receiving care and support.

Refer to our Restraint and Intervention Policy, Positive Behaviour Policy and Mental Capacity 2005 policy for procedures.

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 Service Users. 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.

Closed Cultures

A closed culture is a poor culture in a health or care service that increases the risk of harm. This includes abuse and human rights breaches. The development of closed cultures can be deliberate or unintentional – either way, it can cause unacceptable harm to a person and their loved ones.

As an organisation we recognise we have in place systems and processes which encourage an open and transparent environment where open communication is encouraged. Our staff, those who receive our services and other stakeholder are able to voice their concerns without fear of blame or repercussions.

The people using our services are integral to the decision-making process about their care and the organisation as a whole.

The organisation

- Encourages transparency
- Engages with the people using our service and their families
- Provides training and support to equip staff with the skills and knowledge to recognise and address closed cultures and promote continuous improvement

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

Identifying and Managing a Deprivation of Liberty (DoLS) Application

Defining a Community DoLS

Depriving a person of their liberty within a community setting is referred to as Community DoLS – the lawful authorisation of arrangements enabling care or treatment which give rise to a deprivation of liberty for the person via an application to the Court of Protection.

The Court of Protection is a legal court that deals with matters regarding adults at risk in community settings and their ability to make decisions independently. In all cases, they aim to do the best for an adult at risk by protecting their rights and welfare.

Being assessed as to whether a Deprivation of Liberty has taken place is an essential right. No one should ever be restricted to an extent greater than is necessary and proportionate to the risks involved, and any deprivation must be in the individual's best interests.

To ensure our Service Users' human rights are protected, the registered manager will:

- Deciding if an authorisation may be needed, the manager will consider the initial care plan and/or their prior knowledge of the Service User (where appropriate, with local authority care managers) to determine whether there are any restrictions in place and if so, whether they may amount to a deprivation of liberty, the appropriate checklist for DoLS application will be completed
- Alert any risk of a deprivation of liberty to the local authority DoLS team to ensure the Service User's rights are protected
- Work within the principles of the Mental Capacity Act, e.g. by doing everything possible to empower people to make as many decisions for themselves as they can
- Ensure that decision-specific capacity assessments are completed where required
- Ensure that best interest decisions are completed where a Service User lacks the capacity to agree to arrangements for their care or treatment, working with the service user's appointed representative
- This organisation is likely to be the decision-maker for day-to-day best interest decisions, but significant decisions, including the use of restrictions, are more likely to be carried out by commissioners of care
- Participate in best interests decisions where the decision maker is a health or social care professional
- Ensure that restrictions on the freedom of anyone lacking capacity to consent to them are proportionate to the risk and seriousness of harm to that person and that no less restrictive option can be identified (Useful guidance on care planning within an empowering ethos is available in the Mental Capacity Act Code of Practice)
- Liaise with commissioners of services and, as appropriate, either liaise with the LA supervisory body for the DoLS or seek legal advice, as to how to ensure the protection of the human rights of adults at risk who use services

The Care Worker will:

Work within the five statutory principles of the Mental Capacity Act 2005 by doing everything possible to empower people to make as many decisions for themselves as they can.

- **Presumption of Capacity:** A person is assumed to have the capacity to make their own decisions unless it is proven otherwise
- **Support to Make Decisions:** Individuals should be given all possible help and support to make their own decisions, before it is assumed they lack capacity
- **Unwise Decisions:** A decision that may seem unwise or unconventional to others should not automatically be taken as a sign of lacking capacity
- **Best Interests:** Any act or decision made on behalf of someone who lacks capacity must be done in their best interests

- Least Restrictive Option: When acting in someone's best interests, the chosen course of action should be the least restrictive of their rights and freedoms
- Engage in the training provided on MCA and deprivations of liberty in community settings
- Raise any concerns, including concerns about restrictions with the registered manager
- Read this policy and the separate Deprivation of Liberty Safeguards in Community Settings policy
- 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 essential part of the broader 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 ungradable 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, along with our staff

Contact List

Provider-designated lead:

Mark Flavell

Registered manager

Mark Flavell

Person to contact if the manager and designated lead are unavailable

Bethany Elder

Out of hours contact

07834 164 505

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

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

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

Related Guidance

Local Safeguarding Adults Reviews / SARs
Local Authority Multi-Agency Adult Safeguarding Guidance/ Protocol Liverpool
Careline

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>

Care and Support Statutory Guidance
<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

Human Rights Act 1998
<https://www.legislation.gov.uk/ukpga/1998/42/contents>

Making Safeguarding Personal
<https://www.local.gov.uk/our-support/partners-care-and-health/care-and-health-improvement/safeguarding-resources/making-safeguarding-personal>

Safeguarding adults protocol: pressure ulcers and raising a safeguarding concern
<https://www.gov.uk/government/publications/pressure-ulcers-how-to-safeguard-adults/safeguarding-adults-protocol-pressure-ulcers-and-raising-a-safeguarding-concern>

NICE Guidance [NG22] Older People with Social Care Needs and Multiple Long Term Conditions
<https://www.nice.org.uk/guidance/ng22>

NICE Social Care for older people with multiple long-term conditions QS132
<https://www.nice.org.uk/guidance/qs132>

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

Gov.UK: Pressure ulcers: how to safeguard adults
<https://www.gov.uk/government/publications/pressure-ulcers-how-to-safeguard-adults>

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

DoHSC Statutory guidance Formal notice of mandate for all adult social care providers
<https://www.gov.uk/government/publications/pressure-ulcers-how-to-safeguard-adults/safeguarding-adults-protocol-pressure-ulcers-and-raising-a-safeguarding-concern>

Gov. UK - Domestic Abuse Bill 2020: factsheets:

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

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

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

Training Statement

All staff, during induction, are made aware of the organisation's policies and procedures, all of which are used for training updates. All policies and procedures are reviewed and amended where necessary and staff are made aware of any changes. Observations are undertaken to check skills and competencies. Various methods of training are used including one-to-one, online, workbook, group meetings, individual Appraisals and supervision and external courses sourced as required.

Date Reviewed: January 2026

Person responsible for updating this policy: Katie Molloy

Next Review Date: January 2027