ADULT SAFEGUARDING

Regulation 13: Safeguarding Service Users from Abuse and Improper Treatment

GIAN HEATLHCARE

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Reviewed by: B.KWANGWARI

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Policy Statement

Scope

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    - What happens after an Enquiry
- **Information Sharing**
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- Front Line Staff within the Service
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- Residents: How to Report a Safeguarding Concern
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- Identifying and Managing a Deprivation of Liberty (DoLS) Application
- Guidance on pressure ulcers and safeguarding
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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
- Disclosure and Barring Service and Disclosure and Barring Referrals
- Duty of Candour
- Mental Capacity Act 2005
- Notifications
- Position of Trust
- Record Keeping

- Recruitment and Selection
- Restraint
- Safeguarding Children in an Adult Setting
- Whistleblowing.

Our organisation complies with Regulation 13, Safeguarding Residents from abuse and Improper Treatment (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014), by establishing processes and procedures to prevent Residents from experiencing abuse by staff or others they may come into contact with when using the service, including visitors. This includes protecting Residents from any form of abuse or improper treatment during care and treatment. Improper treatment includes discrimination or unlawful restraint, which involves inappropriate deprivation of liberty under the Mental Capacity Act 2005.

We recognise that safer recruitment is about properly examining the skills, experience, qualifications and values of potential staff, concerning 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 rewarding and challenging. Therefore, we are responsible for ensuring that the people providing these vital services are appropriately qualified and competent to keep our Service Users safe.

Refer to the Recruitment and Selection Policy for details.

This policy is also guided by NICE Safeguarding Adults in Care Homes (NG189), published in February 2021. The NICE guidance covers safeguarding adults in care homes from abuse and neglect, including potential indicators by individuals or organisations, safeguarding procedures, and recommendations for improving training and care home culture, to enhance staff awareness of safeguarding and ensure people can report concerns when needed

The Policy - Part One

Access to this policy

Access to this policy is granted to all staff, volunteers and board members online **via Atlas Citation**

Other stakeholders (residents/visitors/ all other stakeholders) can request access to this policy by contacting the Registered Manager **m.kwangwa@gianhealthcare.co.uk**

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

Multi-Agency Safeguarding (Adults) Protocol

All Local Authorities are required to produce the above Guidance. When contracted with multiple authorities, we ensure all protocols are documented and followed.

Legislation

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

Regulation 13: Safeguarding service users from abuse and improper treatment.

The intention of this regulation is to safeguard people who use services from suffering any form of abuse or improper treatment while receiving care and treatment. Improper treatment includes discrimination or unlawful restraint, including inappropriate deprivation of liberty under the Mental Capacity Act 2005.
To meet the requirements of this regulation, our organisation has a zero-tolerance approach to abuse, discrimination and unlawful restraint.

Care Act 2014

Aims of Adult Safeguarding

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

- Stop abuse or neglect wherever possible.
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
- Safeguard adults in a way that supports them in making choices and having control over how they want to live.
- Promote an approach that concentrates on improving life for the adults concerned.
- Raise public awareness so that communities, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect.
- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult.
- Address what has caused the abuse or neglect.

The Six Principles that underpin all Adult Safeguarding

Empowerment: people being supported and encouraged to make their own decisions, and informed consent:

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

Prevention: it is better to take action before harm occurs:

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

Proportionality: the least intrusive response appropriate to the risk presented:

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

Protection: support and representation for those in greatest need:

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

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

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

Accountability: accountability and transparency in delivering safeguarding:

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

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 LA or other statutory partners, such as the NHS or the police.

Health and Care Act 2022

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

This Act introduces many measures, including:

- Supporting victims of abuse and responding to recent child safeguarding tragedies by committing to looking at information sharing in relation to 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 slave labour

Mental Capacity Act 2005 (MCA)

The MCA begins with the assumption that, from the age of 16, individuals are capable of making their own decisions – including those regarding their safety and when and how services intervene in their lives. People must be presumed to have the capacity to decide and be provided with all reasonable assistance to make a particular decision before anyone considers them unable to make that decision. If an adult is found to lack the capacity to make a decision, then any action taken or decision made on their behalf must be 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.

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 follow the Mental Capacity Act 2005 (MCA). They should use their professional judgement and consider multiple competing viewpoints. They will need substantial guidance and support from their employers to help adults manage risk properly and to empower them to take control of decision-making, where practical.

Regular face-to-face supervision by experienced managers is essential to support staff in working confidently and competently in challenging and sensitive situations.

Mental capacity often comes up in adult safeguarding. The need to apply the MCA in adult safeguarding enquiries challenges many professionals and requires careful consideration, especially when it seems an adult has the capacity for certain decisions that still put them at risk of abuse or neglect.

The MCA established criminal offences for ill-treatment and wilful neglect concerning individuals who are unable to make decisions. These offences can be committed by anyone responsible for that adult's care and support, such as paid staff, family

carers, and also those with legal authority to act on behalf of the adult, like persons with power of attorney or court-appointed deputies.

These offences can be punished by fines or imprisonment. Ill-treatment includes both intentional acts and reckless behaviour that cause harm. Wilful neglect involves a serious deviation from the required standards of care and typically occurs when someone deliberately fails to perform an act they knew they were obliged to do.

Abuse by an attorney or deputy: If anyone 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 refer concerns to other relevant agencies. When making a referral, the OPG will ensure that the relevant agency remains informed of the steps taken. The OPG can also apply to the Court of Protection if it needs to take possible action against the attorney or deputy. While the OPG primarily investigates financial abuse, it must also examine 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 enacted to prevent harm or the risk of harm by restricting access to children and vulnerable adults for those considered unsuitable to work with them.
Refer to the Disclosure and Barring Service (DBS) and (DBS) Referral Policy for more information.

Definition of an Adult at Risk

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

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

Adult Safeguarding, What It Is, and Why It Matters

It is a means of protecting an adult's safety, free from abuse and neglect. It means people and organisations working together to prevent and stop such abuse and

neglect, whilst making sure that the adult's well-being is promoted, including, where appropriate, due regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

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

Staff Adult Safeguarding Training

Our organisation will ensure that our safeguarding lead has received appropriate safeguarding training and possesses the necessary knowledge and skills to safeguard our Residents and support other staff.

Levels of Safeguarding Training by Role

- Non-Care Staff with no direct contact with residents- Level 1 (basic awareness)
- Carers and Support Staff - Level 2
- Clinical Staff (Nursing Care Only) and Supervisors Level 3
- Managers/Safeguarding Lead Levels 4 and 5

All staff will be updated on legislative and regulatory changes relating to safeguarding adults and children. This will include the LA's Multi-Agency Safeguarding Agreement.

Training for all staff is supplied by **Social Care Tv** 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.

Our organisation protects Residents from abuse and harm by utilising the skills and experiences of our safeguarding champions. Our safeguarding champions understand the safeguarding policy and procedure and assist in ensuring our protocols are followed. They are available to support other staff, promote best practices, and facilitate reflective learning. We will provide our safeguarding champions with training and development opportunities to ensure they have the necessary knowledge and skills. It is important to note that a safeguarding champion is not a substitute for the safeguarding lead.

Types of Abuse and Neglect

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

Domestic violence: including psychological, physical, sexual, financial, and emotional abuse; so-called 'honour-based violence. Reference to the Domestic Abuse Act 2021 can be found here: Domestic Abuse Bill 2020: factsheets - GOV.UK (www.gov.uk)

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

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

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

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

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

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

Financial or material abuse: including theft, fraud, internet scamming, coercion about an adult's financial affairs or arrangements, including regarding wills, property,

inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

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

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

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

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 hurt, upset, harass or embarrass someone else deliberately. It can be an extension of face-to-face bullying, with the technology offering the bully another route for harassing their victim, or it 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 (also known as institutional abuse) is distinct from other forms of abuse or neglect because it is not directly caused by individual action or inaction. Instead, it is a cumulative consequence of how services are managed, led and funded. Some aspects of organisational abuse may be hidden (closed cultures), and staff may act differently when visitors are there (disguised compliance). Organisational abuse can affect one person or many Residents. Therefore, it is

important to consider each unique case and the impact on individual Residents as well as the whole care home.

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

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

Incidents of abuse may be isolated or recurring and affect one person or several. Professionals and others should look beyond individual incidents to identify harm patterns, just as the CQC, as the regulator of service quality, does when assessing the care in health and social care services. Repeated instances of poor care may indicate more serious problems, now referred to as organisational abuse. To recognise these patterns, it is essential that information is recorded and shared appropriately.

Signs of abuse

Physical Abuse

- No explanation for injuries or inconsistency with the account of what happened.
- Injuries are inconsistent with the person's lifestyle.
- Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps.
- Frequent injuries.
- Unexplained falls.
- Subdued or changed behaviour in the presence of a particular person.
- Signs of malnutrition.
- Failure to seek medical treatment or frequent changes of G.P.

Sexual Abuse

- Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck.
- Torn, stained or bloody underclothing.
- Bleeding, pain or itching in the genital area.
- Unusual difficulty in walking or sitting.
- Foreign bodies in genital or rectal openings.
- Infections, unexplained genital discharge, or sexually transmitted diseases.
- Pregnancy in a woman who is unable to consent to sexual intercourse.
- The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude.
- Incontinence that is not related to any medical diagnosis.

- Self-harming.
- Poor concentration, withdrawal, and sleep disturbance.
- Excessive fear/apprehension of, or withdrawal from, relationships.
- Fear of receiving help with personal care.
- Reluctance to be alone with a particular person.

Psychological

- An air of silence when a particular person is present.
- Withdrawal or change in the psychological state of the person.
- Insomnia.
- Low self-esteem.
- Uncooperative and aggressive behaviour.
- A change of appetite, weight loss/gain.
- Signs of distress: tearfulness, anger.
- Apparent false claims, by someone involved with the person, to attract. unnecessary treatment.

Financial

- Missing personal possessions.
- Unexplained lack of money or inability to maintain a lifestyle.
- Unexplained withdrawal of funds from accounts.
- Power of attorney or lasting power of attorney (LPA) is being obtained after the person has ceased to have mental capacity.
- Failure to register an LPA after the person has ceased to have the mental capacity to manage their finances, so that it appears that they are continuing to do so.
- The person allocated to manage financial affairs is evasive or uncooperative.
- The family or others show an unusual interest in the assets of the person.
- Signs of financial hardship in cases where the person's financial affairs are being managed by a court-appointed deputy, attorney or LPA.
- Recent changes in deeds or title to a property.
- Rent arrears and eviction notices.
- A lack of clear financial accounts held by a care home or service.
- Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person.
- The disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house.
- Unnecessary property repairs.

Domestic abuse

- Appears to be afraid of a partner and/or of making choices for themselves.
- Behaves as though they deserve to be hurt or mistreated.
- May have low self-esteem or appear to be withdrawn.
- Appears unable or unwilling to leave perpetrator.
- Leaves perpetrator and then returns to them.
- Makes excuses for or condones the behaviour of the perpetrator.
- Blames abuse on themselves.
- Minimises or denies the 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, seems 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.
- Aggressive towards people in authority.

Discriminatory Abuse

- The person appears withdrawn and isolated.

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

Organisational Abuse

- Incidents of abuse or neglect are not reported, or there is evidence of incidents being deliberately not reported.
- Lack of flexibility and choice for people using the service.
- Inadequate staffing levels.
- People being hungry or dehydrated.
- Poor standards of care or frequent, unexplained deterioration in a Resident's health and well-being.
- Repeated cases of the Resident not having access to nursing, medical or dental care.
- Lack of procedures and safeguards in place relating to the safe handling of Residents' money.
- A sudden increase in safeguarding concerns in which abuse or neglect has been identified.
- Repeated instances of Residents, families and carers feeling victimised if they raise safeguarding concerns.
- The service fails to improve or respond to actions or recommendations in local compliance visits or audit frameworks from the local authority, clinical commissioning groups or the Care Quality Commission.
- Lack of personal clothing and possessions and communal use of personal items.
- Lack of adequate procedures.
- Poor record-keeping, missing documents or evidence of redacted, falsified, or incomplete records.
- Absence of visitors.
- Few social, recreational and educational activities.
- Public discussion of personal matters.
- Unnecessary exposure during bathing or using the toilet.
- Absence of individual care plans
- Lack of management overview and support

Neglect and Acts of Omission

- Poor environment – dirty or unhygienic
- Poor physical condition and/or personal hygiene
- Pressure sores or ulcers
- Malnutrition or unexplained weight loss
- Untreated injuries and medical problems
- Inconsistent or reluctant contact with medical and social care organisations
- Accumulation of untaken medication
- Uncharacteristic failure to engage in social interaction

- Inappropriate or inadequate clothing

Self Neglect

- Very poor personal hygiene.
- Unkempt appearance.
- Lack of essential food, clothing or shelter.
- Malnutrition and/or dehydration.
- Living in squalid or unsanitary conditions.
- Neglecting household maintenance.
- Hoarding.
- Collecting a large number of animals in inappropriate conditions.
- Non-compliance with health or care services.
- Inability or unwillingness to take medication or treat illness or injury.

(Social Care Institute for Excellence. Oct 2020).

Patterns of Abuse

Serial abuse is when the person allegedly responsible seeks out and 'grooms' individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse.

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

Opportunistic abuse, such as theft, occurs when money or jewellery is left unattended.

Who Abuses or Neglects Adults?

Anyone can carry out abuse or neglect, including:

- Spouses/partners.
- Other family members.
- Neighbours.
- Friends.
- Acquaintances.
- Local Residents.
- People who deliberately exploit adults.
- Paid staff or professionals.
- Volunteers and strangers.

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

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

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, adequate supervision, focused training, and direct observation of staff practice are critical to preventing harm.

Consult the Recruitment and Selection Policy for safe recruiting practices, along with the Code of Conduct for Workers Policy for further 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 essential to understand the circumstances of abuse, including the broader 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 who is self-neglecting and poses a significant risk to their health or well-being.

The local authority will decide whether the concern qualifies for a Section 42 Enquiry, and if not, what alternative actions may be pursued. In doing so, the local authority will take into account the circumstances surrounding any actual or suspected cases 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, as well as the most suitable person to lead, will partly depend on the circumstances and will always be guided by the local authority safeguarding team. For instance, when poor or neglectful care results in pressure sores, an employer-led disciplinary response might be more suitable. Nonetheless, such a situation will require additional measures, including clinical intervention to enhance the care provided and a clinical audit of practice. Commissioning or regulatory enforcement action may also be necessary.

Early sharing of information is crucial for delivering an effective response to emerging concerns. To ensure strong 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.

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

Key Practice Principles

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

- Rights: Individuals have a right to receive advice and support to make choices about their service needs and take risks, subject to the degree of impact those risks may have on other adults and children.
- Duty of Care: Risk assessment and risk management are essential to establishing the likelihood and impact of risks that may be so serious that agencies need to take action to protect individuals.
- A duty of care is established in common law concerning all services. For an action to succeed in negligence, there must be an identified duty of care. An action will only be successful where a duty of care is breached through negligent acts or omissions and where an injury is suffered as a result.
- Councils, health bodies, private care providers and individual care staff owe a duty of care to individuals to whom they provide services.
- Information: This should be provided in a form that the individual can understand.
- Equality: Services and support should be provided with dignity and respect and not discriminated against because of disability, age, gender, sexual orientation, race, religion or belief or lifestyle.

Work to engage: Make every effort to engage with the individual, highlighting triggers that may increase dependency or harm, and actions that may minimise or eliminate risks.

Note: When a capable adult explicitly refuses support, this should generally be respected. Exceptions may include cases where a criminal offence has taken place or where there is a significant risk of harm to a third party. For instance, if an adult in a position of authority is suspected of abuse and puts other adults at risk, it may be necessary to breach confidentiality and disclose information to the appropriate authority. When a criminal offence is suspected, further advice will be required, and continuous support should be provided. As the adult initially refuses help, they should not be neglected or abandoned by appropriate services. The situation should be overseen, and the individual should be informed that they can accept the offer of help at any time.

Who Can Carry Out an Enquiry?

Although the LA is the lead agency responsible for making enquiries, it may need others to carry them out. The specific circumstances often determine who is the most appropriate person to start an enquiry. In many situations, a professional who already knows the adult will be the most suitable person. This could be a social worker, a housing support worker, a GP, or another health professional such as a community nurse. The LA remains responsible for ensuring the enquiry is referred to the correct body and acted upon. As the lead and coordinating authority, the LA should ensure that the enquiry meets its duty under section 42 to decide what action, if any, is necessary to help and protect the adult, who should undertake it, and that such action is taken when needed. In this capacity, if the LA has asked someone else to conduct enquiries, it can challenge that body if it considers the process or outcome to be unsatisfactory.

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

What happens after an enquiry?

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

That action could have multiple options: it might involve disciplinary measures, complaints, criminal investigations, or work by contract managers and the CQC to enhance care standards. These discussions should help the adult understand what their options are and how their wishes could be best realised. Social workers need to be able to explain both civil and criminal justice approaches available, as well as other methods that might support their well-being, such as therapeutic or family work, mediation/conflict resolution, and peer or circle of support groups. In complex domestic situations, it might take the adult some time to build confidence and self-

esteem to protect themselves and take action, and their wishes might evolve. The police, health services, and others may need to be involved to ensure these wishes are honoured.

Information Sharing

Record Keeping

Good record-keeping is a crucial part of professional practice. Whenever a complaint or allegation of abuse is made, all agencies should maintain clear and accurate records, and each agency should establish procedures for incorporating all relevant documents upon receipt of a complaint or allegation, documenting all actions taken. When abuse or neglect is suspected, managers need to review past incidents, concerns, risks, and patterns. We know that, in many cases, abuse and neglect result from a series of incidents over time. For providers registered with the CQC, records of these should be available to service commissioners and the CQC so they can take appropriate action.

Staff should be given clear directions on what information to record 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 details of an allegation of abuse should be done as soon as possible on the same day. If you need to refer to a safeguarding concern, you should create a chronological written record of what you have observed, been told, or have concerns about. Ensure that anyone else who saw or heard anything related 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 Residents and other staff
- Exactly what happened or what you were told, in the person's own words
- Keeping it factual and not interpreting what you saw or were told
- The views and wishes of the adult
- The appearance and behaviour of the adult and/or the person making the disclosure, any injuries observed
- Any actions and decisions taken at this point
- Any other relevant information, e.g., previous incidents that have caused you concern

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

All agencies should establish arrangements, in line with principles of fairness, confidentiality, and data protection, for sharing records with adults affected by and subject to an enquiry. If the alleged abuser is receiving care and support, then details about their involvement in an adult safeguarding enquiry, including the outcome, should be recorded in their case record. If it is determined that the individual still poses a risk to others, this information should also be included in any data shared with service providers or other relevant parties.

To perform their roles, SABs will need access to information held by a wide range of individuals or organisations. Some of these may include SAB members, such as the NHS and the police. Others will not, such as private health and care providers, housing providers or housing support providers, or educational providers.

In the past, cases where withholding information prevented organisations from fully understanding what “went wrong” have occurred, hindering them from identifying, to the best of their ability, the lessons to be learned to prevent or reduce the risk of such cases happening again. If someone knows that abuse or neglect is taking place, they must act on that knowledge and not wait to be asked for information.

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

- The request is made to enable or assist the SAB to do its job.
- The request is made of a person who is likely to have relevant information and then either:
    - The information requested relates to the person to whom the request is made and their functions or activities, or
    - The information requested has already been supplied to another person subject to a SAB request for information

Registered managers should ensure that:

- All actions taken to safeguard Residents are recorded and shared with other staff as necessary.
- Safeguarding records are focused on the well-being of the individual.
- All records are clear and easily accessible for purposes such as performance management, audits, court proceedings, local authority monitoring visits, Care Quality Commission inspections, or learning and development.
- Reviews of safeguarding records include checks of accuracy, quality and appropriateness.

Confidentiality

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

- Information will only be shared on a need-to-know basis when it is in the interests of the adult
- Confidentiality must not be confused with secrecy
- Informed consent should be obtained but if this is not possible and other adults are at risk of abuse or neglect, it may be necessary to override the requirement
- 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 made on a case-by-case basis, within agency policies and in accordance with the legal framework.

Principles of confidentiality aimed at protecting and promoting an adult's interests should not be confused with those intended to serve an organisation's management interests. While these have a legitimate role, they must never conflict with an adult's welfare. If an employee or someone in a similar role believes that such confidentiality rules may be working against the interests of the adult, then they have a duty to disclose information fully in the public interest.

In certain circumstances, it will be necessary to exchange or disclose personal information, which must be done in accordance with the law on confidentiality and data protection legislation where this applies. The Home Office and the Office of the Information Commissioner have issued general guidance on preparing and using 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 recognising and responding to allegations of abuse and poor practice. Staff at this level need to share a common understanding of what types of behaviour may constitute abuse or neglect and know how to respond initially to suspicions or allegations that it has occurred.

Front-line staff should not second-guess the outcome of an enquiry when deciding whether to raise concerns. There should be effective and well-publicised methods for escalating concerns if immediate line managers do not respond appropriately to a concern being raised.

Concerns about abuse or neglect must be reported regardless of the source of harm. Poor or neglectful care must be brought to the immediate attention of managers and addressed promptly, including ensuring the immediate safety and well-being of the adult. When the source of abuse or neglect is a staff member, it is the employer's responsibility to take immediate action, record what has been done and why (similarly for volunteers and students).

There should be clear arrangements in place regarding what each agency must contribute at this level. These will include approaches to enquiries and subsequent actions. The LA is responsible for ensuring effective coordination at this level.

Line management and supervision of frontline staff

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

- Promote reflective supervision to help staff understand how to identify and respond to potential abuse and neglect
- Provide feedback (through supervision and appraisals), acknowledging how staff have learned from their experience of identifying, reporting and managing safeguarding concerns.
- Encourage staff to discuss the organisation's culture, learning and management concerning safeguarding (e.g. in exit interviews) when leaving employment.

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

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

The Policy – Part 2 Raising Concerns

Staff: How to Report a Safeguarding Concern

Any suspicion of a safeguarding situation must be reported as soon as possible to the registered manager or, in their absence, to the senior manager on duty at the time.

Who to report to if the Manager is absent: **Benjamin Kwangwari**

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

To raise a concern about a member of the Management Team, contact: **Benjamin Kwangwari (benk@gianhealthcare.co.uk)**

After a concern is raised

You must report any such allegation, and the appropriate manager will seek advice and follow the relevant guidance.

- Always believe the person who is disclosing the actual or potential abuse or neglect.
- The worker should be supportive and listen, but should not ask investigative questions.
- It is not the worker's job to decide if they are telling the truth or not, but it is their responsibility to report it to the manager/person in charge.
- Even if the person asks for 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 choices.
- In cases where the adult is in imminent danger, urgent action to protect the individual should be taken by calling the relevant emergency services. E.g., the ambulance and police service.
- 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, primarily 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.
- Relevant documents to be completed, recording what you have seen or has been disclosed, must be done as soon as possible, recording only the facts and not opinions or views.

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

Consent

Once a person has agreed to further action, or if someone unable to give their consent has been deemed to be in their best interests to proceed, the senior staff member or manager (or whoever is authorised at the time) will then notify the local Safeguarding Adult team and follow its procedures and guidance from that point onwards. This will typically involve a strategy meeting and the development of an action plan to be implemented from that meeting.

Any adult suspected of lacking the mental capacity to consent to reported abuse or harm will be assessed for their decision-making ability, and a "best interests" decision will be made following the procedures outlined in the Mental Capacity Act 2005.

When a competent adult explicitly refuses any supporting intervention, this should generally be respected. Exceptions include situations where a criminal offence may have occurred or when there is a substantial risk of harm to a third party. For instance, if there is an abused adult in a position of authority over other adults at risk, it might be necessary to breach confidentiality and disclose information to an appropriate authority, such as the local safeguarding team or police, to facilitate investigation.
Where a criminal offence is suspected, the registered manager will inform the police and follow their procedures.

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

A resident with capacity has the right to withhold consent.

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

- Behaved in a way that has potentially harmed or harmed the Resident.
- Possibly committed a criminal offence against the Resident.

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

When a complaint or allegation has been made against a staff member, including those employed by the adult, they will be informed of their rights under employment legislation and internal disciplinary procedures. This may involve staff being suspended (or transferred to other duties) while their case is considered or an investigation into an allegation of abuse or serious concerns related to the safety or well-being of individuals is carried out.

A disciplinary investigation, and possibly a hearing, may result in the employer taking informal or formal actions, including dismissal and potentially 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 (by resignation or retirement) to avoid a disciplinary hearing related to a safeguarding incident, and the employer or volunteer organisation believes they would have dismissed the individual based on the information they possess, the regulated activity provider has a legal duty to refer to the Disclosure and Barring Service and any other professional body, such as the Nursing and Midwifery Council.

Residents: How to Report a Safeguarding Concern

During the information gathering process within our quality assurance systems, Residents and/or their representatives must be informed and asked about any inappropriate behaviour, verbal or physical, that they have observed or experienced by staff or visitors. This must be handled sensitively.

As part of the information provided to new Residents and/or their representatives, our Resident guide explains how to report a safeguarding concern.

Information on raising a safeguarding concern is also available at the back of the Resident's care plan and on the organisation's website.

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

The Role of the Manager

The manager should conduct an immediate assessment of the alleged abuse regarding 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.

Based on this assessment, the manager will seek further advice and take immediate steps to ensure the protection and safeguarding of the adult, as appropriate.

The manager will promptly inform the local safeguarding team, CQC and the police if necessary**.**

In this context, the manager is the person to whom the concern has been reported, whether during office hours or outside 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 provided to the responsible manager by any triage arrangements in place.

Supporting staff who are subject to a safeguarding enquiry

When the source of abuse or neglect is a staff member, it is the employer's responsibility to act promptly and document the actions taken along with the reasons for them (similarly for volunteers and students).

Following immediate action to protect Residents and throughout any subsequent safeguarding enquiry, the registered manager should:

- Be aware of how safeguarding allegations can affect the way other staff and Residents 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 subject to a safeguarding enquiry should be able to request the replacement of the nominated person if they believe there is a conflict of interest
- The nominated person must not be directly involved with the enquiry.

If members of staff return 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 worried about working with a Resident who has made allegations, the registered managers should:

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

Learning lessons from safeguarding concerns, referrals and enquiries

As an organisation dedicated to continuous learning and improvement, we recognise the importance of learning from lessons and enhancing our practice regarding 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 Residents (and their families, friends and carers) and other people working in the service.

We inquire about their experience with 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 Abuse

Making Safeguarding Personal (MSP) and Risk Assessment

This initiative is based on the CQC 5 Core Domains and is led by Local Authorities through the Local Government Association. We recognise it as an ongoing resources toolkit that gathers outstanding practices across commissioning and CQC.

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

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

Not every situation or activity involves a risk that requires assessment or management. The risk might be minimal and no greater for the adult than it would be for anyone else.

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

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

- Private and family life: The source of risk might be someone like an intimate partner or a family member;
- Community-based risks: This includes issues like 'mate crime, anti-social behaviour, and gang-related issues;
- Risks associated with service provision: This might be 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 are the strengths, resilience and resources of the adult.
- 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, and wherever possible, there should be multi-agency input. These should always be in consultation with the adult.

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

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

All Safeguarding risk assessments are stored following 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 immediately about abuse or allegations of abuse concerning a person using your service if any of the following applies:

- The person is affected by abuse.
- They are affected by alleged abuse.
- The person is an abuser.
- They are an alleged abuser.

The Registered Manager or delegated person sends a statutory notification to CQC concerning any abuse or alleged abuse involving a person(s) using our service. This includes where the person(s) is either the victim(s) or the abuser(s), or both.

We notify CQC about abuse or alleged abuse at the same time as alerting our local safeguarding authority for children or adults, and the police where a crime has been or may have been committed.

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

Guidance: Statutory Notifications for non-NHS Trust Providers
The CQC website is regularly checked to ensure the above guidance we use is up to date.

Restrictive Interventions

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

The Mental Capacity Act 2005, alongside the deprivation of liberty under the Mental Capacity Act 2005 and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 13, Safeguarding Residents from Abuse and Improper Treatment, outlines the legal framework for restraint.

Restraint should be used only if assessed and deemed necessary, as a last resort, and proportionate to the risk of harm, in accordance with current national guidelines and good practice. We conduct regular 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 essential for health and social care services that care for individuals at risk of restrictive interventions. Such settings may serve people with mental health issues, autism spectrum conditions, learning disabilities, dementia, personality disorders, older adults, and detained residents. It is also broadly applicable across general health and social care environments where service users may occasionally

exhibit challenging behaviour that cannot be reasonably predicted or 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.

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

As an organisation, we:

- Promote a culture in which safeguarding is openly discussed and abuse and neglect can be readily reported.
- Encourage staff to watch out for changes in the mood and behaviour of Residents, because this might indicate abuse or neglect (see indicators of individual abuse and neglect).
- Ensure staff record and share relevant and essential information about changes in mood or behaviour or other issues of concern in a timely manner (for example, at every shift handover or transfer of care).
- Ensure that support is readily available for people raising concerns, for example, by appointing safeguarding champions.

Our Registered Manager ensures there are regular opportunities (for example, in team meetings or one-to-one supervision) for all staff to:

- Share best practices in safeguarding, including learning from Safeguarding Adults Reviews.
- Challenge poor practice or discuss uncertainty around practice.
- Discuss the differences between poor practice (which is not necessarily a safeguarding issue) and abuse or neglect (which are safeguarding issues).
- Make particular efforts to involve staff who work alone or who get very little direct

Our registered manager asks for feedback about safeguarding from Residents (and their families, friends and carers) and other people working in care homes to:

- Ask them about their experience of safeguarding concerns and how these have been identified, reported, managed and resolved.
- Respond to feedback and tell people about any changes made in response to their comments.

This can be achieved through surveys, meetings, and, where appropriate, other forms of community engagement such as open days and visits.

Visiting the home

CQC has also published guidance on visiting care homes during outbreaks of acute respiratory infections, highlighting the links between blanket visiting policies and safeguarding.

We follow a specific visiting protocol. Our open, transparent, and communicative culture, along with regular contact with residents' families, promotes visits to our home.

Identifying and Managing a Deprivation of Liberty (DoLS)Application

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 Residents' 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 Resident (where appropriate, with LA 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 the DoLS application will be completed.
- Alert any risk of a deprivation of liberty to the local authority, DoLS team, to ensure the Resident'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 Resident lacks the capacity to agree to arrangements for their care or treatment, working with the Resident's appointed representative.
- This organisation is likely to be the decision-maker for day-to-day best interests 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, the DoLS 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, 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 important part of the wider Safeguarding agenda and each local Safeguarding Adults Board has guidance in place to ensure that people with pressure ulcers are referred to the safeguarding process appropriately which aligns with the NHS reporting mechanisms.

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

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

Contact List

Provider-designated lead:

(benk@gianhealthcare.co.uk)

Registered manager

(m.kwangwari@gianhealthcare.co.uk)

Person to contact if the manager and designated lead are unavailable

(qc@gianhealthcare.co.uk)

Out of hours contact

[07449177495]

LA Safeguarding unit:

[0161 234 5001]

Local Police:

[0161 872 5050]

Whistleblowing

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:
http://www.cqc.org.uk/whistleblowing

Care Quality Commission (CQC)
Citygate, Gallowgate, Newcastle Upon Tyne, NE1 4PA

Related Guidance

LA Multi-Agency Adult Safeguarding Guidance/Protocol
[INSERT WHERE TO ACCESS]

Care Act 2014: Safeguarding Adults:
https://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 toolkit

https://www.local.gov.uk/sites/default/files/documents/MSP%20Toolkit%20Handbook%20-%20FINAL%20December%202019%20v1.1.pdf

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 NG 189 Safeguarding adults in care homes
https://www.nice.org.uk/guidance/ng189/resources/safeguarding-adults-in-care-homes-pdf-66142030079941

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

NICE Quality Standard [QS132] Social Care for Older People with Multiple Long-Term Conditions:
https://www.nice.org.uk/guidance/qs132

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

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

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/collections/health-and-care-act-2022-adult-social-care-information-provisions

Gov.UK - Domestic Abuse Bill 2020: factsheets:
https://www.gov.uk/government/publications/domestic-abuse-bill-2020-factsheets

Health and Care Act 2022

https://www.gov.uk/government/collections/health-and-care-act-2022-adult-social-care-information-provisions

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, and individual supervision. External courses are sourced as required.