

SU04 – Adults Safeguarding Policy

Last Reviewed:	20/11/2023	Reviewed by:	Nicole Whent Angela Donohue
Scheduled review date:	All policies are reviewed annually or as per relevant legislation.		

1. Purpose

- To protect the Service User's right to live in safety, free from abuse and neglect.
- To set out the key arrangements and systems Dale Care has in place for safeguarding and promoting the welfare of adults at risk, to ensure compliance with local policies and procedures.
- To have a clear, well-publicised policy of zero-tolerance of abuse within the organisation.
- To support Dale Care in meeting the following Key Lines of Enquiry:

Key Question	Key Line of Enquiry (KLOE)
SAFE	S1: How do systems, processes and practices keep people safe and safeguarded from abuse?
SAFE	S2: How are risks to people assessed and their safety monitored and managed so they are supported to stay safe and their freedom is respected?
EFFECTIVE	E2: How does the service make sure that staff have the skills, knowledge and experience to deliver effective care and support?
EFFECTIVE	E7: Is consent to care and treatment always sought in line with legislation and guidance?

To ensure legal requirements are successfully met:

- Protection of Freedoms Act 2012 (Disclosure and Barring Service Transfer of Functions) Order 2012
- Serious Crime Act 2015 Section 76
- Domestic Violence, Crime and Victims Act 2004
- The Counter Terrorism and Security Act 2015
- The Modern Slavery Act 2015
- Anti-social Behaviour, Crime and Policing Act 2014
- The Criminal Justice and Courts Act 2015 Section 20-25
- Public Interest Disclosure Act 1998
- The Care Act 2014
- Care Quality Commission (Registration) Regulations 2009
- Equality Act 2010
- The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2014

- Human Rights Act 1998
- Mental Capacity Act 2005
- Safeguarding Vulnerable Groups Act 2006
- General Data Protection Regulation 2016
- Data Protection Act 2018
- UK GDPR

2. Scope

The following roles may be affected by this policy:

- All staff

The following people may be affected by this policy:

- Service Users

The following stakeholders may be affected by this policy:

- Family
- Advocates/Representatives
- Local Authority/ Commissioners
- NHS/External health professionals

3. Objectives

- To ensure that all staff working for, or on behalf of Dale Care, understand their responsibilities in relation to safeguarding adults at risk and know who to escalate concern to within Dale Care.
- To manage the safety and well-being of adults in line with the six principles of safeguarding.
- To identify lessons to be learned from cases where adults have experienced abuse or neglect.
- Dale Care aims to support and empower each adult to make choices, to have control over how they want to live their own lives, and to prevent abuse and neglect occurring in the future which is a key underpinning principle of Making Safeguarding Personal (MSP).

4. Policy

Dale Care recognises the definition of safeguarding as the actions taken to keep Service Users safe from harm and neglect. Dale Care and its employees understand the importance of working together in partnership to make sure that individual Service Users are safe through its collective and proactive approach to safeguarding.

Employees at Dale Care understand that the Service Users they support can be extremely vulnerable to abuse and neglect, especially if they have care and support needs. Abuse is a violation of an individual's human or civil right by any other person. It is where someone does something to another person, or to themselves, which puts them at risk of harm and impacts on their health and wellbeing.

Abuse can have a damaging effect on the health and wellbeing of Service Users; these effects may be experienced in the short and long term and sometimes can be lifelong.

Everybody has the right to live a life that is free from harm and abuse. Dale Care recognises that safeguarding adults at risk of abuse or neglect is everybody's business. Dale Care aims to ensure that all adults at risk of abuse or neglect are enabled to live and work, be cared for and supported in an environment free from abuse, harassment, violence or aggression. Dale Care's safeguarding policies and procedures will dovetail with the local multi-agency policy and procedures, which we understand take precedence over Dale Care's policy and procedures.

Dale Care aims to provide services that will be appropriate to the adult at risk and not discriminate because of disability, age, gender, sexual orientation, race, religion, culture, or lifestyle. We will make every effort to enable Service Users to express their wishes and make their own decisions to the best of their ability, recognising that such self-determination may well involve risk.

We will work with Service Users and others involved in their care, to ensure they receive the support and protection they may require; that they are listened to and treated with respect (including their property, possessions and personal information) and that they are treated with compassion and dignity.

Dale Care will follow the six principles as set out in guidance to the Care Act 2014 and this will inform practice with all Service Users:

- **Empowerment** – People being supported and encouraged to make their own decisions enabling informed consent by putting people first and helping those who lack mental capacity feel involved and informed
- **Prevention** – It is better to take action before harm occurs by responding quickly to suspected cases of abuse
- **Proportionality** – The least intrusive response appropriate to the risk presented by making sure what we do is appropriate to the situation and for the individual
- **Protection** – Support and representation for those in greatest need by supporting victims so they can take action
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse by sharing the right information in the right way
- **Accountability** – Accountability and transparency in delivering safeguarding by making sure all our staff have a clear role and an understanding of their duty of care in relation to our Service Users'

Dale Care understands the importance of working collaboratively to ensure that:

- The needs and interests of adults at risk are always respected and upheld
- The human rights of adults at risk are respected and upheld
- A proportionate, timely, professional and ethical response is made to any adult at risk who may be experiencing abuse
- All decisions and actions are taken in line with the Mental Capacity Act 2005

- Each adult at risk maintains:
 - Choice and control
 - Safety
 - Health
 - Quality of life
 - Dignity and respect

The signs of abuse are not always obvious, abuse and neglect take many forms and can lead to a violation of someone's human and civil rights by another person or persons.

Abuse can be physical, financial, verbal or psychological and can be the result of an act or a failure to act. It can happen when an adult at risk is persuaded into a financial or sexual exchange they have not consented to, or can't consent to. Abuse can occur in any relationship, it may result in significant harm or exploitation and a victim of abuse may not tell anyone what is happening to them and sometimes they may not even be aware they are being abused.

Some types of abuse are illegal, and in these cases adults who lack capacity, are protected by law the same as everyone else. If a member of staff suspects that a crime against a client has been committed, Dale Care will refer the matter to the police. Sometimes, an urgent referral is made for the safety of the adult at risk and/or to preserve evidence.

Our robust governance processes will make sure that staff working for and on behalf of Dale Care recognise and respond to the main forms of abuse which are set out in the Care Act 2014 Statutory Guidance Chapter 14, albeit this is not an exhaustive list it is an illustration as to the sorts of behaviour that could give rise to a safeguarding concern:

- Physical abuse, this includes assault, hitting, slapping, pushing, giving the wrong (or no) medication, restraining someone or only letting them do certain things at certain times
- Domestic violence, this includes psychological, physical, sexual, financial or emotional abuse. It also covers so-called 'honour' based violence
- Sexual abuse, this includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, taking sexual photographs, making someone look at pornography or watch sexual acts, sexual assault or sexual acts the adult didn't consent to or was pressured into consenting
- Psychological abuse, this includes emotional abuse, threats of harm or abandonment, depriving someone of contact with someone else, humiliation, blaming, controlling, intimidation, putting pressure on someone to do something, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or support networks
- Financial or material abuse, this includes theft, fraud, internet scamming, putting pressure on someone about their financial arrangements (including wills, property, inheritance or financial transactions) or the misuse or stealing of property, possessions or benefits

- Modern slavery, this covers slavery (including domestic slavery), human trafficking and forced labour. Traffickers and slave masters use whatever they can to pressurise, deceive and force individuals into a life of abuse and inhumane treatment
- Discriminatory abuse, this includes types of harassment or insults because of someone's race, gender or gender identity, age, disability, sexual orientation or religion
- Organisational abuse
- Neglect and acts of omission, this includes ignoring medical, emotional or physical care needs, failure to provide access to care and support or educational services, or not giving someone what they need to help them live, such as medication, enough nutrition and heating
- Self-neglect, this covers a wide range of behaviour which shows that someone isn't caring for their own personal hygiene, health or surroundings. It includes behaviour such as hoarding
- Cyber bullying
- Mate crime

Other forms of abuse

There are some things which might increase the risk of someone being abused:

- Records of the Service user being abused before, or records of suspected abuse.
- Other members of the Service Users' family being abused.
- Family tensions and conflicts.

Factors which have been shown to increase the chance of abuse include:

- a Service User being over 75 and female
- organic brain injury (lower mental function due to illness)
- cognitive impairment (someone having trouble with memory, thinking skills or making decisions)
- Having a physical, mental or emotional dysfunction, especially depression, recently losing a partner, not having friends or a social network, living alone, or not having contact with their children

Common signs and symptoms of abuse include:

- Unexplained changes in behaviour or personality - such as aggression, anger, hostility or hyperactivity
- Becoming withdrawn
- Seeming anxious, depressed or unusual fears, or a sudden loss of self-confidence
- Withdrawal from friends or usual activities
- Lacks social skills and has few friends, if any
- Poor bond or relationship with close family members
- Running away or going missing
- Sleep problems and nightmares

Hidden harms may also include:

- Exploitation

- County lines
- Forced marriage - honour based abuse (HBA)
- Female genital mutilation (FGM)
- PREVENT
- Radicalisation
- Gang violence
- Modern slavery

Dale Care is committed to the principles of Making Safeguarding Personal and aims to ensure that safeguarding is person-led and focused on the outcomes that Service Users want to achieve. We will engage Service Users in a conversation about how best to respond to their safeguarding situation in a timely way that enhances involvement, choice and control as well as improving quality of life, well-being and safety.

4.1 All Employee Responsibilities

Any employee that becomes aware of, or suspects, a safeguarding concern must report this to the local Dale Care office immediately. If a crime has been committed employees must not touch anything to preserve any evidence for the Police to investigate.

The member of staff taking the phone call must complete an electronic safeguarding report ensuring they have gathered as much information as possible, all sections must be completed fully with as much details as possible. All administration staff will receive training on how to complete the alerts form and guidance about the types of information required.

During office hours the alerts form should be passed to the Compliance Department. Outside of office hours the member of staff completing the alerts form must inform the relevant authorities and the Registered Manager.

4.2 Registered Manager and Compliance Team Responsibilities

- To conduct an initial information gathering exercise and try to establish the facts about the circumstances giving rise for concern
- To identify sources and level of risk
- To ensure information is recorded using the workflow process and to contact the relevant Local Authority Social Service Team informing them of the concern or harm
- If a Service User is at immediate risk of harm, the investigating officer will contact the Police.
- CQC must be notified of all actual or potential safeguarding concerns using the CQC portal
- In all cases of alleged harm, there will be early consultation between the investigating officer, local authorities, and the Police to determine whether or not a joint investigation is required. The relevant Power of Attorney, if one is appointed or the Service User's named advocate must be informed and kept updated. It is recognised that in dealing with incidents of potential harm, people have rights which must be respected and which may need to be balanced against each other whilst the wishes of the person harmed will be taken into account, the Local Authority safeguarding lead and CCS Head of Clinical Governance will support staff in determining the least intrusive most advantageous escalation route which is in the Service User's best interest and therefore must be notified of all actual and potential safeguarding events

- Documentation of any incidents of harm must be made in the Service User's file and where there are injuries body maps must be completed and recorded.
- Immediately report any incidents of abuse to the relevant parties
- Work in partnership with all relevant multi-agencies as per the Local Authority guidance
- Advise and support staff
- Ensure staff are trained to enhance knowledge
- Actively promote the “Whistleblowing” policies

4.3 Carer's Responsibilities

- Feel confident in their understanding of being able to recognise and report incidences of any actual or potential harm
- To report concerns of harm or poor practice that may lead to harm
- To remain up to date with mandatory safeguarding training
- To follow the policy and Dale Care’s escalation procedures
- To know how and when to use the whistleblowing procedures
- To understand the Mental Capacity Act and how to apply it in practice

4.4 General Principles

Dale Care have a robust recruiting and safer staffing policies in place to make sure that our staff are fit to work with adults at risk and are compliant with national safe recruitment and employment practices, including the requirements of the Disclosure and Barring Service.

The Registered Manager is responsible for embedding safeguarding practices and improving practice in line with national and local developments. The Compliance Team are responsible for safeguarding investigations and reports, each safeguarding will have a named lead. Any staff member who knows or believes that harm is occurring will report it to their line manager as quickly as possible, or if they feel they cannot follow the regular reporting procedure, they should use Dale Care's whistleblowing process.

Dale Care will work collaboratively with other agencies, including liaison in relation to the investigation of allegations and will ensure its procedures dovetail with local multi-agency procedures

Dale Care will use incident reporting, root cause analysis, lessons learned and auditing to determine themes to improve care practice

Dale Care have a learning and development strategy which specifically addresses adult safeguarding. We will provide training on the identification and reporting of harm, as well as training on the required standards in relation to procedures should something need to be reported

Dale Care recognises our responsibilities in relation to confidentiality and will share information appropriately

Dale Care has a zero tolerance on any form of harm against a Service User or those people involved with their well-being

Dale Care will work in partnership and cooperation with other agencies to ensure that any concerns or allegations of abuse are referred for investigation to the most appropriate agency

Dale Care will ensure that any action that is taken is assessed, is proportionate and reflective of risk presented to people who use the services

Dale Care will report any incidents in line with our regulatory requirements

Dale Care will adhere to the Code of Conduct for Care Workers

There is a clear well publicised Whistleblowing policy and procedure in place that staff know how to use

4.5 Prevention - Providing Information to Support Service Users

Dale Care will support Service Users by providing accessible, easy to understand information on what abuse is and what signs to look out for. This will include a Service Users' charter of rights which explains how to get help and support if they need it through the Care Plan process

All Service Users will receive a copy of the Service User's Handbook and have access to the Complaints Policy and Procedure and be given information on how to escalate any concerns to the Commissioner, the Regulator, advocacy or Local Government and Social Care Ombudsman should they not be satisfied with the approach taken by Dale Care.

4.6 Prevention - Raising Awareness

All Staff will need to be trained to understand the different patterns and behaviours of abuse as detailed in the Care Act Chapter 14 and Dale Care will ensure that they are able to respond appropriately.

Dale Care will ensure all staff are trained in and are familiar with the Whistleblowing Policy and Procedures for reporting concerns.

5. Procedure

5.1 Responding to Disclosure, Suspicion or Witnessing of Abuse

Where an adult at risk discloses or discusses potential abuse or harm the staff member should be able to:

- **Recognise:** Identify that the adult at risk may be describing abuse, even when they may not be explicit
- **Respond:** Stay calm, listen and show empathy
- **Reassure:** them that it will be taken seriously and explain that there is a duty to report the issues internally and what may happen next
- **Record:** Write up notes of the conversation clearly and factually as soon as possible
- **Report:** in a timely manner to the appropriate people and organisations

5.2 Responding to a Disclosure

Remember you are not investigating.

Do:

- Stay calm and try not to show shock
- Listen very carefully
- Be sympathetic
- Be aware of the possibility that medical evidence might be needed

Tell the person that:

- They did a good/the right thing in telling you
- You are treating the information seriously
- It was not their fault

Some people may simply be telling a story and not realise that they are subject to abuse. It is important for staff to keep this in mind and be thoughtful in their response. Explain that you must tell your line manager and, with their consent, your manager will contact the Local Authority Safeguarding Adults Team and/or the Police. The Registered Manager should be informed.

Dale Care will, in specific circumstances, need to contact the Adult Safeguarding Team without the Service Users consent but their wishes will be made clear throughout.

If a referral is made but the adult at risk is reluctant to continue with an investigation, record this and bring this to the attention of the Local Authority Safeguarding Adults Team. This will enable a discussion on how best to support and protect the adult at risk. However, a professional case discussion will still need to take place and should be recorded appropriately. Please note there are separate workflows for safeguarding where staff are involved and safeguarding's where staff are not involved.

5.3 Responding to Abuse or Neglect – What to do

Dale Care should ensure that staff:

- Address any immediate safety and protection needs
- Make an immediate evaluation of the risk and take steps to ensure that the adult is in no immediate danger
- Where appropriate, call 999 for the emergency services if there is a medical emergency, other danger to life or risk of imminent injury, or if a crime is in progress. Where a crime is suspected of being committed, leave things as they are wherever possible
- Summon urgent medical assistance from the GP or other primary healthcare service if there is any concern about the adult's need for medical assistance or advice. Carers can call the NHS 111 service for urgent medical help or advice when the situation is not life-threatening
- The adult may feel frightened, so the Carer should ask if they are to arrange for someone they feel comfortable with to stay with them
- Dale Care should consider if there are other adults or children with care & support needs who are at risk of harm, and take appropriate steps to protect them
- The Carer should consider supporting and encouraging the adult to contact the Police if a crime has been or may have been committed
- The Carer should contact their line manager as soon as possible to inform them of the incident or concern
- The Registered Manager should always be informed.

5.4 Decision-making Pre-Referral to the Local Authority Safeguarding Adults Team

The Registered Manager or Safeguarding Lead will usually lead on decision-making. Where such support is unavailable, consultation with the Operations Team should take place.

In the event that these are unavailable, seeking the advice of the Local Authority should be considered.

Staff should also take action without the immediate authority of a line manager:

- If discussion with the manager would involve delay in an apparently high-risk situation
- If the person has raised concerns with their manager and they have not taken appropriate action (whistleblowing)

Dale Care should ensure that staff are aware of local reporting procedures and timescales for raising adult safeguarding concerns.

5.5 Referral to the Adult Safeguarding Team

Employees should ensure that the Local Authority Safeguarding Adult referral process is followed and should collate the following information to assist with the referral.

The guidance can be accessed through the following links:

County Durham

<http://www.safeguardingdurhamadults.info/SiteCollectionDocuments/Safeguarding%20Adults%20Policy%20and%20Procedures%20March%202012.pdf>

Teesside

(Hartlepool, Stockton-on-Tees, Middlesbrough, Redcar & Cleveland Boroughs)

<https://www.tsab.org.uk/>

Gateshead

<http://www.gateshead.gov.uk/Health-and-Social-Care/Adult-Social-Care/Keeping-people-safe/Safeguarding-Adults/Safeguarding-adults-in-Gateshead.aspx>

Newcastle

<https://www.newcastle.gov.uk/social-care-and-health/safeguarding-and-abuse/safeguarding-information-professionals/newcastle-safeguarding-adults-board>

North Tyneside

<https://my.northtyneside.gov.uk/category/1033/safeguarding-adults>

South Tyneside

[South Tyneside Safeguarding Children and Adults Partnership \(STSCAP\) - South Tyneside Council](#)

Relevant Contacts

County Durham

Tel: 03000 267979
Text: 07786 027280
Minicom: 0191 375 2090
Email: scd@durham.gov.uk

Stockton on Tees

Emergency Duty Team: 08702 402994

Tel: 01642 527764 (*Monday to Thursday 8.30am-5.00pm and Friday 8.30am-4.30pm*)

Tel: 01642 524552 (*Outside of the above hours*)

Email: firstcontact@stockton.gov.uk

Address: Tithebarn House, High Newham Court, Hardwick, Stockton-on-Tees. TS19 8RH
Teesside Minicom: 01642 300381

Gateshead

Adult Social Care Direct

Tel: 01914337033

Hartlepool Borough Council

Civic Centre

Tel: 01429 284 284020

Email: dutyteam@hartlepool.gcsx.gov

Address: Victoria Road, Hartlepool, TS24 8AY

Newcastle

Tel: 0191 278 8377

Out of Hours Emergency Line: 0191 278 7878

Email: sda@newcastle.gcsx.gov.uk

Address: 2nd Floor, Allendale Road, Newcastle upon Tyne, NE6 2SZ

North Tyneside

Gateway Team

Tel: 0191 643 2777 (office hours) or 0191200 6800 (evenings and weekends).

Or complete a form on their website at:

<https://mycare.northtyneside.gov.uk/web/portal/pages/worriedadult#assess>

Address: North Tyneside Council, Cobalt Business Park, The Quadrant, 16 The Silverlink, Newcastle upon Tyne NE27 0BY

South Tyneside

Tel: 0191 424 6000 (office hours) or 0191 456 2093 (evenings and weekends).

Or complete a form on their website at:

<https://www.southtynesidesafeguardingapp.co.uk/resources/forms-leaflets-and-posters/#forms>

Police

Emergencies ring 999 / Non-emergencies ring 101

Local Authority Complaints Teams

County Durham

Complaints (Adult Social Care)

Quality Improvement Team, Children and Adults Services, Durham County Council, County Hall, Durham County Durham. DH1 5UG

Email: cascomplaints@durham.gov.uk

Tel: 03000 268 418

Stockton on Tees

Complaints (Adult Social Care)

Customer Care, Stirling House, Tedder Avenue, Thornaby, Stockton-on-Tees. TS17 9JP

Tel: 01642 527521

Or complete a form on their website at:

<http://www.stockton.gov.uk/adultservices/overview/howtomakeacommentcomplaintorcommendation/>

Gateshead

Complaints and Representations, Commissioning and Business Development, Civic Centre
Regent Street, Gateshead NE8 1HH

Email: enquiries.cbs@gateshead.gov.uk

Newcastle

2nd Floor, Allendale Road, Newcastle upon Tyne, NE6 2SZ

Tel: 0191 278 8377

Fax: 0191 278 8312

Email: sda@newcastle.gcsx.gov.uk

North Tyneside

Customer and Member Liaison Office

Tel: 0191 643 2280

Email: CMLO@northtyneside.gov.uk

Address: North Tyneside Council, Cobalt Business Park, The Quadrant, 16 The Silverlink N,
Newcastle upon Tyne NE27 0BY

South Tyneside

South Tyneside Council

Tel: 0191 427 7000

Email: complaints@southtyneside.gov.uk

Address: South Tyneside Council, Town Hall & Civic Offices, Westoe Road, South Shields,
Tyne & Wear, NE33 2RL

Online complaints form address: [Leave a complaint - South Tyneside Council](#)

Complaints Ombudsman

The Parliamentary and Health Service Ombudsman

Millbank Tower, Millbank, London, SW1P 4QP

Tel. 0345 015 4033

Care Quality Commission

The Care Quality Commission, Citygate, Gallowgate

Newcastle Upon Tyne, NE1 4PA

Tel. 03000 616161

The following referral information will also be required for some of the CQC notification of abuse documentation. The Investigation officer should use any up to date Care Plan information where possible and have the following information available where possible:

- Demographic and contact details for the adult at risk, the person who raised the concern and for any other relevant individual, specifically carers and next of kin
- Basic facts, focusing on whether or not the person has care and support needs including communication and ongoing health needs
- Factual details of what the concern is about; what, when, who, where?
- Immediate risks and action taken to address risk
- Preferred method of communication
- If reported as a crime: details of which police station/officer, crime reference number etc.
- Whether the adult at risk has any cognitive impairment which may impede their ability to protect themselves
- Any information on the person alleged to have caused harm
- Wishes and views of the adult at risk, in particular consent
- Advocacy involvement (includes family/friends)
- Information from other relevant organisations for example, the CQC
- Any recent history (if known) about previous concerns of a similar nature or concerns raised about the same person, or someone within the same household
- Names of any staff involved

5.6 Documenting a Disclosure

Employees must:

- Make a note of what the person actually said, using his or her own words and phrases
- Describe the circumstance in which the disclosure came about
- Note the setting and anyone else who was there at the time
- When there are cuts, bruises or other marks on the skin use a body map to indicate their location, noting the colour of any bruising
- Make sure the information the Carer writes is factual
- Use a pen with black ink so that the report can be photocopied
- Try to keep your writing clear
- Sign and date the report, noting the time and location
- Be aware that the report may be needed later as part of a legal action or disciplinary procedure

5.7 Informing Relevant Inspectorate

By law, Dale Care must notify the Care Quality Commission without delay, incidents of abuse and allegations of abuse, as well as any incident which is reported to or investigated by the Police

Dale Care must notify the CQC about abuse or alleged abuse involving a person(s) using the service, whether the person(s) is/are the victim(s), the abuser(s), or both

Dale Care must also alert the relevant local safeguarding authority when notification is made to the CQC about abuse or alleged abuse.

If a concern is received via Dale Care's whistleblowing procedure, Dale Care must inform the Local Authority Safeguarding Team and the CQC.

5.8 Strategy Meeting

Following the investigation or at any time during the process, a strategy meeting with all relevant agencies may be called in agreement or as dictated by the relevant Local Authority to make decisions about future action to address the needs of the individual

Any agency involved in the case may ask for a strategy meeting to be held but the final decision to hold a conference is with the Adult Social Care Safeguarding Adults Team Manager

Dale Care should ensure that they attend this meeting when invited and that all relevant information about the incident is available.

5.9 Involve the Service User Concerned Throughout the Process

The process of the enquiry should be explained to the Service User at all levels in a way they will understand and their consent to proceed with the enquiry should be obtained, as per Care Act 2014.

Arrangements should be made to have a relative, friend or independent advocate present if the person so desires. The relative, friend or independent advocate should not be a person suspected of being in any way involved or implicated in the abuse

A review of a Service User's Care Plan should be undertaken to ensure individualised support following the incident

The individual should be supported by the service to take part in the safeguarding process to the extent to which they wish, or are able to, do having regard to their decisions and opinions, and they should be kept informed of progress

5.10 Desired Outcomes Identified by the Adult

The desired outcomes of the adult at risk of neglect and abuse should be obtained from the onset of the initial safeguarding referral. This is the responsibility of the Registered Manager who will continue to notify the adult at risk of all actions taken and potential agreed outcomes

The Registered Manager will continue to liaise with the Local Authority and other professionals to ensure that information to be shared is agreed.

The Registered Manager will:

- Ensure that the outcome is achievable
- Manage any expectations that the adult at risk may have
- Give focus to the enquiry
- Ensure that staff support adults at risk of abuse or neglect to think in terms of realistic outcomes, but should not restrict or unduly influence the outcome that the adult would like. Outcomes should make a difference to risk, and at the same time satisfy the person's desire for justice and enhance their well-being

- Understand that the adult's views, wishes and desired outcomes may change throughout the course of the enquiry process
- Promote an on-going dialogue and conversation with the adult to ensure their views and wishes are gained as the process continues, and enquiries are re-planned should the adult change their views
- That the Service User is informed of the outcome of any investigation, with previous guidance from the Local Authority Adult Safeguarding Team before any outcome is shared.

5.11 Disclosure and Barring Service (DBS) Referral

There is a statutory requirement for providers of Care to refer workers to the DBS for inclusion on the DBS Vetting and Barring scheme list if they consider that the person is guilty of misconduct such that an adult at risk was harmed or placed at risk of harm. This requirement covers both existing employees and those who leave their employment, and whose conduct comes to light at a later date.

DBS referrals will be made by the Registered Manager or nominated deputy.

5.12 Consent

When reporting information that directly concerns the safety of an adult at risk of abuse or neglect, it is important to seek consent from the Service User (Care Act 2014). If a Service User declines consent you must respect their wishes unless, in your judgement based on the facts available, you feel that not disclosing the information could result in harm to the either the Service User or someone else. In situation where you have concerns and consent is declined you must discuss this with either the Registered Manager or a member of the compliance team who will decide on the most appropriate course of action.

Informing the Service User of your concerns and your referral is good practice unless it would put you or your colleagues at risk or it would put the adult at further risk. In this instance you must inform the Registered Manager or a member of the compliance team that you have not sought consent from the Service User and outline the reasons why.

When reporting to a local authority allegations or concerns about an adult at risk of harm, the Local Authority must be informed whether the Service User is aware of the report. In reporting all suspected or confirmed cases of harm, an employee has a responsibility to act in the best interest of the Service User but still operate within the relevant legislation and the parameters of the codes and standards of their practice

5.13 Confidentiality and Information Sharing

In seeking to share information for the purposes of protecting adults at risk of abuse or neglect, Dale Care is committed to the following principles:

- Personal information will be shared in a manner that is compliant with our statutory responsibilities
- Adults at risk of abuse or neglect will be fully informed about information that is recorded about them and as a general rule, be asked for their permission before information about them is shared with colleagues or another agency. However, there may be justifications to override this principle if the adult or others are at risk

- Staff will receive appropriate training on Service User confidentiality and secure data sharing
- The principles of confidentiality designed to protect the management interests of Dale Care must never be allowed to conflict with those designed to promote the interests of the adult at risk
- Staff will follow Dale Care's policy on UK GDPR, Data Protection and Confidentiality and comply with the Caldicott principles

5.14 Pressure Ulcers

Dale Care must follow local safeguarding reporting requirements with regards to pressure areas. Pressure ulcers are costly in terms of both Service User suffering and the use of resources. If the pressure ulcer is believed to have been caused by neglect, it must be reported as an adult safeguarding concern whether the pressure ulcer was acquired in a hospital, care setting or the Service User's own home. Dale Care must ensure that staff read and follow [Safeguarding Adults Protocol Pressure Ulcers](#), seeking advice and further guidance where required.

Where Service Users are new to the service, any pressure ulcers must be documented on a body map and reported in line with safeguarding procedures. Treatment must also be sought from the GP.

5.15 Medication Errors

Dale Care must follow local safeguarding reporting procedures for medication errors and ensure that notifications are made to the CQC in line with statutory requirements. Dale Care will have an open and transparent approach to medication incidents and will ensure that staff understand their Duty of Candour responsibilities.

5.16 Abuse of Trust

A relationship of trust is one in which one person is in a position of power or influence over the other person because of their work or the nature of their activity. Any allegation against a person who works with adults with care and support needs must be reported immediately to the Registered Manager.

Where the person who is alleged to have caused the abuse or neglect has a relationship of trust with the adult at risk because they are; a member of staff, a paid employee, a paid carer, a volunteer or a manager, Dale Care may invoke disciplinary procedures for employed staff as well as taking action in line with this policy. Dale Care will ensure a referral is made to the Disclosure and Barring Service if an employee is found to have caused harm to an individual

If the person who is alleged to have caused the harm is a member of a recognised professional group, Dale Care will act under the relevant code of conduct for the profession as well as taking action under this policy

Where the person alleged to have caused the harm or neglect is a volunteer or a member of a community group, Dale Care will work with adult social services to support any action under this policy

Where the person alleged to have caused the harm is a neighbour, a member of the public, a stranger or a person who deliberately targets adults at risk of abuse or neglect, in many cases the policy and procedures will be used to ensure that the adult at risk receives the services and support that they may need

In all cases, issues of consent, confidentiality and information sharing will be considered

5.17 Allegations Against People Who Are Relatives or Friends

There is a clear difference between unintentional harm caused inadvertently by a relative or friend and a deliberate act of either harm or omission, in which case the same principles and responsibilities for reporting to the police apply. In cases where unintentional harm has occurred this may be due to lack of knowledge or due to the fact that the relative's own physical or mental needs make them unable to care adequately for the adult at risk. The relative may also be an adult at risk. In this situation the aim is to protect the adult from harm, work to support the relative to provide support and to help make changes in their behaviour in order to decrease the risk of further harm to the person they are caring for. A carer's assessment should take into account a number of factors and a referral to the Local Authority should be made as part of the safeguarding process.

5.18 Whistleblowing

Whistleblowing is an important aspect of the support and protection of adults at risk of abuse or neglect where staff are encouraged to share genuine concerns about a colleague's behaviour. Their behaviour may not be related to an adult at risk, but they may not be following the code of conduct or could be pushing boundaries beyond normal limits or displaying conduct which is a breach of the law, conduct which compromises health and safety or conduct which falls below established standards of practice with adults at risk of abuse or neglect.

Dale Care has clear Whistleblowing policies and processes in place which staff are frequently reminded about, and they must be familiar with and understand how to escalate and report concerns.

5.19 Abuse by Another Adult at Risk

We recognise that we may also have responsibilities towards the person causing the harm, and certainly will have if they are both in a care setting or have contact because they attend the same place (for example, a day centre). The person causing the harm may themselves be eligible to receive an assessment. In this situation, it is important that the needs of the adult at risk who is the alleged victim are addressed separately from the needs of the person causing the harm. A referral to the Local Authority Gateway Team will be made in order to reassess the adult allegedly causing the harm.

5.20 Self-Neglect and Refusal of Care

Dale Care should ensure that staff understand the importance of delivering care as detailed in the Care Plan. Where a Service User refuses care this should always be documented. Where refusal occurs repeatedly it should be escalated by Dale Care as a safeguarding concern and a request for a review of the Service User's care should be instigated.

5.21 Abuse and Sexual Safety

We recognise that culture, environment and processes support a Service User's sexuality and keep them and staff safe from sexual harm. As such, Dale Care will ensure that sexuality is discussed as part of the care planning process and is addressed positively to support people to raise concerns where necessary.

5.22 Mandatory Reporting of Female Genital Mutilation (FGM)

Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act 2003 ('the 2003 Act').

Dale Care has a mandatory duty to report known cases of FGM in under 18-year-olds to the police via the non-emergency number 101. 'Known' means that you have either visually identified that FGM has been carried out, or you have had direct verbal disclosure from the person affected.

Other ways to report FGM include:

- The national FGM helpline on 0800 028 3550
- The social care team at your local council
- Crimestoppers, confidentially and anonymously

5.23 Self-Funding Service Users

People who fund their own Care arrangements are legally entitled to receive support if subject to abuse or neglect in exactly the same way as those supported or funded by the Local Authority. They are also entitled to the protections of the Deprivation of Liberty Safeguards process.

5.24 Risk Assessment and Management

Achieving a balance between the right of the individual to control their care package and ensuring adequate protections are in place to safeguard well-being is a very challenging task. The assessment of the risk of abuse, neglect and exploitation of Service Users should be integral in all assessment and planning processes.

Assessment of risk is dynamic and ongoing, especially during the adult safeguarding process, and should be reviewed throughout so that adjustments can be made in response to changes in the levels and nature of risk.

5.25 Audit and Compliance

It is essential that the implementation of this policy and associated procedures is audited to ensure that Dale Care is doing all it can to safeguard those people receiving its services. The audit of this policy will be completed through a systematic audit of:

- Recruitment procedures and Disclosure and Barring Checks
- Audits of incident reporting, frequency and severity
- Audit of training processes, including reviews of uptake of training and evaluations

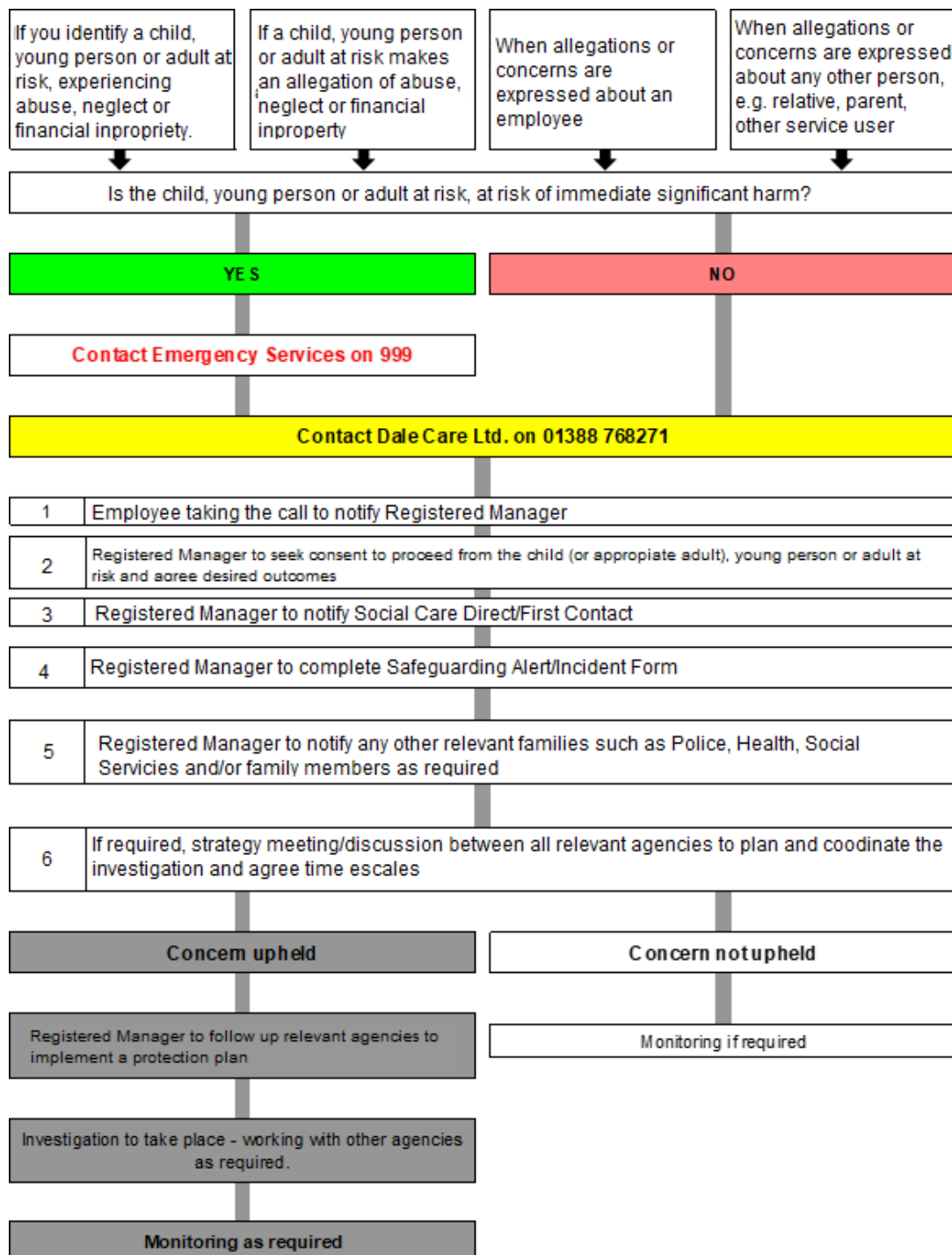
Safeguarding concerns and incidents will be reviewed by the Registered Manager and Operations Team during regular Compliance Meetings as part of root and cause analysis with the following terms of reference:

- Review incident themes
- Reports from the Lead responsible for Safeguarding within Dale Care

- Look in detail at specific cases to determine learning or organisational learning
- Ensure implementation of the Safeguarding policy and procedure

6. Procedure for Safeguarding Referrals

The following charts represents a general standard procedure for Dale Care safeguarding referrals. Please note that each location has its own Standard Operating Procedures, in case you need further details please request a copy to your local office.



7. Definitions

Enquiry	<p>An enquiry is any action that is taken (or instigated) by a local authority, under Section 42 of the Care Act 2014, in response to indications of abuse or neglect in relation to an adult with care and support needs who is at risk and is unable to protect themselves because of those needs.</p> <p>An enquiry can also refer to similar action but not undertaken under Section 42. It should establish whether any action needs to be taken to prevent or stop abuse or neglect and if so, by whom</p>
Care/Support Needs	<p>According to the Care Act 2014; an older person, a person with a physical disability, a learning difficulty or a sensory impairment, someone with mental health needs, including dementia or a personality disorder, a person with a long-term health condition, someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living</p>
Safeguarding	<p>Safeguarding means protecting an adult’s right to live in safety, without suffering abuse and or neglect. It is multi-agency in approach to prevent and stop both the risks and experience of abuse or neglect, whilst supporting the adult’s well-being including their views, wishes, feelings and beliefs on the action to be taken where possible</p>
Investigation	<p>Investigation is a process that focuses on gathering “good evidence” that can be used as a basis for the decision as to whether or not abuse has occurred. It must be a rigorous process and the evidence must be capable of withstanding close scrutiny, as it may later be required for formal proceedings</p>
Referral	<p>Referral is when information regarding a possible safeguarding incident is passed on to another person for their direction. In the case of this policy, from the Provider to the Adult Social Care Team. Sometimes this may be referred to as 'reporting'</p>
Well-being	<p>The Care Act 2014 defines well-being as: 'in relation to an individual, means that individual’s well-being so far as relating to any of the following':</p> <ul style="list-style-type: none"> • Personal dignity (including treatment of the individual with respect) • Physical and mental health and emotional well-being • Protection from abuse and neglect • Control by the individual over their day-to-day life (including over care and support provided to the individual and the way in which it is provided) • Participation in work, education, training or recreation • Social and economic well-being • Domestic, family and personal relationships • Suitability of living accommodation • The individual’s contribution to society
Multi-agency	<p>More than one agency coming together to work for a common purpose. This could include partners of the Local authority such as: NHS England CCGs, NHS trusts and NHS foundation trusts, Department for Work and Pensions, the police, prisons, probation services, and/or other agencies such as general practitioners, dentists, pharmacists, NHS hospitals, housing, health and care providers</p>

Caldicott Principles	The Caldicott Principles were developed in 1997 following a review of how patient information is protected and only used when it is appropriate to do so. Since then, when deciding whether they needed to use information that would identify an individual, an organisation should use the Principles as a test. The Principles were extended to adult social care records in 2000. The Principles were revised in 2013
Abuse	Abuse includes physical, sexual, emotional, psychological, financial, material, neglect, acts of omission, discriminatory and organisational abuse. The types and behaviours of abuse are documented in the Care Act Statutory Guidance Chapter 14.
Adults at Risk of abuse or neglect	An adult who may be at risk of abuse or maltreatment is deemed to be someone aged 18 or over, who is in an area and: <ul style="list-style-type: none"> i. Has needs for care and support (whether or not the authority is meeting any of those needs); ii. Is experiencing, or is at risk of, abuse or neglect; and iii. As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.
Concern	A concern may be any worry about an adult who has, or appears to have care and support needs, who is subjected to, or may be at risk of abuse or neglect, and who may be unable to protect themselves from the abuse or neglect or risk of it. A concern may be raised by anyone, and can be: <ul style="list-style-type: none"> • A direct or passive disclosure by the adult at risk • A concern raised by staff, volunteers, others using the service, a carer or a member of the public • An observation of the behaviour of the adult at risk, of the behaviour of another person(s) towards the adult at risk, or of one Service User towards another • Patterns of concerns or risks that emerge through reviews, audits and complaints or regulatory inspections or monitoring visits
Making Safeguarding Personal	Making Safeguarding Personal is about person-centred and outcome-focussed practice. It is how professionals are assured by adults at risk that they have made a difference to people by taking action on what matters to people, and is personal and meaningful to them
Modern Slavery	Modern Slavery encompasses slavery, human trafficking, debt bondage, 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
Significant Harm	Significant harm is not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health, and the impairment of physical, intellectual, emotional, social or behavioural development
Enquiry Planning / Strategy Meeting	Enquiry Planning / Strategy Meeting or discussion is a multi-agency discussion between relevant organisations involved with the adult at risk to agree how to proceed with the referral. It can be face to face, by telephone or by email

<p>Honour-Based Violence</p>	<p>The terms 'honour crime', 'honour-based violence', and 'izzat' embrace a variety of crimes of violence (mainly but not exclusively against women), including physical abuse, sexual violence, abduction, forced marriage, imprisonment and murder where the person is being punished by their family or their community. They are punished for actually, or allegedly, 'undermining' what the family or community believes to be the correct code of behaviour. In transgressing this, the person shows that they have not been properly controlled to conform by their family and this is to the 'shame' or 'dishonour' of the family. 'Honour crime' may be considered by the perpetrator(s) as justified to protect or restore the 'honour' of a family</p>
<p>Hate Crime</p>	<p>Hate (Mate) Crime - A disability hate crime is: “Any criminal offence which is perceived, by the victim or any other person, to be motivated by a hostility or prejudice based on a person’s disability or perceived disability.” Incidents can include:</p> <ul style="list-style-type: none"> • Physical attacks such as physical assault, damage to property, offensive graffiti and arson • Threat of attack including offensive letters, abusive or obscene telephone calls, groups hanging around to intimidate, and unfounded, malicious complaints • Verbal abuse, insults or harassment - taunting, offensive leaflets and posters, abusive gestures, dumping of rubbish outside homes or through letterboxes, and bullying at school or in the workplace

Types of Abuse	Types of Behaviors
<p>Physical abuse</p>	<p>Assault, hitting, slapping, pushing, misuse of medication, restraint, inappropriate physical sanctions</p>
<p>Sexual abuse</p>	<p>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</p>
<p>Financial or material abuse</p>	<p>Theft; fraud or exploitation; pressure regarding wills, property, or inheritance; misuse of property, possessions or benefits.</p>
<p>Modern Slavery</p>	<p>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</p>
<p>Domestic Violence and Abuse</p>	<p>Psychological, physical, sexual, financial, emotional abuse, ‘honour’ based violence</p>
<p>Neglect</p>	<p>Ignoring medical or physical care needs; preventing access to health, social care, or educational services; withholding the necessities of life, such as food, drink, or heating.</p>
<p>Discriminatory abuse</p>	<p>Including forms of harassment, slurs or similar treatment: because of race, gender and gender identity, age, disability, sexual orientation or religion</p>

Organisational abuse	Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organization
Self- Neglect	This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding
Psychological abuse	Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks

8. Further information

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