



Safeguarding Vulnerable Adults

1. Background

This policy has been developed to safeguard residents and people who use Abbeyfield The Dales (ATD) services from suffering any form of abuse or improper treatment. Abbeyfield The Dales has a zero-tolerance approach to abuse and neglect and will ensure all staff and volunteers are clear about their duty to safeguard the people they support from abuse and neglect and know what actions to take if they suspect or witness any form of abuse or improper treatment.

2. Objectives

ATD is committed to providing services that enhance the quality of life for older people and developing services that will meet the needs of future generations. This commitment is based on the Mission and Values of ATD. ATD will also comply with all relevant and current legislation.

Abbeyfield The Dales residents and people who use Abbeyfield The Dales services have the right to live their lives free from any form of abuse or improper treatment and the aim of this policy is to ensure:

- Abbeyfield The Dales staff and volunteers work vigilantly to safeguard residents and people who use Abbeyfield The Dales services and to prevent any form of abuse or improper treatment;
- Any concerns involving suspected or actual abuse or improper treatment of any resident or person using Abbeyfield The Dales services will be taken extremely seriously and will be dealt with in accordance with robust safeguarding procedures; and
- Abbeyfield The Dales complies with all relevant legislation and regulations and works in partnership with other relevant bodies and agencies about all safeguarding matters.

3. Scope

All established staff, agency staff and volunteers working for Abbeyfield The Dales in both housing and care services, divisionally and nationally.

The following terms used throughout this policy should be understood as follows:

- **Manager** – Registered Manager of a CQC registered care service providing a regulated activity; Senior House Manager or House Manager in a housing service.
- **Resident** – all those who live in Abbeyfield The Dales accommodation and/or use Abbeyfield The Dales services.
- **Staff** – all those employed by Abbeyfield The Dales; volunteers; agency workers.

4. Policy

On 1st April 2015 the Care Act 2014 came into force and Sections 42 to 46 of the Act updated adult safeguarding in England. It introduced new adult safeguarding guidance which replaced “No Secrets” in its entirety.

New safeguarding duties apply to an adult who:

- Has need for care and support (if the local authority is meeting any of those needs); and
- Is experiencing, or at risk of, abuse or neglect; and because of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case and, if so, what and by whom. This duty is detailed in Section 42 of the legislation hence it is referred to as an S42 Enquiry.

The safeguarding duties have a legal effect in relation to organisations other than the local authority, for example the NHS and the Police. All local authorities will update their multi-agency safeguarding arrangements to reflect these changes.

Local authority statutory adult safeguarding duties apply equally to those adults with care and support needs regardless of whether those needs are being met, regardless of whether the adult lacks mental capacity or not, and regardless of setting.

4.1. The Care Act 2014

The changes introduced in April 2015 are fully detailed in the Department of Health Care and Support Statutory Guidance issued under the Care Act 2014. Chapter 14 covers Adult Safeguarding, which replaces previous guidance and Abbeyfield The Dales safeguarding policies and procedures, reflect this guidance.

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

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted. This includes, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

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

4.1.2. The Care Act requires that each authority must:

- Make enquiries or cause others to do so if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so by whom;
- Set up a Safeguarding Adults Board (SAB);
- Arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR) where the adult has substantial difficulty in being involved in the process and where there is no other suitable person to present and support them; and
- Co-operate with each of its relevant partners to protect the adult. In their turn each relevant partner must co-operate with the local authority.

4.2. Aims of Adult Safeguarding

The aims of adult safeguarding are to:

- Stop abuse or neglect wherever possible;
- Prevent harm and reduce the risk of abuse or neglect towards adults with care and support needs;

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

To achieve these aims, Abbeyfield The Dales will:

- ensure that everyone is clear about their roles and responsibilities;
- work co-operatively as part of local multi-agency partnerships to facilitate timely and effective prevention of and responses to abuse or neglect;
- support the development of a positive learning environment at all levels; and
- Actively work with relevant external and professional regulatory bodies to ensure appropriate action is taken if staff have engaged in or are suspected of engaging in abusive behaviour.

This could in some circumstances include challenging the decision of the external body. Where possible, we will openly share with residents, their relatives and their representatives the outcomes of these actions. Before any referral to any professional or regulatory bodies, managers should ensure that they have all the relevant evidence in relation to any incident. This should include speaking to residents, their relatives and their representatives. If appropriate, Abbeyfield The Dales should also provide support to residents, their relatives and representatives to pursue engagement with external regulatory and professional bodies.

4.3. Key Principles of Safeguarding

The following six principles apply to all sectors and settings including housing and care and support services. These principles will inform the ways in which we work with residents.

4.3.1. 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".

4.3.2. Prevention

It is better to act 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".

4.3.3. Proportionality

The least intrusive response appropriate to the risk presented.

"I am sure that the professionals will work in my interests as I see them and they will only get involved as much as needed".

4.3.4. Protection

Support and representation for those in greatest need.

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

4.3.5. 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".

4.3.6. Accountability

Accountability and transparency in delivering safeguarding.

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

4.4. Types of Abuse and Neglect

The following is a list of the different types and patterns of abuse and neglect and the different circumstances in which they may take place. This is not intended to be an exhaustive list but an illustrative guide as to the sort of behaviour which could give rise to a safeguarding concern:

4.4.1. Physical Abuse

Including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

4.4.2. Domestic Violence

Including psychological, physical, sexual, financial, emotional abuse and so called 'honour' based violence.

4.4.3. Sexual Abuse

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

4.4.4. 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.

4.4.5. Financial or Material Abuse

Including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including about wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

4.4.6. 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.

4.4.7. Discriminatory Abuse

Including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

4.4.8. 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 ongoing ill-treatment. It can be through neglect or poor professional practice because of the structure, policies, processes and practices within an organisation.

4.4.9. Neglect and Acts of Omission

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

4.4.10. 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.

Incidents of abuse may be multiple or one-offs and affect one person or more. Repeated instances of poor care may be an indication of more serious problems and of what we now describe as organisational abuse. To see these patterns, it is important that information is recorded and appropriately shared.

Patterns of abuse vary and include:

- Serial abuse in which the perpetrator seeks out and 'grooms' individuals. Sexual and some forms of financial abuse sometimes falls into this pattern;
- Long-term abuse in the context of an ongoing family relationship such as domestic violence between spouses or generations or persistent psychological abuse; or
- Opportunistic abuse such as theft occurring because money or jewellery has been left lying around.

4.4.11. Financial Abuse

Financial abuse is the main form of abuse identified by the Office of the Public Guardian both amongst adults and children at risk. Financial recorded abuse can occur in isolation, but as research has shown, where there are other forms of abuse, there is likely to be financial abuse occurring. Although this is not always the case, everyone should also be aware of this possibility.

Where the abuse is by someone who has the authority to manage an adult's money, the relevant body should be informed, for example, the Office of the Public Guardian for Deputies and Department for Work and Pensions (DWP) in relation to appointees.

4.5. Information Sharing and Confidentiality

Sharing the right information, at the right time, with the right people is fundamental to good practice in adult safeguarding but has been highlighted as a difficult area of practice.

The Care Act 2014 s45 'supply of information' duty covers the responsibilities of others to comply with requests for information from the Safeguarding Adults Board. Sharing information between organisations as part of day-to-day safeguarding practice is already covered in the common law duty of confidentiality, the Data Protection Act, the Human Rights Act and the Crime and Disorder Act. The Mental Capacity Act is also relevant as all those meeting adults with care and support needs should be able to assess whether someone has the mental capacity to decide concerning risk, safety or sharing information.

Organisations need to share safeguarding information with the right people at the right time to:

- Prevent death or serious harm;

- Coordinate effective and efficient responses;
- Enable early interventions to prevent the escalation of risk;
- Prevent abuse and harm that may increase the need for care and support;
- Maintain and improve good practice in adult safeguarding;
- Reveal patterns of abuse that were previously undetected and that could identify others at risk of abuse;
- Identify low-level concerns that may reveal people at risk of abuse;
- Help people to access the right kind of support to reduce risk and promote wellbeing;
- Help identify people who may pose a risk to others and, where possible, work to reduce offending behaviour; and
- Reduce organisational risk and protect reputation.

Adults have a general right to independence, choice and self-determination including control over information about themselves. In the context of adult safeguarding these rights can be overridden in certain circumstances such as emergency or life-threatening situations.

The law does not prevent the sharing of sensitive, personal information **within** organisations. If the information is confidential but there is a safeguarding concern, sharing it may be justified. In addition, the law does not prevent the sharing of sensitive, personal information **between** organisations where the public interest served outweighs the public interest served by protecting confidentiality – for example, where a serious crime may be prevented.

The Data Protection Act enables the lawful sharing of information.

Staff cannot give a personal assurance of confidentiality and should always report safeguarding concerns to their line manager in the first instance except in emergency situations. However, it is good practice to try to gain the person's consent to share information and if it does not increase risk, practitioners should inform the person if they need to share their information without consent.

Any approach from the press or media will be referred to the relevant department based at The Abbeyfield Society's national office in St Albans and any press statements will not give out or imply any personal details.

4.6. The Fundamental Standards

On 1st April 2015 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 came into force. The regulations apply to all registered persons (providers and managers) registered with the Care Quality Commission (CQC) that carry out regulated activities. Part 3 of these new regulations has two sections: Section 1 describes the requirements relating to persons carrying out or managing a regulated activity. Section 2 introduces the fundamental standards below which the provision of regulated activities and the care people receive must never fall. The fundamental standards replace the Essential Standards of Quality and Safety. Regulation 13: Safeguarding Service Users from Abuse and Improper Treatment governs safeguarding arrangements to protect people from abuse and covers discrimination or unlawful restraint, which includes inappropriate deprivation of liberty under the terms of the Mental Capacity Act 2005.

4.6.1. Duty of Candour

The duty of candour, which is part of the fundamental standards, applied to NHS providers from October 2014 and was extended to include all other providers from April 2015. The duty of candour requires providers to be open and transparent with people who use their services about their care and treatment, including when it goes wrong.

4.7. Preventing Abuse

It is essential to recognise the importance of preventing abuse and neglect wherever possible. Observant staff making early, positive interventions with individuals and families can make a huge difference to their lives, preventing the deterioration of a situation or breakdown of a support network. It is often when people become increasingly isolated and cut off from families and friends that they become extremely vulnerable to abuse and neglect. Robust risk management processes can prevent concerns escalating to a crisis point and requiring intervention under safeguarding.

The principles of good practice will be observed always, and residents will be central to all we do.

Residents have a right to:

- Have their privacy respected and be treated with dignity;
- Be valued and recognised as unique individuals;
- Have control over their lives and matters which affect them;
- Be as independent as possible; and
- Make informed choices about the care and support they receive.

Each resident's care plan (in care services) and My Life Plan (in housing) will include a comprehensive assessment of their needs, including any known risks. Actions to prevent or reduce known risks will be clearly recorded and acted upon.

We will make information available to residents and their families, and to staff and volunteers, about internal and external safeguarding policies and procedures. We will also ensure residents have information about, and access to, local advocacy services. We will also support and assist residents, their relatives and representatives if they choose to refer a case to a relevant professional body or regulator.

Residents and visitors will have access to Abbeyfield The Dales Complaints Procedure.

Abbeyfield The Dales will ensure robust recruitment procedures are in place and that all staff and volunteers are properly vetted, to include DBS checks, to ensure they are suitable to work with older people

All staff will receive safeguarding training that is commensurate with their role and this will be a mandatory requirement. The performance of each member of staff will be properly monitored and reviewed through the formal processes of appraisal and supervision.

Each Manager will foster an open and inclusive management style that encourages people to voice any concerns and will ensure people know that their concerns, however minor, will be taken seriously and acted upon.

4.8. Roles & Responsibilities

All staff are individually responsible for preventing, identifying and responding to abuse. To respond appropriately where abuse or neglect may be taking place, anyone in contact with the adult, whether in a volunteer or paid role, must understand their own role and responsibility and have access to practical and legal guidance, advice and support. This will include understanding local multi-agency policies and procedures and attending training commensurate with their role. Employees must understand that this policy is also incorporated into their contract of employment.

4.8.1. Front Line Staff

Operational front-line staff are responsible for preventing, identifying and responding to allegations of abuse and substandard practice. Staff at operational level need to share a common view of what types of behaviour may be abuse or

neglect and what to do as an initial response to a suspicion or allegation that someone is being, or is at risk of being, abused or neglected.

4.8.2. Housing and Care Services/Residential and Supported Living Managers

The Manager of each service is responsible for ensuring that this policy is fully implemented and for ensuring all staff receive appropriate support, advice, guidance and training which is updated regularly.

The Manager should raise any queries about the application or interpretation of this policy with their line manager. Unless directly involved in the incident, the Manager should ensure that residents, their relatives and representatives are kept informed of any actions arising from the safeguarding incident. If the Manager is directly involved then the responsibility for keeping the resident, their relatives or representatives informed will rest with the relevant Senior Manager.

4.8.3. Senior Managers

Senior Managers are responsible for monitoring the quality of service provision and the implementation of safeguarding policies and procedures. Senior Managers should have an oversight of all safeguarding incidents including any referrals to external regulatory or professional bodies. Where a case is being investigated by a Local Authority Safeguarding panel responsibility for informing residents, their relatives and representatives will formally rest with the Safeguarding Panel. However, if needed, the Manager involved will offer support to residents, their relatives and representatives.

4.8.4. Chief Executive

The Chief Executive (CE) is responsible for ensuring that Abbeyfield The Dales safeguarding policies and procedures are effective in minimising abuse and safeguarding residents from harm. The CE will ensure that safeguarding policies and procedures are regularly reviewed and updated and that changes are effectively communicated throughout the organisation. The CE will ensure there are suitable systems in place to monitor the effectiveness of safeguarding arrangements and that where things go wrong, lessons are learned to ensure any mistakes are not repeated.

4.9. Disclosure and Barring Service (DBS)

The Safeguarding Vulnerable Groups Act 2006 provides the legislative framework for a vetting and barring scheme for people who work with children or vulnerable adults.

The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children.

The DBS is responsible for:

- Processing requests for criminal records checks;
- Deciding whether it is appropriate for a person to be placed on or removed from a barred list; and
- Placing or removing people from the DBS children's barred list and adults' barred list for England, Wales and Northern Ireland.

All Abbeyfield The Dales staff and volunteers are required to have an Enhanced criminal record check from the DBS before commencing employment or volunteering and to have a new check carried out every three years.

Through referrals to the DBS, workers who have harmed a resident, or placed a resident at risk of harm, are banned from working in a care position with vulnerable groups. The barred lists apply to those working or volunteering in regulated activities. Regulated activity

providers include registered care homes, staff agencies, domiciliary care agencies and adult placement schemes.

If someone is removed by being either dismissed or redeployed to a non-regulated activity from their role providing a regulated activity following a safeguarding incident, or a person leaves their role (resignation, retirement) to avoid a disciplinary hearing following a safeguarding incident and Abbeyfield The Dales feels they would have dismissed the person based on the information they hold, then Abbeyfield The Dales has a legal duty to refer to the Disclosure and Barring Service. If an agency has provided the person, then the legal duty sits with that agency. In circumstances where these actions are not undertaken then the local authority can make such a referral.

NB: The term ‘vulnerable adult’ has been amended as it was felt to be inappropriate to label an adult as vulnerable solely due to their circumstances, age or disability. In general terms, an adult (a person aged 18 or over) is classed as vulnerable when they are receiving one of the following services:

- Health care;
- Relevant personal care;
- Social care work;
- Assistance in relation to general household matters because of age, illness or disability; and
- Relevant assistance in the conduct of their own affairs or Conveying (due to age, illness or disability in prescribed circumstances).

4.10. Whistleblowing (Public Interest Disclosure)

Staff are strongly encouraged to act, and report concerns if they suspect a resident is being abused, regardless of who the perpetrator is. Abbeyfield The Dales respects those who stand up for anyone who they suspect or know is being abused and staff are assured that they will not be victimised or treated unfairly because of reporting malpractice.

If a member of staff feels unable to report concerns to the Manager for whatever reason, they should disclose their concerns to the Manager’s line manager. The law (Public Interest Disclosure Act 1998) protects anyone making certain disclosures in the public interest. Staff should refer to ATD’s **Whistleblowing Policy** for further information.

5. Finance, Value for Money & Social Value

N/A

6. Supported Appendices

APPENDIX 1: Responding to Adult Safeguarding Concerns – a summary of what to do

APPENDIX 2: Referral Pathways for a Safeguarding Alert

APPENDIX 3: Safeguarding Incident Summary Record

7. Linked Policies

Comments, Compliments & Complaints (LG006P)

Confidentiality, Privacy & Dignity (R005P)

Disclosure & Barring Service (DBS) (S006P)

Deprivation of Liberty Safeguards (MCA DOLS) (C010P)

Equality and Diversity (LG016P)

Mental Capacity Act (C015P)

Whistleblowing (LG038P)

8. Legislation/Regulation

The Care Act 2014

Care and Support Statutory Guidance issued under the Care Act 2014

Safeguarding Vulnerable Groups Act 2006

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13

Human Rights Act 1998

Mental Capacity Act 2005

Public Interest Disclosure Act 1998

9. Review

Every 3 years, subject to regulatory and legislative changes.

10. Procedure/Guidance

10.1. Spotting Signs of Abuse & Neglect

Workers across a wide range of organisations need to be vigilant about adult safeguarding concerns in all walks of life including, amongst others in health and social care, welfare, policing, banking, fire and rescue services and trading standards, leisure services, faith groups, and housing. GPs are often well-placed to notice changes in an adult that may indicate they are being abused or neglected. Findings from Serious Case Reviews have sometimes stated that if professionals or other staff had acted upon their concerns or sought more information, then death or serious harm might have been prevented.

Anyone can witness or become aware of information suggesting that abuse and neglect is occurring. The matter may, for example, be raised by a worried neighbour, a concerned bank cashier, a GP, a welfare benefits officer, a housing support worker or a nurse on a ward. Primary care staff may be particularly well-placed to spot abuse and neglect as in many cases they may be the only professionals with whom the adult has contact. The adult may say or do things that hint that all is not well. It may come in the form of a complaint, a call for a police response, an expression of concern, or come to light during a need's assessment. Regardless of how the safeguarding concern is identified, everyone should understand what to do, and where to go locally to get help and advice. It is vital that professionals, other staff and members of the public are vigilant on behalf of those unable to protect themselves. This will include:

- Knowing about different types of abuse and neglect and their signs;
- Supporting adults to keep safe;
- Knowing who to tell about suspected abuse or neglect;
- Supporting adults to think and weigh up the risks and benefits of different options when exercising choice and control.

Awareness campaigns for the public and multi-agency training for all staff will contribute to achieving these objectives.

10.2. Who Abuses & Neglects Adults?

Anyone can carry out abuse or neglect, including:

- Spouses/partners;
- Other family members;
- Neighbours;
- Friends;
- Acquaintances;
- Local residents;
- People who deliberately exploit adults they perceive as vulnerable to abuse;

- Paid staff or professionals; and/or
- Volunteers and strangers.

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

10.3. Reporting & Responding to Abuse & Neglect

Anyone who is alerted to suspected, alleged or actual abuse, or the risk of abuse, must report it to their line manager or designated person in charge of the service immediately. It is important to understand the circumstances of abuse, including the wider context such as whether others may be at risk of abuse, whether there is any emerging pattern of abuse, whether others have witnessed abuse and the role of family members, colleagues and other professionals.

The circumstances surrounding any actual or suspected case of abuse or neglect will inform the response. For example, it is important to recognise that abuse or neglect may be unintentional. However, the primary focus must still be how to safeguard the adult. In other circumstances where the safeguarding concerns arise from abuse or neglect deliberately intended to cause harm, then it would not only be necessary to immediately consider what steps are needed to protect the adult but also whether to refer the matter to the Police to consider whether a criminal investigation would be required or appropriate.

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

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

- All organisations must have arrangements in place which set out clearly the processes and the principles for sharing information between each other, with other professionals and the SAB; this could be via an Information Sharing Agreement to formalise the arrangements; and
- No professional should assume that someone else will pass on information which they think may be critical to the safety and wellbeing of the adult. If a professional has concerns about the adult's welfare and believes they are suffering or likely to suffer abuse or neglect, then they should share the information with the local authority and/or the Police if they believe or suspect that a crime has been committed.

10.4. The Mental Capacity Act 2005

People must be assumed to have capacity to make their own decisions and be given all practicable help before anyone treats them as not being able to make their own decisions. Where an adult is found to lack capacity to decide then any action taken, or any decision made for, or on their behalf, must be made in their best interests.

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

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

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

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

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

10.5. Abuse by an Attorney or Deputy

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

10.6. Multi-agency co-operation

Local authorities must cooperate with each of their relevant partners and those partners must also cooperate with the local authority in the exercise of their functions relevant to care and support including those to protect adults.

Relevant partners of a local authority include any other local authority with whom they agree it would be appropriate to co-operate (e.g. neighbouring authorities with whom they provide joint shared services) and the following agencies or bodies who operate within the local authority's area including:

- NHS England;
- Clinical Commissioning Groups (CCGs);
- NHS trusts and NHS Foundation Trusts;
- Department for Work and Pensions;
- the Police;
- Prisons; and
- Probation services.

Local authorities must also co-operate with such other agencies or bodies as it considers appropriate in the exercise of its adult safeguarding functions, including:

- General Practitioners;

- Dentists;
- Pharmacists;
- NHS hospitals; and
- Housing, health and care providers.

10.7. Local Authority's Role in Carrying Out Enquiries

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

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

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

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

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

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

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

10.8. Criminal Offences and Safeguarding

Everyone is entitled to the protection of the law and access to justice. Behaviour which amounts to abuse and neglect, for example physical or sexual assault or rape, psychological

abuse or hate crime, wilful neglect, unlawful imprisonment, theft and fraud and certain forms of discrimination also often constitute specific criminal offences under various pieces of legislation. Although the local authority has the lead role in making enquiries, where criminal activity is suspected then the early involvement of the Police is likely to have benefits in many cases.

10.9. Who Can Carry Out an Enquiry?

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

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

10.10. What Happens After an Enquiry?

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

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

10.11. Responding to Abuse & Neglect in a Regulated Care Setting

Where abuse or neglect occurs in a regulated care setting, Abbeyfield The Dales as the care provider has a duty to act to protect the adult from harm as soon as possible. However, social workers or counsellors may need to be involved to support the adult to recover. Abbeyfield The Dales must inform the local authority, CQC and CCG where the latter is the commissioner.

Where a local authority has reasonable cause to suspect that an adult may be experiencing or at risk of abuse or neglect, then it is still under a duty to make (or cause to be made) whatever enquiries it thinks necessary to decide what, if any, action needs to be taken and by whom. The local authority may well be reassured by Abbeyfield The Dales' response so that no further action is required. However, a local authority would have to satisfy itself that the response has been sufficient to deal with the safeguarding issue and, if not, to

undertake any enquiry of its own and any appropriate follow up action (e.g. referral to CQC, professional regulators).

Abbeyfield The Dales should investigate any concern (and provide any additional support that the adult may need) unless there is compelling reason why it is inappropriate or unsafe to do this; for example, where there is a serious conflict of interest on the part of the employer, or a matter that requires investigation by the Police. An example of a conflict of interest where it may be better for an external person to be appointed to investigate may be where the manager of the service is implicated.

10.12. Abusers Who Themselves are Residents

Where the potential source of risk is another resident, the safety of the person who may have been abused is paramount. However, Abbeyfield The Dales has responsibilities and a duty of care towards all residents. In this situation it is important that the needs of the resident who is the alleged victim are addressed separately from the needs of the potential source of risk.

It may be necessary to reassess the resident who is the potential source of risk. This may involve a meeting where the following could be addressed:

- The extent to which this person can understand his or her actions;
- The extent to which the abuse or neglect reflects the needs of this person not being met (e.g. risk assessment recommendations not being met); and
- The likelihood that this person will further abuse the adult or others.

In some cases, another adult who has care and support needs may be the suspected perpetrator of abuse. The principles and responsibilities of reporting a crime apply regardless of who the abuser is.

10.13. Record Keeping

Good record-keeping is an essential part of the accountability of organisations to those who use their services. Maintaining proper records is vital to an individual's care and safety. If records are inaccurate, future decisions may be wrong and harm may be caused to the individual. Where an allegation of abuse is made, we have a responsibility to keep clear and accurate records. It is fundamental to ensure that evidence is protected and to show what action has been taken and what decisions have been made and why.

It is equally important to record when actions have not been taken and why e.g. a resident with mental capacity may choose to make decisions which others consider to be unwise.

As with all record keeping, staff must ensure that any records concerning actual or alleged incidents of abuse are sufficiently detailed, accurate, concise, up-to-date, legible, factual, dated and signed.

Opinions should be kept to a minimum, recorded as such, and backed up by factual evidence. All records must be stored securely and separately in a manner that protects individual rights to privacy and security. Any records concerning a resident (not including third party information) are available to them on request and may also be used as evidence in civil or criminal proceedings, safeguarding investigations and proceedings, disciplinary proceedings or referrals to the vulnerable adults barred list.

10.14. Rights & Risk

We acknowledge the right of individuals to lead independent lives which often involves a degree of responsible risk-taking. Where an individual chooses to accept known risks, their wishes should be respected within the context of their capacity to anticipate and understand the risks. Risks should be proportionate and staff should be alert to the

possibility of the risk of harm and which fall within the definition of abuse. The health and safety of individual residents, and others, who may be affected by their actions, must be protected as far as is reasonably practicable and care/support plans must include risk assessments where known risks are identified.

People who are accused or suspected of abusing an older person also have rights. Rules of law, including the judicial principle of “innocent until proven guilty” should always apply. However, if there is any risk that a resident might be harmed, the Manager will take immediate action to separate the alleged perpetrator from the vulnerable person.

10.15. Equality & Diversity

This policy and the way it is implemented should consider the diversity and individuality of residents and should reflect Abbeyfield The Dales’ Equality and Diversity Policy.

Staff should take account of individual communication needs and barriers, such as language, hearing or visual impairment, or cognitive dysfunction and should find communication methods which enable individuals to express their views and give information.

Staff should be sensitive to the fact that individuals may have different approaches and views about relationships, and this may affect their understanding of what constitutes abuse. However, the principles and procedures within this policy should always prevail. Where a situation is abusive but not necessarily considered so by the individual concerned, staff should seek advice from people who can support the individual through any investigation.

10.16. Training

As part of their induction all staff will receive safeguarding training that is relevant and at a suitable level for their role. Training will be updated at appropriate intervals to ensure staff are up to date, able to recognise different types of abuse and know how to report concerns.

Induction training for staff in regulated care settings will follow the standards laid down in the Care Certificate.

The Manager will receive safeguarding training to ensure they are competent and confident to respond quickly and appropriately in the event of an incident of abuse. Training should include the local multi-agency safeguarding arrangements and procedures and their role and responsibilities within it.

10.17. Multi-agency safeguarding arrangements

Local authorities will update their multi-agency safeguarding arrangements to reflect the Care Act 2014 and the Department of Health statutory guidance.

The arrangements for safeguarding adults are complex. Abbeyfield The Dales will operate in accordance with the local multi-agency safeguarding policies, procedures and guidance and will refer all incidents of abuse to the local safeguarding team.

Abbeyfield The Dales will work cooperatively with all relevant agencies where safeguarding issues arise. This includes the Police, the Care Quality Commission (for regulated care services), health and/or social care professionals, as well as local authority staff with responsibility for managing safeguarding incidents. The Manager must ensure that all relevant staff are fully conversant with the local multi-agency procedures and arrangements that are in place. There must be a copy of the current local multi-agency safeguarding policy and procedures available in each service and all relevant staff must have ready access to it.

11. Procedures

11.1. Procedure for Responding to Suspected or Actual Abuse

The aim of this section is to provide procedural guidance for Abbeyfield The Dales staff so that they know how to deal with suspected or actual incidents of abuse and neglect within an Abbeyfield The Dales service.

Our primary concern is the safety of Abbeyfield The Dales residents but extends to include any adult with care and support needs. We must ensure that we discharge equitably our legal and moral responsibilities to residents and others in the event of a suspected or actual incident of abuse or neglect.

The Manager is responsible for ensuring that any suspected or actual incident of abuse or neglect is dealt with immediately and is reported to the local authority safeguarding team where necessary.

11.2. If You Witness or Suspect an Incident of Abuse

Any allegation or suspicion of abuse, however minor, must be taken seriously and reported immediately to the Manager or person in charge. However difficult a situation may seem, staff must understand they have a duty to report any concerns of abuse.

If the alleged perpetrator is the Manager, the matter should be reported to the Manager's line manager as soon as possible and within 24 hours.

Ensure the immediate safety and welfare of the adult concerned and summon medical assistance if required. Inform paramedic staff and/or examining doctor of the suspicion of abuse and explain that a written report may well be required.

In cases of serious abuse where there is evidence to suggest criminal activity, the Police should also be summoned. Any incident involving alleged sexual abuse or involving alleged physical abuse which has resulted in injury should be reported immediately to the Police.

Consider whether there is an immediate risk to other residents and take steps to secure their safety.

Where a serious incident has taken place, do not disturb evidence that may be important to a Police investigation.

Do not immediately question the person concerned formally, but offer comfort, reassurance and support and allow them to give information or express distress or fears. Remember what is said and write it down as soon as possible.

If the alleged perpetrator is a resident, ensure they too are safe and supported, possibly by allocating a member of staff to be with them.

At the earliest opportunity record as much detailed information as possible.

11.3. Immediate Actions by the Manager

Any serious incident of abuse which is substantiated or witnessed should be referred to the local authority safeguarding team by the Manager or in the absence of the Manager, by the person in charge of the service, at the first available opportunity and within 24 hours.

If in doubt about whether an incident should be referred, the Manager should contact the local authority safeguarding team for advice.

If the Police have not already been informed, the Manager in consultation with their line manager should decide whether to do so. This will depend upon whether a crime appears to have been committed. If in doubt, the police should be informed so they can determine whether a crime has been committed. The Manager will need to follow any instructions

from the Police to ensure that any police investigation is not hindered. Where the Police are informed, the Manager must refer the matter to the local authority safeguarding team.

Unless instructed otherwise by the Police, the Manager should immediately inform the family / next of kin / representative of the resident about the incident. In serious situations where the resident is injured or distressed, the Manager should communicate the information carefully and sensitively. The Manager should support family members to visit the resident. If a member of the resident's family is the suspected or alleged perpetrator, the matter should be discussed with the Police and/or the local authority safeguarding team before contacting any other relatives.

Where the alleged abuser is a resident, their family should be informed and supported in the same way.

The local authority safeguarding team will decide whether there has been an incident of abuse that requires a safeguarding enquiry and will advise the Manager what steps should be taken next. The Manager should provide as much information as possible to the local authority safeguarding team.

The Manager should report the safeguarding incident using Abbeyfield The Dales' internal safeguarding log.

11.4. Regulated Care Services

Where the incident needs to be reported to the Care Quality Commission, the Manager must ensure notifications are completed and submitted within required timescales in accordance with regulatory requirements.

The Manager will take lead responsibility for any referral to the DBS barred list. Where this is not possible or appropriate, the Manager's line manager will take lead responsibility for the referral.

11.5. Dealing with the Alleged Perpetrator (Abuser)

Where a serious allegation is made against a member of staff, the Manager must contact a member of the Senior Management Team immediately so that appropriate action can be taken in line with Abbeyfield The Dales' Disciplinary Policy and Procedure. This may include suspending one or more members of staff from duty. This is without prejudice to the outcome of any investigation and is based on the need to protect residents and others and to ensure an unhindered investigation into the allegation. If such a situation arises outside of normal office hours, the Manager must decide if to suspend the member of staff based on an informed assessment of the circumstances and the need to protect residents. Where the allegation is against a member of staff, any safeguarding investigation will dovetail with the disciplinary process and the HR team will advise throughout the process.

Where an allegation concerns a volunteer, the Manager must advise the volunteer that they will not be required to do any voluntary work until the matter has been investigated and resolved.

Where an allegation is made against another resident, the Manager should take immediate steps to separate the perpetrator from the victim of the abuse, which may involve identifying an immediate alternative place of safety for one of them, taking account of the wishes of the residents, and their families if appropriate.

Where an allegation is made against a visitor, the Manager will need to ensure their visits are either suspended or supervised until the allegation has been investigated and resolved.

Where an allegation is made against an ex-employee, the Manager should inform a member of the Senior Management Team.

All information should be accurately and clearly recorded and should include as much detail as possible. It is good practice to ask staff, volunteers or witnesses to write statements immediately whilst it is fresh in their minds, unless directed not to by the Police or by the local authority safeguarding team. Staff and volunteers should not confer with each other when doing so. There may be a requirement to take further statements later to support any safeguarding, police or disciplinary investigations into the allegation.

There is a need to ensure that any safeguarding investigation is conducted in parallel with the requirements of Abbeyfield The Dales' Disciplinary Policy and Procedure and prevailing employment legislation.

11.6. Investigations

The local authority will decide whether a Care Act s42 enquiry is triggered and if so, what enquiries need to be made and by whom. Clear instructions and timescales will be given if Abbeyfield The Dales is tasked with completing the enquiry. The Manager, in consultation with a member of the Senior Management Team, will co-ordinate the investigation process and advise on all disciplinary matters. Where the enquiry is to be completed by an external person, feedback should be provided by the local authority to allow Abbeyfield The Dales to continue to provide appropriate support, fulfil employment law obligations and make staffing decisions.

11.7. Providing Support

Whilst the purpose of safeguarding arrangements is the protection of the affected adult, everyone involved is likely to need support, including the alleged perpetrator (abuser). Any allegation must be taken seriously but it is important to remember that, until proven, it is an allegation. People who are maliciously or mistakenly accused of abusing another person are likely to experience extreme duress.

All affected residents should be reassured and sensitively supported throughout the investigation process as they are likely to experience a wide range of emotions. Residents should not be interviewed without express instruction from the local authority safeguarding team and with guidance from a member of the Senior Management Team.

Staff who witness and/or report an incident of abuse may themselves need considerable support. Others may be affected when residents they know are victims of abuse and they may become distressed during and following a safeguarding investigation. The Manager, with the assistance of a member of the Senior Management Team and/or their line manager will identify sources of support as required.

11.8. Dealing with Outcomes

Once investigations have been completed, the local authority safeguarding team will usually prepare a safeguarding plan ensuring that any risks are identified, managed and minimised. Abbeyfield The Dales will co-operate with any safeguarding plan and will complete any actions required.

The Manager should ensure that the process is reviewed to see whether lessons can be learned and to ensure improvements are made wherever possible to prevent further incidents of abuse or to deal more effectively with incidents of abuse.

11.9. Visiting Celebrities

Abbeyfield The Dales services may, on occasion, receive visits from local dignitaries, celebrities or others who do not have regular contact with the residents or the staff.

Whilst such visits can be hugely beneficial for residents and for Abbeyfield The Dales, the need to safeguard residents remains paramount.

Where such a visit is planned:

- The advance information provided to the visitor should include Abbeyfield The Dales' commitment to safeguarding residents;
- Staff who will be present during the visit should be briefed on good safeguarding practice for the visit; and
- The visitor should be accompanied and not allowed unsupervised access to residents (unless this is agreed in advance with the resident, for example an MP meeting a constituent).

Staff who have any safeguarding concerns about the visit should immediately report these to the Manager.

Appendix 1

Responding to Adult Safeguarding Concerns – a summary of what to do.

There are some key responsibilities and actions for *anyone* who identifies the possibility of abuse or neglect.

These responsibilities must be addressed on the same day as the alert is raised.

i. Immediate protection.

Take any immediate actions to safeguard anyone at immediate risk of harm, including summoning medical assistance.

ii. Speak to the adult wherever it is safe to do so.

Get the views of the adult on the concern or incident and see what they would like to happen next. Listen to what they have to say and ensure they are given the support they need.

iii. Detection & Prevention of crime.

Where there is evidence a criminal offence has taken place, or a crime may be about to be committed, contact the Police immediately.

iv. Record & Preserve evidence.

Preserve evidence through recording and take steps to preserve any physical evidence.

v. Report & Inform.

If you are a member of staff, inform your manager immediately

REPORT TO ADULT SOCIAL CARE AS SOON AS POSSIBLE AND IN ALL CIRCUMSTANCES ON THE SAME DAY AS THE CONCERN IS RAISED.

- If your service is registered with the Care Quality Commission and the incident constitutes a notifiable event, the person in charge should complete and send a notification to CQC.

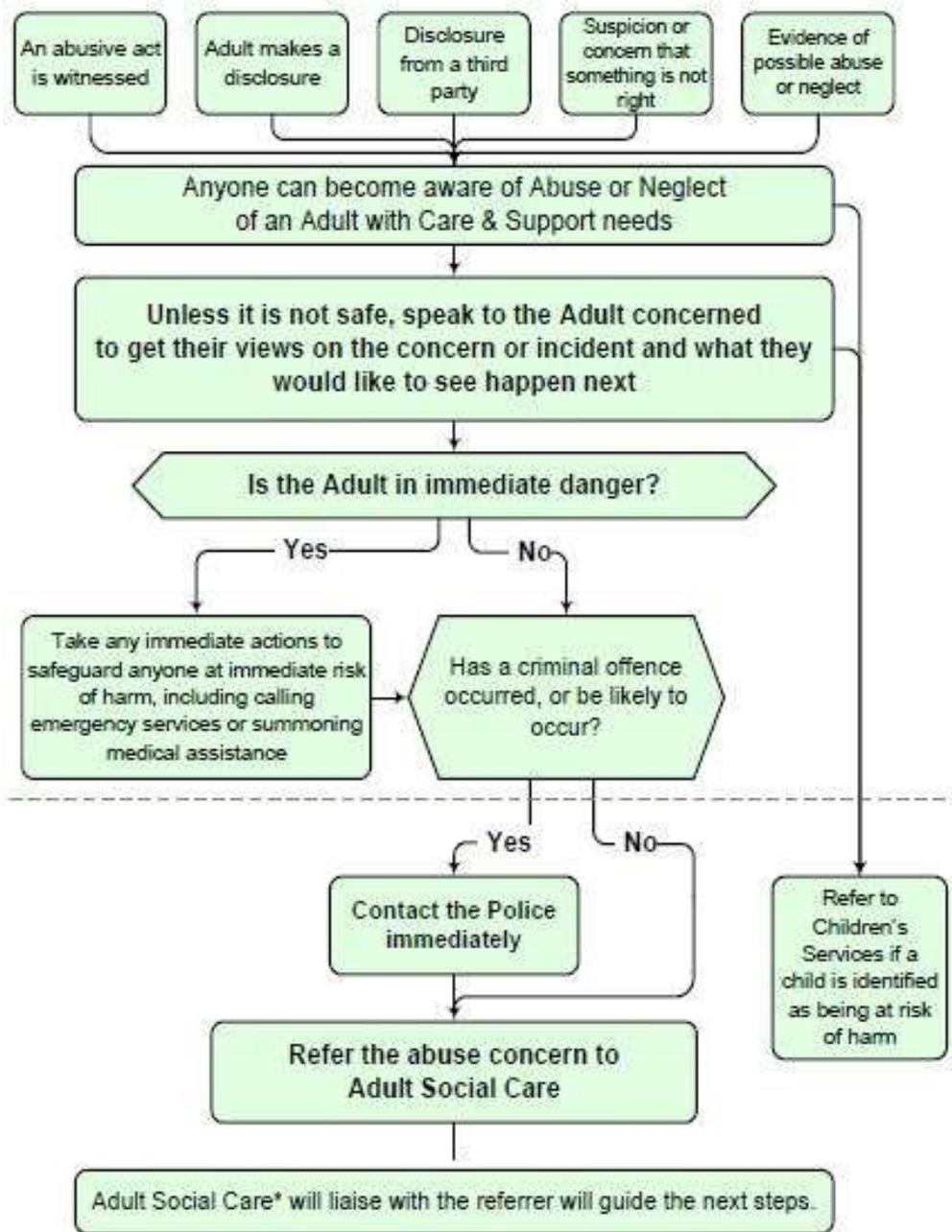
- Make a RIDDOR report if the incident falls under the criteria for a reportable accident, dangerous occurrence or case of disease under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

- Consider whether a referral is necessary under employment vetting schemes e.g. the DBS scheme, referral to NMC.

Appendix 2 - Referral Pathways for a Safeguarding Alert

Responding to Concern
 Target Timescale – Same Day

Reporting Concern
 Target Timescale – Same Day



Safeguarding Incident Summary Form



Incident details & relevant notifications made by:

	Name:	Date:
Resident at Risk:		(Of Incident)
Abuser Name:		
Alert Submitted By:		
ATD Safeguarding Log:		
CQC Notification:		
LA Contact Name:		
LA Contact Telephone:		

Nature of Safeguarding Alert:

Summarise any actions taken including meetings held:

Cross reference to any other documents in connection with this incident:

Abuse/Neglect substantiated: Yes No

If Yes, Action Plan to reflect lessons learned completed: Yes No

Case Closed:

Print Name: Date:

Signature: