



## Safeguarding Adults

### Policy and Procedure

Notice to employees using a paper copy of this policy  
The company Policies folder on the shared drive holds the most recent version of this document and all employees must ensure that they are using the most recent guidance.

## Document Control

<b>Document Name</b>	Safeguarding Adults Policy and Procedure
<b>Author</b>	Karen Hodgkinson
<b>Purpose</b>	This policy defines what constitutes “at risk” and outlines how care should be managed. It provides Staff with access to information about the process and procedures to be followed to ensure that incidents of abuse, or potential abuse, are identified and investigated and the appropriate action is taken.
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## Version Control

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V1.0	05.01.2018	Karen Hodgkinson	Implemented new policy
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## **Introduction**

"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" (Department of Health, 2014).

The Care Act 2014 creates a new legal framework for how local authorities and other parts of the system should work together to protect adults at risk of abuse or neglect. Chapter 14 of the Care Act 2014 introduces a new statutory framework for adult safeguarding which replaces the 'No Secrets' Guidance (2000, Department of Health).

This policy sets out the values that Libertatem Healthcare Group upholds. We expect all members of staff to promote the wellbeing of everyone who uses our services and their carers', act positively to prevent harm, abuse or neglect (including self-neglect) and respond effectively if concerns are raised.

Libertatem Healthcare group recognise the benefits of people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, whilst balancing the right to be safe with the right to make informed choices, while at the same time making sure that the adult's wellbeing is promoted including, taking into consideration their views, wishes, feelings and beliefs in deciding on any action.

With this in mind we will work to adhere to the six key principles that underpin all adult safeguarding work.

**Empowerment** - People being supported and encouraged to make their own decisions and informed consent. *"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens"*

**Prevention** - It is better to take action before harm occurs. *"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help"*

**Proportionality** - The least intrusive response appropriate to the risk presented. *"I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."*

**Protection** - Support and representation for those in greatest need. *"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."*

**Partnership** - local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. *"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me"*

**Accountability** - Accountability and transparency in delivering safeguarding. *"I understand the role of everyone involved in my life and so do they."*

## **Scope**

This policy applies to all employees of Libertatem Healthcare Group.

## **Purpose**

This Policy has been developed to ensure that any person who may be deemed at risk is afforded adequate care and protection during their care. This policy therefore defines what constitutes "at risk" and outlines how their care should be managed. It provides Staff with access to information about the process and procedures to be followed to

ensure that incidents of abuse, or potential abuse, are identified and investigated and the appropriate action is taken.

## **Responsibilities**

### **The Board of Directors**

The Board has a responsibility to oversee this policy and ensure that appropriate processes and actions are in place to ensure prompt referral and action can be undertaken in raising safeguarding concerns. The board will ensure that through strong leadership there will be an organisational culture which places service users and their wellbeing at the centre of safeguarding, and that all staff will endeavour to prevent harm, abuse, and neglect from occurring.

### **Managers**

Managers are responsible for ensuring that staff are aware of the Libertatem Healthcare Group policy and offer support to those reporting abuse. Managers should also ensure that the level of responsibility for each staff member is explicit to meet the expectations of each individual role. Good leadership and high professional standards are paramount in the provision of care and the prevention of abuse.

### **Employees**

All employees are required to adhere to the policies, procedure and guidelines of the Company, including their roles and responsibilities under this policy. It is important that everyone understands the ways of working to safeguard adults in the workplace. Employees must also work at all times within the guidelines of their professional codes of conduct where applicable and the policies of Libertatem Healthcare Group to prevent abuse through an act or omission to act. Omissions to act and poor professional practice can amount to neglect even if the abuse was unintentional. All employees will undertake mandatory safeguarding and Mental Capacity Act and DOLS training and will ensure that this is complete within the specified time frame.

### **Definition of adult safeguarding**

'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 including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding any action.

Organisations must always promote the adult's wellbeing in their safeguarding arrangements. People have complex lives and being safe is only one of the things that they want for themselves. Professionals should work with the adult to establish what being safe means to them and how it can be best achieved. Professionals and other staff should not be advocating "safety" measures that do not take account of individual wellbeing, as defined in Section 1 of the Care Act.'

Abuse of a person at risk may consist of a single act or repeated acts affecting more than one person. It may occur as a result of a failure to undertake action or appropriate care tasks. It may be an act of neglect or an omission to act, or it may occur where a vulnerable person is persuaded to enter into a financial or sexual transaction to which they do not, or cannot, consent. Abuse can occur in any relationship and any setting and may result in significant harm to or exploitation of, the individual. In many cases abuse may be a criminal offence. Intent is not an issue at the point of deciding whether an act or a failure to act is abuse; it is the impact of the act on the person and the harm or risk of harm to that individual.

Patterns of abuse vary and include:

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

Vulnerable adults may be abused by a wide range of people including relatives, family members, partners, neighbours, friends and associates, paid care workers, volunteers, other service users, people who may deliberately exploit vulnerable people and strangers.

### **Vulnerability Factors**

There may be a number of factors which increase a person's vulnerability to abuse, neglect or exploitation. A needs assessment will provide a useful insight into a person's situation and any vulnerability factors and the support planning process is an opportunity to try and resolve these. The table below gives more information about this:

#### **Factors which increase a person's vulnerability to abuse and exploitation**

<p><b>Personal characteristics of a person at risk that can increase vulnerability may include:</b></p> <ul style="list-style-type: none"> <li>• Not having mental capacity to make decisions about their own safety including fluctuating mental capacity associated with mental illness and other conditions</li> <li>• Communication difficulties</li> <li>• Physical dependency – being dependent on others for personal care and activities of daily life</li> <li>• Low self esteem</li> <li>• Experience of abuse</li> <li>• Childhood experience of abuse.</li> </ul> <p><b>Social/situational factors that increase the risk of abuse may include:</b></p> <ul style="list-style-type: none"> <li>• Being cared for in a care setting, that is, more or less dependent on others</li> <li>• Not getting the right amount or the right kind of care that they need</li> <li>• Isolation and social exclusion</li> <li>• Stigma and discrimination</li> <li>• Lack of access to information and support</li> <li>• Being the focus of anti-social behaviour.</li> </ul>	<p><b>Personal characteristics of a person at risk that can decrease vulnerability may include:</b></p> <ul style="list-style-type: none"> <li>• Having mental capacity to make decisions about their own safety</li> <li>• Good physical and mental health</li> <li>• Having no communication difficulties or if so, having the right equipment or support</li> <li>• No physical dependency or if needing help, able to self-direct care</li> <li>• Positive former life experiences</li> <li>• Self-confidence and high self-esteem</li> </ul> <p><b>Social/situational factors that decrease the risk of abuse may include:</b></p> <ul style="list-style-type: none"> <li>• Good family relationships</li> <li>• Active social life and a circle of friends</li> <li>• Able to participate in the wider community</li> <li>• Good knowledge and access to the range of community facilities</li> <li>• Remaining independent and active</li> <li>• Access to sources of relevant information</li> </ul>
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## Forms of abuse or neglect and the behaviours that may be demonstrated

Abuse can be something that is done, or omitted from being done. The range of abusive behaviours are explained in the following table:

Type of abuse	Behaviours Include:
<b>Physical</b>	Hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
<b>Sexual</b>	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.
<b>Psychological</b>	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.
<b>Neglect and acts of omission</b>	Ignoring medical or physical care needs, failing to provide access to appropriate health, social care, welfare benefits or educational services, withholding the necessities of life such as medication, adequate nutrition and heating.
<b>Financial or material</b>	Theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
<b>Discriminatory</b>	Racism, sexism or acts based on a person's disability, age or sexual orientation. It also includes other forms of harassment, slurs or similar treatment such as disability hate crime.
<b>Domestic abuse</b>	Psychological, physical, sexual, financial, emotional abuse and so called 'honour' based violence.
<b>Organisational abuse</b>	Neglect and poor care practice within a care setting such as a hospital or care home or in relation to care provided in someone's own home ranging from one off incidents to on-going ill-treatment. It can be neglect or poor practice as a result of the structure, policies, processes and practices within a care setting.
<b>Modern slavery</b>	Encompassing 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.
<b>Self-Neglect</b>	Covers a wide range of behaviour including neglecting to care for one's personal hygiene, health or surroundings and behaviour such as hoarding.

## Mental Capacity, Consent and Best Interests

People must be assumed to have capacity to make their own decisions and be given all the practical help they need before they are considered not to be able to make their own decisions. Judgements about someone's mental capacity must always be decision and time specific. This means that a person may have the mental capacity to make decisions about some areas of their life but perhaps not others.

Where an adult is found to lack capacity to make a decision then any action taken, or any decision made for, or on their behalf, must be made in their best interests. Even when a person is assessed as lacking capacity, they must still be encouraged to participate in the safeguarding process.

All staff have a responsibility to ensure they understand and always work in line with the Mental Capacity Act 2005 which is based on the following five principles:

- 1) Presumption of mental capacity
- 2) Helping and encouraging people to make decisions
- 3) Respecting that people are entitled to make unwise decisions
- 4) Any decisions made for a person without capacity must be based on their best interests
- 5) The least restrictive option must always be adopted.

### **Making Safeguarding Personal**

Libertatem Healthcare Group acknowledge that under the Care Act (2014) statutory guidance we have a responsibility to “engage a person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety” (Department of Health, 2014).

Making Safeguarding Personal is about responding in safeguarding situations in a way that enhances the involvement, choice and control of the person being safeguarded as well as improving their quality of life, wellbeing and safety. It is about seeing people as experts in their own lives and working alongside them with the aim of enabling them to resolve their circumstances and support their recovery.

### **Making a safeguarding alert**

An alert is a concern that a person with care and support needs is experiencing, or is at risk of abuse, neglect or exploitation by a third party, or where a person at risk may be being harmed by others usually in a position of trust, power or authority. Alerts should be made when:

- The person has needs of care and support and there is a concern that they are being or are at risk of being abused, neglected or exploited
- There is concern that the adult has caused or is likely to cause harm to others
- The adult has capacity to make decisions about their own safety and wants this to happen
- The adult has been assessed as not having capacity to make a decision about their own safety, but a decision has been made in their best interests to make a referral
- A crime has been or may have been committed against an adult who lacks the mental capacity to report a crime and a ‘best interests’ decision is made
- The abuse or neglect has been caused by a member of staff or a volunteer
- Other people or children are at risk from the person causing the harm
- The concern is about organisational or systemic abuse
- The person causing the harm is also has care and support needs.

### **Confidentiality**

All staff must have due regard to the relevant data protection principles which allow them to share personal information, as provided for in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR). To share information effectively:

- all staff should be confident of the processing conditions under the Data Protection Act 2018 and the GDPR which allow them to store and share information for safeguarding purposes, including information which is sensitive and personal, and should be treated as ‘special category personal data’
- where staff need to share special category personal data, they should be aware that the Data Protection Act 2018 contains ‘safeguarding of individuals at risk’ as a processing condition that allows staff to share information. This includes allowing staff to share information without consent, if it is not possible to gain consent, it cannot be

reasonably expected that a person gains consent, or if to gain consent would place an individual at risk.

Consideration should also be made to the principles set out in the Caldicott Review published in 2013

- Information will only be shared on a 'need-to-know' basis when it is in the interests of the adult
- Confidentiality must not be confused with secrecy
- Informed consent should be obtained but, if this is not possible it may be necessary to override the requirement;
- It is inappropriate to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other adults may be at risk.
- Where an adult has refused to consent to information being disclosed for these purposes, then the relevant workers must consider whether there is an overriding public interest that would justify information sharing (e.g. because there is a risk that others are at risk of serious harm). This should always be discussed with the Clinical Director or the nominated manager.

Disclosure without consent may include situations where:

- Other people or children could be at risk from the person causing harm
- It is necessary to prevent crime
- Where there is a high risk to the health and safety of the adult
- The person lacks capacity to consent
- The adult would normally be informed of the decision to refer and the reasons, unless telling them would jeopardise their safety or the safety of others
- If the adult is assessed as not having mental capacity to make decisions about their own safety and to consent to a referral being made, the alerter must make a decision in their best interests in accordance with the provisions set out in the Mental Capacity Act 2005.

Immediate action to be taken by the person raising the alert:

- Make an immediate evaluation of the risk and take steps to ensure that the adult is in no immediate danger.
- In an emergency situation you must take action to protect the safety and wellbeing of the individual, dial 999 for an ambulance if there is need for emergency medical treatment.
- Consider contacting the Police if a crime has been or may have been committed and do not disturb or move articles that could be used in evidence

Any employee can discuss any concerns they may have for an individual with their line manager or any of the Directors. In the out of hour's period, the on call director or manager can be contacted, to discuss immediate concerns and obtain advice.

### **Principles of securing evidence**

The first concern must be to ensure the safety and well-being of the adult thought to have been harmed. However, in situations where there has been or may have been a crime and the Police have been called it is important that evidence is preserved wherever possible. The Police will attend the scene, and agencies and individuals can play an important part in ensuring that evidence is not contaminated or lost.

- Secure the scene, for example lock the door, whilst not disturbing the area.

- Preserve other potential evidence, e.g. documents by locking them away if possible.
- Try not to ask the victim too many questions, but do give them reassurance.
- If in doubt about securing evidence get advice from the Police.

### **Recording information**

It is vital that a written record of any incident or allegation of crime is made as soon as possible after the information is obtained. Written records must reflect as accurately as possible what was said and done by the people initially involved in the incident. The daily record for each person we support has a specific question directly asking if any safeguarding issues have been raised through the duration of the shift. This should be filled in with as much factual detail as possible if required.

Incident reporting is one of the key methods for alerting when unintended or unexpected incidents could have, or did lead to harm. An incident report form should be completed for all safeguarding adult incidents that occur. At Libertatem Healthcare Group this can be documented on the electronic incident form and should be submitted as soon as possible after the event.

### **Raising a safeguarding alert with the appropriate Authority's**

The responsibility for raising a safeguarding alert with the appropriate local authority will rest with the company Clinical Director or the nominated deputy in the absence of the Director.

This will include completion of the relevant notification form to the Care Quality Commission.

The Clinical Director will ensure all processes have been undertaken correctly and will work with the Local Authority to undertake any required enquiries as requested.

Documentation will be maintained including:-

- Provision of factual information, clear chronological timing of events and reasoning behind the decisions made
- Any action plan provided by the respective boards.
- A copy of the Safeguarding referral must be kept in the electronic file.
- A copy of the Care Regulator notification must be saved in the electronic file.

### **Alleged Abuse by a Member of Libertatem Healthcare Group Staff**

In the event that the alleged abuser is an employee of Libertatem Healthcare Group, then this concern must be reported immediately to the Line Manager, who will contact the Board of Directors.

The alleged abuser should receive minimal necessary information regarding the allegation until all the necessary professional bodies have been notified and have agreed a course of action.

It may be necessary to suspend the employee and in this case the disciplinary policy will be followed to ensure procedures for investigation are followed effectively.

### **Section 42 Enquiries**

Statutory guidance states that 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 is the right person 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 (Department of Health, 2014).

An enquiry may be anything from a simple conversation with the adult at risk to full investigation of an adverse incident.

If an employee from Libertatem Healthcare Group is caused with making an enquiry, the Local Authority retains overall responsibility for the enquiry and will take an active part in agreeing any terms of reference, and for decision making about what actions should be taken, and by whom, as a result of the outcome.