

1.0 INTRODUCTION

- 1.1. Safeguarding people who use care services from abuse and improper treatment is a cornerstone of good care delivery and is required under Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2014
- 1.2. Safeguarding adults refers to the process used to protect an adult's right to live in safety, free from actual and threatened abuse and neglect. It requires individuals and organisations to work together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the individual's well-being is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. It must be recognised that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.
- 1.3. Safeguarding adults also involves robust processes being in place to train staff and inform people who use our service, their advocates, those lawfully acting on their behalf and those close to them about how to identify and report suspected and actual abuse.
- 1.4. This policy was written to inform staff about how to protect Service Users in our Agency. It is also designed to comply with Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2014 and the Care Act 2014, as well as the Local Safeguarding Adults Procedures of our Local Authority. Staff should also be aware of the Quality Statements where our policy should outline our response to the Safe Section questions in subsection 1.
- 1.5. All adult safeguarding, including safeguarding within this domiciliary care agency, is underpinned by the Care Act 2014, the Care Act 2014 statutory guidance, and the Making Safeguarding Personal Outcomes Framework.
- 1.6. We place a great deal of importance in having robust and thorough safeguarding arrangements and monitoring systems in place as part of our agency as our staff often work alone and ensuring these processes are known to people who use our service, their advocates, those lawfully acting on their behalf and those close to them as well as our staff and managers.
- 1.7. The following Acts and Regulations relate to safeguarding:
 - Care Act 2014, the Care Act 2014 statutory guidance*
 - Sexual Offences Act 2003*
 - Protection of Freedoms Act 2012 (Disclosure and Barring Service Transfer of Functions) Order 2012*
 - Human Rights Act 1998*
 - Mental Capacity Act 2005*
 - Mental Health Act 2007*

Safeguarding Vulnerable Groups Act 2006
Equality Act 2010 (regulations 2017)
Health and Social Care Act 2012 (regulations 2015)
Care Quality Commission (Registration) Regulations 2009
The Criminal Justice and Courts Act 2015 Section 20-25
Anti-Social Behaviour, Crime and Policing Act 2014
The Counter Terrorism and Border Security Act 2019
The Modern Slavery Act 2015
Domestic Abuse Act 2021
Serious Crime Act 2015 Section 76
The Data Protection Act 2018
The Public Interest Disclosure Act 1998
The Public Interest Disclosure (Prescribed Persons) Order 2014

- 1.8. People in the receipt of care may be at risk of abuse because of their age, infirmity, dependency on others, lack of awareness or inability to understand risk.
- 1.9. People, other than those in the receipt of care may be at risk of abuse, this includes other people they share a home with, staff or visitors.
- 1.10. Abuse, as defined in this policy includes all forms of: unlawful discrimination and restraint, neglect, degrading treatment, unnecessary or disproportionate restraint and the unlawful deprivation of liberty as it applies to any adult.

2.0 POLICY

- 2.1. This service has a zero-tolerance approach to all forms of abuse, neglect and improper treatment. This policy identifies our approach to the prevention, detection, reporting and management of abuse within our service as well as the promotion of the rights of service users to live their lives free from inhuman and degrading treatment. This policy is designed to meet the requirements of CQC Quality Statements.
- 2.2. Abuse, as defined in this policy includes all forms of: unlawful discrimination and restraint, neglect, degrading treatment, unnecessary or disproportionate restraint and the unlawful deprivation of liberty as it applies to any adult.

3.0 Preventing Abuse

- 3.1. Staff are committed to maximising Service Users choice, control and inclusion and protecting their human rights as important ways of meeting their individual needs and reducing the potential for abuse.
- 3.2. As part induction and training, staff will be made aware of discrimination, which might amount to discriminatory abuse or cause psychological harm? This includes discrimination on the grounds of age, disability, gender, gender identity, race, religion, belief or sexual orientation.

- 3.3. All staff are made aware of their individual responsibilities to prevent, identify and report abuse when providing care and treatment. This includes referrals to other providers.
- 3.4. During induction training (see Staff Induction staff are made aware of the impact that diversity, beliefs and values of people who use services can have.
- 3.5. As part of the recruitment policy, every applicant for a job within the agency should complete a **Rehabilitation of Offenders Declaration Form**, in which they must declare any offence for which they have been convicted, regardless of time lapsed, or offences otherwise regarded as spent. This also includes applicants being the subject to a Disclosure and Barring Service check.
- 3.6. All staff are made aware of their personal responsibility to safeguarding Service Users. The manager ensures that all staff are aware of the agency's guidance on Recognising and Understanding Abuse, and associated procedures. This must include an understanding of the Local Safeguarding Board adult protection and safeguarding policies and procedures and other organisations who may be involved in responding to suspected abuse appropriate to their role.
- 3.7. All staff should receive training on the different forms of abuse and be equipped to recognise the signs of abuse that may have taken place. This includes a lack of dignity and respect which can cause psychological harm.
- 3.8. Staff are trained to understand the risk factors for abuse and what they must do if a person is being abused, suspected of being abused, is at risk of abuse or has been abused.
- 3.9. Where required, the service will work in partnership with other relevant bodies to contribute to other individual risk assessments, developing plans for safeguarding adults at risk. Including, implementing and regularly reviewing outcomes for Service Users.
- 3.10. The manager must ensure compliance with the Local Safeguarding Boards Adults policies and procedures for which the local authority has the lead role. These policies and procedures must be available to staff at all times.
- 3.11. The manager should monitor and review incidents, concerns and complaints that have the potential to become an abuse or safeguarding concern and take appropriate action to prevent them.
- 3.12. The manager makes it known that he/she is always available to discuss any concerns that people may have about the service and takes appropriate action to deal with them.
- 3.13. Information is provided to people who use the service on how to raise a complaint or any concerns they may have about the care of the Service Users.

4.0 PRINCIPLES

4.1. The Six Principles of Safeguarding which underpin our approach are:

- **Empowerment**

We will encourage Service Users to make their own decisions and provide them with support and information.

From the Service Users perspective

I am consulted about the outcomes I want from the safeguarding process, and these directly inform what happens.

- **Prevention**

We will develop Prevention Strategies to prevent abuse and neglect, and which promote resilience and self-determination.

From the Service Users perspective

I am provided with easily understood information easily about what abuse is, how to recognise the signs and what I can do to seek help.

- **Proportionate**

We will ensure that a proportionate and least intrusive response is made balanced with the level of risk.

From the Service Users perspective

I am confident that the professionals will work in my interest and only get involved as much as needed.

- **Protection**

We will ensure that Service Users are offered ways to protect themselves, and there is a co-ordinated response to safeguarding.

From the Service Users perspective

I am provided with help and support to report abuse and neglect. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able.

- **Partnerships**

We will work with other agencies where required to protect and safeguard our Service Users.

From the Service Users perspective

I am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation.

- **Accountability**

We will be accountable and transparent in delivering a safeguarding response.

From the Service Users perspective

I am clear about the roles and responsibilities of all those involved in the investigation and solution to the safeguarding problem.

5.0 WHO IS AT RISK

5.1. Generally, the following groups of people are more susceptible to abuse due to their vulnerability:

- People with a learning disability.
- Older frail adults' dependant on carers.
- Adults with a psychiatric condition.
- Adults suffering from dementia.

6.0 WHO ABUSES?

6.1. A small number of people in social care deliberately abuse the people they are caring for. This may be because of some form of psychological impairment such as Munchausen's Disease by Proxy or through deliberate intent to cause harm. Whatever the cause, it is the duty of all staff to identify such people and report them to the appropriate authorities.

6.2. It is worth being aware that a person is capable of abusing another unintentionally. This is often due to lack of awareness, training or understanding of the implications of their actions. Registered managers of care services are responsible for ensuring that all their staff are competent to carry out their duties, and this includes being aware of the implications of their actions.

6.3. Remember, even if the abuse is unintentional, it is not acceptable. Unintentional abuse might happen due to:

- The Service User feeling powerless to make their requests or demands known.
- The carer being unable to appreciate the person's needs.
- Failure to appreciate the need for self-respect and dignity.
- Making decisions for another without consulting them.
- Having to perform an unpleasant task, which affects the carer's mood.
- Pressure of work and stress.

7.0 RISK MANAGEMENT

7.1 We recognise that safeguarding is fundamentally about managing risk and the safety and well-being of a Service User in line with the above six principles. The aim of risk management is:

- To promote, and thereby support inclusive decision-making as a collaborative and empowering process, which takes full account of the individual's perspective and views of primary carers.
- To enable and support the positive management of risks. Where this is fully endorsed by the multi-agency partners as having positive outcomes.
- To promote the adoption by all staff of 'defensible decisions' rather than 'defensive actions'.

- 7.2 We will identify, record and manage any potential safeguarding risks using **Safeguarding Risk Assessment Form**.

8.0 ACTIONS WE WILL TAKE TO PREVENT ABUSE FROM OCCURRING

- 9.1 Inform all staff of policies and procedures in place within our organisation to prevent abuse and ensuring they are aware of the types of abuse which effect Service Users and the step taken to report such incidents.
- 9.2 Implementing a robust recruitment policy that demands that all potential staff have the required references in place and are subject to clearance through the DBS criminal records and barred list. Equivalent checks will be made for staff employed from overseas.
- 9.3 For any professionally registered staff, it is the responsibility of the manager to ensure that checks are made with their registering body, e.g. the NMC, to ascertain the status of the applicant's registration category.
- 9.4 Ensure that all staff at all levels are given the correct training about abuse, harm and safeguarding at induction and update this annually.
- 9.5 Ensure our Staff receive training and are aware of how to protect the rights of others. As part of the staff induction, staff will be made aware of discrimination, which might amount to discriminatory abuse or cause psychological harm. This includes discrimination on the grounds of age, disability, gender, gender identity, race, religion, belief or sexual orientation or any other, or combination of, protected characteristics.
- 9.6 Incorporated into our staff induction is information on diversity, beliefs and values of people who use our services and how these impact on their everyday lives.
- 9.7 We foster an environment of openness and transparency within our service where staff, Service Users and other stakeholders feel able to report any concerns they may have of a Service User, or any other adult, being subject to abuse without fear of retribution and feeling fully supported.
- 9.8 Ensuring robust policies, procedures and systems are in place for when staff have any dealings with Service Users money, property or financial affairs.
- 9.9 Helping Service Users to manage relationships and situations which could become potentially abusive or harmful.
- 9.10 Ensuring our staff understand they must take appropriate action when abuse and harm is reported to them, or they suspect it for some other reason.
- 9.11 Report any safeguarding concerns to the Social Services Safeguarding Team and working cooperatively with any agencies in the management of any incident.

9.0 TYPES OF ABUSE

9.1 According to the Social Care Institute of Excellence there are 10 types of abuse:

- Physical abuse.
- Domestic violence or abuse.
- Sexual abuse.
- Psychological or emotional abuse.
- Financial or material abuse.
- Modern slavery.
- Discriminatory abuse.
- Organisational or institutional abuse.
- Neglect of acts of omission.
- Self-neglect.

Other identified forms of abuse include:

- Religious Abuse.
- Chemical Abuse (medication).

10.0 ILL TREATMENT

10.1. The Criminal Justice and Courts Act 2015 draws attention to ill treatment carried out by of a carer or a provider. Ill treatment is defined as:

- Deliberate conduct on the part of the offender which could properly be described as ill-treatment irrespective of whether it damaged or threatened to damage the health of the victim; and
- A guilty mind involving either an appreciation by the offender at the time that they were inexcusably ill-treating a patient or that they were reckless and whether they were inexcusably acting in that way.

10.2. This makes it an offence for a member of staff who has the care of another individual by virtue of being a care worker to ill-treat or wilfully to neglect that other individual.

10.3. Ill treatment is a punishable offence with a sentence of up to 5 years.

10.4. Ill treatment may apply to the way in which a service is run and therefore includes individuals who supervise or manage staff providing care as well as directors or similar officers of an organisation which provides such care.

10.5. The intention of the Act is to ensure that the individual offence can apply to any individual perpetrator, not just those on the front line of care provision. However, it will only apply where the individual supervisor, director, etc. has directly committed ill-treatment or wilful neglect as they are not liable for the individual offence in respect of the acts or omissions of others they supervise or manage.

11.0 SIGNS OF ABUSE

11.1. It is recognised that different forms of abuse give rise to different signs, and that the signs may vary between individuals. Signs of abuse may include, but are not restricted to:

- Injuries which are unexplained or inconsistent with the person's lifestyle including bruises, cuts, burns, scalds, welts including in inappropriate parts of the body.
- A high frequency of injuries.
- Unexplained falls.
- Behavioural changes including avoiding friends, self-harm, poor concentration, sleep disturbance, aggression, tearfulness.
- Over or under-eating.
- Avoidance of health or social care professionals and carers.
- Attention seeking behaviours.
- Poor self-esteem and self-blaming.
- Being humiliated in front of others.
- Limited access to money or personal possessions.
- Being poorly / inappropriately dressed or in dirty or damaged clothing.
- Being dirty or unkempt.
- Repeated unexplained infections / genital discharge, or sexually transmitted diseases.
- Pregnancy in a woman who is unable to consent to sexual intercourse.
- Reluctance to be alone with someone, being quiet when they are present.
- Pressure sore development.
- Accumulation of untaken medications.

12.0 IDENTIFYING ABUSERS

12.1. We will work with the statutory agencies to help identify the source of abuse which is reported.

12.2. As a service, we recognise that abuse can come from several different sources. It is our responsibility to protect those in our charge from abuse. These sources may be:

- The staff and management of the service.
- Volunteers working in the service.
- Service Users' friends and relatives.
- Visitors

13.0 SAFEGUARDING LEAD

13.1. The manager has designated,

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as safeguarding lead with overarching responsibilities regarding safeguarding in our Service.

13.2. The safeguarding lead may be the manager of the Service or other senior person in the Service.

13.3. The manager must ensure:

- People who use our service, their advocates, those lawfully acting on their behalf and those close to them, as well as to our staff, know who the lead person is, what they do, how to contact them, and who to speak to if they are unavailable – including the service manager, the deputy, clinical lead or senior staff member in the office or on-call.
- It is clear who is accountable for different aspects of safeguarding within the Agency, in addition to the roles and responsibilities of the safeguarding lead.
- Safeguarding responsibilities should be included in the job description of all Agency staff, including at board level
- That all staff understand how to meet their safeguarding responsibilities in their day-to-day work within the Agency. This includes listening to any allegations of abuse, maintaining contemporaneous records and reporting the allegations through the service, and externally, as appropriate to the circumstance.
- The manager should ensure that staff are kept up to date about changes to national and local safeguarding arrangements e.g. via training, handovers, supervision, staff newsletters and information boards.

Role of the safeguarding lead

13.4. The services safeguarding lead will:

- Be available for people who use our service, their advocates, those lawfully acting on their behalf and those close to them, as well as to our staff who wish to discuss any safeguarding issues or concerns.
- Ensure that cases of suspected or actual abuse or safeguarding concerns are referred to the appropriate agencies.
- Ensure that all staff are fully trained in safeguarding, updated annually, and know how to spot and raise concerns.
- Help to maintain an effective staff supervision programme which includes discussions about preventing, identifying and managing abuse and neglect.
- Undergo regular refresher training to ensure their safeguarding knowledge up to date.
- Ensure that adequate reporting and recording systems are in place for safeguarding procedures, and that there are appropriate transferal procedures for records if Service Users move.
- Ensure that safeguarding policies and procedures are up to date reflecting the most recent statutory guidance, and everyone who has safeguarding duties are familiar with any updates.
- Communicate with people who use our service, their advocates, those lawfully acting on their behalf and those close to them, as well as to our staff about the

services policies and procedures, as well as any concerns or referrals where appropriate.

- Complying with local and national safeguarding requirements.

13.5. The services safeguarding lead will:

- Be senior enough to be able to exercise the role.
- Have significant experience in a health or social care environment over a number of years
- Have undertaken safeguarding training for safeguarding leads which includes, in addition to the standard training, as a minimum:
 - Relevant legislation and applying safeguarding principles in practice.
 - Ingredients required for creating a safeguarding culture within our organisation.
 - Identifying, assessing and managing risk.
 - Responding to allegations, concerns and disclosures including safety planning.
 - Reflective practice.
 - Safeguarding duties for local authorities as well as responsibilities for partners.
 - The relevance of the mental capacity act.
 - Effective information sharing and partnership working.
 - Learning from safeguarding adults' reviews.
- Have understanding and knowledge of:
 - The safeguarding duties and responsibilities in the Care Act 2014.
 - The importance of good safeguarding practices within the organisation.
 - The practical elements of safeguarding as well as their responsibilities as managers and leads to create a safeguarding culture within the organisation.
 - The law in regard to information sharing.
 - Their safeguarding role within the multi-agency context and to explore effective partnership working.
 - Local adult and child protection practices and procedures.

13.6. In addition the safeguarding lead will have skills which relate to good communication, the ability to relate to people at all levels, the ability to maintain confidences and be skilled in keeping accurate records.

14.0 CARE ACT 2014

14.1 We have a duty under the Care Act 2014 to report any allegations of abuse or neglect to the CQC which the manager, or their nominee, will do via the existing notifications processes.

14.2 Following consultation with the Local Safeguarding Adults Board we will have operational procedures in place that reflect the framework set by the Board. This should include what circumstances would lead to the need to report outside our own agency to the Social Services Safeguarding Team.

14.3 The Registered Manager will investigate any concern unless there is compelling reason why it is inappropriate or unsafe (e.g. serious conflict of interest on the part of the manager).

14.4 Where the manager considers a criminal offence may have occurred then they must urgently report it to the police.

15.0 PROVIDING INFORMATION TO SERVICE USERS ON ABUSE

15.1. It is vitally important that both Service Users, family and supporters understand what keeping safe means. The manager will ensure people who use our service, their advocates, those lawfully acting on their behalf and those close to them are aware of our procedure and policy on abuse and are given appropriate information about the following:

- What the different forms of abuse are.
- How to recognise the signs of abuse.
- What they should do if they or another person are being abused or suspect abuse, including relevant contact details under the local safeguarding procedures.
- That they can raise a safeguarding concern with any member of staff and how this will be escalated through the service via the safeguarding lead and manager, with their permission, and as appropriate.
- What they might expect to happen when a referral is made under the local safeguarding adults' procedures.
- How a safeguarding concern is appropriately shared in line with multi-agency procedures, taking into account the sensitive nature of the information.
- How we reassure people that safeguarding procedures are delivered in a way that protects people's human rights, including their rights to life and not to be treated in an inhuman or degrading way.
- How staff who are required to use restrictive physical interventions have received specialist training.

15.2. The service will ensure people who use our service, their advocates, those lawfully acting on their behalf and those close to them have access to our safeguarding policy.

15.3. The service will make all such information available in a format suitable to the needs of people who use our service, their advocates, those lawfully acting on their behalf and those close to them.

15.4. The manager will operate an open-door policy where any concerns can be expressed by the Service User or their family and investigated in accordance with this policy.

16.0 STAFF ROLE AND ACCOUNTABILITY IN RELATION TO ABUSE

16.1. All staff in our service have a responsibility to:

- Provide all Service Users with the best possible care following the care plan provided to guide this process.
 - Desist from any abusive/harmful action in relation to Service Users.
 - Report to the manager any act that they may consider to be abusive or harmful.
 - Co-operate in the investigation of any incident or alleged incident of abuse.
 - Undertake annual training on safeguarding and abuse.
- 16.2. Each member of staff in our service must be aware of the Whistleblowing policy for reporting any type of abuse or circumstances that may lead to abuse.
- 16.3. Each member of staff in our service must be aware that if the abuse involves the management within the service, then the incident must be passed on to the next line manager or externally to the local authority.

17.0 MANAGERS RESPONSIBILITIES

17.1. The manager of our service will have responsibility for:

- Developing systems and structures within their service which ensure that the best possible care is delivered.
- Encouraging a culture and ethos that does not tolerate any sort of abuse/harm.
- Auditing and revising the services policies and procedures to prevent and deal with any abuse/harm.
- Operating a robust recruitment and human resource policy that identifies and potentially excludes the recruitment of any potential or actual abusers.

17.2. The manager is responsible for ensuring staff have access to training which is appropriate to the role, and which will include, but is not limited to:

- Providing training for staff in all aspects of safeguarding, abuse/harm and protection including:
 - Preventing abuse.
 - Safeguarding and legal principles under the Care Act 2014.
 - The 6 core principles of safeguarding and the Making Safeguarding Personal framework.
 - Recognising at risk individuals.
 - Specific responsibilities and accountabilities for safeguarding in the Service.
 - How to recognise different forms of abuse and neglect, including organisational abuse and neglect.
 - Identifying the signs of different forms of abuse.
 - Identifying types of abuse.
 - How to respond to abuse.
 - How to understand the differences between poor practice and abuse and neglect.
 - The Service's whistleblowing policy and procedure, including what support and information is available in this situation.
 - How to act on and report suspected abuse or neglect.

- How to deal with and preserve evidence.
- How to raise safeguarding concerns within the Service and how the Service should respond.
- How to escalate concerns (for example, to appropriate helplines or the local authority) if staff feel that the response taken was not appropriate or effective, or if the concern relates to the actions of the manager or other person in a position of authority within the Service.
- Confidentiality and data protection.
- The importance of being open and honest when things go wrong (the duty of candour).
- Duties under the Public Interest Disclosure Act 1998.
- Other training that is needed, based on the staff member's role and their specific safeguarding responsibilities.

17.3. Such training will be from an accredited source and will be repeated annually.

17.4. Some senior staff, and staff who work with highly at-risk individuals, will also access additional accredited training (as will the safeguarding lead, see also 10.5) which relates to:

- How to ask about abuse and neglect in a sensitive and non-judgemental manner.
- How frequently to assess and ask about abuse and neglect.
- The wide range of situations and circumstances in which abuse and neglect can potentially occur.
- Less obvious indicators of abuse and neglect, and more complex safeguarding concerns (for example organisational abuse and neglect).
- Risk assessments and their relationship to safeguarding.
- The skills needed to support a resident through a safeguarding enquiry.

17.5. The manager is responsible for ensuring that staff discuss safeguarding in meetings and supervision and that all Service User facing staff have a good working knowledge of safeguarding and have competency assessments relating to it.

17.6. The manager and safeguarding lead are also responsible for

- Swiftly investigating any evidence of abuse/harm.
- Learning from any incidents of safeguarding and implementing improvements to procedures and policies to effect changes to the service if any deficiencies in the way in which the service operates.
- Collaborating with all other relevant agencies in combating abuse/harm and improving the safeguarding and protection of Service Users.
- Liaising with the relevant safeguarding adults' authority teams and following their guidance and instructions where applicable, including the issues arising from multi-agency involvement.
- The regular maintenance of audit care records (in addition to external checks, such as audits or Care Quality Commission inspections) and ensure that they are

complete and available in case they are needed if a safeguarding concern is raised.

- Making this policy available to Service Users, staff, volunteers, visitors and other stakeholders, e.g. at induction (staff and volunteers who must sign to say they have read it), by reference to it in the handbook (Service Users and families) and on request (professional stakeholders).
- The Manager should also make reference to availability of the policy in other areas such as on the website and in the reception area.

18.0 ACTING ON AND REPORTING OF ABUSE

- 18.1. All allegations of abuse must be reported to the Social Service Safeguarding Team and a record kept by the manager of the date when the allegation was reported, and all subsequent actions taken.
- 18.2. Each member of staff in our service must be aware of the Whistleblowing policy and their responsibilities for reporting any type of abuse or circumstances that may lead to abuse. Including if the abuse includes managers from the service.
- 18.3. Staff should be aware of situations which might cause actual or potential harm and use their best judgement to stop any further harm being perpetrated. Staff should seek help and support during any intervention.
- 18.4. Staff are supported to raise any concerns they have about the level of care being offered to an individual using our services, especially where they consider this might not meet the individual service user's needs.
- 18.5. Where a Service User, or other adult, discloses allegations of abuse to a staff member, the staff member should listen to the person, but not interview them or commence an investigation. They should identify that they will have to report the abuse and seek permission to do so. They should right down the facts as reported to them, not adding any personal feelings or interpretations to the statement.
- 18.6. It is the responsibility of the manager to take immediate action to identify and stop any abuse, including separating the abuser from the abused person, this might be Service User to Service User or if a staff member, this may involve suspension or disciplinary procedures being invoked.
- 18.7. The manager must take additional action to provide further support, protection and care to a Service User who has been harmed.
- 18.8. A best interest's decision may be made on behalf of a Service User who has been subject to harm. They may lack capacity and be unable to give their consent to the matter being reported. This will be carried out in line with Mental Capacity Procedures and will involve any power of attorney, court appointed guardian or advocate supporting the service user.

It is the responsibility of the Manager/Safeguarding Lead to discuss with any Service User who may have been abused or harmed, what type of action might be taken. The Service User may not want the matter to proceed with a referral being made to any authority. It is still the manager's responsibility to seek advice from the safeguarding officer about appropriate course of action to take.

- 18.9. The Manager/Safeguarding Lead of the service will ensure that the Social Services Safeguarding Team is informed of the abuse according to local safeguarding procedures in place.
- 18.10. It is the responsibility of the manager to report any allegations or actual abuse to any power of attorney, court appointed guardian or advocate supporting the service user and where appropriate family members.
- 18.11. In some circumstances, the manager of the service will need to inform the police of the matter and take guidance from them on what measures need to be taken.
- 18.12. All aspects of the Service Users privacy and dignity will be protected at this time.
- 18.13. The Manager/Safeguarding Lead will take their lead from the Local Safeguarding Adults Board and attend strategy meetings when requested with other interested stakeholders to ensure that an action plan is in place to safeguard the Service User and prevent similar incidents occurring. This will be met following the timescales and direction of the Local Safeguarding Adults Board.
- 18.14. The Manager/Safeguarding Lead will contribute to actions required including sharing information and attending forums where experience and lessons learned can be shared with other providers.
- 18.15. The manager may seek specialist advice and support when addressing and managing an incident of abuse that has occurred.

19.0 ACTION TO BE TAKEN FOLLOWING AN INVESTIGATION

- 19.1. Following an investigation, where a member of staff is reasonably suspected to have caused harm or risk of harm to Service Users, they must be referred for inclusion on the Disclosure and Barring Service Register where the requirements for referral are met.
- 19.2. Other employment sanctions could apply depending on whether there might have been mitigating or extenuating circumstances. In some cases, retraining could be appropriate.
- 19.3. If bad practice involves a criminal or illegal act such as assault or sexual abuse, the Manager/Safeguarding Lead must report the matter to the police immediately. A strategy plan would be put in place to protect any individual Service Users or staff involved and fully documented to inform staff of their responsibilities.

- 19.4. The Service User and their family will be informed of any further outcomes, from the investigation and be consulted about any form of redress or apology being issued by the service. The Duty of Candour will apply in such situations.

20.0 SUPPORT GIVEN TO STAFF AND SERVICE USERS

- 20.1. As part of our supporting role, the manager should ensure that arrangements are put in place that enables staff and Service Users affected by the incident to access counselling services and supportive supervision if required.
- 20.2. Any allegation of abuse, harm or discrimination will be treated seriously. Service Users will be supported to express their concerns along with family members and supporters. Staff must not unlawfully victimise people who use services for making a complaint about discrimination.
- 20.3. People should be supported to take part in the safeguarding process to the extent to which they want or are able to, or to which the process allows and are kept informed of progress.
- 20.4. The Manager/Safeguarding Lead should ensure that people are made aware of, support and encourage the Service User to access, sources of support outside the service including local independent information advice, independent mental capacity advocacy services or independent mental health advocacy services where relevant.
- 20.5. As part of the service, the manager promotes a culture where people feel reassured that their care, treatment and support will not be compromised if they raise issues of abuse.

21.0 CONSULTING WITH SERVICE USERS

- 21.1. We will consult with our Service Users about what they consider to be abusive, how they want to live their lives, what they would like to put in place to safeguard their rights and how they would want to be able to raise concerns if they feel they are being subjected to abuse or neglect.
- 21.2. Service User's preferences will be recorded in their person-centred care plan.

22.0 STAFF CHECKS

- 22.1. We have a robust recruitment process in place and all staff employed in our service have been subject to references checks to ensure they are suitable for employment. They have also undergone Disclosure and Barring Checks to ensure they are not listed on the sex offenders register.

23.0 RECORDS TO BE TAKEN

- 23.1. At each stage of the process, accurate records of all actions will be recorded paying close attention to the sensitivity of the situation regarding the Service User and their family.
- 23.2. The manager of the service will keep all records relating to any safeguarding incident, separate from other records and in a confidential folder.
- 23.3. The manager will keep a record of all staff who have been made aware, read and understood our policy on safeguarding and abuse.
- 23.4. A record will be kept of all staff who have received safeguarding training. This training will be updated for all staff when due. The record will display to the services regulators the status of staff safeguarding training for compliance.

24.0 LEARNING FROM INCIDENTS OF ABUSE

- 24.1. At the end of an incident involving possible or actual abuse/harm, the manager should carry out a review what has happened. The purpose of the review is to establish whether the service or its management has been in any way culpable, ineffective, or negligent. The lessons learnt should pave the way for how the service should operate in the future and passing on any appropriate information to other agencies.
- 24.2. If necessary, the service's policies, procedures and training arrangements should be modified in response to any material that has emerged from the incident or the investigation. The service might carry this out with advice and guidance from the Local Safeguarding Adults' Board or other specialist agency.
- 24.3. Where allegations of abuse are substantiated, the manager must take action to redress the abuse and take the necessary steps to ensure the abuse is not repeated. This may involve seeking specialist advice or support.
- 24.4. The manager will continue to monitor the situation following the incident of abuse to reassure the Service User and prevent further abuse.
- 24.5. The manager will communicate to staff any changes in policy to staff as part of staff supervisions and staff meetings were deemed appropriate.

25.0 STAFF TRAINING

- 25.1. Each individual member of our staff team will attend regular scheduled training in the protection of at-risk adults and understand the different types of abuse, including neglect and restrictive practices, and how to identify the signs of abuse. This training will take place at induction and then be repeated annually thereafter.
- 25.2. Awareness of the Safeguarding Policy, QP-61 and Whistleblowing Policy will form part of staff induction and accompanied by the appropriate training.

- 25.3. At induction staff will be made aware of their obligations regarding equality and diversity, with training being repeated every three years. Understanding discrimination and avoiding it is an important element of safeguarding.
- 25.4. At induction staff will be made aware of their obligations regarding providing care in the best interests of people who use our service especially where they lack capacity as defined in the Mental Capacity Act (2005), with training being repeated every three years. Understanding discrimination and avoiding it is an important element of safeguarding.
- 25.5. At induction staff will be made aware of their obligations regarding the provision of accurately assessed, planned, and evaluated person-centred care with training being repeated every three years. The provision of care, which is enabling, and empowering is central to the provision of care.

26.0 WHO TO CONTACT

- **The Care Quality Commission** – who are responsible for the regulation of adult social and health care in England:
Website: <https://www.cqc.org.uk/>
Phone: [03000 616161](tel:03000616161)
Email: enquiries@cqc.org.uk
Address: Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
- **Local Authority Safeguarding Board:**
Telephone: [02084302000](tel:02084302000)
E mail: Accessto.AdultsSocialCareTeam@newham.gov.uk
Address: London Borough of Newham, Newham Dockside, 1000 Dockside Road, London, E16 2QU
- **Social Services Safeguarding Team:**
Telephone: [02033733620](tel:02033733620) / [7164](tel:7164)
E mail: nsab@newham.gov.uk
Address: London Borough of Newham, Newham Dockside, 1000 Dockside Road, London, E16 2QU
- **INTERNAL CONTACT** (other than manager) (If staff wish to report within the service a safeguarding incident)
Name of Internal Contact: Oluwafemi Gunye
Address: 14 Applewood Drive, London, E13 8BF
Telephone: [02037184639](tel:02037184639)
E-mail: admin@approvezmedicare.com
- **Independent charity Public Concern at Work**



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[0808 168 0225](tel:08081680225) or by email at advice33@pcaw.co.uk. They can talk staff through the options address is <http://www.pcaw.co.uk/>

27.0 REVIEW OF POLICY

Signature:	<i>Marie White</i>	Name:	Marie White		
Role:	Registered Manager	Created Date:	04/11/2024	Review Date	04/11/2025

REFERENCED DOCUMENTS TO BE USED WITH THIS POLICY

1. Other Policies

- Equality Diversity and Inclusion
- Staff Training.
- Whistle Blowing Policy.
- Safeguarding Children when Staff are on Duty.

2. Procedures

- Staff induction and probation.
- Staff training and development.

3. Forms & Logs

- Recognising and Understanding Abuse.
- Induction Checklist.
- Rehabilitation of Offenders Declaration Form.
- Record of Actions Taken Following a Safeguarding Incident.
- Record of Information Given to Staff Form.
- Safeguarding Risk Assessment

4. Files & Books

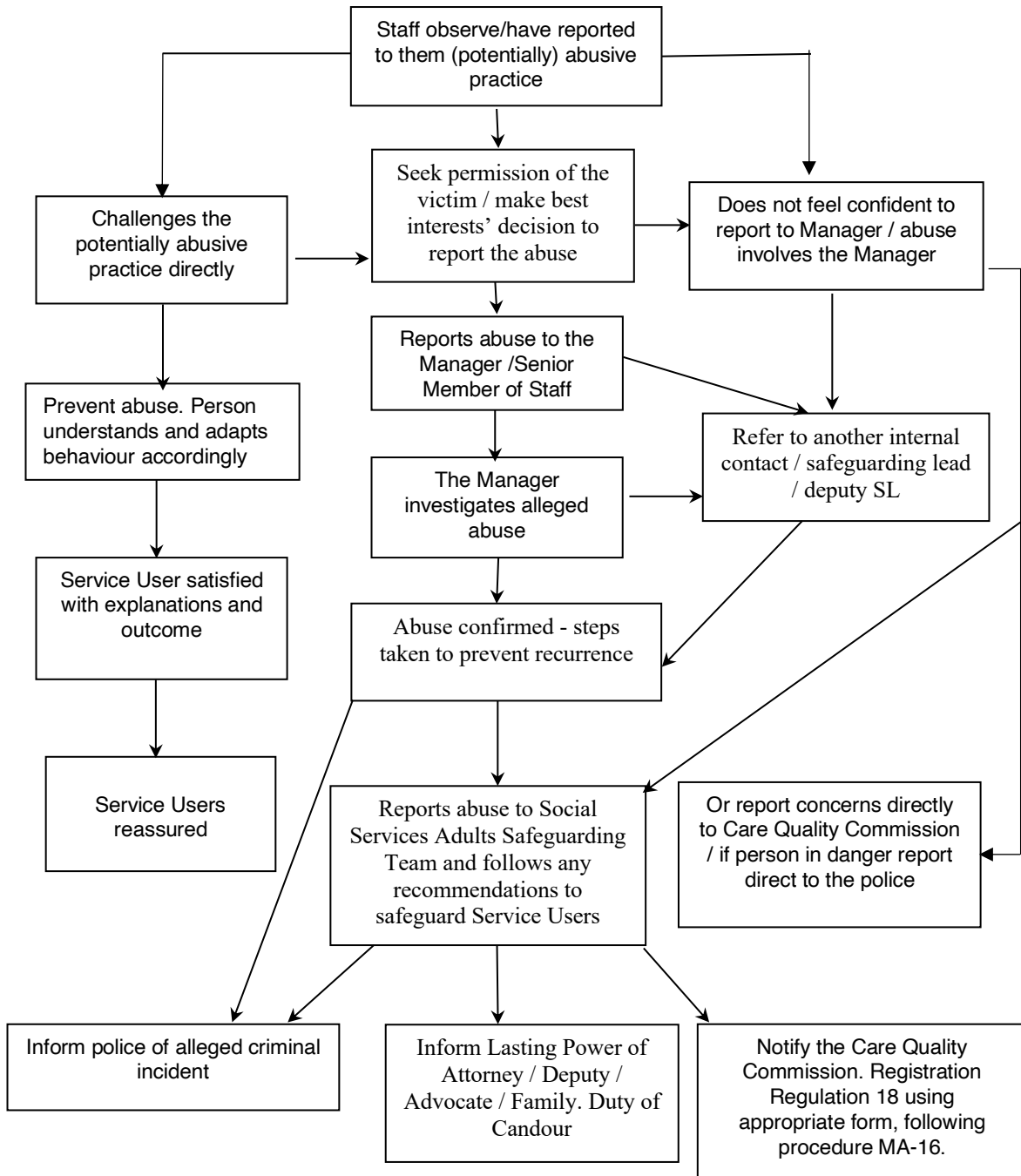
- MAF-Managers Action File.
- DC-IGTSF Information Given to Staff File.

5. Legislation, Standards and Guidance

- Care Act 2014, the Care Act 2014 statutory guidance.
- Sexual Offences Act 2003.
- Protection of Freedoms Act 2012 (Disclosure and Barring Service Transfer of Functions) Order 2012.
- Human Rights Act 1998.
- Mental Capacity Act 2005.
- Mental Health Act 2007.
- Safeguarding Vulnerable Groups Act 2006.
- Equality Act 2010 (regulations 2017).
- Health and Social Care Act 2012 (regulations 2015).
- Care Quality Commission (Registration) Regulations 2009.
- The Criminal Justice and Courts Act 2015 Section 20-25.
- Anti-Social Behaviour, Crime and Policing Act 2014.
- The Counter Terrorism and Border Security Act 2019.
- The Modern Slavery Act 2015.
- Domestic Abuse Act 2021.
- Serious Crime Act 2015 Section 76.
- The Data Protection Act 2018.
- The Public Interest Disclosure Act 1998.
- The Public Interest Disclosure (Prescribed Persons) Order 2014.
- CQC Quality Statements.



Procedure for REPORTING A SAFEGUARDING INCIDENT (flow chart)





Guidance for Managers CQC Quality Statements

Key Question: Safe Safe 3: – Safeguarding

We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people’s lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

Regulated regulations	CQC Compliance evidence can be found in:
Health and Social Care Act 2008 (Regulated Activities) 2014: Regulation 9: Person-centred care Regulation 10: Dignity and respect Regulation 11: Consent Regulation 12: Safe care and treatment Regulation 13: Safeguarding service users from abuse and improper treatment Regulation 17: Good governance Regulation 20: Duty of candour	Safeguarding Addresses the Quality Statement and regulated regulation.
I Statements	Compliance Source of evidence
1. I feel safe and am supported to understand and manage any risks.	Person Centred Care Plan Record of Information Given to Staff Record of Information Given to Service Users Health and Safety Communicating with Service Users Safeguarding Risk Management Policy Supporting and Communicating with SUs who have sensory or physical impairment Assessment Planning and Reviews

Processes	Compliance Source of evidence
1. DoLS and Court of Protection (POA) records	Power of Attorney Form Mental Capacity Assessment Form DOLS Court of Protection form Deprivation of liberty
2. Mental Capacity Act records and training	Power of Attorney Form Mental Capacity Assessment Form Service User’s Charter of Rights Mental Capacity Act 2005 Code of Practice Privacy, Dignity and Human Rights Service Users Consent Deprivation of liberty Harassment Violence and Bullying

3. People's care records or clinical records	General Risk Assessment Form Person Centred Care Plan
4. Safeguarding policy, records and training.	Staff Training Record Power of Attorney Form Staff Training Matrix Record of Actions Taken Following a Safeguarding Incident Record of Restrictive Practice Safeguarding

Managers will need to demonstrate to the CQC that they are complying with this Quality Statement, and I Statements by ensuring staff understand them and follow this procedure and other referenced documentation that provides sources of evidence.