

Policy for Safeguarding Adults (People aged 18 plus)

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Policy statement

- 1.1 At CHS we believe every person has the right to live in safety, free from abuse and neglect. Adult safeguarding is the term used to describe the process and activity of protecting adults with care and support needs from neglect or abuse. These adults are termed, for the purpose of this policy, as 'adults at risk'. CHS has a statutory duty to protect all our customers from abuse and harm, as we are well placed to spot early signs of abuse or neglect of customers (and their household members) who may need, but do not receive, care and support services.
- 1.2 CHS is committed to taking a pro-active approach to the safeguarding requirements under the Care Act 2014 and ensuring all our staff understand their individual responsibilities to our customers and the wider community and are supported to act accordingly. This includes ensuring our organisation and individual staff are active partners with key stakeholders who are concerned with adult safeguarding and with the relevant multi-agency procedures.
- 1.3 This document has been designed to set out the safeguarding adults' policy statement and standards in a way that recognises the diversity of roles, responsibilities, degree and mode of contact with our customers. The document is designed for clarity and quick reference for each team in day-to-day operations. However, it is paramount that every member of staff initially reads all of the policy, attends the safeguarding training appropriate to their role and reflects on their understanding and practice in supervision.

Policy aims

- a) To provide guidance for staff to be able to recognise and identify the types and signs of abuse or neglect.
- b) To provide guidance for staff to enable them to feel confident to act on and, report suspected or actual incidents of abuse or neglect, including responding to any immediate safety needs.
- c) To identify the reporting pathway for raising an alert and making a safeguarding referral.
- d) To ensure that staff record any concerns and the action taken.
- e) To clarify the support and advice available to staff who are involved in a safeguarding situation.
- f) To clarify the organisational structure and governance arrangements in relation to adult safeguarding.
- g) To ensure that CHS balances its duty to safeguard adults who use our services whilst enabling them to maintain as much control over their lives as possible.

Who does this policy apply to

This policy and associated procedures are for:

- ☐ All CHS's employees
- ☐ All CHS's contractors
- ☐ Apprentices, volunteers, and students working within any department within CHS.
- ☐ CHS's Board

What do we mean by adult safeguarding?

4.1 Adult safeguarding is the term used to describe the process and activity of protecting adults with care and support needs from neglect or abuse (adults at risk). However, the person does not have to actually be in receipt of care and support to be included. The Care Act 2014 describes the scope of safeguarding as being where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there):

- ☐ Has needs for care and support (whether or not the authority is meeting any of those needs)
- ☐ Is experiencing, or is at risk of, abuse or neglect, and
- ☐ As a result of those needs is unable to protect him or herself against the abuse or neglect or the risk of it.

4.2 An overriding principle in adult safeguarding is to ensure that we are at all times person centred and not process driven; it is about outcomes not just a tick box or form filling exercise.

The Care Act (2014) states:

"Making safeguarding personal means it should be person-led and outcome-focused. It engages the 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." (p.233).

The principles of safeguarding

- ☐ **Empowerment** – presumption of person led decisions and informed consent.
- ☐ **Prevention** – it is better to take action before harm occurs.
- ☐ **Proportionality** – proportionate and least intrusive response appropriate to the risk presented.
- ☐ **Protection** – support and representation for those in greatest need

- ❑ **Partnerships** – local solutions through services working with their communities.
- ❑ **Accountability** – accountability and transparency in delivering safeguarding.

Who could be defined as an 'adult at risk'?

- 6.1 At CHS we know that we provide care and support to people who may be at risk of abuse and neglect (including self-neglect) and that this can happen anywhere, including in their own home. People who become 'at risk' do so for a variety of reasons, including homelessness, the list below is not exhaustive, but it may be an individual with:
- ❑ Dementia
 - ❑ Learning disabilities and/or autism
 - ❑ Physical or sensory impairment/s
 - ❑ Mental health need including misuse of substances/alcohol
 - ❑ A long-term condition or illness
 - ❑ Frailty in older age
 - ❑ An inability to make day to day decisions and is in need of care and support
- 6.2 Adults at risk may also be carers who may be under extreme stress and/or subject to abuse by the person they care for who may be a relative, friend or neighbour. Perpetrators of abuse may also be 'adults at risk' for example; someone who has dementia who is abusing a peer in supported living or a neighbour in sheltered accommodation. We must also remember when considering whether an adult is at risk of abuse and neglect, their own ability to protect themselves and how able they are to make and, carry out, their own informed choices.

What do we mean by abuse and neglect?

- 7.1 Abuse can take many forms and may consist of a single act or repeated acts; it may constitute a crime and be a serious violation of the persons' human and civil rights. Abuse can be physical, verbal and/or psychological and includes acts of omission or neglect to garner help or resources to someone who may need assistance. Sometimes the abusive act is wilful on the part of the perpetrator but sometimes it may be unintentional. In the latter situation it is important to remember that abuse and/or neglect has still taken place and requires a safeguarding response. Abuse can happen in any relationship between the adult at risk and another person/s. It can include transactions to which the adult at risk has not consented, or is incapable of consenting to e.g. sexual or financial. The following are categories of abuse defined by the Care Act. The examples to illustrate each type of abuse are not exhaustive. It should be remembered that several types of abuse may be happening to the same person by the same or different perpetrators.
- a) **Physical abuse:** hitting, pushing, pinching, shaking, scalding, misuse of medication, and the misuse or illegal use of restraint or other sanctions.
 - b) **Emotional or psychological abuse:** threats, deprivation of contact, shouting, ignoring, cruelty, bullying, humiliation, coercion, enforced isolation, negating the right of the adult at risk to make choices and undermining self-esteem.

- c) **Sexual abuse:** any involvement in sexual acts, directly or indirectly, to which the adult at risk did not or, could not, have consented to.
- d) **Financial or material abuse:** theft, misuse of property, finances and benefits, fraud, coercion in relation to gifts, wills or other forms of inheritance, exploitation, misuse of lasting or, enduring power of attorney or appointeeship.
- e) **Modern slavery:** including human trafficking, domestic servitude, forced labour and sexual exploitation.
- f) **Radicalisation and extremism:** safeguarding people, often young adults, from extremism and violence.
- g) **Domestic violence and abuse:** includes controlling, coercive or threatening behaviour, violence or abuse by those who are or have been, intimate partners or family members regardless of gender or sexuality. It also includes so called 'honour'-based violence, female genital mutilation and forced marriage.
- h) **Discriminatory abuse:** occurs when values, beliefs or culture result in a misuse of power that denies opportunity, such as access to health care or justice. It includes racial, religious, gender-based abuse, or abuse based upon an enduring condition or disability, or a person's age. Generally, any adults at risk who would be described as having 'protected characteristics' under the Equality Act 2010.
- i) **Institutional abuse:** lack of respect for human rights, lack of dignity, maltreatment abuse or neglect by routines, regimes, teams and/or individuals. It can take place in where the person lives or services they use such as a day service.
- j) **Neglect and acts of omission:** failure, intentionally or not, to meet the needs of an adult at risk. This includes lack of protection from hazards, failure to meet health, social or educational needs and the need for appropriate shelter. It can include withholding vital requirements such as warmth, food and fluids and supports to the person e.g. spectacles, hearing aids, walking frames etc.
- k) **Self Neglect:** neglecting to care for oneself to the extent that it threatens personal health and safety, a lack of self care for hygiene, health or surroundings. It includes hoarding behaviour which could also be a sign of an underlying health condition and is of itself, now a recognised mental disorder.

Prevention of abuse and neglect

- 8.1 The first component of any adult safeguarding strategy is prevention. As an organisation, we can make a huge difference to the lives of people in receipt of our services and their families by early intervention and/or preventing a deterioration in their situation. This includes:

- a) **Customer profiling and risk assessment:** knowing who may be 'adults at risk' of abuse or neglect. For example; adults living alone who may be at higher risk of self-neglect due to age, mental illness or deterioration in general health; those living in care and support settings, who may be at increased risk of financial abuse, peer on peer or institutional abuse. By recognising the importance of explicitly addressing safeguarding issues within initial assessments, risk assessment and support plans for all people who use our services we can ensure that any potential and actual risks of abuse and neglect can be identified, and action taken accordingly to minimise.
- b) **Good governance:** putting systems in place within the organisation to identify and reduce risks to customers in relation to abuse and neglect. This includes, collecting information that may indicate something might be going wrong for them e.g. number of falls, learning lessons from safeguarding incidents and ensuring action is taken to prevent recurrence. A serious incident policy and procedure, robust investigation process and capability to make initial enquiries if requested by the Local Authority should be in place.
- c) **Access to clear information for all staff on adult safeguarding:** ensuring all staff have access to, and understand, the adult safeguarding and whistleblowing policies and procedures that are underpinned by a zero tolerance approach to abuse. Coherent linking of related policies such as those concerned with Anti-Social Behaviour, Hoarding, and Domestic Violence etc.
- d) **Clear operational policies and procedures for staff who provide support:** ensuring staff have clear standards and information to provide safe and high quality support. For example; assessments within benefits and money advice, risk assessment and care planning etc.
- e) **Recruitment:** ensuring vigilance in recruitment practice specifically, references and appropriate use of Disclosure and Barring Services for all customer facing employees. Minimising the use of bank and agency staff in care and support services. Clear expectations and standards of conduct for staff, including contractors and volunteers.
- f) **Training and supervision:** development of staff understanding and practice of safeguarding adults at risk, reinforcing of policies and sharing lessons learned.
- g) **Information for customers:** helping customers, and their families, to understand their rights and what to do if they feel they are at risk, or experiencing abuse or that, for whatever reason, they may be neglecting themselves to the detriment of their health and safety.
- h) **Accessing natural and universal supports:** encouraging the use of facilities or groups in their local areas that can provide support to adults at risk and their families and reduce isolation. For example, self help organisations, dementia cafés and carers groups

and agencies that can provide employment, benefit and welfare advice.

- i) **Prevention as part of everyday work:** information to support safety, health and wellbeing such as dealing with fuel poverty, healthy lifestyles, housing adaptations and telecare, safer neighbourhoods, home security measures etc., and referrals to secondary support e.g. to a falls prevention clinic.
- j) **Person centred approaches:** focusing on the needs of the individual not the requirements of the service. Ensuring that care and support plans promote individual choice and control. Good record keeping and observations to enable early identification of behavioural or physical changes that may be early indicators of abuse or neglect.
- k) **Partnership working and information sharing:** collaboration with local agencies concerned with adult safeguarding such as police, GP's, NHS, local authority and regulators is a key aspect of effective practice. This includes ensuring there is a local agreement or protocol setting out the principles and process for sharing information about an adult at risk or potential/actual perpetrator of abuse. The Data Protection Act (1998) enables the sharing of information and sets out the law in relation to this.

Roles and Responsibilities

Overall responsibility: CHS's Board has responsibility for ensuring that the organisation meets the legislative and regulatory duties relating to adult safeguarding and the protection of adults. It will:

- a) Appoint a lead Board member – with the appropriate skills and experience - to provide support to the Strategic Lead for Safeguarding. This is currently Gareth Hillier.
- b) Regularly review whether the things the organisation has put in place are creating a safer culture and keeping people safe.

Strategic lead for safeguarding: Director of Communities has responsibility for:

- a) Ensuring policies and procedures are in place relating to the safeguarding of children and adults at risk.
- b) Maintaining a cross organisational focus and attention to matters relating to the safeguarding of children and adults.

- c) Ensuring that strategic initiatives, policies or procedures are instigated in response to internal and external learning and/or new legislative policy and guidance.
- d) In partnership with the Human Resources team, allocating and coordinating investigations into allegations of abuse in relation to the allegations against employees.
- e) Allocating and coordinating any requests from the local authority to 'make enquiries' as per Section 42 of the Care Act 2014.
- f) Ensuring CHS responds appropriately to requests to contribute to and attend as required, meetings relating but not limited to Safeguarding Adult Reviews (SAR's), Multi-Agency Risk Assessment Conference (MARAC) and Multi-Agency Public Protection Arrangements (MAPPA).
- g) Maintaining a list of Designated Safeguarding Persons (DSP's) and ensuring that information related to this is kept up to date.
- h) Providing support and advice to the Designated Safeguarding Persons.
- i) Liaising with HR to ensure that training content is aligned to organisational policies and procedures and achieving required outcomes.

Directors of Homes and Customers: have responsibility for:

- a) Ensuring this policy, procedures and protocols are implemented and adhered to within their sphere of responsibility.
- b) Ensuring the swift reporting, management and follow up of safeguarding adult concerns within their team are dealt with in a timely and organised manner.
- c) Ensuring multi agency policies and procedures are adhered to when a concern is raised and facilitating the attendance of staff when required at relevant safeguarding meetings and forums.
- d) Reviewing, disseminating and ensuring appropriate action on 'lessons learned'.
- e) Considering the impact of reporting a safeguarding concern on a team member and any action that may be required including appropriate feedback on outcomes and any additional support or access to counselling.

Designated Safeguarding Persons (DSP's): have responsibility for

- a) Being a point of contact for advice, ensuring support for service delivery staff and managers, whilst not replacing the individual's responsibility for safeguarding.
- b) Promoting within their team, understanding and adherence to the policies and related procedures and in particular, those concerned with anti-social behaviour, domestic violence, hate crime, hoarding and self-neglect.
- c) Maintaining accurate records of advice provided to other staff and ensure follow up of actions recommended
- d) Attending quarterly organisational wide safeguarding forums to discuss safeguarding issues arising, lessons learned and implications for practice within their team and the wider organisation. This will be facilitated by the strategic lead for safeguarding and include an update on relevant national and local policy, information, research or case studies from external safeguarding reviews.
- e) Maintaining links with, and attend as required, external safeguarding forums, meetings or networks on behalf of CHS.
- f) Ensuring CHS responds appropriately to requests to contribute to and attend as required, meetings relating but not limited to Safeguarding Adult Reviews (SAR's), Multi-Agency Risk Assessment Conference (MARAC) and Multi-Agency Public Protection Arrangements (MAPPA)

All staff: have responsibility for:

- a) Taking seriously, listening carefully and reporting appropriately any adult safeguarding concerns reported to them.
- b) Ensuring immediate action is taken if the person/s are in immediate or serious danger or a crime is likely/or has been committed as per policy.
- c) Ensuring they keep accurate records of the allegation, initial enquiries and action and completing appropriate paperwork/forms as instructed by this policy and supporting procedures.
- d) Acting in accordance with this policy, procedure and protocols and attendance at appropriate training and supervision.
- e) Understanding the Whistleblowing policy and their obligation to report suspected or actual abuse or neglect.

Agencies involved with Adult Safeguarding

There are a number of agencies involved with the safeguarding of adults at risk these include:

- ☐ Local Authorities
- ☐ NHS
- ☐ Police
- ☐ Education
- ☐ Housing providers
- ☐ Voluntary and charitable groups
- ☐ Advocacy

It is important that CHS works in partnership with these, and other agencies as required to support the prevention of abuse and to deal swiftly and decisively to secure the protection of adults at risk. In particular, CHS will work within the policy and procedure developed by the Cambridgeshire and Peterborough Safeguarding Partnership Board.

Reporting a safeguarding concern – what to do if the person does not give consent to intervene

- 11.1 There may be occasions when an employee has safeguarding concerns about someone who does not want any help and refuses any requests for information about their situation to be shared with other safeguarding partners e.g. local authority. In this situation, we should respect their wishes although it is perfectly acceptable to share such information within our organisation e.g. with a line manager.
- 11.2 There are however, circumstances where it is reasonable for an employee to override the wishes of the individual and inform appropriate external agencies, these include where:
- ☐ a crime has been committed or sharing the information could prevent a crime
 - ☐ the person lacks mental capacity to make the decision
 - ☐ the person has mental capacity to make the decision but may be under duress, threatened or coerced
 - ☐ other people are, or may be at risk, including children or young people
 - ☐ staff are implicated
 - ☐ the alleged abuser is also an adult 'at risk'
 - ☐ the information is requested by court order or other legal authority

The safeguarding principle of proportionality should underpin decisions about sharing information without consent.

Record keeping of a safeguarding concern

- 12.1 It is paramount that all staff keep accurate records of any safeguarding concerns and actions.

Support for staff

- 13.1 Reporting alleged abuse and witnessing adults at risk in abusive or neglectful situations can be distressing and traumatic for staff. Line managers should ensure that staff have support and opportunity to de-brief and discuss their experiences and concerns.
- 13.2 CHS has in place an employee assistance programme and staff should be encouraged to make use of this should they wish. It is important that staff who report potential or actual abuse or neglect are kept informed at each stage of the process and provided with appropriate feedback in relation to outcomes.

Distressed or vexatious allegations

- 14.1 Occasionally, there may be customers who are 'at risk' who make distressing or vexatious allegations that CHS staff have in some manner abused or neglected them. This is rare and it is important to remember that the person making the allegation may have a mental disorder or cognitive impairment. However, when it does happen it is important for the customer and staff that it is dealt with by contacting the LA safeguarding officer and discussing the situation, explaining why you believe the report to be untrue and any evidence you have and seeking their advice as to how to proceed. In these cases, it is vital to ensure that detailed records are maintained as to the type of complaint made, which staff it involved and action taken.
- 14.2 Staff who are lone workers can be particularly vulnerable to allegations of this nature and it is important to recognise and support them should they experience such as situation, reassuring them that any investigation or suspension without prejudice is routine practice.

Reporting and monitoring

- 15.1 The Policy is subject to annual review, interim updates and learning in line with best practice, as follows:
 - a) An annual assessment of effectiveness of the policy and procedures in resolving each case of abuse that has arisen during the year is conducted. This includes seeking feedback from staff, service users and other agencies as appropriate. The number and type of safeguarding concerns and actual cases, and seriousness rating is summarised.
 - b) An annual written report to the Customer and Home Committee on the effectiveness of the Policy and Procedures including any proposals for revision, and an action plan; including assessment against Institute of Governance guidelines.
- 15.2 Serious incidents are reported via the CHS adverse incident forms, and these are shared with relevant overseeing bodies such as OFSTED, CQC, Cambridgeshire County Council.

Equality and diversity implications

This policy, by its nature and focus, supports the needs and promotes the safety and wellbeing of people as defined by the nine protected characteristics (Equality Act 2010).