

Policy & Procedure for Safeguarding Adults (People aged 18 plus)

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A. POLICY

1.0 Purpose of CHS' Safeguarding Policy and Procedure

1.1 Safeguarding adults is everyone's responsibility. Everyone working with adults at risk has an important role to play in protecting them, and anyone can recognise record, report and refer concerns about abuse.

- The purpose of this CHS' Safeguarding Policy and Procedure is to: keep people safe and promote their welfare within our services
- ensure all CHS employees know what to do if abuse is suspected
- assist our staff to avoid situations where abuse might be alleged

2.0 Guidance and Legislation

2.1 Legislation and good practice policy and procedure govern how we must safeguard people. For adults these are principally the Care Act 2014 and Cambridgeshire County Council's Adult Safeguarding Policy, Guidance and Procedure 2015. Other relevant legislation is listed in **Appendix 8**.

2.2 The Care Act 2014 puts adult safeguarding on a legal footing. The new statutory principle of individual wellbeing underpins the Act and the following changes to practice are emphasised:
making safeguarding personal (establishing with the adult what outcome(s) they want to achieve); advocacy (the Care Act makes it a duty to arrange for an independent advocate where the adult has 'substantial difficulty' in being involved in the process and there is no other suitable person to represent and support them) and carers (there is a duty to take account of carers where there is a situation which will require a safeguarding response). Local Authorities must take the lead in coordinating action to safeguard those at risk. 'Public organisations' such as CHS must follow good safeguarding practice across all service areas, i.e. in general needs housing, property services, community investment, as well as support and care services.

2.3 The Care Act 2014 requires each local authority to:

- Make enquiries, or ensure others do so, if it believes an adult is subject to or at risk of abuse or neglect; establish any action that needs to be taken to stop the abuse or neglect and by whom
- Set up a Safeguarding Adults Board (SAB) with membership from the local authority, Police, NHS, plus other relevant bodies as it decides
- Arrange for independent advocate to represent/support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR) where the adult has 'substantial difficulty' in being involved in the process and there is no other appropriate adult to help them
- Cooperate with its partners to protect adults experiencing or at risk of abuse or neglect, through local multi-agency safeguarding procedures

2.4 The Care Act 2014 also increases the scope of adult safeguarding to any adult who:

- Has needs for care and support (whether or not the authority is meeting any of those needs); and
- Is experiencing, or at risk of abuse or neglect

- Is unable to protect him/herself against the abuse or neglect, because of their needs for care and support
- 2.5 The Act aims to achieve clearer, fairer care and support with an emphasis on wellbeing--physical, mental and emotional of both the person needing care and their carer with local authorities, and their partners in health, housing, welfare and employment services, taking steps to prevent, reduce or delay the need for care and support for all local people. Where people require care and support, the Act stresses that they should be empowered to be in control of their care and support.
- 2.6 The Care Act also places strong emphasis on prevention of abuse and neglect, and the role of care and support workers and other professional staff, in identifying possible issues early on and addressing those and preventing deterioration of the situation. Employees of CHS therefore have a duty to prevent and detect harm and must act quickly when abuse or neglect is suspected or known. CHS employees are in a unique position to identify signs of abuse or neglect especially where/when other services are not involved with a person at risk and must act immediately.
- 2.7 Cambridgeshire County Council Adult Safeguarding Policy, Guidance and Procedure 2015, contains fulsome guidance for managers on identifying and managing concerns about abuse. The content is not all repeated here and the senior managers responsible for safeguarding at CHS will be familiar with this guidance and ensure that they follow it. The County Council guidance covers practice involving the Mental Capacity Act and Deprivation of Liberty. If there are concerns that an individual is being deprived of their liberty, advice can be sought from the Mental Capacity and Deprivation of Liberty Team at Cambridgeshire County Council. e-mail: mca.dols@cambridgeshire.gov.uk (01223 715581) Deprivation of Liberty in a community setting, such as Extra Care, is dealt with via the Court of Protection and the DoLs team can advise on this.

3.0 Focus of CHS' Policy and Procedure

- 3.1 This document contains the policy and the procedure for adults living in CHS supported and general needs housing, or receiving CHS Floating Support or Community Investment services in the accommodation owned by CHS or other landlords. It is also applicable to 'at risk' people visiting CHS premises or services.

4.0 Duty to Act and Apply the Policy

- 4.1 It is the duty of all employed by CHS, Board members and volunteers to act if they have any concern that an adult is at risk of or is being abused, neglected or exploited. All employees have a duty to follow this policy and procedure. We have a duty, as a public agency, under the Human Rights Act (1998), to intervene proportionately to protect the rights of citizens. The Care Act 2014 requires us to safeguard adults in our homes and services – see **Appendix 6** for information about the principles and obligations.

5.0 Definitions

- 5.1 An **adult at risk** is defined under the Care Act 2014 as a person who:

- (a) Has needs for care and support (whether or not the authority is meeting any of those needs) and
 - (b) Is experiencing, or is at risk of, abuse or neglect, and
 - (c) As a result of those needs is unable to protect him/herself against the abuse or neglect or the risk of it.
- 5.2 'Adults' are aged 18 or over. In CHS services this includes young people aged 18+ and people living in CHS supported, sheltered and general needs housing, the registered care homes for older people, customers of the CHS General Needs and Community Investment teams and people receiving CHS floating support services in CHS or other accommodation.
- 5.3 **Abuse** is a violation of individual's human or civil rights. It may consist of single or repeated acts. It may be physical, verbal, sexual or psychological/ emotional, and includes trafficking. It includes acts of neglect and omissions to act, as well as exploitation (both sexual and other forms), harassment and threats. Abuse can occur through deliberate targeting or grooming of adults at risk and may be carried out by individuals or groups of individuals. Abuse may be carried out by staff or other service users. Abuse includes such activity as Female Genital Mutilation
- 5.4 **Risk of abuse** is increased if the adult at risk is socially isolated, has a family with history of violence, if there are communication problems, drugs/alcohol are involved, relationships are under stress, there are low staffing levels, staff training is inadequate. Most reported cases of abuse are in the person's own home or a care setting, but can be in any situation.
- 5.5 **Significant Harm** is the threshold that justifies compulsory intervention by Local Authorities to safeguard adults at risk. Local Authorities have a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of adults at risk who are suffering or likely to suffer significant harm ('Working Together', 2010). See section 7 below. If the adult at risk is not at risk of Significant Harm, it is still required that any concerns are logged by CHS staff and investigated as decided by a senior CHS manager (Head of Community Support Services, or Head of Older People's Services, or Community Support Manager) and that appropriate person centred action is taken to resolve the situation and prevent abuse or neglect.
- 5.6 **Radicalisation**
- 5.6.1 Adults at risk may be susceptible to exploitation into violent extremism by radicalisers. Violent extremists often use charismatic individuals with a persuasive rationale to attract people to their cause with promises of glory and a better life.
- 5.6.2 There are a number of factors that may make an individual susceptible to exploitation by violent extremists. None of these factors should be considered in isolation but in conjunction with the particular circumstances of the individual: identity or personal crisis, particular personal circumstances, unemployment or underemployment and criminality. All of these may contribute to alienation from UK

values and a decision to undertake radical actions and cause harm to symbols of the community or the state.

- 5.6.3 The Home Office leads on the anti-terrorism strategy 'CONTEST' and 'PREVENT' is part of the overall 'CONTEST' strategy, aiming to stop people from becoming terrorists or supporting violent extremism.

6.0 **Types of abuse**

6.1 **Physical abuse**

Definition – Non-accidental harm to the body caused by the use of force, which results in pain, injury or a change in the person's natural physical state.

Some examples are: hitting, slapping, pushing, kicking, misuse of medication, restraint, inappropriate sanctions, rough handling, pinching, punching, shaking, burning, and forced feeding.

6.2 **Sexual abuse**

Definition - Sexual abuse is the involvement of an adult at risk in sexual activities or relationships that are for the gratification of the other person and which: they have not consented to, or they cannot understand and are not able to consent to, or which violate the individual's expressed cultural or religious preferences, sexual taboos, or family custom and practice.

Some examples are: rape and sexual assault, or sexual acts to which the adult at risk has not consented or could not consent or was pressured into consenting, inappropriate looking or touching, indecent exposure.

6.3 **Psychological abuse**

Definition - Psychological or emotional abuse is behaviour that has a harmful effect on an adult at risk's emotional health and development.

Some examples are: 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 from services or supportive networks, withholding affection, shouting, depriving the person of the right to choice and information and privacy, and behaviour that has a harmful effect on the adult's emotional health and development.

6.4 **Financial or material abuse**

Definition - Financial or material abuse involves the use of an adult at risk's property, assets or income without their informed consent or making financial transactions that they do not understand, to the advantage of another person.

Some examples are: theft, fraud, internet scamming, coercion/putting the person under pressure in relation to wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

6.5 **Neglect and acts of omission**

Definition - Neglect is behaviour that results in the adult's basic needs not being met.

Some examples are: ignoring medical, emotional or physical care needs, persons physical condition or appearance is poor e.g. ulcers, pressure ulcers, soiled or wet clothing, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life such as medication, adequate nutrition and heating, and undermining personal beliefs.

6.6 **Self-neglect**

This covers a wide range of behaviour which involves neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. See **Appendix 7** for further information about hoarding.

6.7 **Discriminatory abuse**

Definition - Discriminatory abuse is behaviour that makes or sees a distinction between people as a basis for prejudice or unfair treatment.

Some examples are: racism, sexism, religious and ageism, based on a person's disability, and other forms of harassment, slurs or similar treatment.

6.8 **Domestic abuse and violence**

Definition - Domestic abuse and violence includes physical, emotional, psychological, sexual, financial, undermining of self-confidence, and 'honour' based violence and forced marriage.

Domestic abuse can go beyond actual physical violence and involve the destruction of a spouse's or partner's property, their isolation from friends, family or other potential sources of support, threats to others including children; control over access to money, personal items, food, transportation, telephone, and stalking. It can include violence perpetrated by a son, daughter or any other person who has a close or blood relationship with the victim. It can also include violence inflicted on, or witnessed by children. The wide adverse effects of living with domestic violence for children must be recognised as a child protection issue. It may link to poor educational achievement, social exclusion and to juvenile crime, substance abuse, mental health problems and homelessness as a result of running away. Domestic violence may be a 'one-off' occurrence but is usually frequent and persistent aimed at instilling fear into, and compliance from, the victim.

6.9 **Organisational abuse**

Definition - Is the misuse of power and the abuse of trust by or organisations or members of their management or staff, the failure of organisations to act on suspected abuse/crimes, poor care practice or neglect in a service or in a person's own home, and may be the result of resource shortfalls or service pressures that lead to service failure and culpability as a result of poor practices, management systems, processes or structures.

6.10 **Modern Slavery**

Definition – Involves traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Encompasses slavery, human trafficking, forced labour and domestic servitude. It can be seen or detected in processes, attitudes and behaviour that amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and stereotyping. It includes a failure to ensure the necessary safeguards are in place to protect adults at risk and maintain good standards of care in accordance with individual needs, including training of staff, supervision and management, record keeping, unable or unwilling to implement professional or clinical guidelines and liaising with other providers of care.

Abusive behaviour may be part of the accepted custom and culture within an organisation or an individual member of staff, or particular group of staff may behave abusively.

7.0 Significant Harm is the threshold that justifies compulsory intervention by Local Authorities to safeguard an adult at risk. "Harm" includes ill treatment (including sexual abuse and forms of ill treatment that are not physical), and the impairment of, or an avoidable deterioration in, physical or mental health and the impairment of physical, emotional, social or behavioural development. Local Authorities have a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of an adult at risk who is suffering or likely to suffer significant harm. Significant Harm is a key concept in adult safeguarding work and it helps to determine how serious or extensive abuse must be to justify intervention. Indicators of the types of abuse listed above are described in **Appendix 1**.

If the adult at risk is not at risk of Significant Harm, it is still required that any concerns are logged by CHS staff on the Adverse Incidents form and copied to the Quality Assurance Manager, Line manager, and Head of Community Support Services, and investigated as decided by a senior CHS manager (Community Support Manager, Head of Community Support Services).

8.0 The Principles of the CHS Policy are that:

- 8.1 CHS employees know how to respond. They recognise, record, report and refer:
 - **Recognise:** know what to look for, are trained to recognise the signs/symptoms, listen to concerns of those working with children/young people
 - **Record:** note the issue so that details are not forgotten
 - **Report:** know who to report the concern to
 - **Refer:** know where to refer to outside CHS, to get advice and help
- 8.2 Adults at risk are safeguarded from abuse in our services through the establishment of a protective culture and we act on all concerns we have or abuse we find.
- 8.3 Adults at risk receive services from CHS that are person-centred and actively promote their empowerment and well-being.
- 8.4 CHS employees work, themselves and together, with all responsible agencies, to prevent abuse.
- 8.5 CHS employees are trained to recognise abuse and report it. They work closely with all responsible agencies to resolve cases of abuse or suspected abuse.
- 8.6 CHS takes a person centred approach to managing incidents of abuse. CHS employees deal sensitively and effectively with incidents of abuse or suspected abuse.
- 8.7 CHS employees are vigilant about possible abuse issues and implement this policy accordingly.
- 8.8 There is a duty of care to report any concerns.

9.0 Safeguarding by CHS

- 9.1 CHS seeks to instil a culture of openness, fairness, trustworthiness and thoughtfulness in which the potential for abuse is significantly reduced. Employees,

volunteers and Board members apply these concepts at all times when carrying out all activities.

- 9.2 Safeguarding is supported by a robust recruitment process that is followed at all times. Key features of the process are:
- Clearly defined Job Descriptions and Person Specifications
 - Behaviours framework
 - Completion of application forms
 - Declaration from applicants regarding convictions
 - Enhanced Disclosure and Barring Service checks, which are repeated 3 yearly
 - verbal and written references taken up, including ascertaining whether the referrer has any concerns regarding the applicant working with children or adults at risk
 - Identity checks
 - Full employment/occupation history required from age 16
 - Interviews by a Panel, of whom at least one must have received recruitment and selection training, and which includes assessment of behaviours and suitability for working with children/young people
 - Equality and Diversity training
 - Induction processes and probationary periods
 - Regular supervision and appraisals
- 9.3 Regular training is provided to ensure that employees understand and implement the policy and the procedures effectively. Managers/Designated People receive additional training provided by Cambridgeshire County Council.
- 9.3.1 Coaching, advising and direction on good practice is provided through regular 1:1 supervision sessions and team discussions.
- 9.3.2 Staff can access practical and legal guidance, advice and support through the operational lead for safeguarding at CHS – Head of Community Support Services.
- 9.3.4 CHS has effective links with the Local Authority Safeguarding Leads to ensure cooperation and information sharing, and to improve joint working and address any issues or barriers; the formal link being via the CHS Head of Community Support Services. The Head of Community Support Services also has a link with the Safeguarding Adults Board (SAB).
- 9.4 Risk assessments cover areas relevant to safeguarding including risks posed to clients through lone working, and the potential for employees and others to obtain personal benefit from their work.
- 9.4.1 CHS has a policy on the use of mobile phones, cameras and sharing of images, which all employees and volunteers must adhere to.
- 9.4.2 Employees follow the CHS Professional Boundaries Policy and must maintain consistent boundaries in each service and across services.
- 9.5 New service users receive written and verbal guidance on the behaviour and boundaries they can expect from staff/volunteers and on how to recognise and report abuse.

- 9.6 Services use a variety of ways to give service further advice and support to keep themselves safe, e.g. inviting workers from a Domestic Abuse unit to a service users meeting, setting up sexual health and appropriate behaviour sessions in the service.
- 9.7 Employees working with adults at risk are familiar with and make use of the provisions of the *Common Assessment Framework (CAF)*. (See **Appendix 4**.) If an employee believes that a person's health or development would be impaired without the provision of services by the Local Authority then a CAF form should be completed with the person and used as a basis for deciding whether referral to Social Care is appropriate. If an employee believes that a person is suffering or is likely to suffer significant harm then they should always refer their concerns.
- 9.8 CHS contributes to the MASH (Multi-Agency Safeguarding Hub) when appropriate, e.g. when an individual service user has been identified as a high-risk offender or has been identified as being at risk of domestic violence or is at risk of radicalisation. There is a duty of care to report any concerns. If they are related to Safeguarding this will be through the usual safeguarding process and if not related to Safeguarding will be to the MASH (Multi-Agency Safeguarding Hub – see **Appendix 2** for contact details). An action plan to support the individual can then be created with the relevant agencies.

10.0 The Making Safeguarding Personal approach to protection from abuse (adults)

- 10.1 This means that the adult who is the alleged victim of abuse can expect the following.
- 10.2 When abuse has been disclosed, reported or observed, the alleged victim is treated with dignity, involved as an equal in the investigation, empowered to fully participate in the process and is kept fully informed on a regular basis.
- 10.3 People reporting abuse of themselves and/or others are believed, unless there is direct and unequivocal evidence to the contrary.
- 10.4 They receive appropriate education/information in order to identify behaviour or incidents that constitute abuse.
- 10.5 The investigation is processed to a timescale with which they feel comfortable, as far as is reasonable.
- 10.6 Their privacy, and as far as possible confidentiality, is preserved in the conduct of the investigation.
- 10.7 They are assisted as necessary by an interpreter, advocate, relative or carer in giving information or evidence about the alleged abuse, unless the evidence is subject to other particular requirements – for example Police procedures.
- 10.8 They can expect arrangements to be made to promote their safety and welfare in both the short and long term.
- 10.9 They can expect that the issues of power/coercion/intent on the part of the alleged abuser will be given particular attention.

10.10 They do not to have to undergo repeated presentations of information/evidence, except as required in criminal proceedings.

10.11 They are involved in decisions made as a result of the investigation.

11.0 Visitors to our services

11.1 The principles of this policy apply to adults at risk who may be visiting our services. Separate visitor procedures are in place at each service that contain measures to promote the safety of adults at risk whilst at the service.

11.2 If an employee/volunteer believes that a visiting adult has suffered abuse then s/he has a duty to report this in line with the procedures set out below.

11.3 Visitors who may harm an adult at risk or have caused harm must be reported immediately in line with this procedure.

12.0 Recording and Reporting abuse

12.1 It is extremely important that employees/volunteers report all cases of suspected or alleged abuse in line with the procedure.

12.2 Reporting abuse can feel difficult. To support individuals in making reports CHS offers the following:

- Employees/volunteers can speak with a Manager from a different service
- Employees can use the whistle blowing procedure
- Employees can use the free Employee Assistance service to help them think through their report
- Employees may contact 'Public Concern at Work', which is an independent authority on whistleblowing and provides free help to prospective whistleblowers and advice on whistleblowing laws.
- If an employee or the person receiving a report considers that an employee may be at risk of retribution as a result of making a report, an assessment of that risk will be undertaken and appropriate actions agreed.

12.3 If an employee does not report concerns about suspected abuse or evidence of abuse this may put the adult at risk and as such may be a disciplinary matter.

13.0 Further Advice

13.1 If in doubt the Head of Community Support Services or Head of Older People's Services, or Community Support Manager, will seek further advice from Cambridgeshire County Council Customer Services about the most appropriate way of dealing with an incident of abuse or suspected abuse.

14.0 Procedure

14.1 CHS employees will follow the procedures attached to this Policy, which are:

- B1. Procedure - Adults at risk in Community Support Services and Older People's Services

- B2. Procedure - for Service users for Reporting Abuse, Suspected Abuse or Neglect
- B3. Procedure – for General Housing, Property Services, Community Investment staff

15.0 Confidentiality

- 15.1 The principle is to preserve confidentiality. Information held by CHS is subject to the legal 'duty of confidence' and is not normally disclosed without the consent of the person who has provided the information or who is the subject of the information. The reporting/sharing of personal information must be within the provisions of the Data Protection Act (1998).
- 15.2 The views of the service user must be taken into account, with the help of an advocate to enable the service user to express their views, if the service user:
- does not wish action to be taken, or
 - does not wish to be involved with any investigation, or
 - does not want any information shared with other individuals or agencies
- 15.3 If it is considered someone is at serious risk of abuse, then information can be disclosed without consent. In such a situation, disclosure without consent must be necessary and justifiable and the minimum amount of information must be disclosed to achieve the aim of protecting the adult at risk. (Any disclosure made outside these exceptional circumstances would be in breach of confidentiality and would be a breach of the Data Protection Act 1998, which would be dealt with through the CHS Disciplinary Procedure.)
- 15.4 Confidential information is only shared on a 'need to know' basis (S115 Crime and Disorder Act). At CHS the employees that need to know are the line manager, Community Support Manager, Head of Community Support Services, or Head of Older People's Services. CHS employees must work together with these senior managers to decide next steps.

16.0 Lead Officers and Review of Policy and Procedures

- 16.1 The senior manager at CHS with overall strategic responsibility for safeguarding is the Director of Community Services. The Safeguarding Lead at CHS is the Head of Community Support Services. Community Support Managers and Head of Older People's Services also provide advice and support to CHS staff about safeguarding concerns.
- 16.2 All managers in CHS Community Services Directorate attend management training in Safeguarding.
- 16.3 The CHS Safeguarding Policy and Procedures are subject to annual review, interim updates and learning in line with best practice, as follows:
- 16.3.1 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.

- 16.3.2 A written report to the Operations Committee on the effectiveness of the Policy and Procedures including any proposals for revision, and an action plan.
- 16.3.3 The outcomes of the annual review are fed back to service users.
- 16.3.4 Each safeguarding incident or concern is recorded on the Adverse Incident form and copied to the line manager, Head of Community Support Services and the Quality Assurance Manager. On the basis of the forms, monthly reports on safeguarding incidents are produced by the Quality Assurance Manager for the Head of Community Support Services, other Heads of Service in the Community Services Directorate, and the Community Support Managers. These are to look for patterns, trends, and consider what further actions can be taken to support customers and employees. An annual report on safeguarding incidents is also produced for the Annual Review of Safeguarding for Operations Committee.

17.0 Prevention of Abuse

- 17.1 CHS employees endeavour at all times to prevent abuse and reduce the risk of it occurring by:
 - Ensuring that they know what abuse is, and are aware of how it can happen and the kinds of context in which it is likely to happen (e.g. young people missing from their accommodation could be at risk of or be abused)
 - Ensuring that they are able to recognise signs of abuse
 - Being alert to indicators of potential abuse or abusive situations
 - Knowing the procedures for reporting concerns and poor practice
 - Performing their work, particularly concerning needs and risk assessments and care/support planning and provision, and reporting to a high standard
 - Ensuring appropriate information, including telephone numbers, is available to users of our services e.g. by way of notice boards or welcome pack
 - Erring on the side of caution and seeking earliest discussion with the Head of Community Support Services or Community Support manager, or Head of Older People's Services.

B. PROCEDURES

B1. Procedure - For Safeguarding Adults at CHS – for Community Support Services and Older People’s Services: Staff, Students and Volunteers

The important points for all staff to remember are to:

RECOGNISE (signs of abuse)

RECORD (clear, factual)

REPORT (to Manager)

REFER (to Cambs County Council Customer Services. Normally Managers will decide when to do this, as an employee you have the responsibility to refer if you cannot contact your line manager or any senior manager and the situation is serious/urgent)

1.0 Reporting concerns: Support Officer/Care staff responsibilities

- 1.1 Concern that abuse may be occurring can arise from something an employee sees or hears, may arise from changes in an individual’s behaviour, or may arise from information given to them by a third party. Where these concerns do not reach the threshold of significant harm, it is still important to log them as a pattern of concerns may suggest that support is required or that abuse is occurring.
- 1.2 Where a disclosure of abuse is made directly to a member of staff the employee should react calmly, and listen carefully to what is being said, without displaying shock or disbelief, and accept what is said.
- 1.3 Reassure the individual that you are glad they told you, that it was the right thing to do, they are not to blame and the disclosure will be taken seriously.
- 1.4 Maintain a neutral emotional demeanour and do not express any anger, even towards the alleged abuser.
- 1.5 Don’t promise to keep it to yourself, at the earliest opportunity remind them of our confidentiality policy and explain what this means.
- 1.6 Explain that you need to make sure that they or the person who they consider may have been abused will be safe. You will need to pass on the information to your Manager and may also pass it on confidentially to somebody in another agency who is trusted to deal with it appropriately.
- 1.7 If the adult at risk is in immediate danger or in need of emergency medical treatment contact must be made with the emergency services.
- 1.8 It is important to clarify what you have heard, and to establish the basic facts. But do avoid asking leading questions and do not ask them specific questions about explicit details.

- 1.9 If possible, make brief notes during the disclosure, explaining to them why you are doing this. If not possible to do at the time, make notes as soon as possible afterwards, and within 24 hours at the latest. The record should not be made in the individual's case file but on an adverse incident form and must be signed and dated by the employee and copied to your line manager, the Quality Assurance Manager and Head of Community Support Services. A copy of the adverse incident form is attached as **Appendix 3**.
- 1.10 Ask the individual what outcome they would like.
- 1.11 If the alleged abuse concerns serious physical or sexual assault within the last three days, then the evidence will need to be preserved. The Police will advise on this.
- 1.12 Any employee who suspects or knows that a service user has been abused should immediately discuss their concerns with their line manager or a senior manager, or in the case of being out of office hours the Out of Hours Duty on Call Manager. The manager will agree the actions to be followed to deal with the risks. If it appears the line manager is not responding to the report the employee must report their concerns to their manager's line manager, or another service manager or senior manager without delay. An Adverse Incident form must be completed and copied to the Quality Assurance Manager, line manager and Head of Community Support Services immediately.
- 1.13 The employee must maintain confidentiality and should not initiate discussing their concerns and with other members of staff unless it is in the interest of the adult at risk that those members of staff are also aware so they can deliver the best service – i.e. that they need to know. The line manager will discuss the issue with the Community Support Manager, or Head of Community Support Services, or in Older People's Service the service manager or Head of Older People's Services and actions will be agreed.
- 1.14 If the safeguarding issue is serious and urgent and for whatever reason the employee is unable to contact any CHS manager or senior manager, they must make a referral direct to Cambridgeshire County Council Customer Services and follow the guidance given below.

2.0 Reporting concerns: manager responsibilities

- 2.1 Extensive guidance on the management responsibilities is given in the Cambridgeshire County Council Management Responsibilities for Adult Safeguarding document, which should be referred to and which forms the basis of our management training.
- 2.2 On receipt of a report of alleged abuse or concern a manager must consider the information and decide a course of action to mitigate risk. They must evaluate whether abuse may have occurred and whether a referral to the Cambridgeshire County Council Customer Services is required.
- 2.3 In assessing the seriousness of the concern and level of risk posed, the following factors are taken into account:

- The vulnerability of the adult, level of cognitive impairment or physical dependency
- The level of threat to independence
- Degree of social isolation of the adult, whether they have a circle of people to confide in or to provide support
- The nature and extent of the abuse
- The length of time and frequency that abuse has been occurring
- The impact on the individual – physically, emotionally, psychologically and any resultant harm (i.e. impairment of mental or physical health, well being or social/behavioural development)
- The outcome the adult wants to achieve, ascertaining this with the help of an advocate when necessary
- Risk of repeated or increasingly serious acts involving this or other adults at risk
- Level of personal support needed by the adult and whether that support is normally provided by the alleged perpetrator
- Extent of premeditation, threat or coercion, whether the alleged abuse is against the law
- Whether the alleged abuse is carried out by someone in the course of their employment
- The alleged perpetrator – any known vulnerabilities, or problems

2.4 If there is no immediate danger to the adult at risk, but an adult safeguarding referral is appropriate then the Manager must inform a Community Support Manager or Head of Community Support Services, or Head of Older Peoples Services and refer the situation to Cambridgeshire County Council through Cambridgeshire County Council Customer Services (See **Appendix 2** for contact telephone number) specifically stating that a safeguarding concern is being raised. Referral must be without delay once the alleged abuse is known about and followed up in writing within 48 hours. Cambridgeshire County Council Customer Services will pass the information to the most appropriate person. Any difficulties with doing this should be notified to the Cambridgeshire County Council Customer Services Manager by phone or e-mail. If this is not resolved to your satisfaction, a formal complaint should be made to Cambridgeshire County Council. In the meantime, you should continue to safeguard the individual and if the situation becomes critical, emergency services should be called. Overnight, between 8pm and 8am, at weekends and on public holidays, referrals should be made to the Emergency Duty Team (See **Appendix 2** for contact telephone number).

2.5 If physical or sexual assault is alleged then the Service/Home Manager should ensure any evidence is preserved and contact the Police, who will advise and decide if they wish to investigate. If the Police take no action the Service/Home Manager should decide if any other investigation is necessary regardless.

2.6 Prior to making a referral the employee should speak with the individual concerned about this. Consideration must be given to involving a representative or advocate for the service user (this could be a relative, friend or other advocate as appropriate).

2.7 Note: in situations where the adults at risk may be subject to the Mental Capacity Act 2005, an assessment of their capacity to make and understand relevant decisions must be undertaken. It may be necessary for a Strategy meeting to be held in order to obtain a decision regarding capacity. The CHS manager will work

with the relevant Care Manager or Social Worker at Cambridgeshire County Council regarding this.

- 2.8 If there are concerns that an individual is being deprived of their liberty, advice can be sought from the Mental Capacity and Deprivation of Liberty Team at Cambridgeshire County Council. e-mail: mca.dols@cambridgeshire.gov.uk (01223 715581)
- 2.9 The employee will explain the principles of confidentiality, pointing out that in certain exceptional circumstances, e.g. serious crime or to protect other individuals, confidential information can be passed on to other agencies. The employee must discuss with their line manager or other senior Manager.
- 2.10 The service user should be informed of the Society's Complaints Procedure and provided with a copy if they wish.
- 2.11 Depending on the circumstances it may be necessary to consult the Police Multi-agency Referral Unit (MARU) for further advice. The MARU provides a multi-disciplinary response to concerns about the wellbeing and safety of an adult at risk of abuse (See **Appendix 2** for contact telephone number.)
- 2.12 If the alleged abuser is another service user then suitable plans must be made for the protection of the adult at risk and others who may potentially be at risk. If the alleged abuser is also an adult at risk, consideration should also be given to making a SOVA referral and to affording them the opportunity to involve a relative, friend or advocate.

3.0 Information to be provided in a referral to Cambridgeshire County Council and the Care Quality Commission (CQC)

- 3.1 CQC should be notified using the relevant Statutory Notification (SN) form, found on www.cqc.org.uk, using the notification guidelines, and which include:
 - SN: Abuse or allegation of abuse concerning a person who uses the service
 - SN: Application to deprive a person of their liberty and its outcome
 - SN: Incidents reported to or investigated by the Police
- 3.2 As much as possible of the following information should be provided when making a referral. The referral should not be delayed if you have some of the information is missing. Use the Safeguarding Adults Referral form attached as **Appendix 5**.
 - Referrer details
 - Service user's name, date of birth, address, contact details, ethnic origin and language spoken
 - Reasons for concern and facts as they are known
 - Any immediate risk to the individual. Any immediate actions taken
 - Whether consent has been obtained to making the referral, and if no consent explain the reasons for referring

4.0 Response to our referrals

- 4.1 The Cambridgeshire County Council Customer Services will check their records and where the adult at risk is known to County Council services will pass the information to a Safeguarding Adults Lead Professional in the appropriate locality team, or if not known to services the Team Manager will allocate the case based upon the nature and urgency of the stated issues, if serious immediately or within 24 hours.
- 4.2 Where further action is deemed necessary, Cambridgeshire County Council will arrange for a strategy discussion/meeting to take place. The overall purpose of this is to gather information about what is alleged to have taken place, assess the risk, determine a course of action to be taken and establish who will take the lead in any subsequent action. The relevant CHS manager will be asked to contribute to the discussion. Depending on the circumstances and the assessed risk, the Lead Professional may request that CHS undertakes the safeguarding investigation.
- 4.3 If the abuse is of a criminal nature then the Police may take the lead in the investigation.
- 4.4 If appropriate the need for a medical examination is considered. The service user's consent must be obtained or a medical examination cannot be undertaken - to do so could constitute an assault. A written record of the consent is made.
- 4.5 An adult protection/action plan will be produced, detailing action to be taken regarding protection and/or investigation together with the monitoring and review arrangements.
- 4.6 The support/care plans for the adult at risk (and the perpetrator if they are also a CHS service user or day centre attendee) must be reviewed in conjunction with other involved agencies.
- 4.7 On completion of the investigation a report must be completed for the Head of Community Support Services/Head of Older People's Services.

5.0 No referral made to Cambridgeshire County Council

- 5.1 In some situations the Manager may feel that the concern is so insignificant that it may not need to be referred to Cambridgeshire County Council Customer Services, or CHS may have no on-going responsibility or role to play. In these cases, Managers must still discuss without delay with their line manager or another senior manager who will decide whether a referral should be made. It may be that a decision is made by the senior manager that close monitoring should take place. Any further concerns are recorded on the Adverse Incident form and copied to the Quality Assurance Manager, line manager and Head of Community Support Services.

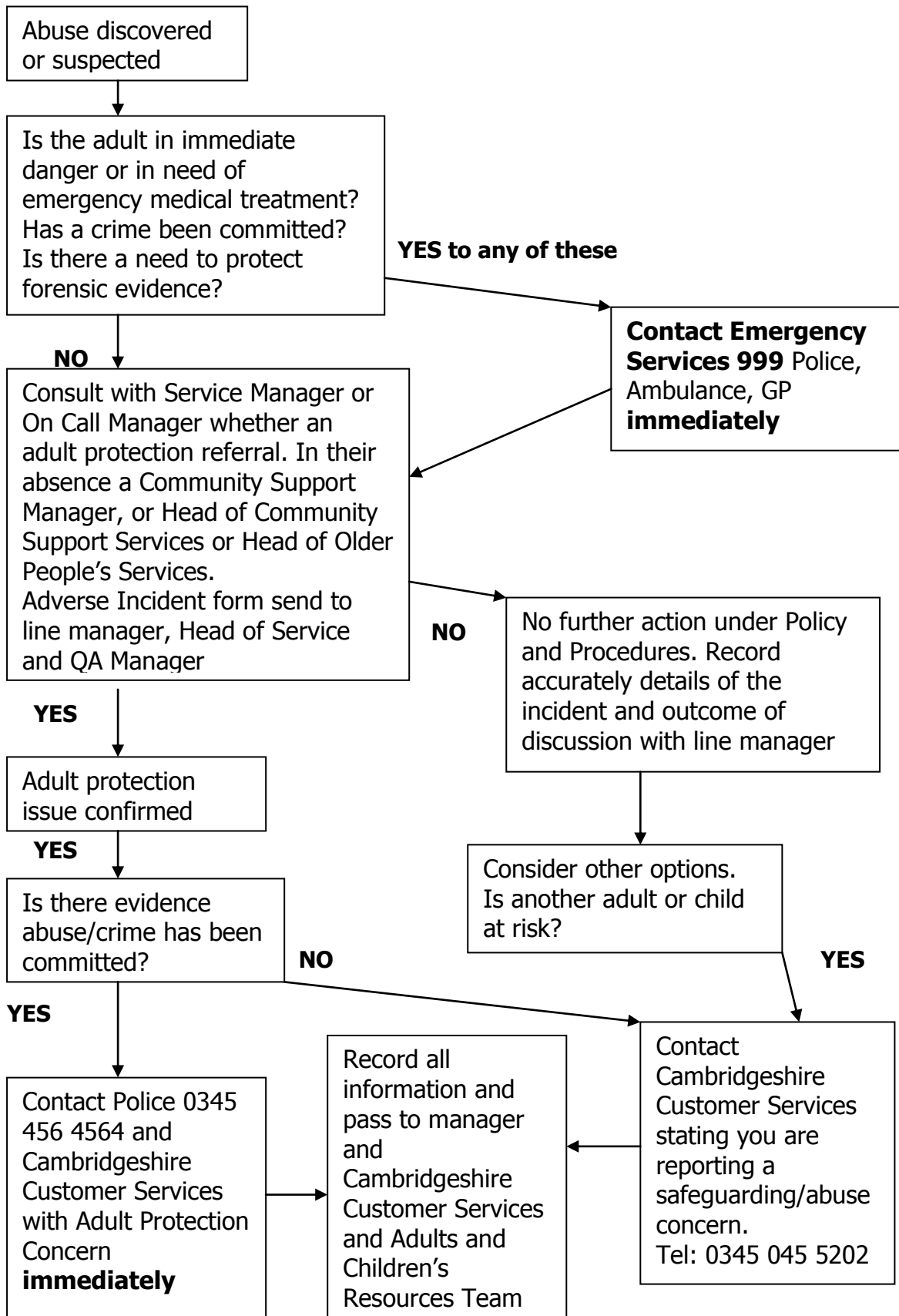
6.0 Concerns regarding abuse by an employee or volunteer

- 6.1 Any concerns/allegations of abuse regarding a CHS employee must be reported immediately to the line manager or a senior manager.
- 6.2 If the concerns are about the behaviour of the manager the employee must report their concerns to the Community Support Manager, or Head of Community Support Services or Head of Older People's Services.

- 6.3 In any case where it is not felt possible to raise the concern with any senior managers or Directors or the Chief Executive Officer, the employee can contact a CHS Board member using the Confidential Reporting (Whistle-blowing) Policy. Under the Whistleblowing Policy the Investigating Officer documents the concerns.
- 6.4 If the alleged abuser is a member of staff, their line manager and the HR department must be informed without delay. Consideration will be given to immediate action required to protect the service user(s). An internal investigation will be started immediately and Cambridgeshire County Council Customer Services and (if a care service registered with the Care Quality Commission, they will also be informed. (If on initial investigation the allegation is of abuse that was clearly impossible to be true, then the incident will not be reported to the Council or CQC.) If the concern occurs outside of office hours, advice must be sought without delay from a Community Support Manager, or Head of Community Support Services or Head of Older People's Housing, or a member of the Senior Management Team (Director of Community Services, Human Resources Director or Chief Executive Officer). The suspected staff member should not be advised of the allegation until a course of action has been agreed with senior management, and then the appropriate disciplinary procedure will be initiated.
- 6.5 The lead manager in the investigation of an employee will normally be the Community Support Manager or Head of Older People's Services, who will carry out the investigation in conjunction with Human Resources. Immediate action may involve redeploying the employee to other duties, or if that is not assessed as suitable by the Service Manager the employee may be suspended pending the investigation, subject to approval from the Head of Community Support Services, or Head of Older People's Services, or Director of Community Services, or any other Director in their absence.
- 6.6 Concerns regarding abuse by a volunteer or agency supplied worker will be dealt with by stopping them from providing any services to CHS forthwith. The manager of the team will report the name of the volunteer/agency worker within 24 hours to the Head of Community Support or the Head of Older People's Services as relevant, who will consider with Human Resources whether in the case of a volunteer their name should be placed on the Disclosure and Barring Service (DBS) Barred List and legal advice may be sought.
- 6.7 Consideration will be given by the lead manager as to whether the County Council should be involved in a joint investigation.
- 6.8 The lead manager will arrange to meet with the service user, and interview the service user with Social Services or the Police as appropriate.
- 6.9 The lead manager will explain to the service user the principles of confidentiality, pointing out that in certain exceptional circumstances e.g. serious crime or protection of other individuals' confidential information could be passed to others without consent (see Policy Section 10). The advice of a senior manager will be sought – the senior manager may choose to seek legal advice if necessary.
- 6.10 The lead manager will ensure that the service user is fully aware of CHS's Complaint's Procedure and provide a copy of it.

- 6.11 The lead manager will inform the client that the alleged abuser will be interviewed and that CHS disciplinary procedures may follow and consider whether the client may need additional support (e.g. counselling).
- 6.12 The lead manager will complete a written report into the investigation.
- 6.13 The lead manager will consider, with the employee's line manager and the Human Resources Team, the outcome of the investigation and any disciplinary action to be taken. Approval from the Director of Community Services (or in their absence any other Director) will be sought for any disciplinary action.
- 6.14 If a CHS employee is suspended, dismissed or transferred temporarily to a non-care position for harming or placing adults at risk of harm, CHS is obliged under the Care Standards Act 2000/Health and Social Care Act 2008 to refer the employee's details to the Disclosure and Barring Service (DBS). The Registration and Inspection Unit (for Older People's Services)/ Cambridgeshire County Council Adults and Children's Resources Team will also be informed of the outcome of the investigation.
- 6.15 In the light of the investigation the service user's support/care plan will be reviewed and updated in conjunction with other agencies involved.

7.0 FLOWCHART FOR COMMUNITY SUPPORT/OLDER PEOPLES SERVICES STAFF AFTER BECOMING AWARE OF AN ADULT SAFEGUARDING CONCERN



B2 Procedure for Safeguarding Adults (aged 18 years and over) for staff in General Housing, Community Investment, and Property Services teams

1.0 Your duty of care

- 1.1 You have a duty of care under the law to report any signs of abuse immediately to a CHS senior manager and to seek their advice.
- 1.2 The senior manager is either a Community Support Manager, or the Head of Community Support Services.
- 1.3 The senior manager will decide the most appropriate course of action. You may be further involved in helping to gather more information. Complete an adverse incident form and copy to your line manager, the QA Manager and Head of Community Support Services.
- 1.4 You must attend training and regular refresher training on safeguarding to ensure that you understand your obligations and feel confident about recognising signs of abuse and about what to do next. The flowchart in 3.0 below summarises what to do.

2.0 Recognising signs of abuse and self-neglect of adults

Social and emotional signs:

- The adult at risk appears to be withdrawn or agitated and anxious
- They may be isolated in one room of the house or confined to living in a small space
- Their mobility is restricted due to absence of suitable mobility aids
- Poor conditions, lack of clothing, lack of access to own money
- They may be excluded from outside social contacts
- They are overly subservient or anxious to please
- Professional and other visitors may have difficulty gaining access to the adult at risk
- Lack of eye contact – looking at the floor during discussions or looking to others to answer questions even when directed to the individual
- Dramatic changes in behaviour or personality; depression or confusion, for which no medical explanation can be offered
- Refusal by relatives to allow the person into respite/permanent care

Signs of Physical Abuse:

- Multiple bruising that is not consistent with the explanation e.g. a fall
- Cowering and flinching
- Bruised eyes, marks resulting from a slap and/or kick, other unexplained bruises
- Abrasions, especially around the neck, wrists and/or ankles
- Unexplained burns, especially on the back of the hands
- Scalds, especially with a well-defined edge from immersion in water
- Hair loss in one area – scalp sore to touch
- Frequent minor accidents without seeking medical help
- Unusually sleepy or docile. Tendency to flounder or slip over
- Unexplained fractures
- Malnutrition, ulcers, pressure sores or sores due to lack of care for incontinence
- Frequent moves from one GP to another or from one care agency to another

Signs of Sexual Abuse:

- Changes i.e. the person starts to seek attention where previously they did not, by expressing over sexualised behaviour, or becoming fixated on sexual matters
- Complaints of soreness in genital/anal area, no medical cause known
- Recurring conditions such as thrush or cystitis
- Diagnosis of a sexually transmitted disease when the person is not known to be sexually active
- Bruising on the inner thighs or shoulders
- Objects to being washed in genital areas, which is a change in behaviour

Signs of Financial or Material Abuse:

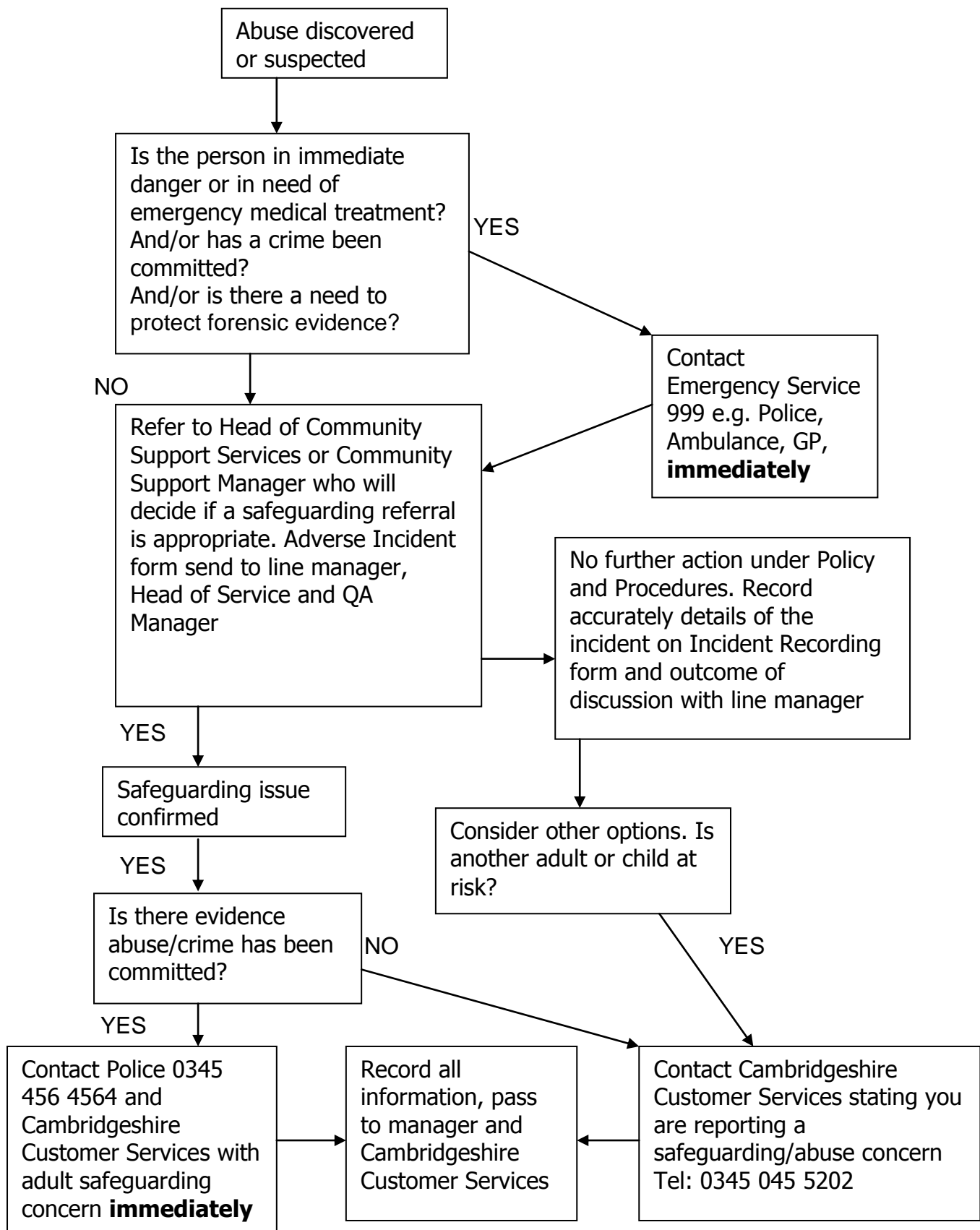
- Unexplained or sudden inability to pay bills
- Unexplained or sudden withdrawal of money from accounts
- Contrast between known income or capital and unnecessarily poor living conditions especially where this has developed recently

- Personal possessions of value go missing from the home without satisfactory explanation
- Someone has taken responsibility for paying rent, bills, buying food etc., but is clearly not doing so
- Unusual interest taken by relative, friend, neighbour or other in financial assets especially if little real concern is shown in other matters
- Next of kin refuse to follow advice regarding control of property via Court of Protection or through securing enduring power of attorney, but insist upon informal arrangements
- Where care services including service user's care is refused under clear pressure from family or other potential inheritors
- Unusual purchases unrelated to the known interests of the adults at risk e.g. purchases of fashionable clothes, expensive make-up, food and holidays

Signs of Organisational Abuse:

- There is poor staff morale, high turnover or high sickness rate amongst staff and excessive hours are worked
- There is a general lack of consideration of privacy e.g. staff walk casually into bedrooms; lack of appropriate privacy for washing and personal care tasks; there is no telephone that can be used privately
- Service users/service users appear unusually subdued, especially when compared to their previous behaviour; they retreat into their own room or other areas out of the way of staff
- Lack of care when dealing with personal clothing, e.g. loss of clothes, being dressed in other people's clothes, dirty or unkempt, spectacles not clean, wearing other people's spectacles, hearing aid or teeth, or not wearing their own spectacles, hearing aid or teeth
- Poor hygiene e.g. strong smell of urine; dirty clothing or bed linen
- Inappropriate use of tip back chairs, excessive use of bed rails, chairs with fixed tables
- Inappropriate use of medical or nursing procedures e.g. enemas, catheterisation, over reliance on medication
- Lack of communication between staff about service users
- Lack of communication between relatives and staff

3.0 Flowchart for Safeguarding Children (aged up to 18 years) for Staff in General Housing, Community Investment, Property Services Teams



B3. Procedure for Service Users on Abuse, Suspected Abuse or Neglect

1.0 CHS takes any instances of abuse or neglect very seriously

Please follow the advice below if you feel that you are being abused or neglected, or you think someone else is being abused or neglected.

2.0 Abuse or neglect is being:

- Physically hurt or being threatened to be hurt
- Bullied or humiliated
- Verbally abused
- Harassed, because of gender, race, disability, sexuality
- Sexually abused
- Financially abused
- Neglected or harmed by your service provider

3.0 What to do if you know or suspect abuse or neglect

- Tell someone
- Tell a member of staff if the person you suspect of abuse is another service user or someone from outside the service
- Tell the service manager if the person you suspect of abusing is a member of CHS staff
- Tell the Community Support Manager or another manager at CHS head office if the person you suspect of abuse is the Service Manager
- If you do not want to tell anyone at CHS you can contact Cambridgeshire County Council Customer Services or the Police.

4.0 What happens next

- An investigation will be carried out
- This is likely to involve talking with the person who may have been abused, and the person who is suspected of abusing
- The safety of the person who may have been abused will be considered and any action to ensure his/her safety taken
- We may not be able to keep everything you tell us confidential. This is because we must act to protect any person who may have been abused or is at risk of being abused
- We realise you may be anxious about the investigation and we will agree with you how we should support you.

Contact the Support Officers and Service Manager: At your service

Community Support Manager: Endurance House, Chivers Way, Histon, Cambridge, CB4 9ZR Telephone 01223 713555

Head of Community Support Services: Endurance House, Histon 01223 713572

Head of Older People's Services: Endurance House, Histon 01223 713576

Cambridgeshire County Council Customer Services: Adult Protection 0345 045 5200/5202

Police: 0345 456 4564 (101 from January 2012)

Appendix 1 Recognising Signs of Abuse in Adults

1.0 Social and emotional signs

1.1 The following are indicators to look for when assessing the risks involved where abuse is suspected:

- The adult at risk appears to be withdrawn or agitated and anxious
- They may be isolated in one room of the house or confined to living in a small space
- Their mobility is restricted due to absence of suitable mobility aids
- They may be excluded from outside social contacts
- They are overly subservient or anxious to please
- Professional and other visitors may have difficulty gaining access to the adult at risk
- Lack of eye contact – looking at the floor during discussions or looking to others to answer questions even when directed to the individual
- Dramatic changes in behaviour or personality; depression or confusion, for which no medical explanation can be offered
- Refusal by relatives to allow the person into respite/permanent care
- Poor conditions, lack of clothing, lack of access to own money

2.0 Signs of Physical Abuse

The following are indicators for assessing the risks involved where physical abuse is suspected:

- Multiple bruising that is not consistent with the explanation e.g. a fall
- Cowering and flinching
- Bruised eyes, marks resulting from a slap and/or kick, other unexplained bruises
- Abrasions, especially around the neck, wrists and/or ankles
- Unexplained burns, especially on the back of the hands
- Scalds, especially with a well-defined edge from immersion in water
- Hair loss in one area – scalp sore to touch
- Frequent minor accidents without seeking medical help

- Unusually sleepy or docile. Tendency to flounder or slip over
- Unexplained fractures
- Malnutrition, ulcers, pressure sores or sores due to lack of care for incontinence
- Frequent moves from one GP to another or from one care agency to another

3.0 Signs of Sexual Abuse

3.1 The following are indicators for assessing the risks involved where sexual abuse is suspected:

- Changes i.e. the person starts to seek attention where previously they did not, by expressing over sexualised behaviour, or becoming fixated on sexual matters
- Complaints of soreness in genital/anal area, no medical cause known
- Recurring conditions such as thrush or cystitis
- Diagnosis of a sexually transmitted disease when the person is not known to be sexually active
- Bruising on the inner thighs or shoulders
- Objects to being washed in genital areas, which is a change in behaviour

4.0 Signs of Financial or Material Abuse

4.1 The following are indicators for assessing the risks involved where financial or material abuse is suspected:

- Unexplained or sudden inability to pay bills
- Unexplained or sudden withdrawal of money from accounts
- Contrast between known income or capital and unnecessarily poor living conditions especially where this has developed recently
- Personal possessions of value go missing from the home without satisfactory explanation
- Someone has taken responsibility for paying rent, bills, buying food etc, but is clearly not doing so
- Unusual interest taken by relative, friend, neighbour or other in financial assets especially if little real concern is shown in other matters

- Next of kin refuse to follow advice regarding control of property via Court of Protection or through securing enduring power of attorney, but insist upon informal arrangements
- Where care services including service user care are refused under clear pressure from family or other potential inheritors
- Unusual purchases unrelated to the known interests of the adult at risk e.g. purchases of fashionable clothes, expensive make-up, food and holidays

5.0 Signs of Institutional Abuse

5.1 The following are indicators for assessing the risks involved where institutional abuse is suspected

- There is poor staff morale, high turnover or high sickness rate amongst staff and excessive hours are worked
- There is a general lack of consideration of privacy e.g. staff walk casually into bedrooms; lack of appropriate privacy for washing and personal care tasks; there is no telephone that can be used privately
- Service users/service users appear unusually subdued, especially when compared to their previous behaviour; they retreat into their own room or other areas out of the way of staff
- Lack of care when dealing with personal clothing, e.g. loss of clothes, being dressed in other people's clothes, dirty or unkempt, spectacles not clean, wearing other people's spectacles, hearing aid or teeth, or not wearing their own spectacles, hearing aid or teeth
- Poor hygiene e.g. strong smell of urine; dirty clothing or bed linen
- Inappropriate use of tip back chairs, excessive use of bed rails, chairs with fixed tables
- Inappropriate use of medical or nursing procedures e.g. enemas, catheterisation, over reliance on medication
- Lack of communication between staff about service users
- Lack of communication between relatives and staff

Appendix 2 Contact details

Adults

Cambridgeshire County Council Customer Services (Adult services) 8am – 8pm	0345 0455200/5202
Cambridgeshire County Council Emergency Duty Team 8pm - 8am, weekends and public holidays	01733 234724
Police (MARU) 823539	01223 823532 / 823535 / 0345 445 4564
Care Quality Commission cqc.org.uk	03000 616161
Cambridgeshire County Council Adult Social Care Services Box CC1311 Shire Hall Castle Hill Cambridge, CB3 0AP	01223 507134

Organisations that can provide information/advice regarding domestic violence:

Cambridge Women's Aid (CWA)

- Women's Refuge - 01223 460947 (Monday to Friday – 9:30am to 6pm)
- Outreach - 01223 361214 (Monday to Friday – 10am to 5pm)
- Emergency Helpline - 07730 322098 (6pm to 9:30am)
- refuge@cambridgewa.org.uk

New Directions Service (works with male perpetrators of abuse)

47-51 Norfolk Street
Cambridge, CB1 2LD Tel: (01223) 366746

Advocacy Services in Cambridgeshire:

Age UK Cambridgeshire (01223) 221921
office@ageukcambridgeshire.org.uk (01354) 696677

Cambridge Independent Advocacy Service (01733) 758278
enquiries@cias.org.uk (01223) 218500

Cambridge Refugee Support Group (01223) 575489
RSG@dial.pipex.com

VoiceAbility (01223) 555800
info@voiceability.org

Appendix 3

Adverse Incident form

This form should be completed for all adverse incidents. This includes health and safety incidents, near misses **and** accidents.

Person Affected			
Status (<i>staff, tenant, contractor</i>)			
Date		Time	
Site		Exact Location (e.g. room)	
Details			
Harm (details)			
Damage to CHS property			
Action taken at the time of the incident			

Incident Grading

Please grade the incident based on the information available at the time. For guidance on how to evaluate the initial impact, please look [here](#)

Initial Severity (Red/amber/green)	
------------------------------------	--

Person Completing Form	
Job Title	
Date completed	

Please make sure once this form is completed it is sent to your manager as soon as possible.

Appendix 4 Common Assessment Framework (CAF)

The CAF is intended to promote more efficient and timely exchanges of information when assessing an 'at risk' adult's needs. The aim is that the CAF supports:

- A better experience for people who use health and social care services and their carers. This is achieved by promoting and supporting a proportionate, thorough, more person-centred assessment of need and care and support planning; and
- Improvement in the capacity, effectiveness and efficiency of the health and social care systems through the use of a shared form

More information about CAF can be found on the Cambridgeshire County Council website.

Appendix 5 Safeguarding Adults Referral Form

Adult Details:

Name:

Address:

Date of Birth:

Gender: Male Female

Ethnicity:

GP Name & Address:

Responsible Authority:

Is the adult self-funding Yes No

Does the alleged victim/adult at risk have capacity to consent to this referral?

Yes No Not known

If the alleged victim/adult at risk does not have mental capacity there will be a need to consider the criteria for using an Independent Mental Capacity Advocate (IMCA), if appropriate.

Please describe any additional needs the vulnerable adult has (e.g. sensory loss, dementia, communication, language, physical disability, etc.) that should be taken account of:

Mental Capacity and Consent

Consider mental capacity and consent – The mental capacity and wishes of the vulnerable person will always be a factor when deciding on the course of action you may take. In determining this action, consideration must be given to the likely risk to others and the potential for re-offending to take place if the matter is not formally dealt with.

Referral Details:

Name:

Designation:

Establishment:

Contact Number:

Time/Date 'Referral' form completed:

Incident Details:

Date of Incident:

Type of Alleged Abuse:

- | | |
|--|--|
| <input type="checkbox"/> Discriminatory | <input type="checkbox"/> Institutional |
| <input type="checkbox"/> Domestic Abuse & Violence | <input type="checkbox"/> Neglect |
| <input type="checkbox"/> Emotional/psychological | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Sexual |

For Completion by Line Manager/Supervisor:

Other Action Taken (To include any emergency medical treatment provided; evidence preserved; action taken to prevent further abuse)

Details of alleged perpetrator(s) involved if abuse is suspected:

(Please complete as much of this as is known)

Name:

Home Address including postcode: (if known)

Date of Birth:

Occupation/Position/Title (if known):

Is this person known/related to the individual who is the subject of this concern if so please describe relationship:

Are they aware of this alert? Yes No

Initial action taken:

Has a referral been made to Customer Services?

Yes No

If there is immediate danger/harm have the police been called?

Yes No

Has the Care Quality Commission been notified?

Yes No

Has the Adults & Children's Resources Team been notified?

Yes No

Has evidence been preserved? Yes No

Has a body map been filled out? Yes No

Please give details:

Additional Information and Comments *(For use of Line Manager and/or Supervisor ONLY)*

Fact and opinion should be clearly differentiated

Signed:

Position:

Date:

Please forward the completed form to Customer Services on

Fax number: 01480 498 066 or

Email: referral.centre-adults@cambridgeshire.gov.uk

or gcsx.referralcentreadults@cambridgeshire.gcsx.gov.uk

Tel: 0345 045 5202

Where appropriate, please attach any additional information such as a body map, etc.

Details of this referral must be referred to your line manager without delay.

Appendix 6 Care Act 2014

1.0 The **Care Act 2014** defines safeguarding as 'protecting an adult's right to live in safety, free from abuse and neglect'.

1.1 Safeguarding adult duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs)
- is experiencing, or at risk of abuse and neglect
- as a result of their care and support needs, is unable to protect themselves from the risk or experience of abuse and neglect

1.1.1 Safeguarding involves 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 on any action.

1.1.2 This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

1.2 Safeguarding adults aims to:

- stop abuse or neglect wherever possible
- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- support adults in making choices and having control about how they want to live
- promote an approach that concentrates on improving life for the adults concerned
- raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult address what has caused the abuse or neglect

1.3 The Care Act 2014 stipulates that local authorities must:

- make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect
- set up a Safeguarding Adults Board (SAB)
- arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR)
- co-operate with each of its relevant partners in order to protect the adult

1.3.1 We must work in partnership with the local authority to ensure a sound approach to safeguarding adults.

1.4 Six principles underpin safeguarding adults work, which inform our practice:

- 1.4.1 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."

- 1.4.2 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."

- 1.4.3 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."

- 1.4.4 Protection: Support and representation for those in greatest need.

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

- 1.4.5 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."

- 1.4.6 Accountability: Accountability and transparency in delivering safeguarding.

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

Appendix 7 Hoarding and neglect

Hoarding is a behaviour which in more extreme forms may amount to self-neglect and if there is family present in the accommodation, including children, may amount to neglect of the family members too. As such may be a safeguarding issue under the Care Act 2014.

CHS is signed up to the **Cambridgeshire Countywide Multi-Agency Hoarding Protocol** and so the best practice contained in this document must be followed. The risk assessment, questionnaire and Clutter Image Rating Assessment Tool must be followed to gain a rounded appraisal of the issue. A copy of the protocol is on the CHS intranet.

Where the level of Hoarding is assessed as being at Clutter Image Scale rating 5 or above the safeguarding aspects must be reported under CHS Safeguarding Policy and Procedure.

In cases of lower level hoarding (lower than 5), we must bear in mind the possibility of the issue worsening and therefore must consider how we can prevent this by supporting the person to modify their hoarding behaviour.

Speak to the Head of Community Support Services or other CHS senior manager about any cases so that we can decide what action we can take to support the person and assess whether a report needs to be made to the County Council safeguarding team.

Appendix 8 Relevant legislation and guidance

- Prevent and Safeguarding Guidance: Supporting individuals Vulnerable to Violent Extremism, National Police Chiefs Council undated.
- Mental Health Crisis Care Concordat – Improving Outcomes for People Experiencing Mental health Crisis, HM Government 2014
- The Care Act 2014 means that good safeguarding practice is compulsory across CHS in all service areas.
- Modern Slavery Act 2015 and Help Free the UK from Modern Slavery, Home Office and NSPCC
- Serious Crime Act 2015
- Children and Families Act 2014
- All this is underpinned by the duty on public agencies under the Human Rights Act (1998) to intervene proportionately to protect the rights of citizens
- The reporting/sharing of personal information must be within the provisions of the Data Protection Act (1998)