Policy

Safeguarding Adults at risk of Abuse.

*Safeguarding means protecting people’s health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect. It is fundamental to creating high-quality health and social care - CQC 2015*

People who use health and care services should be treated with dignity and respect, receive high quality, compassionate care and be safe from harm and abuse. This policy has been assessed to having a neutral impact on all stakeholders and foster good relations between people who share a protected characteristic (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race or belief, sex and sexual orientation) and others.

**THIS POLICY IS TO BE READ IN CONJUNCTION WITH -**

*Safeguarding Adults Multi – Agency Policy* Agreed by Safeguarding Adults Board in BANES, Bristol City, North Somerset, South Gloucestershire and Somerset County: April 2015

Version 1: 27th March 2015 (for review July 2015 and October 2015)

**Definitions**

Abuse is defined as:

“a single or repeated act or lack of appropriate action, occurring within any relationship where there is the expectation of trust, which may cause harm or puts them at risk, damages their quality of life or causes distress.”

An adult is defined as any person over the age of 18 years old.

This definition is also extended to children linked to the family as although Brunelcare does not provide children’s services, it is recognised that there may be occasions when children may be present in a service user’s home when services are being delivered. If there are any suspicions regarding the safeguarding of a child, then it should be reported in accordance with the normal procedure.

Abuse can take many forms and may include one or more of the following types of abuse:

- **Physical:** for example, hitting, slapping, burning, pushing, restraining or giving too much medication or the wrong medication.
- **Psychological:** for example, shouting, swearing, frightening, blaming, ignoring or humiliating a person.
Financial: for example, the illegal or unauthorised use of a person’s property, money, pension book or other valuables.

Sexual: for example, forcing a person to take part in any sexual activity without his or her consent – this can occur in any relationship

Organisational abuse: including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Neglect and acts of omission: including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the witholding of the necessities of life, such as medication, adequate nutrition and heating

Self-neglect: This covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.

Discrimination: racist or sexist remarks or comments based on a person’s impairment, disability, age or illness, religion and other forms of harassment, slurs or similar treatment. This may also include isolation or withdrawal from religious or cultural activity, services or supportive networks

Refer to guidance notes for detailed definitions to assist in the assessment as to whether abuse has occurred.

Key principles of Safeguarding Adults

In 2011 the Government outlined 6 key principles which seek to increase the protection for vulnerable adults, and sets out the key issues which must inform local arrangements. These 6 Key Principles are:

- Empowerment - Victims should be supported in making their own decisions and choices, including those related to risk and their own perceived vulnerability. If decisions are made without taking account of the victims views this may infringe their human rights and jeopardise other qualities of life.

- Protection - support and representation for those in greatest need.

- Prevention - it is better to take action before harm occurs.

- Proportionality - safeguarding must be built on proportionality and a consideration of people’s human rights.

- Partnership - local solutions through services working with their communities.
- Accountability – safeguarding practice and arrangements should be accountable and transparent.

Putting the person at the centre

The vision for adult social care and health services is one where the person has real choice and control over what happens – “no decision is made about me without me”. (People who lack capacity need someone to represent them in their best interests.) Actions taken therefore need to be shaped by the best outcome for the person who has suffered abuse and neglect and fully involving that person, or their representative or advocate, in decisions.

Legal Framework
- No Secrets Document
- Care Act 2014
- Mental Capacity Act 2005
- Human Rights Act 1998

Objectives
It’s important to remain focused on outcomes rather than just the process of safeguarding. The outcomes should be to:

- To promote well-being and prevent abuse and neglect from happening in the first place
• Ensure the **safety and wellbeing** of anyone who has been subject to abuse or neglect
• **Take action against those responsible** for abuse or neglect taking place
• **Learn lessons and make changes** that could prevent similar abuse or neglect happening to other people (e.g. through learning and development programmes for staff).

**Training**

Brunelcare will provide regular training to all staff on safeguarding, including how to recognise and report abuse. Training on the safeguarding of vulnerable adults should be given to all staff as part of the organisational induction training and a full course within 6 months of their start date and is refreshed **every 2 years in line with best practice guidelines** in order for staff to have current and up to date knowledge.

**References**

• Definition of Abuse: Appendix 1
• Physical Indicators of Abuse: Appendix 2
• Bristol City Council Contract for Service Provision
• Safeguarding adults ADDAS - Roles and responsibilities in health and care services
• South Gloucestershire Joint Policy and Procedure for the Protection of Vulnerable Adults from Abuse
• Safeguarding Vulnerable Adults (Somerset)
• Department of Health "No Secrets" Document
• Practitioner - Client Relationships and the Prevention of Abuse: Nursing and Midwifery Council.
• Protection of Vulnerable Adults (POVA) list and Protection of Children Act (POCA) list

**Documents**

• Care plan/My Support Plan
• Flow chart
Procedures and Responsibilities – Refer to Flow chart

1. Key Principles

- For guidance on what should be regarded as a serious safeguarding issue, managers and HR professionals should refer to the types of abuse detailed above (and within the additional guidance note available), use their judgement, ask if a criminal act has taken place and if in doubt always err on the side of caution. It will always be regarded as better to over report than to fail to report an incident that is later regarded to be serious.

- A central safeguarding log will be kept in a locked cabinet and will be used to monitor incidents and analyse trends.

- The Head of Clinical Excellence, Sandra Payne, must be sent copies of all CQC notification forms relating to allegations of abuse from all areas of the organisation.

- Brunelcare’s HR Department will need to be informed in cases involving a serious incident. In circumstances where HR is not available then the manager will be solely responsible for deciding and reporting the facts to the Responsible Agency’.

2. All staff (Including Volunteers)

- It is the responsibility of the manager and their staff to create and maintain an environment that encourages residents/service users and staff to raise their concerns/suspicions without any fear of intimidation or reprisals. Managers should promote an ethos of openness within their areas of operation.

- It is the duty of every member of staff to report all allegations, suspicions or witnessed incidents of abuse to their Line manager.

- For the avoidance of any doubt: The rule must be – do nothing other than establish the facts until ‘The Responsible Agency’ has been advised eg Local Authority Safeguarding Team. However where the residents/service users or staff are in immediate urgent danger the most senior member of staff on duty must call the police directly and immediately on 999.

- In cases where a serious safeguarding incident is suspected to have occurred e.g. a physical or sexual assault:
  - Staff must not disturb the resident/service user, or question them directly
  - Staff should aim to keep them calm and comforted until the police arrive
• It is very important that vital evidence is not disturbed, as this would compromise any police investigation. The staff or manager should **not** clear up, move things or wash residents' clothing before a decision from ‘The Responsible Agency’ is received.

3. Managers

• It will be the responsibility of the manager to establish the facts of the allegation. This may involve checking the facts with the resident/service user or member of staff making the report of abuse. There should be no delay in establishing the facts. However, it should **not** involve the taking of detailed statements or the questioning of the member of staff or other accused person suspected of abuse, as it is important to ensure vital evidence and witnesses are not tampered with as this may compromise Police/criminal investigations.

• Following an alleged incident, Service Users should be encouraged to give consent to contact the various authorities. However, should the allegation be serious then the manager should proceed regardless of the person’s wishes for confidentiality. The resident/service user **must** be informed that the information will be shared with other agencies e.g. safeguarding adults, local authority, police.

• It is down to the manager’s professional judgement as to whether allegations are reported to the Police and/or Safeguarding Adults/Care Direct. This will depend on the facts gathered, background knowledge and the context of the situation.

• Where facts indicate a safeguarding concern or possible serious safeguarding concern then the manager must immediately inform the relevant safeguarding team for their location.

**REPORTING A CONCERN**
If you urgently need to make a safeguarding referral the numbers for each area are:

**Bath and North East Somerset** Tel: 01225 396000 (Sirona Care and Health)

**Bristol City Council** Tel: 0117 922 2700

**North Somerset Council** Tel: 01275 88 88 01

**South Gloucestershire Council** Tel: 01454 868007

**Somerset County Council** Tel: 0300 1232224

**Note**: Within the Policy these Agencies will be referred to as ‘The Responsible Agency’.
• If the safeguarding concern or suspected concern is within a Care Home, Extra Care Housing (ECH) or Community Services the manager will be responsible for advising CQC that:
  
  ➢ An allegation has been made
  ➢ ‘The Responsible Agency’ has been informed (or we have attempted to inform)
  ➢ Decision regarding how the investigation will be taken forward (if known)

This will normally be by email using the notifications of an incident form ‘Allegation of Abuse’

**CQC Contact Detail:**

_SouthGlos / Bristol / Somerset / North Somerset_ – normal office hours are 9am to 5pm, telephone number 03000 616161, Full Address: CQC, South West Region, Citygate, Gallowgate, Newcastle upon Tyne, NE1 4PA. Manager

• If either ‘The Responsible Agency’ or CQC are not available then the manager should leave their name and contact number on the answer phone detailing the time that the message was left, and await instructions.

4. **Responsible Agency**

• It will be the decision of ‘The Responsible Agency’ as to how the investigation into the allegation of abuse should be done. The manager must follow the instructions of ‘The Responsible Agency’ explicitly. This may mean contacting the police, contacting the individual’s family and/or social worker

• ‘The Responsible Agency’ will advise on how the investigation into the allegations will proceed. This may be: **Multi Agency Investigation** – usually for serious or repeated acts of abuse. This may involve Social Services, police, CQC and Brunelcare. Exactly who will lead the investigation will be decided by initial contact with Care Direct and Safeguarding Adults. Strategy meetings, in some complex cases, may be arranged involving the multi disciplinary team during or following and investigation.

• **Brunelcare Investigation** – this is where in the opinion of ‘The Responsible Agency’ it is appropriate for Brunelcare to undertake its own investigation. This may involve at least one person from outside the department where the alleged safeguarding concern took place.

• Where abuse is suspected from a family member and/or friend, then the above procedure must be followed. In such cases Brunelcare may be responsible for undertaking any investigation however, an inter-agency case conference/strategy meeting may be convened to determine the way forward.
Support for the service user

- If appropriate, in order to provide support, the resident's/ service user's next of kin should be immediately informed of the allegation/ witnessed abuse. ‘The Responsible Agency’ will normally instruct, in most cases it will be essential to inform the next of kin in order that they can provide support to the resident/service user.

- Where the resident/service user does not have a named next of kin, or where it is not appropriate to involve the next of kin, or where the resident/service user is unable to communicate or give formal consent, an independent advocate will be required. Brunelcare have a responsibility to highlight the need for an IMCA (Independent Mental Capacity Advocate) in such cases.

- In suspected cases of abuse of a physical or sexual nature, the resident's G.P. must be informed at the earliest opportunity and asked to visit the resident.

Incidents involving allegations against staff members:

- If it is allegations of abuse involve a staff member it is essential for the protection of resident/service users that the implicated member of staff is removed from all care settings until the investigation has been completed. This may involve the member of staff being suspended from duty. This should be done in conjunction with advice from HR (if available) or independently by the manager. It is the responsibility of the person suspending the member of staff to advise that suspension is not an indication of guilt but to enable a full and thorough investigation to take place in accordance with the Disciplinary Policy and procedure.

- Where the abuse appears to be from a member of staff, and ‘The Responsible Agency’ have instructed Brunelcare to deal with the incident internally, then a full investigation will be started immediately. Details of the investigation will be reported to:
  - CQC via Notification process
  - Social Services Team Manager
  - HR
  - A signed copy kept on file
The incident will be recorded on the central abuse file (Domiciliary care standard 14.3)
HOW TO REPORT SAFEGUARDING CONCERNS

If you urgently need to make a safeguarding referral the numbers for each area are:
- Bath and North East Somerset Tel: 01225 396000 (Sirona Care and Health)
- Bristol City Council Tel: 0117 922 2700
- North Somerset Council Tel: 01275 88 88 01
- South Gloucestershire Council Tel: 01454 868007
- Somerset County Council Tel: 0300 1232224

REPORTING A CONCERN

1. **Allegation of safeguarding concern is made/apparent concern is witnessed.**
   - Refer to Policy as to what is regarded as Abuse.
   - Inform your manager – immediately, right away, at once.

2. **Is the manager available now?**
   - Yes: Manager will confirm the facts (With HR if possible)
   - No:
     - Yes: Urgent, low risk? Contact Invicta on 01732 781966 They will contact the available manager/Director
     - No: Urgent, high risk? Contact police – 999

3. **Do the facts indicate abuse?**
   - Yes: Contact ‘The Responsible Agency’
   - No: Make note of incident onto residents care plan

4. **Is the resident/or other residents in immediate risk?**
   - Yes: Inform manager at next available time – next working day. Manager to start at *
   - No: Available

5. **Available**
   - Contact CQC customer service centre: 03000 616 161. Complete email to CQC. Statutory notification: Abuse or allegation of abuse concerning a person.

6. **‘The Responsible Agency’ will authorise who will carry out the investigation**

7. **‘The Responsible Agency’ will authorise who will carry out the investigation**

8. **Multi Agency**
   - Await Instructions – follow exactly

9. **Manager to inform Next of Kin/appoint advocate**

10. **Inform CQC and ‘The Responsible Agency’ of the outcome.**

**Key**
- Green: Action to be taken
- Yellow: Questions to ask
- Red: Urgent action
SAFEGUARDING ADULTS AT RISK OF ABUSE

Definition
"a single or repeated act or lack of appropriate action, occurring within any relationship where there is the expectation of trust, which may cause harm; puts them at risk; damages their quality of life or distress to an adult".

Some adults are more vulnerable to abuse than other this may include;
- People who depend on others for care
- People with mental health problems including people that live with dementia
- People with learning and/or physical disability including sensory impairments or long term health or age related illness
- People who misuse substances

Abuse may be the result of one serious incident or an accumulation of less serious incidents. Seven forms of abuse have been identified and may include one or more of the following types of abuse

1. PHYSICAL ABUSE:
Physical injuries that cannot be adequately explained, or where there is a definite knowledge or a reasonable suspicion that the injury was inflicted with intent, or neglect of care or duty.

The indicators of physical abuse may include:
- Cuts, lacerations, puncture wounds, open wounds
- Welts, burns, scalds, cigarette burns, old or repeated fractures
- Untreated injuries at various stages of healing
- Poor skin condition / poor skin hygiene
- Dehydration and / or malnourished without illness related cause
- Loss of weight
- Soiled clothing or bed
- Broken eye glasses / frames
- Signs of punishment or restraint
- Inappropriate use of medication (over dosing / under dosing)
- Disclosure by the Service User that they have been physically abused

BRUISES
Not all bruises are physical indicators of abuse. Bruises resulting from accidents due to poor balance or mobility are likely to be on, knees, shins, arms and elbows. If the person has fallen on their face there may be extensive bruising on the forehead and around the nose.

Bruises caused by non-accidental injury may be characterised indicating:
- a hand slap
- marks made by an implement
- pinch or grab marks
d) grip marks, often on the upper arms  
e) bruised eyes  
f) bruising to breasts, buttocks, lower abdomen, thighs, genital or rectal areas; the latter two being an indicator of sexual abuse

2. SEXUAL ABUSE:
The suspicion of, or disclosure that a person is involved in sexual activities that cause distress and / or to which informed consent has not been given and / or which violate the sexual taboos of family roles.

The indicators of sexual abuse may include:  
a) Bruises, bleeding or soreness around the breasts, genital or rectal area  
b) Persistent vulval reddening or discharge.  
c) Torn, stained or bloody underclothing  
d) Disclosure by a Service User that they have been sexually assaulted or raped

3. PSYCHOLOGICAL ABUSE:  
The causation of mental anguish by bullying, systematic intimidation, harassment or humiliation of a person, deliberate continuous isolation of a person from social contact or failure to meet cultural requirements so that the Service Users potential for development is seriously impaired.

The indicators of psychological abuse may include:  
a) Helplessness  
b) Hesitation to talk openly  
c) Implausible stories  
d) Anger without apparent cause  
e) Behavioural changes  
f) Unusual behaviour (sucking, biting, rocking)  
g) Unexplained fear  
h) Denial of a situation  
i) Withdrawn, non communicative  
j) Disclosure by a Service User that they have been verbally or emotionally abused

4. FINANCIAL ABUSE:  
The use of a person’s assets and / or financial resources other than for purposes directed by her / him and/or other than in her / his best interest.

The indicators of financial abuse may include:  
a) Signatures on cheques that do not resemble the Service Users signature  
b) Unexplained withdraw from a bank account of large amounts of money  
c) Abrupt changes or creation of wills  
d) Sudden appearance of un-involved relatives claiming rights to a Service Users affairs or possessions  
e) Unpaid / overdue bills when someone else takes responsibility for Service User affairs
f) Lack of personal items that a Service User should be able to afford  
g) Unexplained disappearance of funds or valuable possessions  
h) Deliberate isolation of a Service User from their family, resulting in a  
care giver alone having total control  
i) A disclosure from a Service User that they have been financially  
abused

5. **NEGLIGENCE:**  
Neglect of a person to such an extent that her / his health and / or development / general well-being is impaired.

The indicators of neglect may include:

a) Underweight or always hungry  
b) Evidence of lack of personal hygiene  
c) Compromise to pressure areas  
d) Dirt, faecal or urine smell or other health and safety hazards in the  
Service Users environment  
e) Malnourishment or dehydration  
f) Inadequate clothing  
g) Rashes, sores, lice  
h) Untreated medical condition  
i) Lack of assistance with eating and drinking  
j) Withholding medication or over medicating  
k) The development of Grade 3 or above pressure related wounds (these  
should also be reported as a safeguarding concern if a person is  
admitted to a home/ECH site with established Grade 3 or above  
pressure related wounds)

When applying the definition of neglect of self it is important to respect a  
person's right to make personal choices, and ensure that any action under  
consideration is conveyed to that person and/or advocate.

Whilst recognising a person’s rights, it is acknowledged that these rights  
carry responsibilities towards others and these responsibilities will impinge  
on the rights and responsibilities of others including the rights of a person  
who fails to care for her / himself with the result that there is a likely or  
actual serious impairment to her / his health.

6. **ORGANISATIONAL:** failing to respect cultural and religious needs, failing  
to respect dietary needs, lack of insight or understanding of a person’s  
needs or behaviour.

- No flexibility in bed time routine and/or deliberate waking  
- People left on the commode or toilet for long periods of time  
- Inappropriate care of possessions, clothing and living area  
- Lack of personal clothes and belongings  
- Un-homely or stark living environments  
- Deprived environmental conditions and lack of stimulation
• Inappropriate use of medical procedures e.g. enemas, catheterisation
• 'Batch care' - lack of individual care programmes
• Illegal confinement or restrictions
• Inappropriate use of power or control
• People referred to, or spoken to with disrespect
• Inflexible services based, on convenience of the provider rather than the person receiving services
• Inappropriate physical intervention
• Service user removed from the home or establishment, without discussion with other appropriate people or agencies, because staff are unable to manage the behaviours

7. **DISCRIMINATION:** racist or sexist remarks or comments based on a person’s impairment, disability, age or illness, religion and other forms of harassment, slurs or similar treatment. This may also include isolation or withdrawal from religious or cultural activity, services or supportive networks.

The examples of discriminatory abuse may take the form of any of those listed under any of the other categories of abuse. The difference lies in that the abuse is motivated by discriminatory attitudes, feelings or behaviour towards an individual.

**The abuser**
Can be anyone! The abuser is often a person who the vulnerable adult trusts but it may be a stranger. Abuse can happen anywhere! All staff need to vigilant and work together to prevent abuse.