CONTROLLED DOCUMENT

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SAFEGUARDING POLICY

CATEGORY:	Policy
CLASSIFICATION:	Care Service
PURPOSE:	To detail the Charity's policy with regards to safeguarding and the reporting of concerns and allegations of abuse.
CONTROLLED DOCUMENT NUMBER:	BC/CL/003
VERSION NUMBER:	V2
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CONTROLLED DOCUMENT AUTHOR:	Director of Nursing and Care (Safeguarding Lead)
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ASSOCIATED DOCUMENTS:	Speaking Up Policy Safeguarding Procedure Safeguarding Flowchart
Essential Reading for: **Information for:**	All Staff and Board Members

Document Consultation and Review Process

Groups/Individuals who have overseen the development of this Policy:	**Senior Leadership Team** **Performance. Quality and Experience committee**
Groups/Individuals Consulted:	**Registered Managers**

Document version control:

Date	Version	Amendments made	Amendments Approved by
September - October 2021	**V1 - reviewed Sept 2021**	• Policy adapted to the new Policy format • The policy statements laid out in section 1 have been made clearer and include a sign-off section for the Chair/CEO as per other policies in the approved format. • Links to related documents have been checked and updated where possible. • The definitions section has been expanded to clearly provide a definition for terms and types of abuse that may be encountered through safeguarding. • The key principles section has been made clearer, expanding upon the principles of safeguarding and including a section on '*practical steps*' which were previously included within different places of the document. • A stand-alone section has been added regarding safeguarding children. This recognises that although the Charity does not work directly with children, there may be situations where concerns may need to be raised. • The roles and responsibilities section has been expanded to clarify roles across the organisation, from the Board of Trustees through to employees dealing with safeguarding incidents on a day-to-day basis. • Standard policy statements regarding data protection and equalities have been included. • Training references best practice undertaken and the monitoring section identifies how this is undertaken by the Director of Nursing and Care as well as this ee.	**Board**

For the Use of the Corporate Governance Team only:

Date added to Register:	**16 February 2022**
Date published on Boris:	**16 February 2022**
Does it need to be published on website:	**Yes**

CONTENT

1. POLICY STATEMENT

1.1 Brunelcare is committed to ensuring that everyone using or coming into contact with the Charity's services are treated with dignity and respect, receive high quality, compassionate care and are kept safe from harm and abuse.

1.2 At all times Brunelcare will seek to foster good relations between all stakeholders, including those who share a protected characteristic (e.g. age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race or belief, sex and sexual orientation) and others.

1.3 Brunelcare will take all possible measures to promote well-being, prevent abuse and neglect from happening in the first place and reduce the risk of abuse and neglect being suffered by those using Brunelcare's services.

1.4 Brunelcare will ensure that the safety and well-being of anyone who has been subject to abuse or neglect is maintained at all times.

1.5 Brunelcare is committed to taking action against those responsible for abuse or neglect, or allowing abuse and neglect to take place, wherever possible.

1.6 Brunelcare will review all safeguarding incidents to ensure that learning is recognised and lessons learned. This will be shared throughout the Charity to ensure that changes are made to prevent abuse or neglect happening to other people in a similar way.

1.7 Brunelcare will provide a proportionate response tailored to the choices, views and desired objectives of the adult at risk, ensuring their wishes are taken into account when reporting a safeguarding issue and taking steps following the abuse or neglect being reported.

1.8 Brunelcare will work to raise public awareness around safeguarding so that communities and professionals play their part in safeguarding; preventing, identifying and responding to abuse and neglect.

1.9 Ultimately, Brunelcare recognises that doing nothing is not an option. If it is suspected that someone is being abused, Brunelcare will do something about it and ensure the steps taken are recorded as well as sharing information as necessary in a timely manner.

Deborah Evans
Chair of the Board

Oona Goldsworthy
Chief Executive Officer

2. AIM OF THE POLICY AND RELATED LEGISLATION

2.1 This policy sets out the Charity's approach to safeguarding, setting out how the Charity will proactively prevent abuse occurring and will respond if abuse is suspected, identified or disclosed.

2.2 This policy outlines the Charity's commitment to meeting the requirements of the Safeguarding Adults Multi-Agency Policy (as agreed by the Safeguarding Adults Board in BANES, Bristol City, North Somerset, South Gloucestershire and Somerset), the Care Act 2014 and appropriate Care Act guidance.

Relevant Legislation and Guidance

Safeguarding Adults Multi-Agency Policy

KAS Guidance for Working with Adults at Risk

Care Act 2014

Mental Capacity Act 2005

Human Rights Act 1998

Equality Act 2010

Deprivation of Liberty Safeguards

Care and Support Statutory Guidance

Local Government Association - Roles and Responsibilities in Adult Safeguarding

3. SCOPE OF THE POLICY

3.1 This policy applies to all employees, including agency employees and contractors, volunteers and trustees as well as all those living in and using Brunelcare's services such as residents, customers and tenants.

3.2 Safeguarding duties and responsibilities apply to adults who have care and support needs, are experiencing, or are at risk of abuse and neglect, and are unable to protect themselves because of their care and support needs.

4. DEFINITIONS

4.1 *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).

4.2 *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 put someone at risk, damage their quality of life, or cause distress. Abuse can be an intentional or unintentional act and can happen anywhere. Further, abuse may take many forms and may include one or more of the following types:

4.2.1 *Physical abuse* can be present when there are physical injuries that cannot be adequately explained, or where there is a definite knowledge or reasonable suspicion that the injury was inflicted with intent, or neglect of care or duty. Examples of physical abuse include hitting, slapping, burning, pushing, restraining or giving too much or the wrong medication.

4.2.2 *Psychological/Emotional abuse* refers to causing 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 user's potential for development is seriously impaired. Examples of psychological and emotional abuse include shouting, swearing, frightening, blaming, ignoring or humiliating a person.

4.2.3 *Financial/Material abuse* involves using a person's assets and/or financial resources other than for the purposes directed by them and/or other than in their best interests. Examples of financial and material abuse include illegal or unauthorised use of a person's property, money, pension book or other valuables.

4.2.4 *Sexual abuse* is the suspicion of or the 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. Examples of sexual abuse include forcing a person to take part in sexual activity without their consent, inappropraite looking or touching and sexual teasing or innuendo.

4.2.5 *Organisational abuse* includes neglect and poor care practice within an institution or specific care setting such as a hospital or care home or in relation to the care provided in one's own home. This includes one-off incidents to on-going ill treatment and can be caused by poor practice as a result of structure, policies, processes and practices within an organisation. Examples of organisational abuse include failing to respect cultural or religious needs, not respecting dietary needs or exhibiting a lack of insight or understanding of a person's needs or behaviour.

4.2.6 *Neglect and acts of omission* occur where a person is neglected to such an extent that their health and/or development and general well-being are impaired. Examples of neglect and acts of omission include ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care, support or educational services and the withholding of the necessities of life such as medication, adequate nutrition and heating.

4.2.7 *Self neglect* can be present where an individual neglects their own personal hygiene, health or surroundings. Examples of self-neglect include hoarding, refusing personal care and refusing medication or treatment.

4.2.8 *Discriminatory abuse* is a type of abuse motivated by discriminatory attitudes, feelings or behavior towards an individual usually based on their characteristics. Examples of discriminatory abuse include racist or sexist remarks based on an individual's impairment, disability, age, illness or religion, or other forms of harassment, slur or similar treatment. This may also include isolation or withdrawal from a religious or cultural activity, service or support network.

4.2.9 *Mate crime* is a form of discriminatory abuse that occurs when a perpetrator befriends a vulnerable person with the intention of exploiting them financially, physically or sexually.

4.2.10 *Domestic abuse* occurs when another category of abuse (e.g. physical, financial, psychological or sexual) is present within a relationship. This may include so-called 'honour' based violence.

4.2.11 *Modern Slavery* is a type of abuse where an individual is forced into slavery (e.g. by being a victim of human trafficking and/or forced labour). In these situations the individual is forced into a life of domestic servitude and they suffer abuse and inhumane treatment.

4.3 An *adult* refers to any person over 18 years old. Although Brunelcare does not provide children's services it is recognised that there may be times when children are present within services and a service user's home. See 5.35-5.37 below for further information regarding children's safeguarding.

4.4 Some adults are more vulnerable to abuse than others and are referred to as *adults at risk* due to their care and support needs. At risk groups may include:

4.4.1 People who depend on others for care.

4.4.2 People with mental health problems, including people who live with dementia.

4.4.3 People with learning and/or physical disabilities such as sensory impairments and long term health or age related illnesses.

4.4.4 People who misuse substances.

4.5 The *abuser* refers to the person who commits abuse and can be anyone. This is often a person known to and trusted by the adult at risk but may be a total stranger.

4.6 The *Responsible Agency* refers to the local safeguarding authority for the area in which the alleged abuse has occured.

5. KEY PRINCIPLES AND REQUIREMENTS

General Principles and Safeguarding During COVID-19

5.1 Many people with care and support needs will be supported either in the family home or by residential and nursing care services. It could be argued that these people will be better shielded from abuse but national statistics show a high incidence of abuse where the abuser is a family member or the paid care provider. Those living alone in the community, now isolated to an even greater degree, may be a particular target for scammers and fraudsters.

5.2 Previous research by the Social Care Institute for Excellence (SCIE) and the National Fraud Intelligence Bureau has found that those most at risk of financial scams and fraud were older people who had mental capacity in this area and did not yet need any care and support. This group was typically more isolated and social contact of any kind was often welcomed without sufficient caution.

5.3 People with mental health issues, OCD and drug and alcohol dependencies may be in a state of heightened anxiety and are therefore more susceptible to abuse.

5.4 The COVID-19 pandemic has also increased the risk of abuse to adults at risk and it is therefore particularly important to safeguard adults with care and support needs as they may be more vulnerable to abuse and neglect as others may seek to exploit disadvantages due to age, disability, mental or physical impairment or illness. Older groups to which the Charity provides support may be particularly targeted because of a number of factors. Generally speaking they may need assistance with some tasks, be less up to speed with technology, more welcoming of new contacts, more trusting and (for many older people) wealthier. There is evidence that social isolation increases the

likelihood of abuse. Many older and disabled people spend long periods at home alone.

5.5 COVID-19 has had a similar impact on other groups in society. People who are street homeless may have lost income from begging and be facing reduced access to drugs and alcohol on which they depend and commentators have warned of increased incidence of depression and suicide risk as a result of fear and loss of freedoms, loved ones, income and hope. At this time, those who are particularly vulnerable may accept help from those who seek to exploit them.

5.5 We can assume that the greatest opportunity for abuse during the COVID-19 pandemic is financial. With additional pressures on services, normal service reductions, fear and isolation, the window is open to those who may seek to exploit those who may be vulnerable. There have been reports of a 400% increase in fraud reporting relating to COVID-19. The Chartered Trading Standards Institute is warning the public not to open their doors to bogus healthcare workers claiming to be offering '*home-testing'* for the COVID-19. The BBC has also reported on:

- Online sales of sanitation equipment that is never delivered.
- Links to a fake daily newsletter for COVID-19 updates.
- Fake insurance schemes and trading advice.
- Fake government emails offering tax refunds.

5.6 Other types of abuse may escalate during this time. For example, those living with an abusive partner or family member may face an escalation in abuse due to the added tensions and frustration caused by having to stay indoors. These tensions can be further increased where families are living in cramped, temporary accommodation and the abuser may experience additional anxiety about, for example, supplies of food, alcohol, medication and illicit drugs. The consequences of this could escalate the risk of abuse of those around them.

5.7 During the pandemic people who are experiencing abuse may be less likely to ask for help as they know that emergency services are stretched and fewer visitors to the household may mean that evidence of physical abuse goes unnoticed. Domestic violence and abuse can include many of the other types of abuse as listed above.

5.8 A reduction in normal work services and support given by Local Authorities during COVID-19 has also increased the risk of abuse. Emergency legislation has enabled local authorities to prioritise the services they offer to ensure the most urgent and serious care needs are met, even if this means not meeting

everyone's assessed needs in full or delaying some assessments. Many non-essential services, even to meet assessed needs, may be stopped or reduced. These service gaps may open up opportunities for exploitation or abuse.

5.9 Importantly, these legislative amendments do not remove the Charity's duty of care towards an individual's risk of serious neglect or harm.

The Six Key Principles

5.10 The Care Act 2014 outlines 6 key principles to inform local safeguarding arrangements. These principles seek to increase the protection of adults at risk and are as follows:

Empowerment	Adults are encouraged to make their own decisions and are provided with support and information	"*I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens*"
Prevention	Strategies are developed to prevent abuse and neglect that promote resilience and self-determination.	"*I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help*"
Proportionate	A proportionate and least intrusive response is made balanced with the level of risk	"*I am confident that the professionals will work in my interest and only get involved as much as needed*"
Protection	Adults are offered ways to protect themselves, and there is a coordinated response to adult safeguarding	"*I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able*"
Partnerships	Local solutions through services working together within their communities	"*I am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature*" and "*I am confident that agencies will work together to find the most effective responses for my own situation*"

Accountable	Accountability and transparency in delivering a safeguarding response	"*I am clear about the roles and responsibilities of all those involved in the solution to the problem*"

Putting the Person at the Centre

5.11 The decision 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.

Indicators of Abuse

5.12 Alongside the definitions (included within section 4, above) it is important to recognise potential indicators of abuse which may show or hint at abuse/neglect taking or having taken place. All employees will be aware of these indicators and will raise any concerns immediately after being identified.

5.13 Indicators of physical abuse include:

- Cuts, lacerations, puncture wounds and open wounds.
- Welts, burns, scalds and cigarette burns.
- Old or repeated fractures.
- Untreated injuries at various stages of healing.
- Poor skin condition and poor skin hygiene.
- Dehydration or malnourishment without an illness related cause.
- Loss of weight.
- Soiled clothing or bedding.
- Broken eye glasses or frames.
- Signs of punishment or restraint.
- Inappropriate use of medication (e.g. over or under-dosing).
- Disclosure by the person that they have been physically abused.

It will be noted that not all bruises are indicators of physical abuse. Bruises resulting from accidents due to poor balance or mobility are likely to be on knees, shins, arms and elbows. If someone has fallen on their face there may be extensive bruising on the forehead and around the nose. Bruises caused by a non-accidental injury may be characterised by:

- A hand slap.
- Marks made by an implement.
- Pinch or grab marks.
- Grip marks, often on the upper arms.
- Bruised eyes.
- Bruising to breasts, buttocks, lower abdomen, thighs or genital or rectal areas (the latter two being indicators of sexual abuse).

5.14 Indicators of psychological/emotional abuse include:

- Helplessness.
- Hesitation to talk openly.
- Implausible stories.
- Anger without apparent cause.
- Behavioural changes.
- Unusual behaviour (e.g. sucking, biting or rocking).
- Unexplained fear.
- Denial of a situation.
- Being withdrawn or non-communicative.
- Disclosure by the person that they have been verbally or emotionally abused.

5.15 Indicators of financial/material abuse include:

- Signatures on cheques that do not resemble the person’s signature.
- Unexplained withdrawal from a bank account of large sums of money.
- Abrupt changes to or creation of a will.

- The sudden appearance of un-involved relatives claiming rights to a person's affairs or possessions.
- Unpaid or overdue bills when someone else takes responsibility for a person's affairs.
- A lack of personal items that a person should be able to afford.
- Unexplained disappearance of funds or valuable possessions.
- Deliberate isolation of a person from their family, resulting in the care giver alone having total control.
- Disclosure by the person that they have been financially abused.

5.16 Indicators of sexual abuse include:

- Bruises, bleeding or soreness around the breasts, genital or rectal area.
- Persistent vulval reddening or discharge.
- Torn, stained or bloody underclothing.
- Disclosure by the person that they have been sexually assaulted or raped.

5.17 Indicators of organisational abuse include:

- No flexibility in bed time routine and/or deliberate waking.
- People being left on the commode or toilet for a long period 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 interventions (e.g. enemas or catheters).
- 'Batch care' and a lack of individual support plans.
- Illegal confinement or restrictions.
- Inappropriate use of power or control.
- People referred to, or spoken to with a lack of respect.
- Inflexible services based on inconvenience of the provider rather than the person receiving services.
- Inappropriate physical intervention.
- The person being moved from the home or establishment, without discussion with other appropriate people or agencies, because staff are unable to manage the person's behaviours.

5.18 Indicators of neglect and acts of omissions include:

- The person being underweight or always hungry.
- Evidence of a lack of personal hygiene.
- Compromise to pressure areas.
- Dirt, faecal or urine smell or other health and safety hazards in the person's environment.

- Malnourishment or dehydration.
- Inadequate clothing.
- Rashes, sores and lice.
- Untreated medical conditions.
- Lack of assistance with eating and drinking.
- Withholding medication or over medicating.
- The development of grade 3 or above pressure related wounds (these will also be reported as a safeguarding concern if a person is admitted to a home or ECH site with a grade 3 or above pressure related wound).

5.19 When applying the definition of self neglect it is important that the person's right to make personal choices is considered and to ensure that any action under consideration is conveyed to that person or their advocate. Whilst recognising an individual's rights it will be acknowledged that these rights carry responsibilities towards others and these responsibilities will impinge on the rights and responsibilities of others, including the rights of the person who fails to care for themself with the result that there is a likely or actual serious impairment to their health.

Practical Steps

5.20 For guidance on what should be regarded as a serious safeguarding issue, managers and Human Resources (HR) professionals will refer to the types of abuse detailed above, 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.

5.21 A central safeguarding log will be kept by the Director of Nursing and Care. This will be kept secure and used to monitor incidents, analyse trends and track referrals.

5.22 Copies of all safeguarding and CQC notification forms across the Charity will be sent to the Director of Nursing and Care.

5.23 The Charity's HR Department will be informed of any cases involving a serious incident and those involving a staff member. In circumstances where the HR Department is not available the manager will be responsible for deciding and reporting the facts to the Responsible Agency.

5.24 If allegations of abuse involve a staff member it is essential for the protection of those using the service 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 Charity's Disciplinary Policy and procedure.

5.25 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:

- The CQC via the notification process.
- Social Services Team Manager.
- The Charity's HR Department.

A signed copy of the investigation will be kept on file and the internal safeguarding log will be updated to outline the outcome of the investigation.

5.26 If appropriate, with the individual's permission, or following a best interest decision if the person lacks capacity, the person's next of kin will be immediately informed of the allegation/witnessed abuse. The Responsible Agency will normally instruct and in most cases it will be essential to inform the next of kin in order that they can provide support to the individual. Instances where information will not be shared will be rare but should this be the case, the reasons for not sharing information will be clearly documented.

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

5.28 In suspected cases of abuse of a physical or sexual nature, the individual's GP will be informed at the earliest opportunity and asked to visit the resident.

The Responsible Agency

5.29 It will be the responsibility of the Responsible Agency as to how the enquiry into the allegation/s of abuse should be completed. The manager will follow the instructions of the Responsible Agency explicitly. This may mean contacting the police, contacting the individual's family and/or social worker.

5.30 The Responsible Agency will advise on how the enquiry into the allegation/s will proceed. This may be a Section 42 Enquiry or a Multi Agency Enquiry (usually for serious or repeated acts of abuse). This may involve Social Services, the police, CQC and Brunelcare. Exactly who will lead the enquiry 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 an enquiry.

5.31 Brunelcare will undertake a full safeguarding enquiry where the Responsible Agency decides 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.

CQC Contact Details

5.32 Where a concern involves a Care Home, Extra Care Housing or Community Service, the CQC will also be advised that a concern has been raised, that the Responsible Agency has been informed (or an attempt has been made to inform them) and the decision made regarding how the incident will be taken forward (if known). This will usually be through an email notification using the appropriate form.

5.33 Contact details for the CQC are as follows:

- South Gloucestershire / Bristol / Somerset / North Somerset = 03000 616161 (normal office hours are between 9am and 5pm).
- Full address = CQC, South West Region, Citygate, Gallowgate, Newcastle Upon Tyne NE1 4PA.

5.34 If either the Responsible Agency or CQC are not available then the manager informing them of the concern being raised should leave their name and contact number on the answer phone detailing the time that the message was left and await instructions.

Safeguarding Children

5.35 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 or may be visiting a Brunelcare site.

5.36 If any member of staff has any concerns about a child or young person (i.e. if it is suspected a child is being neglected or abused) the following contacts will be used:

- For the BNSSG areas the First Response Team: 0117 903 6444 or for out of office hours the Emergency Duty Team: 01454 615 165.
- For the Somerset area the Early Help Advice Hub: 01823 355803 or Children's Social Care: 0300 1232224.
- In cases of serious concern that require an emergency response 999 will be contacted immediately.

5.37 More information on safeguarding children is available here.

6. ROLES AND RESPONSIBILITIES

The Board of Brunelcare

6.1 The Board of Brunelcare has overall accountability for the activities of the Charity. This extends to ensuring Brunelcare's policies and procedures reflect statutory requirements and best practice. This includes safeguarding practices.

6.2 The Board has delegated monitoring and oversight of this policy to the Performance, Quality and Experience Committee.

6.3 Alongside this, the Board will appoint a Trustee lead for safeguarding who will lead the Board's awareness in this area and assist in the promotion of safeguarding awareness and best practice across the Charity.

The Performance, Quality and Experience Committee

6.4 The Performance, Quality and Experience Committee is responsible for reviewing safeguarding incidents raised by the Charity including the number of incidents, type, location and potential reasons to ensure trends are identified, lessons are learned and best practice continually improved across the Charity.

The Director of Nursing and Care

6.5 The Director of Nursing and Care acts as the Charity's Responsible Person for Safeguarding/Safeguarding Lead and will ensure:

- Appropriate policies and procedures are in place to ensure safeguarding incidents are recorded and monitored across the Charity.
- All safeguarding incidents are reported to the Responsible Agency and CQC, as appropriate.
- Communication is maintained with the Local Authority Safeguarding Team in a collaborative and proactive manner.
- A safeguarding log is maintained which identifies details of the safeguarding including the date it occurred/was reported, location, type, a brief description and its status with the Local Authority safeguarding team (i.e. open or closed).
- A safeguarding report is produced quarterly for review and discussion by the Performance, Quality and Experience Committee. This report will highlight trends across the Charity, comparisons to previous

quarters in the year and the same quarter from the previous year as well as actions taken and lessons learned following incidents.

- An annual safeguarding report is provided to the Performance, Quality and Experience Committee which covers the Charity's safeguarding activity for the year. This will be ratified by the Board.
- Appropriate training is put in place for all staff across the Charity including how to recognise and report abuse.

Registered Managers

6.6 All Managers across the Charity will:

- Ensure an environment is maintained within their service which encourages residents/service users and staff to raise their concerns/suspicions without any fear of intimidation or reprisals. This will promote an ethos of openness within their areas of operation.
- Establish the facts of any allegation made. This may involve checking the facts with the resident/service user or member of staff making the report of abuse.
- Ensure there is no delay in establishing the facts. This 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, encourage residents/service users to give consent to allow them to contact the various authorities. However, should the allegation be serious, it will proceed regardless of the person's wishes for confidentiality. If this is the case, inform the resident/service user that the information will be shared with other agencies (e.g. Local Authority Safeguarding Team and the Police).
- Use 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 the safeguarding concern or suspected concern is within a Care Home, Extra Care Housing or Community Services, be responsible for advising CQC that an allegation has been made, the Responsible Agency has been informed (or an attempt has been made to inform them) and the decision made regarding how the

incident will be taken forward (if known). This will usually be through an email notification using the appropriate form.

- Alert the Director of Nursing and Care of any allegation made as soon as reasonably practicable; providing details for inclusion in the Charity's internal safeguarding log and a copy of correspondence shared with the relevant authorities (i.e. CQC and safeguarding reporting form).
- Provide support and reassurance to all those affected by the safeguarding alert.
- Ensure all staff in their location complete the required safeguarding training on both induction and through refresher training going forward.
- Ensure staff in their location are aware of the Charity's Speaking Up Policy should an allegation need to be raised and taken forward in this way.

6.7 Where a safeguarding allegation relates to the manager of the service, Brunelcare's Speaking Up Policy will be followed with the support of the Charity's HR Department.

Employees

6.8 All employees, including volunteers, will follow the Charity's safeguarding policy and procedures at all times, this will include:

- Ensuring an open environment is maintained in their area of work whereby all residents/service users and staff feel empowered and able to raise concerns without any fear of intimidation or reprisal.
- Reporting all allegations, suspicions or witnessed incidents of abuse to their line manager.
- Supporting the victim after an alleged incident.
- Following reporting allegations of abuse, doing nothing other than establishing the facts until the Responsible Agency has been advised. However, where the residents/service users or staff are in immediate urgent danger the most senior member of staff on duty must call 999.
- Completing all required safeguarding training.

- Being aware of the Charity's Speaking Up Policy and following this if required (e.g. where an alleged safeguarding incident involves their line manager).

6.9 In cases where a serious safeguarding incident is suspected to have occured (e.g. physical or sexual assault) staff will:

- not disturb the resident/service user or question them directly;
- aim to keep the victim calm and comforted until the Police arrive;
- ensure that vital evidence is not disturbed as this could potentially compromise any investigations; and
- not clear up, move things or wash the resident/service user's clothing before a decision from the Responsible Agency is received.

7. EQUALITY AND DATA PROTECTION

Equality and Diversity

7.1 Brunelcare seeks to embed an environment where all clients, visitors, employees, agency employees, contractors, consultants, trustees, volunteers and any other workers are treated as individuals, fairly and in a consistent way. We work within the spirit and the practice of the Equality Act 2010 by promoting a culture of respect and dignity and actively challenging discrimination, should it ever arise. This Policy will be applied in a way that is consistent with these principles.

Data Protection

7.2 Brunelcare is committed to ensuring protection of all personal information that we hold, and to provide and protect all such data.

7.3 Brunelcare is dedicated to safeguarding the personal information under our control and in maintaining a system that meets our obligations under the General Data Protection Regulation (GDPR). Our practice is set out in our Privacy and Confidentiality Policy.

7.4 It is recognised that the safeguarding process will involve the collection and sharing of sensitive personal information. Data protection obligations will therefore be followed at all times with information only shared with those that it is necessary to share this information with and in a secure manner.

8. IMPLEMENTATION AND TRAINING

8.1 The Director of Nursing and Care has responsibility for ensuring this policy is fully implemented throughout the Charity however day-to-day responsibility for the implementation of this policy is delegated to individual service managers through the running of their service.

8.2 Brunelcare will provide regular training to all staff on safeguarding, including how to recognise and report abuse.

8.3 Training on the safeguarding of adults at risk will be given to all staff directly related to care delivery including managers of the relevant services as part of their induction with a full course completed within 6 months of their start date. All other colleagues (not directly related to care roles) will complete the eLFY safeguarding online training module every two years as a minimum standard.

8.4 Refresher training will be provided every 2 years in line with best practice guidelines in order for staff to have current and up to date knowledge.

9. MONITORING AND REVIEW

9.1 Safeguarding incidents will be reviewed on an ongoing basis by the Director of Nursing and Care through the Charity's central safeguarding log.

9.2 The Performance, Quality and Experience Committee will receive a quarterly report detailing safeguardings raised by the Charity as well as actions taken and trends identified following these being raised. The Committee will also have oversight of the Charity's safeguarding process including the application of this policy.

9.3 This policy will be reviewed at least every two years, or sooner should the author or legal requirements deem it to be required.