

# Safeguarding Adults Policy



## **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 as having a neutral impact on all stakeholders and fostering 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**

<https://bristolsafeguarding.org/media/wnzpmb11/kbsp-20190625-final-joint-safeguarding-adults-policy.docx>

Agreed by Safeguarding Adults Boards in BANES, Bristol City, North Somerset, South Gloucestershire and Somerset County

Version June 2019

## **Safeguarding adults during COVID-19**

During the COVID-19 crisis, it is particularly important to safeguard adults with care and support needs. 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.

These groups may be 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, and now as the whole nation is being asked to stay at home the same groups are more likely to be alone rather than in a family group.

At a time of international crisis, those who seek to exploit these vulnerabilities are quick to act. We will all have been warned of new scams offering help and advice

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on COVID-19 or with financial assistance. Many of us will have concerns for family members who may fall prey to fraudsters.

### **Who do we need to safeguard?**

Safeguarding duties and responsibilities apply to adults who:

- have care and support needs
- are experiencing, or at risk of abuse or neglect and
- are unable to protect themselves because of their care and support needs.

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 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.

Previous research by SCIE and the National Fraud Intelligence Bureau found that those most at risk to 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.

People with mental health problems, OCD, drug and alcohol dependencies may be in a state of heightened anxiety. People who are street homeless may have lost income from begging and be facing reduced access to drugs and alcohol on which they depend. Commentators have already 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.

We can assume that the greatest opportunity for abuse during the COVID-19 crisis 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 are already reports of a 400 per cent increase in fraud reporting in March relating to the COVID-19 crisis. 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 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.

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Other types of abuse may escalate during this time. For example, those living with an abusive partner or family member may now face an escalation in abuse due to the added tensions and frustration caused by the whole family having to stay indoors. The tensions can be further increased where families are living in cramped, temporary accommodation. The abuser may experience additional anxiety about, for example, supplies of food, alcohol, medication and illicit drugs. The consequences of this could be escalated abuse of those around them. People who are experiencing abuse may be less likely to ask for help as they know that emergency services are stretched. 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 listed.

### **Reduction in normal work services**

Emergency legislation will make changes to the Care Act 2014 in England and the Social Services and Well-being (Wales) Act 2014 to enable 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 need – may be stopped or reduced. Again, these predicted service gaps may open up opportunities for exploitation or abuse.

**Importantly the legislative amendments do not remove the duty of care that we all have towards an individual’s risk of serious neglect or harm.**

### **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

Brunelcare does not provide children’s services but 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.

**If you have any concerns about a child or young person** - if you think a child is being neglected or abused the following contacts should be used:-

**For the BNSSG areas - First Response Team 0117 903 6444**, Out of office hours call the **Emergency Duty Team 01454 615 165**.

**For the Somerset area – Early Help Advice Hub 01823355803 or Children’s Social Care 0300 1232224**.

For more information on Safeguarding Children click [HERE](#)

*In cases of serious concern that require an emergency response contact 999.*

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Abuse can take many forms and may include one or more of the following types of abuse: **see also Appendix 1, Page 10 - Definitions**

- **Physical:** for example, hitting, slapping, burning, pushing, restraining or giving too much medication or the wrong medication.
- **Psychological/Emotional:** for example, shouting, swearing, frightening, blaming, ignoring or humiliating a person.
- **Financial/Material:** 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 withholding 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.
- **Discriminatory abuse:** racist or sexist remarks or comments based on a person's impairment, disability (disablism), 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. Mate crime is also a form of discriminatory abuse.
- **Domestic:** can include physical or emotional harm, sexual abuse within a relationship or financial abuse.
- **Modern Slavery:** slavery and human trafficking.

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

### KEY PRINCIPLES OF SAFEGUARDING ADULTS

The Care Act 2014 outlines 6 key principles which seek to increase the protection for adults at risk, and sets out the key issues which must inform local arrangements.

The 6 Key Principles are:

<b>Empowerment</b>	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
<b>Prevention</b>	Strategies are developed to prevent abuse and neglect	I am provided with easily understood information about

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	that promote resilience and self-determination	what abuse is, how to recognise the signs and what I can do to seek help
<b>Proportionate</b>	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
<b>Protection</b>	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
<b>Partnerships</b>	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. I am confident that agencies will work together to find the most effective responses for my own situation
<b>Accountable</b>	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**

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.

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## LEGAL FRAMEWORK

- The Care Act 2014
- Mental Capacity Act 2005
- Human Rights Act 1998

### National

#### Safeguarding Adults legislation

- Care Act 2014
- Equalities Act 2010
- Mental Capacity Act 2005
- Deprivation of Liberty Safeguards amendment 2007

#### Safeguarding Adults Guidance

- Care and Support Statutory Guidance (2016)

## 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

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- 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).

- To provide a proportionate response that is tailored to the views and desired objectives of the adult at risk.

**TRAINING**

**Brunelcare will provide regular training to all staff on safeguarding, including how to recognise and report abuse. Training on the safeguarding of adults at risk 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)
- Practitioner - Client Relationships and the Prevention of Abuse: Nursing and Midwifery Council.
- Disclosure and Barring Service (DBS).

**DOCUMENTS**

- Care plan/My Support Plan
- Flow chart

**PROCEDURES & RESPONSIBILITIES (refer also 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, analyse trends and track referrals.

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<ul style="list-style-type: none"> <li>• The Director of Nursing and Care Homes, Sandra Payne, must be sent copies of all CQC &amp; Safeguarding Adults notification forms relating to allegations of abuse from all areas of the organisation.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Brunelcare’s HR Department will need to be informed in cases involving a serious incident and those involving a staff member. In circumstances where HR is not available then the manager will be solely responsible for deciding and reporting the facts to the Responsible Agency’ .</b></li> </ul>
<p><b>2. ALL STAFF (Including Volunteers)</b></p>
<ul style="list-style-type: none"> <li>• 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/suspicious without any fear of intimidation or reprisals. Managers should promote an ethos of openness within their areas of operation.</li> </ul>
<ul style="list-style-type: none"> <li>• It is the duty of every member of staff to report all allegations, suspicions or witnessed incidents of abuse to their Line manager.</li> </ul>
<ul style="list-style-type: none"> <li>• For the avoidance of any doubt: The rule must be – do nothing other than establish the facts until ‘<i>The Responsible Agency</i>’ has been advised eg <i>Local Authority Safeguarding Team</i>. 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.</li> </ul>
<ul style="list-style-type: none"> <li>• In cases where a serious safeguarding incident is suspected to have occurred e.g. a physical or sexual assault: <ul style="list-style-type: none"> <li>➢ Staff must not disturb the resident/service user, or question them directly</li> <li>➢ Staff should aim to keep them calm and comforted until the police arrive</li> <li>➢ It is very important that vital evidence is not disturbed, as this would compromise any police investigation</li> <li>➢ The Staff or manager should not clear up, move things or wash residents clothing before a decision from ‘<i>The Responsible Agency</i>’ is received</li> </ul> </li> </ul>
<p><b>3. MANAGERS:</b></p>
<ul style="list-style-type: none"> <li>• 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.</li> </ul>

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- ***NB If the safeguarding allegation relates to the Manager of the service, Brunelcare's Whistleblowing Policy should also be accessed and followed with the support of the Human Resources Dept.***
- 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 eg 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 raise a safeguarding concern with the Local Authority, the numbers for each area are:**

**Bath and North East Somerset Tel: 01225 396000**

**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 DETAILS:**

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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 enquiry into the allegation/s 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 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, 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.

- **Brunelcare Enquiry** – 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, with the resident/service user's permission or following a best interest decision if the person lacks capacity, 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. Instances where information will not be shared will be rare but should this be the case, the reasons for not sharing information should be clearly documented.

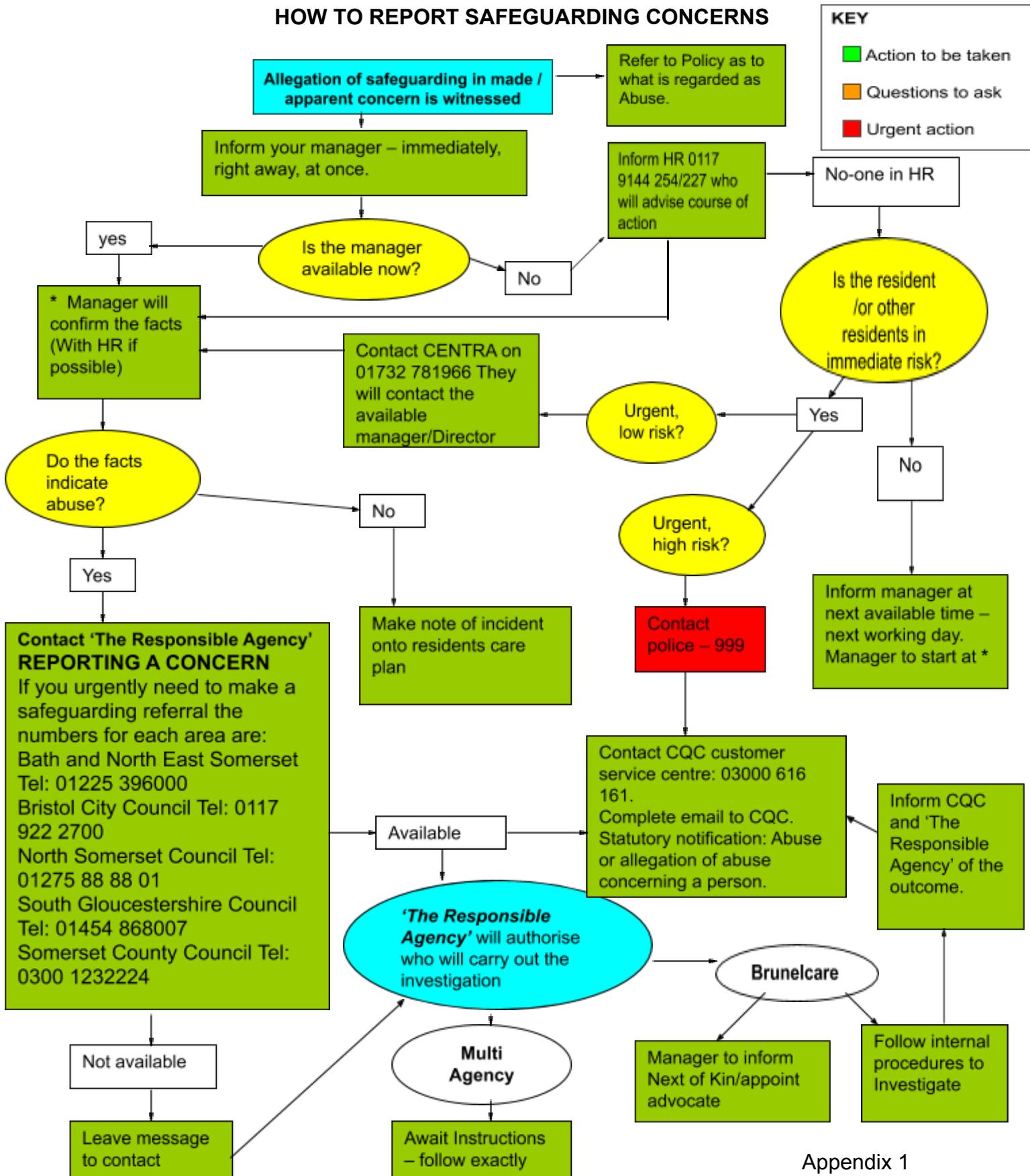
- Where the resident /service user does not have a named next of kin, or where it is not appropriate to involve the next of kin, or where the resident/service user is unable to communicate or give formal consent, an independent advocate will be required. Brunelcare have a responsibility to

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highlight the need for an IMCA (Independent Mental Capacity Advocate) in such cases.
<ul style="list-style-type: none"> <li>• <b><i>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.</i></b></li> </ul>
<b>INCIDENTS INVOLVING ALLEGATIONS AGAINST STAFF MEMBERS:</b>
<ul style="list-style-type: none"> <li>• If 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.</li> <li>• 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: <ul style="list-style-type: none"> <li>➤ CQC via Notification process</li> <li>➤ Social Services Team Manager</li> <li>➤ HR</li> <li>➤ A signed copy kept on file</li> </ul> </li> </ul>
The incident will be recorded on the central abuse file (Domiciliary care standard 14.3)

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# HOW TO REPORT SAFEGUARDING CONCERNS



**Contact 'The Responsible Agency' 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  
 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

Appendix 1

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## **SAFEGUARDING ADULTS AT RISK OF ABUSE**

### **Definition of Abuse and Definitions of Types of Abuse**

“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 others and are referred to as *Adults at risk* due to their care and support needs. At risk groups 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. The Care Act 2014 describes 10 forms of abuse and may include one or more of the following types of abuse -

#### **1. PHYSICAL:**

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:

- a) Cuts, lacerations, puncture wounds, open wounds
- b) Welts, burns, scalds, cigarette burns, old or repeated fractures
- c) Untreated injuries at various stages of healing
- d) Poor skin condition / poor skin hygiene
- e) Dehydration and / or malnourished without illness related cause
- f) Loss of weight
- g) Soiled clothing or bed
- h) Broken eye glasses / frames
- i) Signs of punishment or restraint
- j) Inappropriate use of medication (overdosing / under dosing)
- k) 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) a hand slap

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- b) marks made by an implement
- c) 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:

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/EMOTIONAL:

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

## 5. FINANCIAL/MATERIAL:

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:

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- 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. **NEGLECT & ACTS OF OMISSION:**

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:**

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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. DISCRIMINATORY:**

Racist or sexist remarks or comments based on a person's impairment, disability (disablism), 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. 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.

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.

## **8. SELF NEGLECT:**

This covers a wide range of behaviours that are related to neglecting ones personal hygiene, health or surroundings. This can include hoarding, refusing personal care, refusing medication or treatment.

## **9. DOMESTIC:**

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Within a relationship there may be sexual, physical, psychological or financial abuse occurring against a person at risk. This may also include so called 'honour' based violence.

#### **10. MODERN SLAVERY:**

Where an individual at risk is forced in to slavery, may have been a victim of human trafficking and/or forced labour. The individual is forced into a life of domestic servitude and are suffering abuse and inhumane treatment.

#### **The abuser -**

Can be anyone! The abuser is often a person who the adult at risk trusts but it may be a stranger. Abuse can happen anywhere! All staff need to be vigilant and work together to prevent abuse. Abuse can be an intentional or unintentional act including acts of omission.

Safeguarding Adults Policy		Issue: March 2019	Available on BORIS
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