Adult Safeguarding Policy

October 2026

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With the introduction of the Care Act 2014 changes came into place which updated adult safeguarding in England. This adult safeguarding guidance replaced 'No Secrets' in its entirety. Safeguarding duties apply to an adult who:

- Needs care and support (whether or not the local authority (LA) is meeting any of those needs)
- Is experiencing, or at risk of abuse or neglect
- As a result of those care and support needs, is unable to protect themselves from either the risk of or the experience of abuse or neglect

The above duties have a legal effect on organisations other than the LA e.g. the NHS or police. As an organisation, we are aware of the changes within Chapter 14 of the Care Act 2014 concerning LAs' roles and responsibilities.

Inspired Care 4All LTD adheres to Regulation 13: Safeguarding the people we support from abuse and improper treatment (Health and Social Care Act 2008 (Regulations 2014)) by implementing processes and procedures to prevent any service user from being abused by staff or other people they may have contact with when using the Service, including their visitors. This includes safeguarding a service user from suffering any form of abuse or improper treatment while receiving care and treatment (improper treatment includes discrimination or unlawful restraint, which includes inappropriate deprivation of liberty under the terms of The Mental Capacity Act 2005).

We recognise that safer recruitment is about properly examining the skills, experience, qualifications and values of potential staff, concerning working with the service user.

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As an employer, we have a range of safer recruitment and selection practices. Working with the service user and families who may be at risk and need support can be rewarding and challenging. Therefore, we are responsible for ensuring that the people providing these vital services are appropriate and competent in keeping the service user safe. Refer to the Recruitment and Selection Policy for details.

This policy should be read in conjunction with the Explanation Notes for Safeguarding located in the related documents section of this policy. These notes contain necessary information including;

- Background Legislation
- Health and Care Act - Reporting Requirements
- Types of Abuse and Neglect
- Signs of Abuse
- Patterns of Abuse
- Who Abuses or Neglects Adults.

This policy dovetails with the Local Authority Policy and supersedes our organisational policy with regards to local procedures and systems.

Access to this Policy

Access to this policy is granted to all staff, volunteers and board members online

Other stakeholders (residents'/visitors/ all other stakeholders) can request access to this policy by contacting the Registered Manager

We provide where required other formats including an easy-read safeguarding policy

Multi-Agency Safeguarding (Adults) Protocol

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The Local Authority (LA) updated their multi-agency safeguarding agreement to reflect these changes.

Our Local Authority (LA) Local Authority (LA) Name is required to produce the above Guidance. When contracted with more than one authority we ensure all protocols are listed and followed.

Data Submission - Capacity Tracker

To continue to safeguard people in our service particularly concerning acute respiratory infection, the Health and Care Act 2022 Adult Social Care Provider Information provisions: guidance for providers on data collection requires us to submit a core subset of the data which has previously been submitted through the Capacity Tracker (CT). This is gathered monthly. We are required to update data by the end of the 14th day of each month, or the next working day where the 14th falls on a weekend or public holiday. Data must be no more than a week out of date – that is, data must be correct to no further back than the 8th of each month.

We have a process with a named person responsible for the necessary monthly data submission via the Internet.
As a domiciliary care provider, the mandatory information required is:

- How many people we support are currently registered and receiving care from our agency
- Number of staff in the organisation that have face-to-face contact with the people being supported
- Number of staff delivering care that are not working because of COVID-19
- How many hours we have paid direct employees to work in the last month or 4 weeks, including any overtime

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- How many hours of overtime we have paid for in the last month or 4 weeks
- How many hours of agency staff time we have paid for in the last month or 4 weeks
- How many days or hours of absence we have recorded in the last month or 4 weeks
- COVID-19 vaccination (during a campaign and up to the mandation week following the end of a campaign):
  o number of staff known to have received a seasonal booster
- Flu vaccination (seasonal: 1 September to 31 March):
  o number of staff known to have received this season's flu vaccination
- Packages of care:
  o In the last 28 days, how many current NHS and local authority-funded the people we support' care packages we have had to return
  o In the last 28 days, how many current self-funded the people we support' care packages we have had to end
- Other data items in CT are often key for local operational support and we may be asked to provide more regular updates to these items – for example:
  o Confirmed and suspected COVID-19 cases in staff and residents
  o Vaccination updates
  o Daily bed vacancy updates
  o Workforce data.

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Definitions

Adult at Risk

An adult at risk of abuse or neglect is defined as someone who has needs for care and support, who is experiencing, or at risk of, abuse or neglect and, as a result of their care needs, is unable to protect themselves.

Throughout this policy, the distinction between an adult with the capacity to make decisions and adults lacking capacity is emphasised. Adults who have the capacity retain the right to make their own decisions and to direct their own lives. Adults lacking the capacity to make decisions retain the right to be involved in decision-making as far as possible. However, decisions that have to be made on their behalf must be in their best interests. The judgement that an adult is at risk should not be confused with a decision about their capacity. They are distinct questions, although a lack of capacity will, ordinarily, contribute to an adult being at risk.

Adult Safeguarding, What it is and Why it Matters

It is a means of protecting an adult's safety, free from abuse and neglect. It means people and organisations working together to prevent and stop such abuse and neglect, whilst making sure that the adult's well-being is promoted, including, where appropriate, due regard to their views, wishes, feelings and beliefs in deciding on any action.

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

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Organisations should always promote the adult's well-being in their safeguarding arrangements. People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can best be achieved. Professionals should not be advocating safety measures that do not take account of the individual's well-being as defined in Chapter 1 of the Care and Support Statutory Guidance issued by the Department of Health.

Staff Training

It is a means of protecting an adult's safety, free from abuse and neglect. It means people and organisations working together to prevent and stop such abuse and neglect, whilst making sure that the adult's well-being is promoted, including, where appropriate, due regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

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Training for all staff is supplied by care skills academy and W&P Training Centre and a training matrix is in place outlining the safeguarding training requirements for people

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at different levels. Areas covered also include mental capacity, deprivation of liberty safeguards, consent and access to easy-read resources.

Our organisation will ensure that our safeguarding lead has had suitable safeguarding training and competencies and has the right knowledge and skills to ensure the protection and safety of the people we support and to support other staff.

Our organisation safeguards the people we support from abuse and harm by using the skills and experiences of our safeguarding champions.

Our safeguarding champions understand the safeguarding policy and procedure and help to ensure our procedures are followed.

They are available to support other staff, champion best practices and support reflective learning. Our organisation will ensure our safeguarding champions are supported by training and development opportunities to ensure they have the right knowledge and skills to be safeguarding champions. It is important to note that a safeguarding champion is not a replacement or alternative to the safeguarding lead.

Safeguarding is not a substitute for:

- Providers responsibilities to provide safe and high-quality care and support
- Commissioners regularly assure themselves of the safety and effectiveness of commissioned services
- The Care Quality Commission (CQC) ensures that regulated providers comply with the fundamental standards of care by taking enforcement action
- The core duties of the Police are to prevent and detect crime and protect life and property

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Care Act 2014 requires that each authority must:

- Make enquiries or cause others to do so, if it believes an adult is experiencing or is at risk of abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect and if so by whom.
- Set up a SAB
- Arrange where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or SAR, this applies if the adult has substantial difficulty in being involved in the process and where there is no other suitable person to present and support them
- Co-operate with each of its relevant partners to protect the adult. In their turn, each relevant partner must cooperate with the Local Authority (LA)

Aims and Principles of Adult Safeguarding

The Care Act 2014 sets out the following which applies to Local Authority (LA) Name and their relevant partners. Relevant partners include NHS, police, ambulance service, regulated or unregulated providers and all parties involved in the enquiry:

- Stop abuse or neglect wherever possible
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- Safeguard adults in a way that supports them in making choices and having control over how they want to live
- Promote an approach that concentrates on improving life for the adults concerned
- Raise public awareness so that communities, alongside professionals, play their part in preventing, identifying, and responding to abuse and neglect

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- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult
- Address what has caused the abuse or neglect

The Care Act 2014 sets out the steps which the Local Authority (LA) must implement to meet the legal requirements of the Act - all staff must become familiar with these requirements. Guidance developed by Local Authority (LA) Name will be included in this policy as it becomes available. Every Local Authority (LA) will review and amend their Multi-Agency Safeguarding Protocol, our local version is available from the Local Authority (LA) Name SAB website.

Any changes to training are incorporated with immediate effect.

The Six Principles that Underpin all Adult Safeguarding

Empowerment:

Power being supported and encouraged to make their own decision and informed consent:

- 'I am asked what I want from the safeguarding process and these directly inform what happens'

Prevention:

It is better to take action before harm occurs:

- 'I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help'

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Proportionality:

The least intrusive response appropriate to the risk presented:

- 'I am sure that the professionals will work in my interest, as I see them, they will only get involved as much as needed'

Protection:

Support and representation for those in greatest need:

- 'I get help and support to report abuse and neglect. I get help so that I can take part in the safeguarding process to the extent to which I want

Partnership:

Local solutions through services working with their communities have a part to play in preventing, deleting and reporting neglect and abuse:

- 'I know that staff treat any personal or sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me'

Accountability:

Accountability and transparency in delivering safeguarding:

- 'I understand the role of everyone involved in my life and so do they'

These principles apply to all sectors and settings including care and support services, further education colleges, commissioning, regulation and provision of health and care

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services, social work, healthcare welfare benefits, housing, wider LA function, and the criminal justice system. The principles should inform how professionals and other staff work with adults. They can also help SABs and other organisations more widely, by using them to examine and improve their local arrangements. In addition to these principles, the Act seeks to broaden a community approach to establishing their safeguarding arrangements. All organisations must recognise that adult safeguarding arrangements are there to protect individuals. We all have different preferences, histories, circumstances and lifestyles so it is unhelpful to prescribe a process that must be followed whenever a concern is raised.

Types of Abuse

Physical abuse: includes assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

Domestic violence: includes psychological, physical, sexual, financial, and emotional abuse; so, called 'honour-based violence. Reference to the
Domestic Abuse Act 2021

Sexual abuse: includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

Sexual exploitation: The term 'sexual exploitation' means any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. It may be very important in specific cases to be clear about

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the context in which concerns about sexual exploitation arise. Some individuals may have been groomed as children or young people, whilst others may be engaged as sex workers and are at risk because they are threatened or coerced, and have drug dependencies and/or mental health needs. People with learning disabilities may be led into harm because of the perception they are being offered friendships.

Controlling Behaviour: Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, and depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive Behaviour: Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten the victim.

Forced Marriage: Although forcing someone into a marriage and/or luring someone overseas for marriage is a criminal offence, the civil route and the use of 'Forced Marriage Protection Orders' are still available. These can be used as an alternative to entering the criminal justice system. It may be that perpetrators will automatically be prosecuted where it is overwhelmingly in the public interest to do so, however, victims should be able to choose how they want to be assisted

Exploitation by radicalisation: The Home Office leads on the anti-terrorism PREVENT strategy, of which CHANNEL is part (This aims to stop people from becoming terrorists or supporting extremism. All local organisations have a role to play in safeguarding people who meet the criteria. Contact should be made with the

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police regarding any individuals identified who present concerns regarding violent extremism.

Psychological abuse: includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyberbullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Financial or material abuse: including theft, fraud, internet scamming, coercion about an adult's financial affairs or arrangements, including regarding wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Modern slavery: encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Human Trafficking: The definition of human trafficking is the illegal movement of people through force, fraud or deception to exploit them, typically for forced labour or sexual exploitation. Men, women and children are forced into a situation through the use (or threat) of violence, deception or coercion. Victims may enter the UK legally, on forged documentation or secretly under forced hiding, or they may even be UK citizen living in the UK who is then trafficked within the country but should not be confused with people smuggling, where the person has the freedom of movement upon arrival in the UK. There is no 'typical' victim of human trafficking and modern slavery. Victims can be men, women and children of all ages, ethnicities,

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nationalities and backgrounds. It can however be more prevalent amongst the most vulnerable members of society and within minority or socially excluded groups.

Cuckooing: refers to the relatively recent identification of a type of controlling and coercive criminal activity. This involves gangs using adults at risk (and children and young people) to move, store and deliver drugs.

Discriminatory abuse: including forms of harassment, slurs or similar treatment, because of race, gender, gender identity, age, disability, sexual orientation or religion.

Internet/cyberbullying: can be defined as the use of technology, particularly mobile phones and the internet, to deliberately hurt, upset, harass or embarrass someone else. It can be an extension of face-to-face bullying, with the technology offering the bully another route for harassing their victim, or can be simple without motive. Cyberbullying can occur using practically any form of connected media, from nasty text and image messages using mobile phones, to unkind blog and social networking posts, or emails and instant messages, to malicious websites created solely to intimidate an individual or virtual abuse during an online multiplayer game.

Organisational abuse: Organisational abuse (also known as institutional abuse) is distinct from other forms of abuse or neglect because it is not directly caused by individual action or inaction. Instead, it is a cumulative consequence of how services are managed, led and funded. Some aspects of organisational abuse may be hidden (closed cultures), and staff may act differently when visitors are there (disguised compliance). Organisational abuse can affect one person or many. Therefore, it is

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important to consider each unique case and the impact on the service user as well as the whole care service.

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

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

Incidents of abuse may be one-off or multiple and affect one person or more. Professionals and others should look beyond single incidents or individuals to identify patterns of harm, just as the Care Quality Commission (CQC), as the regulator of service quality, does when it looks at the quality of care in health and care services. Repeated instances of poor care may be an indication of more serious problems which are now described as organisational abuse. To see these patterns, it is important that information is recorded and appropriately shared.

Signs of Abuse

Physical Abuse

- No explanation for injuries or inconsistency with the account of what happened
- Injuries are inconsistent with the person's lifestyle
- Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps
- Frequent injuries
- Unexplained falls

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- Subdued or changed behaviour in the presence of a particular person
- Signs of malnutrition
- Failure to seek medical treatment or frequent changes of G.P.

Sexual Abuse

- Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
- Torn, stained or bloody underclothing
- Bleeding, pain or itching in the genital area
- Unusual difficulty in walking or sitting
- Foreign bodies in genital or rectal openings
- Infections, unexplained genital discharge, or sexually transmitted diseases
- Pregnancy in a woman who is unable to consent to sexual intercourse
- The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude
- Incontinence that is not related to any medical diagnosis
- Self-harming
- Poor concentration, withdrawal, and sleep disturbance
- Excessive fear/apprehension of, or withdrawal from, relationships
- Fear of receiving help with personal care
- Reluctance to be alone with a particular person.

Psychological

- An air of silence when a particular person is present
- Withdrawal or change in the psychological state of the person
- Insomnia

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- Low self-esteem
- Uncooperative and aggressive behaviour
- A change of appetite, weight loss/gain
- Signs of distress: tearfulness, anger
- Apparent false claims, by someone involved with the person, to attract unnecessary treatment.

Financial

- Missing personal possessions
- Unexplained lack of money or inability to maintain a lifestyle
- Unexplained withdrawal of funds from accounts
- Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity
- Failure to register an LPA after the person has ceased to have the mental capacity to manage their finances so that it appears that they are continuing to do so
- The person allocated to manage financial affairs is evasive or uncooperative
- The family or others show an unusual interest in the assets of the person
- Signs of financial hardship in cases where the person's financial affairs are being managed by a court-appointed deputy, attorney or LPA.
- Recent changes in deeds or title to a property
- Rent arrears and eviction notices
- A lack of clear financial accounts held by a care home or service
- Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person
- The disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house

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- Unnecessary property repairs.

Domestic abuse

- Appears to be afraid of a partner and/or of making choices for themselves
- Behaves as though they deserve to be hurt or mistreated
- May have low self-esteem or appear to be withdrawn
- Appears unable or unwilling to leave the perpetrator
- Leaves perpetrator and then returns to them
- Makes excuses for or condones the behaviour of the perpetrator
- Blames abuse on themselves
- Minimises or denies abuse or seriousness of the harm
- The perpetrator is always with the victim and will not let the victim speak for themselves, e.g., at GP visits
- Low self-esteem
- Feeling that the abuse is their fault when it is not
- Physical evidence of violence such as bruising, cuts, and broken bones
- Verbal abuse and humiliation in front of others
- Fear of outside intervention
- Damage to home or property
- Isolation – not seeing friends and family
- Limited access to money.

Domestic violence and abuse include any incident or pattern incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been, intimate partners or family members regardless of gender or sexuality. It also includes so-called 'honour-based violence, female genital mutilation and forced marriage.

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Modern Slavery

- Signs of physical or emotional abuse
- Appearing to be malnourished, unkempt or withdrawn
- Isolation from the community, seeming to be under the control or influence of others
- Living in dirty, cramped or overcrowded accommodation and or living and working at the same address
- Lack of personal effects or identification documents
- Always wearing the same clothes
- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers
- Fear of law enforcers.

Discriminatory Abuse

- The person appears withdrawn and isolated
- Expressions of anger, frustration, fear or anxiety
- The support on offer does not take account of the person's individual needs in terms of a protected characteristic.

Organisational Abuse

- Incidents of abuse or neglect are not reported, or there is evidence of incidents being deliberately not reported
- Lack of flexibility and choice for people using the service
- Inadequate staffing levels
- People being hungry or dehydrated
- Poor standards of care or frequent, unexplained deterioration in service user health and well-being

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- Repeated cases of the Service User not having access to nursing, medical or dental care
- Lack of procedures and safeguards in place relating to the safe handling of service user money
- A sudden increase in safeguarding concerns in which abuse or neglect has been identified
- Repeated instances of the people we support, families and carers feeling victimised if they raise safeguarding concerns
- The service fails to improve or respond to actions or recommendations in local compliance visits or audit frameworks from the local authority, clinical commissioning groups or the Care Quality Commission (CQC)
- Lack of personal clothing and possessions and communal use of personal items
- Lack of adequate procedures
- Poor record-keeping, missing documents or evidence of redacted, falsified, or incomplete records
- Absence of visitors
- Few social, recreational and educational activities
- Public discussion of personal matters
- Unnecessary exposure during bathing or using the toilet
- Absence of individual care plans
- Lack of management overview and support.

Neglect and Acts of Omission

- Poor environment – dirty or unhygienic
- Poor physical condition and/or personal hygiene
- Pressure sores or ulcers

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- Malnutrition or unexplained weight loss
- Untreated injuries and medical problems
- Inconsistent or reluctant contact with medical and social care organisations
- Accumulation of untaken medication
- Uncharacteristic failure to engage in social interaction
- Inappropriate or inadequate clothing.

Self-Neglect

- Very poor personal hygiene
- Unkempt appearance
- Lack of essential food, clothing or shelter
- Malnutrition and/or dehydration
- Living in squalid or unsanitary conditions
- Neglecting household maintenance
- Hoarding
- Collecting a large number of animals in inappropriate conditions
- Non-compliance with health or care services
- Inability or unwillingness to take medication or treat illness or injury.

(Social Care Institute for Excellence. Oct 2020).

Patterns of Abuse

Serial abuse is when the person allegedly responsible seeks out and 'grooms' individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse;

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Long-term abuse in the context of an ongoing family relationship such as domestic violence between spouses or generations or persistent psychological abuse; or

Opportunistic abuse such as theft occurs because money or jewellery has been left lying around.

Who Abuses or Neglects Adults?

Anyone can carry out abuse or neglect, including:

- Spouses/partners.
- Other family members.
- Neighbours.
- Friends.
- Acquaintances.
- Local residents.
- People who deliberately exploit adults.
- Paid staff or professionals.
- Volunteers and strangers.

While a lot of attention is paid, for example, to targeted fraud or internet scams perpetrated by strangers, it is far more likely that the person responsible for abuse is known to the adult and is in a position of trust and power.

Safeguarding Children in an Adult Setting

Inspired Care 4All LTD is aware of its obligations under the Health and Social Care Act 2008 (Regulations 2014) to protect and safeguard children who, whilst not a service user, sometimes live with or accompany a service user, their representatives

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or families, and are present during the delivery of the service. We apply the Think Family principles and promote the whole family approach when working in a family situation.

Refer to our Safeguarding Children in Adult Settings policy. This policy sets out the responsibilities of staff concerning any allegation of abuse involving children that may be witnessed by staff whilst in the employ of Inspired Care 4All LTD. We are committed to working in partnership with other multi-agency partners so that the protection and safeguarding of children are consistent with national and current policy.

Registered Manager is designated to handle concerns in relation to People in Position of Trust.

Please refer to the Position of Trust Policy.

Reporting and Responding to Abuse and Neglect

We recognise that our role as a service provider is key to promoting good practice (and therefore preventing harm) or allowing harm to take place. Ensuring safe recruitment practices, effective supervision, focussed training and direct observation of staff practice are all critical elements that contribute to the prevention of harm.

We ensure that all staff are trained to understand the types of abuse, signs and patterns of abuse and who abuses or neglects adults as well as how to respond to concerns.

Refer to the Recruitment and Selection Policy for safe recruiting practices along with the Code of Conduct for Workers Policy for more details.

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We also have a responsibility to work in partnership with commissioners to ensure that when things do go wrong, we both report it and, if appropriate, seek help to put matters right without delay.

It is important to understand the circumstances of abuse, including the wider context such as whether others may be at risk of abuse, whether there is an emerging pattern of abuse, whether others have witnessed abuse and the role of family members and paid staff or professionals.

Concern should be raised when there is reason to believe an adult at risk may have been, is, or might be the subject of harm, abuse or neglect by any other person or persons. This may include anyone self-neglecting where there is a significant risk to their health or well-being.

Local Authority (LA) will determine if the concern meets the criteria for a Section 42 Enquiry and if not, what other actions may be taken. In doing so, the Local Authority (LA) will consider the circumstances surrounding any actual or suspected case of abuse or neglect.

For example, it is important to recognise that abuse or neglect may be unintentional and may arise because a carer is struggling to care for another person. This makes the need to act no less important, but in such circumstances, an appropriate response could be a support package for the carer and monitoring. However, the primary focus must still be on how to safeguard the adult. In other circumstances where the safeguarding concerns arise from abuse or neglect deliberately intended to cause harm, then it would be necessary to immediately consider what steps are needed to protect the adult but also whether to refer the matter to the police to consider whether a criminal investigation is required or appropriate.

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The nature and timing of the intervention and who is best placed to lead will be, in part, determined by the circumstances, and always directed by the Local Authority (LA) safeguarding team. For example, where there is poor, neglectful care or practice resulting in pressure sores, then an employer-led disciplinary response may be more appropriate. However, this situation will need additional responses such as clinical intervention to improve the care given and a clinical audit of practice. Commissioning or regulatory enforcement action may also be appropriate.

Early sharing of information is the key to providing an effective response where there are emerging concerns. To ensure effective safeguarding arrangements:

- All organisations must have arrangements in place which set out the processes and the principles for sharing information between each other, with other professionals and with the SAB; this could be via an information sharing agreement to formalise the arrangements; and,
- No professional should assume that someone else will pass on information that they think may be critical to the safety and well-being of the adult. If a professional has concerns about the adult's welfare and believes they are suffering or likely to suffer abuse or neglect, then they should share the information with the Local Authority (LA) and, or the police if they believe or suspect that a crime has been committed.

Procedures for Responding in Individual Cases

Local Authority Enquiries

The Local Authority (LA) must make enquiries, or cause another agency to do so, whenever abuse or neglect is suspected concerning an adult and the Local Authority (LA) thinks it necessary to enable it to decide what (if any) action is needed to help

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and protect the adult. The scope of that enquiry, who leads it and its nature, and how long it takes, will depend on the circumstances. It will usually start with asking the adult their view and wishes which will often determine what next steps to take. Everyone involved in an enquiry must focus on improving the adult's well-being and work together toward that shared aim. At this stage, the Local Authority (LA) also must consider whether the adult requires an independent advocate to represent and support the adult in the enquiry. Inspired Care 4All LTD will work collaboratively with the LA with any enquiry and support the service user accordingly through the process.

The decision-making tree (available in the Explanation Notes, located in the related documents section of this policy) highlights appropriate pauses for reflection, consideration and professional judgment and reflects the different routes and actions that might be taken. Further explanation on Local Authority (LA) Led Enquiries can be found in the Explanation Notes.

Supporting Adults at Risk who do not wish to engage with services and are or may become at serious risk of harm

Key Practice Principles

When an adult at risk with capacity is deemed to be at serious risk of harm but declines to engage with suggested care and support, good practice requires consideration of the following:

- Rights: Individuals have a right to receive advice and support to make choices about their service needs and take risks, subject to the degree of impact those risks may have on other adults and children.
- Duty of Care: Risk assessment and risk management are essential to establishing the likelihood and impact of risks that may be so serious that

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agencies need to take action to protect individuals. A duty of care is established in common law about all services. For an action to succeed in negligence there must be an identified duty of care. An action will only be successful where a duty of care is breached through negligent acts or omissions and where an injury is suffered as a result. Councils, health bodies, private care providers and individual staff owe a duty of care to individuals to whom they provide services.

- Information: This should be provided in a form that the individual can understand.
- Equality: Services and support should be provided with dignity and respect and not discriminated against because of disability, age, gender, sexual orientation, race, religion or belief or lifestyle.
- Work to engage: Every effort should be made to engage with the individual highlighting triggers that may increase dependency or harm and actions that may minimise or eliminate risks.

Note: where a competent adult explicitly refuses any supporting intervention, this should normally be respected. Exceptions to this may be where or criminal offence may have taken place or where there may be a significant risk of harm to a third party. If for example, there may be an abused adult in a position of authority about other adults at risk, it may be appropriate to breach confidentiality and disclose information to an appropriate authority. Where a criminal offence is suspected it may also be necessary to take further advice - ongoing support should also be offered. Because an adult initially refuses the offer of assistance they should not, therefore, be lost to or abandoned by relevant services. The situation should be monitored and the individual informed that they can take up the offer of assistance at any time.

Information Sharing

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Record Keeping

Good record-keeping is a vital component of professional practice. Whenever a complaint or allegation of abuse is made, all agencies should keep clear and accurate records and each agency should identify procedures for incorporating, on receipt of a complaint or allegation, all relevant records to record all actions taken. When abuse or neglect is raised, managers need to look for past incidents, concerns, risks and patterns. We know that in many situations, abuse and neglect arise from a range of incidents over some time. In the case of providers registered with the Care Quality Commission (CQC), records of these should be available to service commissioners and the Care Quality Commission (CQC) so they can take the necessary action.

staff should be given clear directions as to what information should be recorded and in what format. The following questions are a guide:

- What information do staff need to know to provide a high-quality response to the adult concerned?
- What information do staff need to know to keep adults safe under the service's duty to protect people from harm?
- What information is not necessary?
- What is the basis for any decision to share (or not) information with a third party?

Recording information about an allegation of abuse should be completed as soon as possible on the same day. When you refer to a safeguarding concern, you should make a chronological written record of what you have seen, been told or have concerns about. Try to make sure anyone else who saw or heard anything relating to the concern also makes a written record.

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The written record will need to include:

- The date and time of the disclosure, or when you were told about or witnessed the incident/s,
- Who was involved, any other witnesses including the people we support and other staff,
- Exactly what happened or what you were told, in the person's own words keeping it factual and not interpreting what you saw or were told,
- The views and wishes of the adult,
- The appearance and behaviour of the adult and/or the person making the disclosure, any injuries observed,
- Any actions and decisions are taken at this point,
- Any other relevant information, e.g., previous incidents that have caused you concern.

Records should be kept in such a way that the information can easily be collated for local use and national data collection.

All agencies should identify arrangements, consistent with principles and rules of fairness, confidentiality and data protection for making records available to those adults affected by, and subject to, an enquiry. If the alleged abuser is using care and support themselves, then information about their involvement in an adult safeguarding enquiry, including the outcome, should be included in their case record. If it is assessed that the individual continues to pose a threat to other people, then this should be included in any information that is passed on to service providers or other people who need to know.

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To carry out its functions, Safeguarding Adult Boards (SAB) will need access to information that a wide number of people or other organisations may hold. Some of these may be SAB members, such as the NHS and the police. Others will not be, such as private health and care providers, housing providers/housing support providers or education providers.

In the past, there have been instances where the withholding of information has prevented organisations from being fully able to understand what 'went wrong' and so has hindered them from identifying to the best of their ability, the lessons to be applied to prevent or reduce the risks of such cases reoccurring. If someone knows that abuse or neglect is happening, they must act upon that knowledge, not wait to be asked for information.

A SAB may request a person to supply information to it or another person. The person who receives the request must provide the information provided to the SAB if:

- The request is made to enable or assist the SAB to do its job.
- The request is made of a person who is likely to have relevant information and then either:
    - The information requested relates to the person to whom the request is made and their functions or activities, or
    - The information requested has already been supplied to another person subject to a SAB request for information.

Registered managers should ensure that:

- All actions taken to safeguard every service user are recorded and shared with other staff as necessary.
- Safeguarding records are focused on the well-being of the individual.

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- All records are clear and easily accessible for purposes such as performance management, audits, court proceedings, local authority quality monitoring visits, Care Quality Commission (CQC) inspections, or learning and development.
- Reviews of safeguarding records include checks of accuracy, quality and appropriateness.

Confidentiality

Agencies should draw up a common agreement relating to confidentiality and set out the principles governing the sharing of information, based on the welfare of the adult or of other potentially affected adults. Any agreement should be consistent with the principles set out in the Caldicott Review, 2020 ensuring that:

- Information will only be shared on a need-to-know basis when it is in the interests of the adult.
- Confidentiality must not be confused with secrecy.
- Informed consent should be obtained but, if this is not possible and other adults are at risk of abuse or neglect, it may be necessary to override the requirement; and
- It is inappropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other adults may be at risk.

Where an adult has refused to consent to information being disclosed for these purposes, then practitioners must consider whether there is an overriding public interest that would justify information sharing (e.g. because there is a risk that others

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are at risk of serious harm) and wherever possible, the appropriate Caldicott Guardian should be involved.

Decisions about who needs to know and what needs to be known should be taken on a case-by-case basis, within agency policies and within the constraints of the legal framework.

Principles of confidentiality designed to safeguard and promote the interests of an adult should not be confused with those designed to protect the management interests of an organisation. These have a legitimate role but must never be allowed to conflict with the welfare of an adult. If it appears to an employee or person in a similar role that such confidentiality rules may be operating against the interests of the adult, then a duty arises to make full disclosure in the public interest.

In certain circumstances, it will be necessary to exchange or disclose personal information which will need to be following the law on confidentiality and data protection legislation where this applies. The Home Office and the Office of the Information Commissioner have issued general guidance on the preparation and use of information-sharing protocols to comply with the Data Protection Act 2018.

Front-line Staff within the Service

Operational front-line staff are responsible for identifying and responding to allegations of abuse and substandard practice. staff at the operational level need to share a common view of what types of behaviour may be abuse or neglect and what to do as an initial response to suspicion or allegation that it is or has occurred.

It is not for front-line staff to second-guess the outcome of an enquiry in deciding whether to share their concerns. There should be effective and well-publicised ways

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of escalating concerns where immediate line managers do not take action in response to a concern being raised.

Concerns about abuse or neglect must be reported whatever the source of harm. Poor or neglectful care must be brought to the immediate attention of managers and responded to swiftly, including ensuring the immediate safety and well-being of the adult. Where the source of abuse or neglect is a staff member it is for the employer to take immediate action and record what they have done and why (similarly for volunteers and or students).

There should be clear arrangements in place about what each agency should contribute at this level. These will cover approaches to enquiries and subsequent courses of action. The Local Authority (LA) is responsible for ensuring effective coordination at this level.

Line management and supervision of frontline staff

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and other staff with line manager responsibilities must:

- Promote reflective supervision to help staff understand how to identify and respond to potential abuse and neglect.
- Provide feedback (through supervision and appraisals) acknowledging how staff have learned from their experience of identifying, reporting and managing safeguarding concerns.
- Encourage staff to discuss the Inspired Care 4All LTD culture, learning and management concerning safeguarding (e.g. in exit interviews) when leaving employment.

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Be aware that staff may be reluctant to challenge poor practice or raise concerns about potential abuse or neglect, particularly if they feel isolated or unsupported.

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should also be aware of the potential for under-reporting of safeguarding concerns by staff who may be afraid of losing their job (for example staff who have their housing or work permit linked specifically to their current role.

Making Enquiries - How to Report a Safeguarding Concern

Making enquiries is the term now used as a response to any adult safeguarding concern and the following procedures are in place for all staff who need to report an adult safeguarding concern.

Staff: How to Report a Safeguarding Concern

Any suspicion of a safeguarding situation must be reported as soon as possible to

The Registered manager: The Registered manager: Wigdan Mohamed Ali or the line manager William Wallace

or, in their absence, to the senior manager on duty at the time. The Registered manager: Wigdan Mohamed Ali or the line manager William Wallace should also be informed.

If the safeguarding concern involves a member of the management team, i.e. registered manager, nominated individual, or director, the person reporting the concern must approach the next, or other, senior management member of staff and follow the reporting procedure.

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It is a duty to report any such allegation and the appropriate manager will then take advice and follow the appropriate guidance.

- Always believe the person who is disclosing the actual or potential abuse or neglect.
- Make sure that no one is in immediate danger. If there is immediate danger, call 999 and stay with the service user at risk until help arrives E.g., the ambulance and police service.
- Depending on the risks the service user is facing, and who the alleged abuser is, advice will be sought from a safeguarding lead (unless they are implicated in the alleged abuse or neglect)
- The worker should be supportive and listen but should not ask investigative questions.
- It is not the worker's job to decide if they are telling the truth or not, but it is their responsibility to report it to the office manager immediately.
- Even if the person asks for it not to be reported, it is the worker's responsibility to report and explain that they have no choice but to follow policy.
- It is also important to tell the person to whom the report will be made that they will need to come and talk to them about it.
- Remember there is a responsibility to report - the Local Authority (LA) Name safeguarding Team who will make or arrange the enquiries and listen to the individual's views and choices.
- The abuser should not be confronted or alerted to what has been alleged, staff must not put themselves in danger and must call for backup as soon as possible.
- Support needs to be given to the person at risk, especially through the initial stages of the enquiries and later if an investigation takes place.

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- If there is a possibility that forensic evidence can be identified, protect the person and the evidence, and do not clean up. Inform

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- Think about who should be immediately notified. For example,

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  , a healthcare professional, or the NHS 111 service if there is a serious medical issue.

- If a crime is suspected but the situation is not an emergency, encourage and support the service user to report the matter to the police. If they cannot or do not wish to report a suspected crime (for example, because they have been coerced or lack capacity), report the situation to

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  who will report the situation to the police.

- Relevant documents must be completed, recording what has been seen or has been disclosed as soon as possible, recording only the facts and not opinions or views.

Remember. If you suspect abuse or neglect, you must act on it. Do not assume that someone else will.

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the people we support: How to Report a Safeguarding Concern

During the information gathering process within our quality assurance systems the service user and or their representatives need to be informed and asked about any inappropriate behaviour verbal or physical that they have observed or been subject to by staff or visitors. This needs to be handled sensitively.

As part of the information given to a new service user and or their representatives our service user guide explains and details how to report a safeguarding concern. Posters displayed in communal areas of the office will also draw attention to safeguarding and feeling safe.

Information on raising a safeguarding concern can also be found at the back of the service user Care and Support plan in their home and on the Inspired Care 4All LTD website.

The service user and or their representatives can inform any staff on duty at any time of their concerns. staff will then report to the designated manager.

The Role of the Manager and Notification Management

An immediate assessment of the alleged abuse should be undertaken by

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concerning the following:

- The health safety and well-being of the adult.
- Their needs, preferences and wishes concerning any action to be considered.

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- Their mental capacity to understand comprehend and make decisions regarding the actions to be considered.

From this assessment,

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will then take further advice from The Registered manager: Wigdan Mohamed Ali or the line manager William Wallace and institute steps to ensure the protection and safeguarding of the adult; as appropriate; with immediate effect.

The manager will immediately notify the LA Safeguarding Unit, Care Quality Commission (CQC) and the police if required.

The manager, in this context, is the person to whom the concern has been reported, whether during office hours or out of hours. They will be the responsible manager until they are informed otherwise. Records and notes of all actions should be taken. This includes any advice given to the responsible manager by any triage arrangements that are in place.

Statutory Notifications to CQC

Care Quality Commission (CQC) must be notified concerning allegations of abuse or suspected abuse if any of the following applies:

- The person is affected by abuse.
- They are affected by alleged abuse.
- The person is an abuser.

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- They are an alleged abuser.

It is the registered person's responsibility to ensure that notifications are made, this is usually the registered manager or an appropriate delegated individual.

A statutory notification is sent to Care Quality Commission (CQC) concerning any abuse or alleged abuse involving a person(s) using our service. This includes where the person(s) is either the victim(s) or the abuser(s), or both.

We notify Care Quality Commission (CQC) about abuse or alleged abuse at the same time as alerting our local safeguarding authority for children or adults, and the police where a crime has been or may have been committed.

If unable to use the Provider Portal the person submitting the statutory notification must use the electronic form supplied on the 251, Care Quality Commission CQC, website to notify both alleged and actual abuse and email the form to Care Quality Commission (CQC) at the address stated on the form.

The Care Quality Commission (CQC) website is regularly checked to ensure the above guidelines we use are up to date.

Staff and Safeguarding

Staff who are Subject to a Safeguarding Enquiry

Where the source of abuse or neglect is a staff member it is for the employer to take immediate action and record what they have done and why (similarly for volunteers and or students).

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Following immediate action to safeguard every service user, and through any subsequent safeguarding enquiry, the

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should:

- Be aware of how safeguarding allegations can affect the way other staff and service user view staff who may be subject to a safeguarding enquiry
- Take steps to protect the staff member from victimisation or discriminatory behaviour
- Check with the Local Authority (LA) what information they can share with staff at each stage of the enquiry subject to the employer's usual duties of confidentiality with its employees
- Tell the staff member about any available Employee Assistance Programme
- Tell the staff member about professional counselling and occupational health services (if available)
- Nominate someone to keep in touch with the staff member throughout the enquiry if they are suspended from work
- staff who are subject to a safeguarding enquiry should be able to request that the nominated person be replaced if they think there is a conflict of interest. The nominated person must not be directly involved with the enquiry.

If a staff member returns to work after being suspended,

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should:

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- Arrange a return-to-work meeting when the enquiry is finished, to give them a chance to discuss and resolve any issues
- Agree to a programme of guidance and support with them.

If staff are concerned about working with a service user who has made allegations.

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should:

- Provide support, additional training and supervision to address these concerns
- Ensure that

  Wigdan Mohamed Ali

  is not victimised by staff.

Complaint or Allegation about Another Member of Staff

If a staff member has concerns or receives a complaint or allegation about another staff member who has,

- Behaved in a way that has potentially harmed, or harmed the service user
- Possibly committed a criminal offence against the service user.

They must immediately report to their line manager who will immediately make an assessment, obtain further advice, and take steps to ensure the safety and protection of every service user. A notification will be sent to the LA Safeguarding Unit and Care Quality Commission (CQC).

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When a complaint or allegation has been made against a staff member, including people employed by the adult, they will be made aware of their rights under employment legislation and internal disciplinary procedures. This may include staff to be suspended (or transferred to other duties) pending consideration or investigation of an allegation of abuse or serious concern relating to the safety or well-being of the service user.

A disciplinary investigation, and potentially a hearing, may result in the employer taking informal or formal measures which may include dismissal and possibly referral to the Disclosure and Barring Service DBS.

If someone is removed dismissed or redeployed to a non-regulated activity following a safeguarding incident, or a person leaves their role (resignation, retirement) to avoid a disciplinary hearing following a safeguarding incident and the employer/volunteer organisation feels they would have dismissed the person based on the information they hold, the regulated activity provider has a legal duty to refer to the Disclosure and Barring Service DBS and relevant professional bodies where applicable, for example, the Nursing and Midwifery Council.

Whistleblowing

Refer to Whistleblowing Policy.

Learning lessons from Safeguarding Concerns, Referrals and Enquiries

As an organisation committed to continuous learning and driving improvement, we recognise the opportunities of learning lessons and improve our practice with

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safeguarding concerns, referrals and enquiries. Inspired Care 4All LTD is committed to identifying key lessons to drive improvements at:

- An individual level - for example, changes to support, supervision, retraining, and performance management.
- An organisational level for example through, observations of practice, discussion and watching people work across the home. And/or, changing practices, procedures, policy and learning, and group training (including training from other health and social care practitioners).

We also ask for feedback about safeguarding from every service user (and their families, friends and carers) and other people working at Inspired Care 4All LTD.

We ask them about their experience of safeguarding concerns and how these have been identified, reported, managed and resolved.

We respond to feedback and tell people about any changes made in response to their comments.

Making Safeguarding Personal (MSP) and Risk Assessment

This is an initiative built on the Care Quality Commission (CQC) 5 Core Domains being led by the Local Authority (LA) via the Local Government Association. We are aware of this as an ongoing resources toolkit that gathers together outstanding practices across commissioning and the Care Quality Commission (CQC).

Under MSP the adult is best placed to identify risks, provide details of its impact and whether or not they find the mitigation acceptable. Working with the adult to lead and manage the level of risk that they identify as acceptable creates a culture where:

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- Adults feel more in control
- Adults are empowered and have ownership of the risk
- There is improved effectiveness and resilience in dealing with a situation
- There are better relationships with professionals
- Good information sharing to manage risk, involving all the key stakeholders
- Key elements of the person's quality of life and well-being can be safeguarded.

Not every situation or activity will entail a risk that needs to be assessed or managed. The risk may be minimal and no greater for the adult than it would be for any other person.

- Risks can be real or potential
- Risks can be positive or negative
- Risks should take into account all aspects of an individual's well-being and personal circumstances.

Sources of risk might fall into one of the four categories below:

- Private and family life: The source of risk might be someone like an intimate partner or a family member
- Community-based risks: This includes issues like 'mate crime, anti-social behaviour, and gang-related issues
- Risks associated with service provision: This might be concern about poor care which could be neglect or organisational abuse, or where a person in a position of trust because of the job they do financially or sexually exploits someone
- Self-neglect: Where the source of risk is the person themselves.

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The primary aim of a safeguarding adult's risk assessment is to assess current risks that people face and potential risks that they and other adults may face. Specific to safeguarding, risk assessments should encompass:

- The views and wishes of the adult
- The person's ability to protect themselves
- Factors that contribute to the risk, for example, personal, environmental
- The risk of future harm from the source
- Identification of the person causing the harm and establishing if the person causing the harm is also someone who needs care and support
- Deciding if domestic abuse is indicated
- Identify people causing harm
- It may increase risk where information is not shared.

It is the collective responsibility of all organisations to share relevant information, make decisions and plan interventions with the adult. A plan to manage the identified risk and put in place safeguarding measures includes:

- What immediate action must be taken to safeguard the adult and/or others
- Who else needs to contribute and support decisions and actions
- What the adult sees as proportionate and acceptable
- What options there are to address risks
- When action needs to be taken and by whom
- What the strengths, resilience and resources of the adult are
- What needs to be put in place to meet the ongoing support needs of the adult
- What the contingency arrangements are
- How will the plan be monitored.

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Positive risk management needs to be underpinned by widely shared and updated contingency planning for any anticipated adverse eventualities. This includes warning signs that indicate risks are increasing and the point at which they become unacceptable and therefore trigger a review.

Effective risk management requires exploration with the adult using a person-centred approach, asking the right questions to build up a full picture. Not all risks will be immediately apparent; therefore, risk assessments need to be regularly reviewed as part of the safeguarding response.

Reviewing Risk

The individual need will determine how frequently risk assessments are reviewed and wherever possible there should be multi-agency input. These should always be in consultation with the adult.

Risk assessments will be reviewed and amended when any part of our safeguarding procedures is changed.

All Safeguarding related risk assessments are reviewed following a concern or a disclosure being raised and amended as required.

All Safeguarding risk assessments are stored following UK General Data Protection Regulation (UK GDPR) requirements and audited as part of our Safeguarding quality assurance system. Records may be disclosed in courts in criminal or civil actions. Quality recording of adult safeguarding not only safeguards adults but also protects workers by evidencing decision-making based on the information available at the time.

Restrictive Interventions

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This policy and our organisational responses to restrictive practices reflect the guidelines in the document below.

Positive and Proactive Care: Reducing the Need for Restrictive Interventions, prepared by the Department of Health, published in April 2014.

This guidance is of significance for health and social care services where individuals who are known to be at risk of being exposed to restrictive interventions are cared for. Such settings may provide services to people with mental health conditions, autistic spectrum conditions, learning disabilities, dementia and/or personality disorder, older people and detained persons. It is more broadly applicable across general health and social care settings where people using services may on occasion present with behaviour that challenges but cannot reasonably be predicted and planned for on an individual basis.

A closed culture is a poor culture in a health or care service that increases the risk of harm. This includes abuse and human rights breaches. The development of closed cultures can be deliberate or unintentional - either way, it can cause unacceptable harm to a person and their loved ones.

Guidance on Pressure Ulcers and Safeguarding

The risk of sustaining pressure damage is often seen to be the problem of the health or social care professional; however, the individual at risk is central to successful prevention. Pressure ulcers are considered an important part of the wider Safeguarding agenda and LA Safeguarding Unit has guidance in place to ensure that people with pressure ulcers are referred to the safeguarding process appropriately which aligns with the NHS reporting mechanisms.

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To date, the government has advised that anyone who develops category 3, category 4 or un-gradable pressure ulcers be referred to as a safeguarding risk.

Contact List

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Local Authority (LA)

LA Safeguarding Unit

Training Statement

All staff, during induction, are made aware of the organisation's policies and procedures, all of which are used for training updates. All policies and procedures are reviewed and amended where necessary and staff are made aware of any changes. Observations are undertaken to check skills and competencies. Various methods of training are used including one to one, online, workbook, group meetings, individual supervision and external courses are sourced as required.

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