

Appendix 1 – Responding to Adult Safeguarding Concerns

Policy Ref:	AF055	Effective date:	March 2019
Owner:	Abbeyfield Ferring Society	Review date:	March 2021

Title:	Safeguarding Adults Policy
1. Background	<p>This policy has been developed to safeguard residents and people who use Abbeyfield Ferring Society services from suffering any form of abuse or improper treatment.</p> <p>Abbeyfield Ferring Society has a zero tolerance approach to abuse and neglect and will ensure all staff and volunteers are clear about their duty to safeguard the people they support from abuse and neglect and know what actions to take if they suspect or witness any form of abuse or improper treatment.</p>
2. Objectives	<p>Abbeyfield Ferring Society residents and people who use Abbeyfield Ferring services have the right to live their lives free from any form of abuse or improper treatment and the aim of this policy is to ensure:</p> <ul style="list-style-type: none"> • Abbeyfield Ferring Society staff and volunteers work vigilantly to safeguard residents and people who use Abbeyfield Ferring services and to prevent any form of abuse or improper treatment. • Any concerns involving suspected or actual abuse or improper treatment of any resident or person using Abbeyfield Ferring services will be taken extremely seriously and will be dealt with in accordance with robust safeguarding procedures. • Abbeyfield Ferring Society complies with all relevant legislation and regulations and works in partnership with other relevant bodies and agencies in connection with all safeguarding matters.
3. Scope	<p>All established staff, agency staff and volunteers working for Abbeyfield Ferring Society in both housing and domiciliary services</p> <p>NB The following terms used throughout this policy should be understood as follows:</p> <ul style="list-style-type: none"> • Manager – Registered Manager of a CQC registered care service providing a regulated activity; Senior House Manager, House Manager in a Housing Service and Domiciliary Manager • Resident – all those who live in Abbeyfield Ferring Society accommodation and/or use Abbeyfield Ferring Society services • Staff – All those employed by and volunteering for Abbeyfield Ferring Society
4. Policy	
4.1.	<p>Introduction</p> <p>On 1st April 2015 the Care Act 2014 came into force and Sections 42 to 46 of the Act updated adult safeguarding in England. It introduced new adult safeguarding guidance which replaced “No Secrets” in its entirety.</p> <p>New safeguarding duties apply to an adult who:</p> <ul style="list-style-type: none"> • Has need for care and support (whether or not the local authority is meeting any of those needs); and • Is experiencing, or at risk of, abuse or neglect; and • As a result of those needs is unable to protect themselves against the abuse or

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	<p>neglect or the risk of it.</p> <p>The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult’s case and, if so, what and by whom. This duty is detailed in Section 42 of the legislation, hence it is referred to as ‘an s42 Enquiry’.</p> <p>The safeguarding duties have a legal effect in relation to organisations other than the local authority, on for example the NHS and the Police. All local authorities will update their multi-agency safeguarding arrangements to reflect these changes.</p> <p>Local authority statutory adult safeguarding duties apply equally to those adults with care and support needs regardless of whether those needs are being met, regardless of whether the adult lacks mental capacity or not, and regardless of setting.</p>
4.2.	<p>The Care Act 2014</p> <p>The changes introduced in April 2015 are fully detailed in the Department of Health Care and Support Statutory Guidance issued under the Care Act 2014. Chapter 14 covers Adult Safeguarding, which replaces previous guidance, and Abbeyfield Ferring Society’s safeguarding policies and procedures reflect this guidance.</p> <p>Adult Safeguarding, what it is and why it matters</p> <p>Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.</p> <p>Aims of adult safeguarding</p> <p>The aims of adult safeguarding are to:</p> <ul style="list-style-type: none"> • 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 about how they want to live; • Promote an approach that concentrates on improving life for the adults concerned; • Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect; • Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern

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	<p>about the safety or well-being of an adult; and</p> <ul style="list-style-type: none"> • Address what has caused the abuse or neglect. <p>In order to achieve these aims, Abbeyfield Ferring Society will:</p> <ul style="list-style-type: none"> • ensure that everyone is clear about their roles and responsibilities; • work co-operatively as part of local multi-agency partnerships to facilitate timely and effective prevention of and responses to abuse or neglect; and • support the development of a positive learning environment at all levels:
4.3.	<p>Key Principles of Safeguarding</p> <p>The following six principles apply to all sectors and settings including housing and care and support services. These principles will inform the ways in which we work with residents.</p> <p>Empowerment – People 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”</p> <p>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.”</p> <p>Proportionality – The least intrusive response appropriate to the risk presented. “I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”</p> <p>Protection – Support and representation for those in greatest need. “I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”</p> <p>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.”</p> <p>Accountability – Accountability and transparency in delivering safeguarding. “I understand the role of everyone involved in my life and so do they.”</p>
4.4.	<p>Types of Abuse and Neglect</p> <p>The following is a list of the different types and patterns of abuse and neglect and the</p>

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different circumstances in which they may take place. This is not intended to be an exhaustive list but an illustrative guide as to the sort of behaviour which could give rise to a safeguarding concern:

- **Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- **Domestic violence** – including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence.
- **Sexual abuse** – including 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.
- **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- **Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with 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.
- **Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
- **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.
- **Radicalisation** – refers to the grooming of individuals to become involved in extremist organisations, to include terrorist groups and activities.

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	<p>Incidents of abuse may be one-off or multiple, and affect one person or more. Repeated instances of poor care may be an indication of more serious problems and of what we now describe as organisational abuse. In order to see these patterns it is important that information is recorded and appropriately shared.</p> <p>Patterns of abuse vary and include:</p> <ul style="list-style-type: none"> • Serial abusing in which the perpetrator seeks out and ‘grooms’ individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse; • 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 occurring because money or jewellery has been left lying around. <p>Financial abuse</p> <p>Financial abuse is the main form of abuse identified by the Office of the Public Guardian both amongst adults and children at risk. Financial recorded abuse can occur in isolation, but as research has shown, where there are other forms of abuse, there is likely to be financial abuse occurring. Although this is not always the case, everyone should also be aware of this possibility.</p> <p>Where the abuse is by someone who has the authority to manage an adult’s money, the relevant body should be informed, for example, the Office of the Public Guardian for deputies and Department for Work and Pensions (DWP) in relation to appointees.</p>
4.5.	<p>Information Sharing and Confidentiality</p> <p>Sharing the right information, at the right time, with the right people, is fundamental to good practice in adult safeguarding but has been highlighted as a difficult area of practice.</p> <p>The Care Act 2014 s45 ‘supply of information’ duty covers the responsibilities of others to comply with requests for information from the Safeguarding Adults Board. Sharing information between organisations as part of day-to-day safeguarding practice is already covered in the common law duty of confidentiality, the Data Protection Act, the Human Rights Act and the Crime and Disorder Act. The Mental Capacity Act is also relevant as all those coming into contact with adults with care and support needs should be able to assess whether someone has the mental capacity to make a decision concerning risk, safety or sharing information.</p> <p>Organisations need to share safeguarding information with the right people at the right</p>

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	<p>time to:</p> <ul style="list-style-type: none"> • prevent death or serious harm • coordinate effective and efficient responses • enable early interventions to prevent the escalation of risk • prevent abuse and harm that may increase the need for care and support • maintain and improve good practice in adult safeguarding • reveal patterns of abuse that were previously undetected and that could identify others at risk of abuse • identify low-level concerns that may reveal people at risk of abuse • help people to access the right kind of support to reduce risk and promote wellbeing • help identify people who may pose a risk to others and, where possible, work to reduce offending behaviour • Reduce organisational risk and protect reputation. <p>Adults have a general right to independence, choice and self-determination including control over information about themselves. In the context of adult safeguarding these rights can be overridden in certain circumstances such as emergency or life-threatening situations.</p> <p>The law does not prevent the sharing of sensitive, personal information within organisations. If the information is confidential, but there is a safeguarding concern, sharing it may be justified. In addition the law does not prevent the sharing of sensitive, personal information between organisations where the public interest served outweighs the public interest served by protecting confidentiality – for example, where a serious crime may be prevented.</p> <p>The Data Protection Act enables the lawful sharing of information.</p> <p>Staff cannot give a personal assurance of confidentiality and should always report safeguarding concerns to their line manager in the first instance except in emergency situations. However, it is good practice to try to gain the person’s consent to share information and as long as it does not increase risk, practitioners should inform the person if they need to share their information without consent.</p> <p>Any approach from the press or media will be referred to the Chief operating Officer.</p>
4.6.	<p>The Fundamental Standards</p> <p>On 1st April 2015 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 came into force. The regulations apply to all registered persons (providers and managers) registered with the Care Quality Commission (CQC) that carry on regulated activities. Part 3 of these new regulations has two sections: Section 1 describes the</p>

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	<p>requirements relating to persons carrying on or managing a regulated activity. Section 2 introduces the fundamental standards below which the provision of regulated activities and the care people receive must never fall. The fundamental standards replace the Essential Standards of Quality and Safety. Regulation 13: Safeguarding Service Users from Abuse and Improper Treatment governs safeguarding arrangements to protect people from abuse and also covers discrimination or unlawful restraint, which includes inappropriate deprivation of liberty under the terms of the Mental Capacity Act 2005.</p> <p>Duty of Candour. The duty of candour, which is part of the fundamental standards, applied to NHS providers from October 2014 and was extended to include all other providers from April 2015. The duty of candour requires providers to be open and transparent with people who use their services about their care and treatment, including when it goes wrong.</p>
4.7.	<p>Preventing Abuse</p> <p>It is essential to recognise the importance of preventing abuse and neglect wherever possible. Observant staff making early, positive interventions with individuals and families can make a huge difference to their lives, preventing the deterioration of a situation or breakdown of a support network. It is often when people become increasingly isolated and cut off from families and friends that they become extremely vulnerable to abuse and neglect. Robust risk management processes can prevent concerns escalating to a crisis point and requiring intervention under safeguarding.</p> <p>The principles of good practice will be observed at all times and residents will be central to all we do.</p> <p>Residents have a right to:</p> <ul style="list-style-type: none"> • Have their privacy respected and be treated with dignity • Be valued and recognised as unique individuals • Have control over their lives and matters which affect them • Be as independent as possible • Make informed choices about the care and support they receive. <p>Each resident’s care plan (in care services) and My Life Plan (in housing) will include a comprehensive assessment of their needs, including any known risks. Actions to prevent or reduce known risks will be clearly recorded and acted upon.</p> <p>We will make information available to residents and their families, and to staff and volunteers, about internal and external safeguarding policies and procedures. We will also ensure residents have information about, and access to, local advocacy services.</p>

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	<p>Residents and visitors will have access to Abbeyfield Ferring Society's <u>Complaints Procedure</u>.</p> <p>Abbeyfield Ferring Society will ensure robust recruitment procedures are in place and that all staff and volunteers are properly vetted, to include DBS checks, to ensure they are suitable to work with older people.</p> <p>All staff will receive safeguarding training that is commensurate with their role and this will be a mandatory requirement. The performance of each member of staff will be properly monitored and reviewed through the formal processes of appraisal and supervision.</p> <p>Each Manager will foster an open and inclusive management style that encourages people to voice any concerns and will ensure people know that their concerns, however minor, will be taken seriously and acted upon.</p>
4.8.	<p>Roles and Responsibilities</p> <p>All staff are individually responsible for preventing, identifying and responding to abuse. In order to respond appropriately where abuse or neglect may be taking place, anyone in contact with the adult, whether in a volunteer or paid role, must understand their own role and responsibility and have access to practical and legal guidance, advice and support. This will include understanding local multi-agency policies and procedures and attending training commensurate with their role. Employees must understand that this policy is also incorporated into their contract of employment.</p> <p>Front Line Staff</p> <p>Operational front line staff are responsible for preventing, identifying and responding to allegations of abuse and substandard practice. Staff at 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 a suspicion or allegation that someone is being, or is at risk of being, abused or neglected.</p> <p>Home/House/Domiciliary Managers</p> <p>The Manager of each service is responsible for ensuring that this policy is fully implemented and for ensuring all staff receive appropriate support, advice, guidance and training which is updated regularly.</p> <p>The Manager should raise any queries about the application or interpretation of this policy with their line manager.</p> <p>Chief Operating Officer</p> <p>Chief Operating Officer is responsible for monitoring the quality of service provision and</p>

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	<p>the implementation of safeguarding policies and procedures.</p> <p>Governance Committee/Chief Operating Officer The Executive Committee / Chief Operating Officer are responsible for ensuring that Abbeyfield Ferring Society safeguarding policies and procedures are effective in minimising abuse and safeguarding residents from harm. The team will ensure that safeguarding policies and procedures are regularly reviewed and updated and that changes are effectively communicated throughout the organisation. The team will ensure there are suitable systems in place to monitor the effectiveness of safeguarding arrangements and that where things go wrong, lessons are learned to ensure any mistakes are not repeated.</p>
4.9.	<p>Disclosure and Barring Service (DBS) All Abbeyfield Ferring Society staff and volunteers are required to have an Enhanced criminal record check from the DBS before commencing employment/volunteering and to have a new check carried out every three years.</p> <p>For further information please see AF017 Disclosure and Barring Service Policy and Procedure</p>
4.10.	<p>Whistleblowing (Public Interest Disclosure) Staff are strongly encouraged to take action and report concerns if they suspect a resident is being abused, regardless of who the perpetrator is.</p> <p>For further information please see AF063 Whistleblowing Policy.</p>
5. Finance	TBC
6. Supporting Appendices	<ul style="list-style-type: none"> • Responding to Adult Safeguarding Concerns – a summary of what to do • Referral Pathways for a Safeguarding Alert • Safeguarding Incident Summary Record
7. Linked policies	<ul style="list-style-type: none"> • Appropriate Use of Restraint • Complaints • Confidentiality • DBS Policy • Deprivation of Liberty Safeguards (MCA DOLS) • Equality and Diversity • Mental Capacity Act • Training, Learning and Development • Whistle Blowing • Accessibility Policy
8. Legislation /	<ul style="list-style-type: none"> • The Care Act 2014

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Regulation	<ul style="list-style-type: none"> • Care and Support Statutory Guidance issued under the Care Act 2014 • Safeguarding Vulnerable Groups Act 2006 • Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13 • Human Rights Act 1998 • Mental Capacity Act 2005 • Public Interest Disclosure Act 1998
9. Review	Every two years, subject to any regulatory or legislative updates.
10. Procedure	
10.1	<p>Procedure for responding to suspected or actual abuse</p> <p>The aim of this section is to provide procedural guidance for Abbeyfield Ferring Society staff so that they know how to deal with suspected or actual incidents of abuse and neglect within Abbeyfield Ferring service.</p> <p>Our primary concern is the safety of Abbeyfield Ferring Society residents and clients. We must ensure that we discharge equitably our legal and moral responsibilities to residents and others in the event of a suspected or actual incident of abuse or neglect.</p> <p>The Manager is responsible for ensuring that any suspected or actual incident of abuse or neglect is dealt with immediately and is reported to the local authority safeguarding team where necessary.</p>
10.2	<p>If you witness or suspect an incident of abuse</p> <p>Any allegation or suspicion of abuse, however minor, must be taken seriously and reported immediately to the Manager or person in charge. However difficult a situation may seem, staff must understand they have a duty to report any concerns of abuse.</p> <p>In the event that the alleged perpetrator is the Manager, the matter should be reported to the Manager’s line manager as soon as possible and within 24 hours.</p> <p>Ensure the immediate safety and welfare of the adult concerned and summon medical assistance if required. Inform paramedic staff and/or examining doctor of the suspicion of abuse and explain that a written report may well be required.</p> <p>In cases of serious abuse where there is evidence to suggest criminal activity, the police should also be summoned. Any incident involving alleged sexual abuse or involving alleged physical abuse which has resulted in injury should be reported immediately to the police.</p> <p>Consider whether there is an immediate risk to other residents, and take steps to secure their safety.</p>

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	<p>Where a serious incident has taken place, do not disturb evidence that may be important to a police investigation.</p> <p>Do not immediately question the person concerned formally, but offer comfort, reassurance and support and allow them to give information or express distress or fears. Remember what is said, and write it down as soon as possible.</p> <p>If the alleged perpetrator is a resident, ensure they too are safe and supported, possibly by allocating a member of staff to be with them.</p> <p>At the earliest opportunity record as much detailed information as possible.</p>
10.3	<p>Immediate actions by the manager</p> <p>Any serious incident of abuse which is substantiated or witnessed should be referred to the local authority safeguarding team by the Manager or in the absence of the Manager, by the person in charge of the service, at the first available opportunity and within 24 hours.</p> <p>If in doubt about whether an incident should be referred, the Manager should contact the local authority safeguarding team for advice.</p> <p>If the police have not already been informed, the Manager in consultation with their line manager should decide whether to do so. This will depend upon whether a crime appears to have been committed. If in doubt, the police should be informed so they can determine whether a crime has been committed. The Manager will need to follow any instructions from the police to ensure that any police investigation is not hindered. Where the police are informed, the Manager must refer the matter to the local authority safeguarding team.</p> <p>Unless instructed otherwise by the police, the Manager should immediately inform the family / next of kin / representative of the resident about the incident. In serious situations, where the resident is injured or distressed, the Manager should communicate the information carefully and sensitively. The Manager should support family members to visit the resident. If a member of the resident's family is the suspected or alleged perpetrator, the matter should be discussed with the police and/or the local authority safeguarding team before contacting any other relatives.</p> <p>Where the alleged abuser is a resident, their family should be informed and supported in the same way.</p> <p>The local authority safeguarding team will decide whether there has been an incident of</p>

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	<p>abuse that requires a safeguarding Enquiry and will advise the Manager what steps should be taken next. The Manager should provide as much information as possible to the local authority safeguarding team.</p> <p>The Manager should report the safeguarding incident using Abbeyfield Ferring Society's internal safeguarding log.</p>
10.4	<p>Regulated Care Services</p> <p>Where the incident needs to be reported to the Care Quality Commission, the Manager must ensure notifications are completed and submitted within required timescales in accordance with regulatory requirements.</p> <p>The Manager will take lead responsibility for any referral to the DBS barred list. Where this is not possible or appropriate, the Manager's line manager will take lead responsibility for the referral.</p>
10.5	<p>Dealing with the alleged perpetrator (abuser)</p> <p>Where a serious allegation is made against a member of staff, the Manager must contact the Chief Operating Officer/Executive Committee immediately so that appropriate action can be taken in line with Abbeyfield Ferring Society's Disciplinary Policy and Procedure. This may include suspending one or more members of staff from duty. This is without prejudice to the outcome of any investigation and is based on the need to protect residents and others and to ensure an unhindered investigation into the allegation. If such a situation arises outside of normal office hours, the Manager must decide whether or not to suspend the member of staff based on an informed assessment of the circumstances and the need to protect residents. Where the allegation is against a member of staff, any safeguarding investigation will dovetail with the disciplinary process and the HR team will advise throughout the process.</p> <p>Where an allegation concerns a volunteer, the Manager must advise the volunteer that they will not be required to do any voluntary work until the matter has been investigated and resolved.</p> <p>Where an allegation is made against another resident, the Manager should take immediate steps to separate the perpetrator from the victim of the abuse, which may involve identifying an immediate alternative place of safety for one of them, taking account of the wishes of the residents, and their families if appropriate.</p> <p>Where an allegation is made against a visitor, the Manager will need to ensure their visits are either suspended or supervised until the allegation has been investigated and resolved.</p>

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	<p>Where an allegation is made against an ex-employee, the Manager should inform the HR team and their line manager.</p> <p>All information should be accurately and clearly recorded and should include as much detail as possible. It is good practice to ask staff, volunteers or witnesses to write statements immediately whilst it is fresh in their minds, unless directed not to by the police or by the local authority safeguarding team. Staff and volunteers should not confer with each other when doing so. There may be a requirement to take further statements at a later date, to support any safeguarding, police or disciplinary investigations into the allegation.</p> <p>There is a need to ensure that any safeguarding investigation is conducted in parallel with the requirements of Abbeyfield Ferring Society’s Disciplinary Policy and Procedure and prevailing employment legislation.</p>
10.6	<p>Investigations</p> <p>The local authority will decide whether a Care Act s42 enquiry is triggered and if so, what enquiries need to be made and by whom. Clear instructions and timescales will be given if Abbeyfield Ferring Society is tasked with completing the enquiry. The Manager, with the Chief Operating Officer will co-ordinate the investigation process and advise on all disciplinary matters. Where the enquiry is to be completed by an external person, feedback should be provided by the local authority to allow Abbeyfield to continue to provide appropriate support, fulfil employment law obligations and make staffing decisions.</p>
10.7	<p>Providing Support</p> <p>Whilst the purpose of safeguarding arrangements is the protection of the affected adult, everyone involved is likely to need support, including the alleged perpetrator (abuser). Any allegation must be taken seriously but it is important to remember that, until proven, it is an allegation. People who are maliciously or mistakenly accused of abusing another person are likely to experience extreme duress.</p> <p>All affected residents should be reassured and sensitively supported throughout the investigation process as they are likely to experience a wide range of emotions. Residents should not be interviewed without express instruction from the local authority safeguarding team and with guidance from the Chief Operating Officer.</p> <p>Staff who witness and/or report an incident of abuse may themselves need considerable support. Others may be affected when residents they know are victims of abuse and they may become distressed during and following a safeguarding investigation. The Manager, with the assistance of the HR team and/or their line manager, will identify sources of support as required.</p>

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10.8	<p>Dealing with outcomes</p> <p>Once investigations have been completed the local authority safeguarding team will usually prepare a safeguarding plan ensuring that any risks are identified, managed and minimised. Abbeyfield Ferring Society will co-operate with any safeguarding plan and will complete any actions required.</p> <p>The Manager should ensure that the process is reviewed to see whether lessons can be learned and to ensure improvements are made wherever possible to prevent further incidents of abuse or to deal more effectively with incidents of abuse.</p>
10.9	<p>Visiting Celebrities</p> <p>Abbeyfield Ferring Society services may, on occasion, receive visits from local dignitaries, celebrities or others who do not have regular contact with the residents or the staff.</p> <p>Whilst such visits can be hugely beneficial for residents and for Abbeyfield Ferring Society, the need to safeguard residents remains paramount.</p> <p>Where such a visit is planned:</p> <ul style="list-style-type: none"> • The advance information provided to the visitor should include Abbeyfield Ferring Society’s commitment to safeguarding residents. • Staff who will be present during the visit should be briefed on good safeguarding practice for the visit. • The visitor should be accompanied and not allowed unsupervised access to residents (unless this is agreed in advance with the resident, for example an MP meeting a constituent). <p>Staff who have any safeguarding concerns about the visit should immediately report these to the manager.</p>
11. Guidance	
11.1	<p>Spotting signs of neglect</p> <p>Workers across a wide range of organisations need to be vigilant about adult safeguarding concerns in all walks of life including, amongst others in health and social care, welfare, policing, banking, fire and rescue services and trading standards; leisure services, faith groups, and housing. GPs, in particular, are often well-placed to notice changes in an adult that may indicate they are being abused or neglected.</p> <p>Awareness campaigns for the general public and multi-agency training for all staff will contribute to achieving these objectives.</p>

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11.2	<p>Who abuses and neglects adults? Anyone and everyone can carry out abuse or neglect.</p> <p>It is portrayed that abuse is carried out by strangers, although it is far more likely that the abuser is someone the individual knows.</p>
11.3	<p>Reporting and responding to abuse and neglect Anyone who is alerted to suspected, alleged or actual abuse, or the risk of abuse, must report it to their line manager or designated person in charge of the service immediately.</p> <p>Early sharing of information is the key to providing an effective response where there are emerging concerns. To ensure effective safeguarding arrangements the statutory guidance states that:</p> <ul style="list-style-type: none"> • All organisations must have arrangements in place which set out clearly the processes and the principles for sharing information between each other, with other professionals and 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 which they think may be critical to the safety and wellbeing 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 and, or, the police if they believe or suspect that a crime has been committed.
11.4	<p>The Mental Capacity Act 2005 People must be assumed to have capacity to make their own decisions and be given all practicable help before anyone treats them as not being able to make their own decisions. Where an adult is found to lack capacity to make a decision then any action taken, or any decision made for, or on their behalf, must be made in their best interests.</p> <p>Professionals and other staff need to understand and always work in line with the Mental Capacity Act 2005 (MCA). They should use their professional judgement and balance many competing views. They will need considerable guidance and support from their employers if they are to help adults manage risk in ways and put them in control of decision making if possible.</p>
11.5	<p>Abuse by an attorney or deputy If someone has concerns about the actions of an attorney acting under a registered Enduring Power of Attorney (EPA) or Lasting Power of Attorney (LPA), or a Deputy appointed by the Court of Protection, they should contact the Office of the Public Guardian (OPG). The OPG can investigate the actions of a Deputy or Attorney and can</p>

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	<p>also refer concerns to other relevant agencies. When it makes a referral, the OPG will make sure that the relevant agency keeps it informed of the action it takes. The OPG can also make an application to the Court of Protection if it needs to take possible action against the attorney or deputy. Whilst the OPG primarily investigates financial abuse, it is important to note that that it also has a duty to investigate concerns about the actions of an attorney acting under a health and welfare Lasting Power of Attorney or a personal welfare deputy. The OPG can investigate concerns about an attorney acting under a registered Enduring or Lasting Power of Attorney, regardless of the adult's capacity to make decisions.</p>
11.6	<p>Multi-agency co-operation</p> <p>Local authorities must cooperate with each of their relevant partners and those partners must also cooperate with the local authority, in the exercise of their functions relevant to care and support including those to protect adults.</p> <p>Relevant partners of a local authority include any other local authority with whom they agree it would be appropriate to co-operate (e.g. neighbouring authorities with whom they provide joint shared services) and the following agencies or bodies who operate within the local authority's area including:</p> <ul style="list-style-type: none"> • NHS England; • Clinical Commissioning Groups (CCGs); • NHS trusts and NHS Foundation Trusts; • Department for Work and Pensions; • the Police; • Prisons; and • Probation services. <p>Local authorities must also co-operate with such other agencies or bodies as it considers appropriate in the exercise of its adult safeguarding functions, including:</p> <ul style="list-style-type: none"> • General Practitioners; • Dentists; • Pharmacists; • NHS hospitals; • Housing, health and care providers.
11.7	<p>Local authority's role in carrying out enquiries</p> <p>Local authorities must make enquiries, or cause others to do so, if they reasonably suspect an adult who meets the criteria is, or is at risk of, being abused or neglected.</p>
11.8	<p>Criminal Offences and Safeguarding</p> <p>Everyone is entitled to the protection of the law and access to justice. Behaviour which</p>

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	<p>amounts to abuse and neglect, for example physical or sexual assault or rape, psychological abuse or hate crime, wilful neglect, unlawful imprisonment, theft and fraud and certain forms of discrimination also often constitute specific criminal offences under various pieces of legislation. Although the local authority has the lead role in making enquiries, where criminal activity is suspected, then the early involvement of the police is likely to have benefits in many cases.</p>
11.9	<p>Who can carry out an enquiry?</p> <p>Although the local authority is the lead agency for making enquiries, it may require others to undertake them. The specific circumstances will often determine who the right person is to begin an enquiry. In many cases a professional who already knows the adult will be the best person. They may be a social worker, a housing support worker, a GP or other health worker such as a community nurse. The local authority retains the responsibility for ensuring that the enquiry is referred to the right place and is acted upon. The local authority, in its lead and coordinating role, should assure itself that the enquiry satisfies its duty under section 42 to decide what action (if any) is necessary to help and protect the adult and by whom and to ensure that such action is taken when necessary. In this role if the local authority has asked someone else to make enquiries, it is able to challenge the body making the enquiry if it considers that the process and/or outcome is unsatisfactory.</p> <p>Where a crime is suspected and referred to the police, then the police must lead the criminal investigations, with the local authority's support where appropriate, for example by providing information and assistance. The local authority has an ongoing duty to promote the wellbeing of the adult in these circumstances.</p>
11.10	<p>What happens after an enquiry?</p> <p>Once the wishes of the adult have been ascertained and an initial enquiry undertaken, discussions should be undertaken with them as to whether further enquiry is needed and what further action could be taken.</p> <p>That action could take a number of courses: it could include disciplinary, complaints or criminal investigations or work by contracts managers and CQC to improve care standards. Those discussions should enable the adult to understand what their options might be and how their wishes might best be realised. Social workers must be able to set out both the civil and criminal justice approaches that are open and other approaches that might help to promote their wellbeing, such as therapeutic or family work, mediation and conflict resolution, peer or circles of support. In complex domestic circumstances, it may take the adult some time to gain the confidence and self-esteem to protect themselves and take action and their wishes may change. The police, health service and others may need to be involved to help ensure these wishes are realised.</p>
11.11	<p>Responding to abuse and neglect in a regulated care setting</p>

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	<p>Where abuse or neglect occurs in a regulated care setting, Abbeyfield Ferring Society as the care provider has a duty to act to protect the adult from harm as soon as possible. However, social workers or counsellors may need to be involved in order to support the adult to recover. Abbeyfield Ferring Society must inform the local authority, CQC and CCG where the latter is the commissioner.</p>
11.12	<p>Abusers who themselves are residents</p> <p>Where the potential source of risk is another resident, the safety of the person who may have been abused is paramount. However, Abbeyfield Ferring Society has responsibilities and a duty of care towards all residents. In this situation it is important that the needs of the resident who is the alleged victim are addressed separately from the needs of the potential source of risk.</p> <p>It may be necessary to reassess the resident who is the potential source of risk. This may involve a meeting where the following could be addressed:</p> <ul style="list-style-type: none"> • the extent to which this person is able to understand his or her actions • the extent to which the abuse or neglect reflects the needs of this person not being met (e.g. risk assessment recommendations not being met) • the likelihood that this person will further abuse the adult or others. <p>In some cases, another adult who has care and support needs may be the suspected perpetrator of abuse. The principles and responsibilities of reporting a crime apply regardless of who the abuser is.</p>
11.13	<p>Record keeping</p> <p>Good record-keeping is an essential part of the accountability of organisations to those who use their services. Maintaining proper records is vital to an individual’s care and safety. If records are inaccurate, future decisions may be wrong and harm may be caused to the individual. Where an allegation of abuse is made we have a responsibility to keep clear and accurate records. It is fundamental to ensure that evidence is protected and to show what action has been taken and what decisions have been made and why.</p> <p>It is equally important to record when actions have not been taken and why e.g. a resident with mental capacity may choose to make decisions which others consider to be unwise.</p> <p>As with all record keeping, staff must ensure that any records concerning actual or alleged incidents of abuse are sufficiently detailed, accurate, concise, up-to-date, legible, factual, dated and signed.</p> <p>Opinions should be kept to a minimum, recorded as such, and backed up by factual evidence. All records must be stored securely and separately in a manner that protects</p>

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	individual rights to privacy and security. Any records concerning a resident (not including third party information) are available to them on request and may also be used as evidence in civil or criminal proceedings, safeguarding investigations and proceedings, disciplinary proceedings or referrals to the vulnerable adults barred list.
11.14	<p>Rights and risk</p> <p>We acknowledge the right of individuals to lead independent lives, which often involves a degree of responsible risk-taking. Where an individual chooses to accept known risks, their wishes should be respected within the context of their capacity to anticipate and understand the risks. Risks should be proportionate and staff should be alert to the possibility of the risk of harm and which fall within the definition of abuse. The health and safety of individual residents, and others, who may be affected by their actions, must be protected as far as is reasonably practicable and care/support plans must include risk assessments where known risks are identified.</p> <p>People who are accused or suspected of abusing an older person also have rights. Rules of law, including the judicial principle of “innocent until proven guilty” should always apply. However, if there is any risk that a resident might be harmed, the Manager will take immediate action to separate the alleged perpetrator from the vulnerable person.</p>
11.15	<p>Equality and Diversity</p> <p>This policy and the manner in which it is implemented should take into account the diversity and individuality of residents and should reflect Abbeyfield Ferring Society’s <u>Equality and Diversity Policy</u>.</p>
11.16	<p>Training</p> <p>As part of their induction all staff will receive safeguarding training that is relevant, and at a suitable level for their role. Training will be updated at appropriate intervals to ensure staff are up to date, able to recognise different types of abuse and know how to report concerns.</p> <p>Induction training for staff in regulated care settings will follow the standards laid down in the Care Certificate.</p> <p>The Manager will receive Safeguarding training to ensure they are competent and confident to respond quickly and appropriately in the event of an incident of abuse. Training should include the local multi-agency safeguarding arrangements and procedures and their role and responsibilities within it.</p>
11.17	<p>Multi-agency safeguarding arrangements</p> <p>Local authorities will update their multi-agency safeguarding arrangements to reflect</p>

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	<p>the Care Act 2014 and the Department of Health statutory guidance.</p> <p>The arrangements for safeguarding adults are complex. Abbeyfield Ferring Society will operate in accordance with the local multi-agency safeguarding policies, procedures and guidance, and will refer all incidents of abuse to the local safeguarding team.</p> <p>Abbeyfield Ferring Society will work cooperatively with all relevant agencies where safeguarding issues arise. This includes the police, the Care Quality Commission (for regulated care services), health and/or social care professionals, as well as local authority staff with responsibility for managing safeguarding incidents. The Manager must ensure that all relevant staff are fully conversant with the local multi-agency procedures and arrangements that are in place. There must be a copy of the current local multi-agency safeguarding policy and procedures available in each service and all relevant staff must have ready access to it.</p>
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There are some key responsibilities and actions for *anyone* who identifies the possibility of abuse or neglect.

These responsibilities must be addressed on the same day as the Alert is raised.

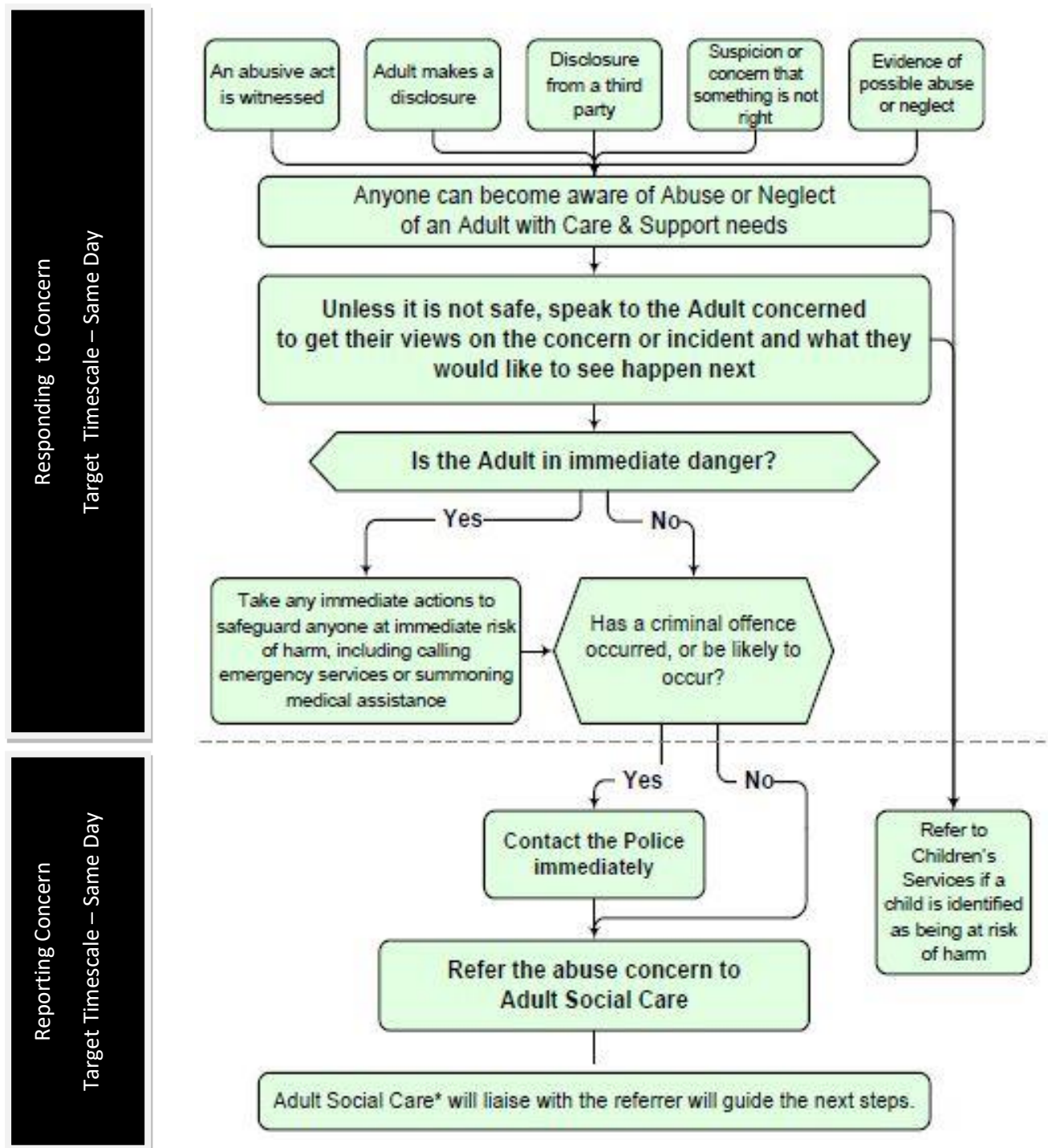
- i. **Immediate protection.**
Take any immediate actions to safeguard anyone at immediate risk of harm, including summoning medical assistance.
- ii. **Speak to the adult wherever it is safe to do so.**
Get the views of the adult on the concern or incident, and see what they would like to happen next. Listen to what they have to say, and ensure they are given the support they need.
- iii. **Detection & Prevention of crime.**
Where there is evidence a criminal offence has taken place, or a crime may be about to be committed, contact the Police immediately.
- iv. **Record & Preserve evidence.**
Preserve evidence through recording, and take steps to preserve any physical evidence.
- v. **Report & Inform.**
If you are a member of staff, inform your manager immediately..

REPORT TO ADULT SOCIAL CARE AS SOON AS POSSIBLE, AND IN ALL CIRCUMSTANCES ON THE SAME DAY AS THE CONCERN IS RAISED.

- If your service is registered with the Care Quality Commission, and the incident constitutes a notifiable event, the person in charge should complete and send a notification to CQC.
- Make a RIDDOR report if the incident falls under the criteria for a reportable accident, dangerous occurrence or case of disease under the RIDDOR Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.
- Consider whether a referral is necessary under employment vetting schemes- e.g. the DBS barring scheme, referral to NMC.

Appendix 2 – Referral Pathways for a Safeguarding Alert

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Appendix 3 – Safeguarding Incident Summary Record

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Name of Care Home/Service	
Date of incident	
Name of resident at risk	
Name of Abuser	
Safeguarding alert submitted by Date of Alert	
LA contact Name Tel No:	
Nature of safeguarding incident:	
Abbeyfield Ferring Society safeguarding log completed by: Date of completion:	
CQC notification submitted by: Date of notification:	
Summarise actions taken including meetings held:	
Cross reference to any other documents in connection with this incident	
Abuse/Neglect substantiated	Yes/No
If Yes, Action Plan to reflect lessons learned completed	Yes/No
Date case closed:	
Print name and sign	



Appendix 3 – Safeguarding Incident Summary Record

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