



Safeguarding Adults at Risk Procedure

1.0 Scope

1.1 This procedure and accompanying policy outline DOS PREMIUM CARE LTD's approach to safeguarding adults at risk. An adult is defined as someone who is aged 18 years old or over. The intended outcome of this set of documents is to safeguard and promote the welfare of adults at risk at all times whilst receiving DOS PREMIUM CARE LTD's services (excluding on line support services) or being otherwise involved in the work of DOS PREMIUM CARE LTD.

1.2 This procedure should be read in conjunction with:

- Local authority safeguarding adults at risk requirements where relevant
- DOS PREMIUM CARE LTD safeguarding adults' policy and appendices

1.3 This procedure applies to all paid workers, volunteers (including trustees) and anyone working for DOS PREMIUM CARE LTD in any capacity who is providing services for adults affected by cleft and their families. These people are referred to collectively as workers throughout. All workers will be made aware of their responsibilities under the policy appropriate to their role.

2.0 Definitions

- Worker' means any paid workers, volunteers (including trustees) or anyone working for DOS PREMIUM CARE LTD in any capacity.
- 'An adult at risk' is defined as:
An adult, aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation' (DH, 2000).

An adult at risk may therefore be a person who:

- is elderly and frail due to ill health, physical disability or cognitive impairment
- has a learning disability
- has a physical disability and/or a sensory impairment
- has mental health needs including dementia or a personality disorder
- has a long-term illness/condition
- misuses substances or alcohol
- is unable to demonstrate the capacity to make a decision and is in need of care and support.

(This list is not exhaustive.)

Adults "who may be eligible for community care services" are those whose independence and wellbeing would be at risk if they did not receive appropriate



health and social care support. They include adults with physical, sensory and mental impairments and learning disabilities, whether present from birth or due to advancing age, chronic illness or accident. They are not a self-defined community, but a group that has been created by social policy.

It is important to remember that if an individual is elderly, frail or has a disability, it does not mean that they are inevitably 'at risk' or that equally that someone who is not any of those things are not likely to experience abuse. The vulnerability of the adult is related to how able they are to protect themselves from abuse, neglect and exploitation and make their own choices free from duress, pressure and undue influence.

- 'Safeguarding' refers to keeping adults at risk safe from harm.
- 'Designated safeguarding adults at risk officers' are members of DOS PREMIUM CARE LTD staff who have operational responsibility for receiving concerns about the safety and welfare of adults at risk and who make decisions about what action needs to be taken, contacting and liaising with other agencies involved in safeguarding adults at risk.

2.2 The following definitions of abuse are taken directly from Protecting Adults at Risk: London multi-agency policy and procedures to safeguard adults from abuse 2011.

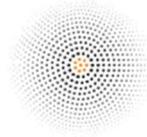
2.2.1 Physical abuse

Includes hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions exposure to heat or cold and not giving adequate food or drink.

Unlawful or inappropriate use of restraint or physical interventions and/or deprivation of liberty is physical abuse. There is a distinction to be drawn between restraint, restriction and deprivation of liberty. A judgement as to whether a person is being deprived of liberty will depend on the particular circumstances of the case, taking into account the degree of intensity, type of restriction, duration, the effect and the manner of the implementation of the measure in question.

In extreme circumstances unlawful or inappropriate use of restraint may constitute a criminal offence. Someone is using restraint if they use force, or threaten to use force, to make someone do something they are resisting, or where a person's freedom of movement is restricted, whether they are resisting or not.

Restraint covers a wide range of actions. It includes the use of active or passive means to ensure that the person concerned does something, or does not do something they want to do, for example, the use of key pads to prevent people from going where they want from a closed environment. Appropriate use of restraint can be justified to prevent harm to a person who lacks capacity as long as it is a proportionate response to the likelihood and seriousness of the harm.



2.2.2 Sexual abuse

Includes the direct or indirect involvement of the adult at risk in sexual activity or relationships which:

- they do not want or have not consented to
- they cannot understand and lack the mental capacity to be able to give consent to
- they have been coerced into because the other person is in a position of trust, power or authority, for example, a care worker.

They may have been forced into sexual activity with someone else or may have been required to watch sexual activity.

2.2.3 Emotional abuse

Behaviour that has a harmful effect on the person's emotional health and development or any form of mental cruelty that results in:

- mental distress
- the denial of basic human and civil rights such as self-expression, privacy and dignity
- negating the right of the adult at risk to make choices and undermining their self esteem
- isolation and over-dependence that has a harmful effect on the person's emotional health, development or well-being.

It is the wilful infliction of mental suffering by a person who is in a position of trust and power to an adult at risk. Psychological/emotional abuse can result from an adult at risk being:

- deprived of social or any other sort of contact
- humiliated
- blamed
- controlled
- intimidation
- coercion
- bullying
- experiencing threats of harm or abandonment.

It undermines the adult's self-esteem and results in them being less able to protect themselves and exercise choice. It is a type of abuse that can result from other forms of abuse and often occurs at the same time as other types of abusive behaviour.

2.2.4 Financial abuse

Financial abuse is a crime. It is the use of a person's property, assets, income, funds or any resources without their informed consent or authorisation. It includes:

- theft



- fraud
- exploitation
- undue pressure in connection with wills, property, inheritance or financial transactions
- the misuse or misappropriation of property, possessions or benefits
- the misuse of an enduring power of attorney or a lasting power of attorney, or appointeeship.

2.2.5 Neglect or omission

Neglect is the failure of any person who has responsibility for the charge, care or custody of an adult at risk to provide the amount and type of care that a reasonable person would be expected to provide.

Behaviour that can lead to neglect includes:

- ignoring medical or physical needs
- failing to allow access to appropriate health, social care and educational services
- withholding the necessities of life such as medication, adequate nutrition, hydration or heating.

Neglect can be intentional or unintentional. Intentional neglect would result from:

- wilfully failing to provide care
- wilfully preventing the adult at risk from getting the care they needed
- being reckless about the consequences of the person not getting the care they need.

If the individual committing the neglect is aware of the consequences and the potential for harm to result due to the lack of action(s) then the neglect is intentional in nature. Unintentional neglect could result from a carer failing to meet the needs of the adult at risk because they do not understand the needs of the adult at risk, may not know about services that are available or because their own needs prevent them from being able to give the care the person needs. It may also occur if the individuals are unaware of or do not understand the possible effect of the lack of action on the adult at risk.

2.2.7 Discriminatory abuse

Discriminatory abuse exists when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals. It can be a feature of any form of abuse of an adult at risk, but can also be motivated because of age, gender, sexuality, disability, religion, class, culture, language, 'race' or ethnic origin.

It can result from situations that exploit a person's vulnerability by treating the person in a way that excludes them from opportunities they should have as equal citizens, for example, education, health, justice and access to services and protection.



3. Recognising abuse

3.1 Workers' should be aware of the potential indicators of abuse which they may encounter.

3.2 Concerns about an adult at risk may arise from:

- seeing an actual injury or signs of abuse or neglect
- comments made by him / her
- comments made by another person about something they have seen or heard
- observations made about the person's emotional responses or behaviour.

4.0 Guidance for workers. What to do when abuse is evident, disclosed or suspected

4.1 If you WITNESS abuse:

- where necessary, seek medical assistance for any injuries inflicted
- immediately contact the designated safeguarding officer and follow their guidance
- if you or the person you are concerned about is in immediate danger, then you should ring the Police on 999
- if the abuser remains present, seek to calm the situation - however, avoid putting yourself at risk of harm
- record your concerns and details of any evident injuries in writing at the earliest opportunity.

4.2 If an adult DISCLOSES an allegation of abuse to you:

- LISTEN carefully to what the individual says
- assure them you are taking what they say seriously
- reassure the person concerned that they will be involved in decisions about what will happen
- reassure the person that they were right to tell you
- note the time, setting and details and any witnesses to the conversation
- continue to record subsequent events
- contact your Designated Safeguarding Officer as soon as possible.

Do not:

- prevent an individual who wants to talk about what has happened from doing so
- take the matter lightly or change the subject because you feel uncomfortable
- be judgemental or jump to conclusions
- prompt or directly question the person or ask leading questions
- investigate the allegation.

4.2.1 Explain that you cannot keep such a serious matter secret and you cannot promise complete confidentiality and that you have a duty to inform your manager / the designated safeguarding officer.



4.2.2 Document any marks, bruises or injuries

4.2.3 Write up your report of the incident as soon as you can and give this, along with any notes you made at the time to your line manager or Designated Safeguarding Officer.

4.3 If you SUSPECT abuse:

- make a note of your concerns, whether based on a 'one-off' incident or remark, or noted as repetitious events or statements
- discuss any concerns immediately with your line manager / Designated Safeguarding Adults at Risk Officer / person on call.

4.4 In all the above cases, the manager / designated safeguarding adults at risk officer will decide on the appropriate way forward

4.5 If you report a concern as described above but feel that it has not been dealt with properly, then raise the matter again using the whistleblowing procedure.

5.0 Making a referral to Adult Social Care

5.1 Where abuse is evident or disclosed or where workers report concerns of abuse, DOS PREMIUM CARE LTD designated safeguarding adults at risk officer will:

- follow local requirements regarding referral, including how records will be made and kept and whether details of injuries need to be recorded
- as appropriate to the circumstances, seek to discuss their concerns with:
 - the adult themselves
 - the relevant cleft team if applicable.
- obtain a record from the worker reporting the incident, stating the facts, written in black ink, signed and dated as soon as possible after the incident occurred and within 24 hours at the latest
- keep a record of any discussions both with DOS PREMIUM CARE LTD workers and with adult's Services
- follow up all verbal reports within 48 hours with a written report, which contains objective, factual details
- record any other details of contacts, conversations or action taken, and ensure that all documents relating to the incident are stored securely and are kept for a minimum of 50 years - see DOS PREMIUM CARE LTD's insurance notes
- report the incident immediately to DOS PREMIUM CARE LTD's board of trustees (details anonymised)
- if appropriate, report the incident to DOS PREMIUM CARE LTD's insurers Aviva Insurance via Bluefin Underwriting Group using the incident report form (see appendix) (this will be appropriate if an incidence of abuse is alleged to have taken place on DOS PREMIUM CARE LTD's premises, by DOS PREMIUM CARE LTD staff or during a DOS PREMIUM CARE LTD event).



5.2 There may be circumstances where the person at risk does not wish any action to be taken and does not agree to a referral being made on their behalf (please note: this does not apply to children).

5.2.1 In such cases the safeguarding officer will consider whether there are reasons for overriding the person's wishes, for example:

- because it is in the public interest
- to prevent further harm to the person themselves or to others
- because a crime has been or is about to be committed.

5.2.2 Officers are advised to seek guidance on the correct action to take in such circumstances on an anonymous basis from the Local Adults' Safeguarding Board / Local Authority Safeguarding Officer (England) Local Authority Adult Protection Committee (Scotland) Protection of Vulnerable Adults Designated Officer in the relevant Health Trust Area (Northern Ireland).

Further information can be found in Information Sharing: Guidance for practitioners and managers (HM Government, 2008)

<http://www.education.gov.uk/childrenandyoungpeople/strategy/integratedworking/a0072915/information-sharing> (England and Wales)

<http://withscotland.org/>(Scotland)

Safeguarding vulnerable adults: a shared responsibility

http://www.rqia.org.uk/what_we_do/registration_inspection_and_reviews/safeguarding_vulnerable_groups.cfm (Northern Ireland)

5.2.2 Where there is evidence that an individual lacks the capacity to make a particular decision, decisions will be made in accordance with the best interest principles as described within the Mental Capacity Act 2005.

5.3 Workers should note that that if they observe any marks, bruises or injuries on a service user, these are to be recorded on a body map chart **STAFF MUST NEVER TAKE PHOTOGRAPHS** to record marks, injuries or bruises.

5.4 Workers reporting actual or alleged abuse or sharing safeguarding concerns will need to be fully supported during a period of possible uncertainty or anxiety and will require the opportunity to reflect and learn from the incident.

5.5 If the Designated Safeguarding Officer is not contactable workers should contact the Local Safeguarding Adults at Board (LSAB) for advice and/or direct referrals.



6. Confidentiality

DOS PREMIUM CARE LTD's approach is that:

- information will only be shared on a 'need to know' basis when it is in the best interests of the adult at risk and this should be judged on a case by case basis
- confidentiality must not be confused with secrecy
- informed consent should be obtained but, if this is not possible and other vulnerable adults are at risk, it may be necessary to override the requirement
- it is inappropriate to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other vulnerable people may be at risk
- in certain circumstances it will be necessary to exchange or disclose personal information which will need to be in accordance with the Data Protection Act 1998 and DOS PREMIUM CARE LTD confidentiality and data protection policy.

7.0 Disclosure and Barring Service (DBS)

7.1 Each job role and volunteer position should be considered individually and separately to determine whether or not a DBS check is required / permitted by law.

8.0 If a worker is subject to an allegation of abuse

The designated safeguarding adult at risk officer will notify Adult's Services in the relevant local authority area in accordance with procedures laid down by the Local Safeguarding Adults Board (LSAB) (England & Wales) Local Authority Adult Protection Committee (Scotland).

The designated safeguarding adult at risk officer will within 2 days notify the Protection of Vulnerable Adults Designated Officer in the relevant Health Trust Area (Northern Ireland).

8.1 The Designated Safeguarding Adults officer will also inform the following:

- DOS PREMIUM CARE LTD insurance brokers
- DOS PREMIUM CARE LTD chair
- The staff member's line manager.

8.3 If an offence appears to have been committed, the police will be notified.

8.4 The line manager, with guidance from the Designated Safeguarding Adults at Risk Officer (SARO) and CEO will:

- consider, where the allegation is against a member of staff, whether the staff member needs to be suspended pending investigation of the allegation
- consider, where the allegation is against any other kind of worker, whether they should be in some other way temporarily removed from their role pending investigation of the allegation



- carry out a thorough investigation in accordance with the disciplinary procedure, as soon as possible, having first established with the statutory authorities that this will not interfere with any investigations being carried out by third parties
- consider whether the person against whom the allegations have been made needs to be referred to the Disclosure and Barring Service (DBS) or equivalent – Scotland / NI. (Employers have a duty to notify the DBS if they believe that an individual has harmed or poses a future risk of harm to vulnerable groups, including children.)

9.0 Roles and responsibilities

9.1 Trustees are responsible for ensuring that managers have systems in place to meet the requirements listed below

- Workers work according to the safeguarding policy and procedure at all times
- New workers are selected, recruited and vetted in compliance with current legal requirements and good practice
- Workers receive all necessary supervision and training.

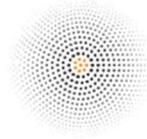
9.2 A suitably experienced named trustee will take responsibility for leading on and overseeing safeguarding adults at risk issues.

Designated safeguarding adults at risk officers have the following responsibilities.

- To work in accordance with DOS PREMIUM CARE LTD's policy and procedures for safeguarding adults at risk
- To ensure the organisation as a whole ensures the safety and welfare of adults with whom it has contact
- To take decisions about the action to take when informed of a concern about an adult
- To liaise as appropriate with other organisations and statutory authorities with regard to safeguarding incidents
- To ensure appropriate records of safeguarding incidents are made, maintained and securely stored
- To communicate with the reporting staff member, keep them informed of ongoing developments and the outcome of the investigation in line with confidentiality.

9.3 All workers have the following responsibilities.

- To work in accordance with DOS PREMIUM CARE LTD's policy and procedures for safeguarding adults at risk
- To inform a designated safeguarding adults at risk officer if they suspect abuse has taken place or if they have any concerns about the welfare or safety of any adult with whom they come in to contact at work.



10.0 Learning and development

10.1 All workers whose work may bring them in to contact with adults at risk will receive safeguarding training to enable them to understand and carry out their responsibilities under DOS PREMIUM CARE LTD's safeguarding policy and procedure.

10.2 Designated safeguarding adults at risk officers will receive additional training with regard to their particular role and responsibilities.

11.0 Acceptance of safeguarding adults at risk procedure

11.1 Designated safeguarding adults at risk officers, and other workers involved in the implementation of this safeguarding adults at risk procedure are required to evidence that they have received, read and understood its contents.

11.2 Evidence will include:

- the title of the document
- the name and signature of the worker
- their job title
- the date.

11.3 Responsibility for following the procedure rests with the individual worker. Failure to do so may result in disciplinary proceedings for staff or the equivalent proceedings for other workers.