

SAFEGUARDING POLICY – PP16

1. INTRODUCTION

Safeguarding of adults in our care is Phoenix Support's duty of care to always consider the consequences of the acts or omissions of ourselves and others. Phoenix Support believes that it is always unacceptable for any person in our services to experience abuse of any kind. Phoenix Support recognises its responsibility to safeguard the welfare of all service users and will protect them by a commitment to good practice. The procedure will ensure staff and managers are aware of the actions they are required to take within their role.

2. POLICY STATEMENT

An adult who may be at risk of abuse is a person aged 18 years or over who may be unable to take care of themselves, or protect themselves from harm or from being exploited. This may be because their circumstances, such as chronic illness, disability, age, mental health, mental capacity or lifestyle, cause them to be at risk in some situations, regardless of if they are receiving a service.

3. DEFINITION

Abuse is mistreatment by any other person or persons that violates a person's human and civil rights. Abuse can happen anywhere; in a person's home, in a residential or nursing home, in a supported living setting, a hospital or GP surgery, a prison, day centre or educational setting, library, sports centre, within the workplace, or within the community.

4. PURPOSE

The purpose of this policy is to ensure we protect service users from abuse, neglect and harm whilst maintaining the safety of adults entrusted in our care. We need to ensure we respond to concerns raised in a way that promotes good care practice, transparency and multi-agency working in keeping with The Care Act. This policy applies to all staff, including senior managers and other paid staff, volunteers and sessional workers, agency staff, students or anyone working on behalf of Phoenix Support.

5. CONTEXT

Regulation 13: Safeguarding service users from abuse and improper treatment. Kent and Medway Multi-Agency Safeguarding Adults Policy, Kent and Medway Multi-Agency Policy and Procedures to Support People who Self-neglect. The Care Act, 2014, has set out a clear legal framework for how local authorities and other parts of the health and care system should protect adults at risk of abuse or neglect. The Act requires local authorities to set up a Safeguarding Adults Board (SAB) in their area, giving these boards a clear basis in law for the first time.

6. IMPLEMENTATION

CONTENTS OF SECTION	
6.1	TYPES OF ABUSE
6.2	SIGNS AND INDICATORS OF ABUSE
6.3	ADULTS AT RISK OF ABUSE
6.4	AREAS TO CONSIDER
6.5	GENERAL PRINCIPLES
6.6	WHAT TO DO IF YOU SUSPECT ABUSE
6.7	DO NOT

- 6.0.1 Safeguarding is a term to describe the function to protect adults from abuse or neglect. Safeguarding is a way of recognising any concerns and being able to follow good practice and to respond to concerns in an effective way that protects the adult at risk. Often it is about mindful care and support, remembering that it is the residents' home first and a place of work second; the manners and courtesies should be applied that would be used by you if you were a guest in someone's home should be afforded to residents in their care home.
- 6.0.2 The Care Act 2014 says that the SAB must include the local authority, the NHS and the police, who should meet regularly to discuss and act upon local safeguarding issues, develop shared plans for safeguarding, working with local people to decide how best to protect adults in vulnerable situations, publish this safeguarding plan and report to the public annually on its progress, so that different organisations can make sure they are working together in the best way. Phoenix Support have a responsibility to report concerns and support enquiries.
- 6.0.3 Each local authority has a Safeguarding Team and a Local Safeguarding Coordinator who has a team of officers who work alongside public services such as the police to identify people at risk and put in place interventions to help prevent abuse or neglect, and to protect people.
- 6.0.4 The ability to recognise an act or omission as abusive or neglectful is a skill that individuals who provide care and those who monitor care, are required to have. Being able to then respond appropriately in the interest of the resident and within legal frameworks is a necessity. Practices that may warrant safeguarding procedures to be put in place include:
- 6.0.5 Medication errors, restrictive acts (in conjunction with DoLS), ignoring requests of residents, failing to report concerns, inappropriate use of power, providing inadequate nutrition and hydration, providing inadequate care of personal needs such as continence and pressure care, risk management.

6.1 TYPES OF ABUSE

- 6.1.1 Due to interpretation of what constitutes a safeguarding case, Phoenix Support has made a decision to refer ALL suspected safeguarding cases to the local authority safeguarding team for them to decide whether each case should be taken further. Please note the forms for each local authority vary so **ensure the relevant form for your particular local authority is used.**
- 6.1.2 Abusers can be anyone including:
- Friend or family member or other social visitor
 - Staff or management
 - Volunteers
 - Another service user
 - Health social care or other professional visitor
 - A person who deliberately targets vulnerable people
- 6.1.3 If you do not act on concerns you may have, you are leaving yourself open to allegations of allowing abuse to continue; it is a difficult process and you will be supported by the organisation (see whistleblowing policy and procedure).
- 6.1.4 Physical abuse includes; Hitting, slapping and scratching, Pushing or rough handling, Assault and battery, Restraining without justifiable reasons, Inappropriate and unauthorised use of medication, using medication as a chemical form of restraint, inappropriate sanctions including deprivation of food, clothing, warmth and healthcare needs.
- 6.1.5 Psychological abuse includes; emotional abuse, verbal abuse, humiliation and ridicule, threats of punishment, abandonment, intimidation or exclusion from services, isolation or

withdrawal from services or supportive networks, Deliberate denial of religious or cultural needs, failure to provide access to appropriate social skills and educational development training.

- 6.1.6 Sexual abuse includes: Sexual activity which an adult service user cannot or has not consented to or has been pressured into, sexual activity which takes place when a service user is unaware of the consequences or risks involved, Rape or attempted rape Sexual assault and harassment. Non-contact abuse e.g. voyeurism, pornography.
- 6.1.7 Neglect and acts of omission: Ignoring medical or physical care needs, failure to access care or equipment for functional independence, failure to give prescribed medication, failure to provide access to appropriate health, social care or educational services, neglect of accommodation, heating, lighting etc. failure to give privacy and dignity or professional neglect.
- 6.1.8 Financial Abuse: Misuse or theft of money, fraud and/or extortion of material assets, misuse or misappropriation of property, possessions or benefits, exploitation, pressure in connection with wills, property or inheritance.
- 6.1.9 Discriminatory Abuse: Discrimination demonstrated on any grounds including sex, race, colour, language, culture, religion, politics, or sexual orientation, discrimination that is based on a person's disability or age, harassment and slurs which are degrading, Hate crime.
- 6.1.10 Institutional abuse: Poor work practices ranging from neglectful practice and unprofessional practice through to deliberate maltreatment. Examples could include rigid routines such as rigid bedtimes and mealtimes that are not the choice of the service user.
- 6.1.11 Self Neglect: There is no accepted operational definition of self-neglect due to the dynamics and complexity of self-neglect. Gibbons et al (2006) defined it as "the inability (intentionally or non-intentionally) to maintain a socially and culturally acceptable standard of self-care with the potential for serious consequences to the health and wellbeing of those who self-neglect and perhaps too their community". Following are some indicators associated with self-neglect:
- Living in very unclean, sometimes verminous circumstances, such as living with a toilet completely blocked with faeces.
 - Neglecting household maintenance and therefore creating hazards within and surrounding the property.
 - Portraying eccentric behaviour / lifestyle.
 - Obsessive hoarding.
 - Poor diet and nutrition (this could be evidenced by little or no food in fridge, mouldy and 'out of date' food, significant weight loss or gain).
 - Declining or refusing prescribed medication and/or other community healthcare support or failure to take medication (where managed independently).
 - Refusing to allow access to health and social care staff in relation to personal hygiene and support.
 - Refusing to allow access to other organisations with an interest in the property, for example, utility companies, landlord.
 - Repeated episodes of anti-social behaviour, either as a victim or perpetrator.
 - Unwillingness to attend external appointments with professional staff, whether social care, health or other organisations.
 - Poor personal hygiene, poor healing, skin sores, long toenails.
 - Isolation.

This list is not exhaustive.

- 6.1.12 Domestic Abuse: Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or who have been intimate partners or family members regardless of gender or sexuality. Domestic abuse is not a specific criminal offence. The term is used to describe a range of incidents occurring

in particular circumstances where the victims can be of any gender and from any ethnic group, as can the perpetrator. This can encompass but is not limited to the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial

- 6.1.13 Emotionally controlling behaviour is a range of acts designed to make the person subordinate and/or dependant by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour. (*Coercive behaviour is: an act or pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten their victim.)
- 6.1.14 Modern Slavery: Modern slavery is a crime which knows no boundaries and does not discriminate on gender, age, creed, culture or race. Traffickers and slave masters exploit whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment. This could also include domestic situations where service users are unfairly used to complete jobs/tasks where they live, against their will.

6.2 SIGNS AND INDICATORS OF ABUSE

- 6.2.1 People who have been abused do not always react in the same way. In fact, reactions to abuse can vary quite widely:
- 6.2.2 A person may withdraw in various ways e.g. they do not wish to engage in their normal activities, they do not wish to talk to anyone, they shy away from physical contact, they are reluctant to undress in front of others.
- 6.2.3 A person behaves totally out of character with physical and verbal outbursts or isolates.
- 6.2.4 A person exhibits sudden, unexpected, and dramatic changes in behaviour/personality, which may include changes in self-esteem level, disturbance of sleep pattern, altered appetite for food/drink, etc.
- 6.2.5 A person may experience a gradual or sudden onset of depression or expression of self-harm or harmful intent.
- 6.2.6 A person may become either confused where they have not been before, or confusion increases dramatically.
- 6.2.7 A person may deny that abuse has occurred, even in a situation where there is strong evidence to the contrary.
- 6.2.8 A person may seek help from a variety of people in different ways, either by a direct request for help or behaviour that demands constant attention, unexplained bruises or physical injuries, unexplained use of monies or changes to financial status.

This list is not exhaustive.

6.3 ADULTS AT RISK OF ABUSE

- 6.3.1 Once a safeguarding referral has been made to the local authority, via the duty officer, it will be passed to a safeguarding coordinator, they will decide whether action needs to be taken under safeguarding. The safeguarding coordinator will inform the referrer of the decision whether to proceed, having considered all the information gathered so far.

6.3.2 Adult Social Care (ASC) or the Health Authority will coordinate any investigations unless a crime has been committed. In criminal cases, the police will take the lead role whilst the crime is investigated and safeguarding investigation activity by ASC or Health Authority will resume only when the police have concluded theirs. Steps to safeguard the individual will continue throughout any police action.

6.4 AREAS TO CONSIDER

6.4.1 There are circumstances in which staff would need to give careful consideration about whether to make a referral under safeguarding procedures. Under section 1(4) of the Mental Capacity Act 2005 an individual who has capacity has the right to make 'unwise decisions'. However, advice should be sought where staff who have a responsibility for the person's care may be implicated.

6.4.2 Example 1: An individual at risk of abuse who lives in a supported living service was slapped by a support worker. He says the support worker apologised and he does not want any further action to be taken.

6.4.3 The Project Co-ordinator believes the man has the capacity to make this decision. However a 'Duty of Care' is owed to others supported by the organisation and the matter must be reported and investigated.

6.4.4 Example 2: A young, physically disabled man is in hospital and nurses notice bruising around his chest. He says that ambulance drivers did not use his hoist as it was quicker to lift him manually. He does not want to complain.

6.4.5 The nurses have a duty to report this under safeguarding procedures as other people may be affected.

6.5 GENERAL PRINCIPLES

6.5.1 All staff learn about safeguarding during their induction/foundation and receive routine on-going training and development. This means that all staff can recognise abuse or neglect and know what to do within their job role. All service users are given a copy of the organisation's Complaints Procedure and advised of the easy-read Kent Adult Safeguarding Alert Form (KASAF) as provided by the local authority.

6.5.2 Confidential reporting procedures act to support and protect staff as much as possible who have taken a stand, in good faith, about a matter within the organisation about which they have a serious concern.

6.5.3 The organisation must display the local authority Safeguarding contact details and protocol and make all staff aware of these.

6.5.4 Staff use normal reporting systems to raise concerns. When these fail, staff are aware of whistle blowing policies and procedures

6.5.5 All homes and offices have access to 'The Care Act' document to inform staff as to the background of this policy and procedure.

6.5.6 All staff working with adults and children in our care will be required to have a DBS check.

6.5.7 Openness, transparency and honesty must be adopted for truly effective procedures.

6.5.8 Support planning is vital to assess, establish and guide all staff as to key risks and appropriate levels of care.

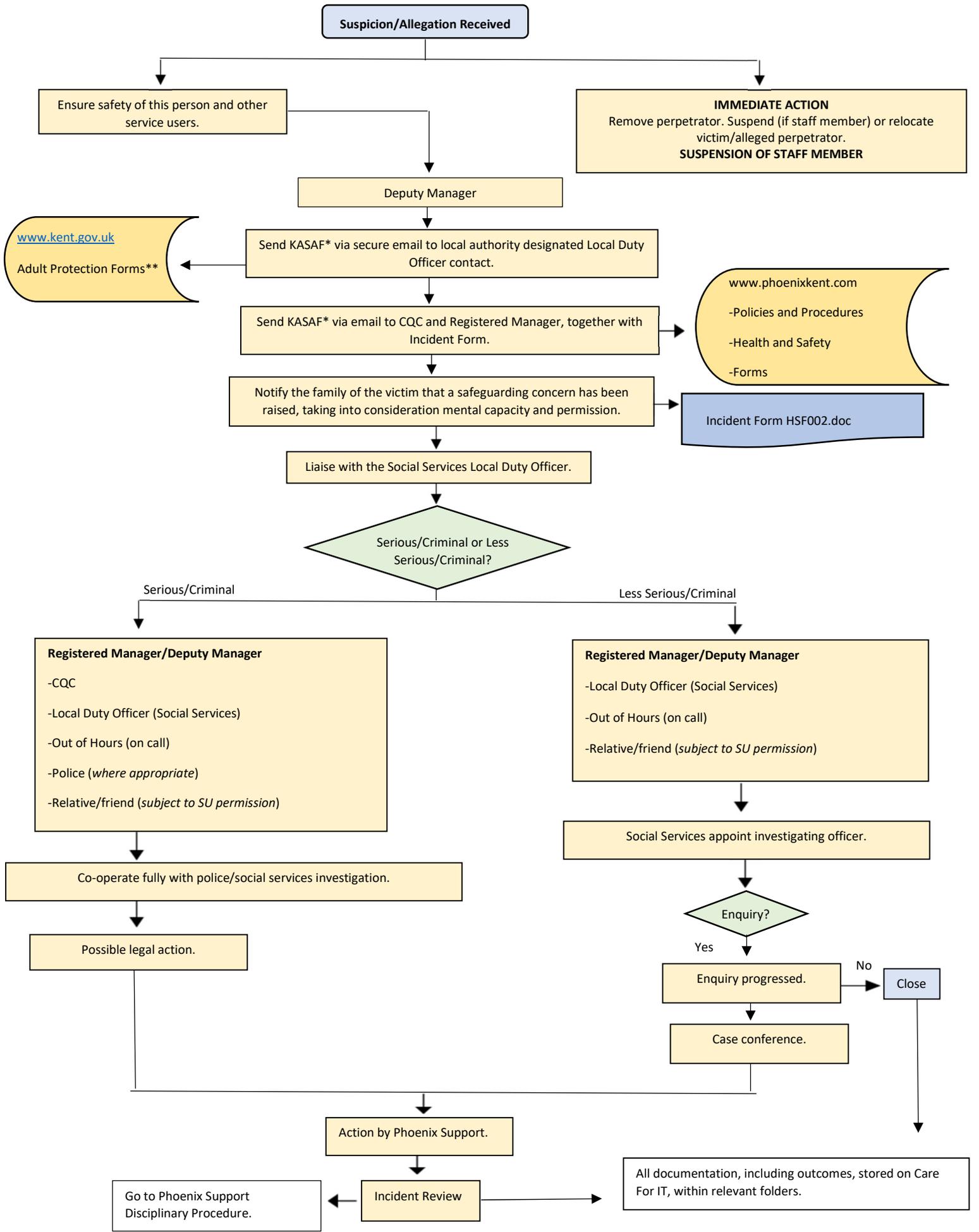
- 6.5.9 Monthly reviews of support should take account of current needs, behaviours and the environment.
- 6.5.10 Developing an awareness of personal limitations and vulnerability and when help or support for self is needed (induction training), concern can be expressed and advice sought in supervision sessions

6.6 WHAT TO DO IF YOU SUSPECT ABUSE

- 6.6.1 Dealing with suspicions and/or allegations of abuse.** Every member of staff has a duty of care towards people they support and care for. As such, they are responsible for reporting immediately any suspected or actual abuse. Where a work colleague may be involved in the allegation, staff often find it difficult to report.
- 6.6.2 The organisation's own 'Whistleblowing Policy' provides protection for people who make a report of abuse but it cannot promise absolute confidentiality, as this may not be possible in the course of protecting the service user.
- 6.6.3 Abuse should be reported immediately. This should be done verbally followed by a written statement, containing factual observations only. This should not involve interviewing anyone or asking anyone any information and **MUST NOT** be discussed with any other staff member other than the senior staff member in charge, so as to protect confidentiality. It is purely a factual statement of what was seen or heard; who, when, where and other relevant occurrences at the time as well as any actions taken. This statement should be sealed and passed to the Line Manager at the time or as soon after the event as possible.
- 6.6.4 Where abuse has been observed or alleged, the following steps must be taken:
- 6.6.5 All staff and volunteers must ensure the person is safe and, where appropriate, take the following action:
- Listen carefully to what the person has to say, but do not ask questions other than to clarify what has been said.
 - Inform the person disclosing abuse that you cannot keep this information confidential and you must tell your line manager.
 - Take care to protect any evidence, such as clothing, bedding, weapons, text messages, bank statements and letters.
- 6.6.6 Anyone who is concerned about someone who is at risk or is being abused should dial 999 if the person is in imminent danger or in need of immediate medical attention, and ask for the police or ambulance as appropriate.
- 6.6.7 Contact your Safeguarding Forum. If appropriate, they will speak to the service user to gain consent to report the matter and the conversation will follow the information contained in the KCC documents 'Adult Protection and Me' and 'Adult Protection, What Happens'. If capacity is lacking, advocacy may be required and decision to report made in the best interests of the service user. The safeguarding forum will then call Adult Social Services to make a safeguarding adults referral. If it is outside of normal office hours, the supervisor on call will contact the Emergency Duty Service to make a safeguarding adults referral. Any verbal report must be followed up with a fully completed Kent Adult Safeguarding Alert Form (KASAF).
- 6.6.8 If you are unable to call your supervisor because you suspect they may be involved in the abuse, you should contact the Safeguarding Forum directly above them for advice.
- 6.6.9 Record the allegation or your suspicion of abuse as accurately as possible.

6.7 DO NOT:

- 6.7.1 Question the victim, as this may affect any police action
- 6.7.2 Discuss the allegation/abuse with the alleged perpetrator
- 6.7.3 Discuss the allegation/abuse with other staff members
- 6.7.4 Take any other action without first discussing this with your Safeguarding Forum or appropriate person.
- 6.7.5 Promise to maintain confidentiality
- 6.7.6 Delay reporting the allegation/abuse



*KASAF (Kent Adult Safeguarding Alert Form)

** www.kent.gov.uk/social-care-and-health/information-for-professionals/adult-protection/adult-protection-forms-and-policies/adult-protection-forms

- 6.7.9 Liaise with our Regulators and Social Services Duty Team, seeking guidance prior to initiating and carrying out any enquiry/investigation, and complete the appropriate CQC Notifications Form (Notification of Abuse or Allegations of Abuse Concerning a Person Who Uses the Service; See Appendix 1 for list of CQC notifiable events applicable to this policy) as well as the relevant Safeguarding Form from the Local Authority. It should be noted that we have a statutory duty to report Safeguarding Alerts to the CQC as soon as is practicably possible.
- 6.7.10 If it is outside of normal office hours contact the Out of Hours Duty Service to make a safeguarding adults referral. 03000 419191
- 6.7.11 Report the incident to the The Safeguarding Forum, also completing the Accident/Incident Form. This report must be stored as a separate file and submitted by the supervisors who will code it and add it to the index of accidents and incidents.
- 6.7.12 Seek advice from the appropriate manager where staff are involved, follow appropriate procedures such as the Disciplinary Procedure.
- 6.7.13 Ensure the incident is fully and accurately recorded and statements documented from involved parties.
- 6.7.14 The Manager on-call will make an immediate decision about whether it is appropriate for the safety and well being of the alleged victim for them or the alleged perpetrator to be relocated to a place of safety. If the decision is to relocate the alleged victim, it will only be done with their consent and agreement, and support from the Safeguarding Forum.
- 6.8.15 The Service User & the Safeguarding Forum will make a joint decision about how relevant relatives/friends should be informed, taking into consideration the views and wishes of the service user or if not, acting in their best interests. An advocate should be involved where this deemed appropriate.
- 6.8.16 Where the person suspected of abuse is the Supervisor / Support Worker then it is the Safeguarding Forum who must be contacted.
- 6.8.17 If deemed a serious incident, the Safeguarding Forum will immediately inform the relevant Social Services Team and our Regulators and the Police where appropriate.
- 6.8.18 If the suspected abuse may be a criminal act and the police are contacted, guidance must be followed from the police as to internal investigations, as interviews conducted internally may affect the outcome of the case.
- 6.8.19 In the event that a member of staff actually witnesses abuse, they should attempt to stop the incident immediately without putting themselves or others at risk. They must immediately report the occurrence to the most senior person on duty and record the details as advised.
- 6.8.20 If deemed not to be a serious incident warranting Police or Social Services and our Regulators involvement, a Service User review must be called within 5 working days. An action plan must be put in place by the Home Manager in order to act in the short, medium and long term to prevent further abuse occurring. This action plan must have full agreement from the Safeguarding Forum before any action is taken AND before this plan is submitted to the local authority. This action plan should consider how to prevent further abusive occurrences and may involve training.

6.9 REFERENCES

- The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015
- Deprivation of Liberty Safeguards
- Mental Capacity Act 2005
- CQC outcomes
- The Care Act, 2014

Please read this policy in relation to the Kent County Council Safeguarding Adults Policy, protocols and practitioner guidance, the link is included below:

-

<https://www.kent.gov.uk/social-care-and-health/information-for-professionals/adult-safeguarding>

Appendix 1

CQC Notifiable Events relevant to Safeguarding Policy (where a Service User is receiving anything that constitutes personal care as defined by the CQC)

- a. any injury to a service user which, in the reasonable opinion of a health care professional, has resulted in—
 - i. an impairment of the sensory, motor or intellectual functions of the service user which is not likely to be temporary,
 - ii. changes to the structure of a service user's body,
 - iii. the service user experiencing prolonged pain or prolonged psychological harm, or
 - iv. the shortening of the life expectancy of the service user;
- b. any injury to a service user which, in the reasonable opinion of a health care professional, requires treatment by that, or another, health care professional in order to prevent—
 - i. the death of the service user, or
 - ii. an injury to the service user which, if left untreated, would lead to one or more of the outcomes mentioned in sub-paragraph (a);
- c. any abuse or allegation of abuse in relation to a service user;
- d. any incident which is reported to, or investigated by, the police;
- e. any event which prevents, or appears to the service provider to be likely to threaten to prevent, the service provider's ability to continue to carry on the regulated activity safely, or in accordance with the registration requirements, including—
 - i. an insufficient number of suitably qualified, skilled and experienced persons being employed for the purposes of carrying on the regulated activity,
 - ii. an interruption in the supply to premises owned or used by the service provider for the purposes of carrying on the regulated activity of electricity, gas, water or sewerage where that interruption has lasted for longer than a continuous period of 24 hours,
 - iii. physical damage to premises owned or used by the service provider for the purposes of carrying on the regulated activity which has, or is likely to have, a detrimental effect on the treatment or care provided to service users, and
 - iv. the failure, or malfunctioning, of fire alarms or other safety devices in premises owned or used by the service provider for the purposes of carrying on the regulated activity where that failure or malfunctioning has lasted for longer than a continuous period of 24 hours;