



Safeguarding Adults and Children at Risk

Version 5.3

Category: Quality Care Delivery Manual

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Owner: Executive Director – Operations

**Contributors: Care Service Excellence Manager, Quality Manager,
Performance and Standards Officer, Training and Development
Manager**

POLICY

1. Policy Goal

To support our mission to give older people an independent, safe and secure future in a network of inspirational communities we aim to continuously improve the quality of our care and services for our new and existing residents and non-resident users. Managing safeguarding cases in line with legal and regulatory obligations and good practice contributes towards these aims.

2. Business Objectives

To protect customers and other at risk groups (such as children) from abuse, within ExtraCare Charitable Trust (ECCT) locations. Where incidents occur, to then report them to other agencies for further investigation under regulatory guidelines, whilst protecting the human rights of the individual and minimising any risk and exposure for ECCT.

3. Organisational Statement

As a responsible provider of both care and housing related support and a responsible employer and landlord, ECCT is committed to protecting those who could be described as being at risk. This would include older people, those with physical or mental frailty, including dementia, and those living in isolation. ECCT has both safeguarding and statutory responsibilities for its customers who may fall into these groups.

With regard to other at risk groups, such as children, ECCT has a duty of care to protect, prevent and minimise the potential for abuse occurring whilst in ECCT locations.

4. Outcomes

All staff understand what constitutes an at risk person and are able to recognise forms of abuse, potential risks of abuse and reportable cases (see Appendices 1, 2 and 6). Staff work with other agencies to resolve safeguarding cases for the benefit of the individual, whilst ECCT analyses safeguarding data to identify risks and trends and act accordingly. Appropriately vetted staff are employed and their continued suitability to carry out their role is monitored by DBS checking. Customers know that we deal with allegations appropriately and treat risks seriously.

5. Application

Staff to be aware of, understand and adhere to this policy. Customers and volunteers to understand the policy and recognise that staff are obliged to implement the policy.

6. Reason for the Policy

To ensure that customers and other at risk groups are protected from abuse by thorough recruitment including DBS checks, staff awareness, dealing appropriately with safeguarding cases and robust monitoring. To meet the legislative requirements of the Care Act 2014, the regulatory requirements of the Care Quality Commission and best practice. To meet the underpinning principles set out in the Care Act 2014 (see Appendix 5).

7. What is new / What is different

This review

- makes reference to the new DBS Policy
- removes the role of the Quality Manager in the safeguarding process (with effect from 1st April 2018)
- includes a new procedure and appendix on the protection of individuals who are at risk of radicalisation
- identifies how to notify insurance claims linked to safeguarding cases
- sets out serious incident reporting to the Charity Commission

8. How to measure success

Staff complete safeguarding records and retain appropriate documentation to enable cases to be concluded satisfactorily. Performance and Standards Officer monitors trends and identifies key risks for service improvements.

9. Reference to relevant documents

<u>Regulation / Guidance</u>	<u>In House Documents</u>
The Care Act 2014	Mental Capacity Policy
Mental Capacity Act 2005	Complaints Management Policy
The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014	Management of Medication Policy Disciplinary Policy Whistleblowing Policy

Care Quality Commission
(Registration) Regulations 2009

DBS Policy

Care and Support Statutory
Guidance Section 14, page 231
(Issued under the Care Act 2014)
Department of Health

Safeguarding Adults :Multi-agency
policy and procedures for the West
Midlands (Report 60) which covers
the following local authorities: Telford
and Wrekin, Shropshire,
Wolverhampton, Walsall, Sandwell,
Dudley, Birmingham, Coventry,
Solihull, Worcestershire,
Warwickshire and Hereford

Prevent Duty Guidance 2015

Charity Commission Guidance for
Trustees on Reporting Serious
Incidents – September 2017

Charity Commission Strategy for
dealing with safeguarding issues in
charities – December 2017

9. Approval date – January 2018

10. Next review date – February 2019

APPENDIX 1

Definitions and Forms of Abuse

1. Definition of Abuse

Under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, 'abuse' means:

- Any behaviour towards a person using services that is an offence under the Sexual Offences Act 2003(a).
- Ill-treatment of a person whether of a physical or psychological nature.
- Theft, misuse or misappropriation of money or property belonging to a person using services, or
- Neglect of a person using services

2. Who is an Adult at Risk?

Safeguarding duties apply to an adult who:

- Has needs 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 care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

(Care and Support Statutory Guidance p 229 (issued under the Care Act 2014) Department of Health)

3. Who is a Child at Risk?

A child is defined in the Children Acts 1989 and 2004 as anyone who has not yet reached their 18th Birthday. Safeguarding and promoting the welfare of children in Working Together to Safeguard Children (2006) is defined as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care and undertaking that role so to enable those children to have optimum life chances and to enter adulthood successfully.

4. Forms of Abuse

Physical Abuse

This includes assault, hitting, slapping, pushing, kicking, misuse of medication, restraint, rough handling or inappropriate physical sanctions

Domestic Violence

This includes psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence

Sexual Abuse

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

Psychological Abuse

This includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse (shouting, yelling), cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks

Financial or Material Abuse

This includes theft, fraud, internet scamming, coercion in relation to 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

This 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

Neglect and Acts of Omission

This includes 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)

Discriminatory Abuse

This includes forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion

Organisational Abuse

This includes neglect and poor care practice within an institution or specific care setting such as a 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

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.

(Care and Support Statutory Guidance p 233-234 (issued under the Care Act 2014) Department of Health)

Recognising Potential Safeguardings
Subject to your Local Authority Definitions

Not Safeguarding	Could be Safeguarding	Likely to be Safeguarding
Physical Abuse		
Staff error causing little or no harm. Minor events that still meet criteria for incident reporting.	Isolated incident involving resident on resident Inexplicable minor marking found on one occasion where there is no clear reason as to how the injury occurred	Inexplicable marking or lesions, cuts or grip marks on a number of occasions With-holding of food, drink or aids to independence Inexplicable injuries Assaults Grievous bodily harm
Medication		
Prescribed medication not received (missed / wrong dose) on one occasion and no harm occurs	Recurring missed medication or administration errors in relation to one resident/other service user that causes no harm	Recurrent missed medication or errors that affect more than one resident/other service user and/or results in harm Deliberate maladministration of medicines Covert administration without proper medical supervision or outside the Mental Capacity Act Patterns of recurring errors or an incident of deliberate maladministration that results in ill-health or death
Domestic Violence		

As domestic violence can be psychological, physical, sexual, financial, or neglect, if any of these are suspected of a partner, family member or friend please look at individual headings		
Sexual		
Isolated incident when an inappropriate sexualised remark is made to a resident/ other service user and no or little distress is caused	Verbal sexualised teasing that doesn't unduly upset the individual Isolated incident of low level unwanted sexualised attention/touching	Recurrent sexualised touching Attempted penetration by any means (whether or not it occurs within a relationship) without consent Sexual harassment Sex in a relationship characterised by authority, inequality or exploitation such as staff and a resident/other service user Sex without consent/rape
Psychological		
Isolated incident where a resident/other service user is spoken to in a rude or other inappropriate way – respect is undermined, but no or little distress is caused Threats to self harm in a competent individual	Occasional taunts or verbal outbursts which cause distress The occasional withholding of information to disadvantage or worry someone	Treatment that undermines dignity and damages self esteem Denying or failing to recognise an adults choice or opinion Frequent verbal outbursts Humiliation Emotional blackmail Frequent and frightening verbal outbursts Denial of basic human rights/civil liberties Prolonged intimidation Vicious/personalised verbal attacks
Financial		

	<p>Staff personally benefit from the support they offer residents/other service users such as accruing “reward points” on their own store cards when shopping for the resident/other service user</p> <p>The resident/other service user is not routinely involved in decisions about how their money is spent or kept safe – capacity in this respect is not properly considered</p>	<p>Resident/other service user is denied access to his/her own funds or possessions</p> <p>Misuse or misappropriation of property, possessions or benefits by a person in a position of trust or control</p> <p>Personal finances removed from the residents/other service users control</p> <p>Fraud/exploitation relating to benefits, income, property or Wills</p> <p>Theft</p>
Neglect		
<p>Isolated missed home care visit where no harm occurs</p> <p>Resident/other service user is not assisted with a meal or drink on one occasion and no harm occurs</p> <p>Pressure ulcers grade 1</p>	<p>Inadequacies in care provision that lead to discomfort or inconvenience – no significant harm occurs e.g. being left wet occasionally</p> <p>Occasionally not having access to aids to independence</p>	<p>Recurrent missed home care visits where risk of harm escalates, or one miss where harm occurs</p> <p>Hospital discharge without adequate planning and harm occurs</p> <p>Ongoing lack of care to the extent that health and wellbeing deteriorate significantly such as dehydration, malnutrition or loss of independence/confidence</p> <p>Pressure ulcer grade 2 plus</p> <p>Failure to arrange access to life saving services or medical care</p>

		Failure to intervene in dangerous situations where the resident/service user lacks the capacity to assess risk
Institutional		
Short term (e.g. 4 weeks) lack of stimulation/opportunities for people to engage in social and leisure activities Residents/other service users are not given sufficient voice or involved in the running of the service	Denial of individuality and opportunities for service users to make informed choices and take responsible risks Care planning documentation not person centred	Residents dignity is undermined e.g. lack of privacy during support with intimate care needs Over medication used to manage behaviour Widespread, consistent ill treatment
Discriminatory		
Isolated incident when an inappropriate prejudicial remark is made to an adult and no or little distress is caused	Care planning fails to address an adults diversity associated needs for a short period Isolated incident of teasing motivated by prejudicial attitudes	Recurring taunts Recurring failure to meet specific needs associated with diversity Inequitable access to service provision as a result of diversity issue Being refused access to essential services Humiliation or threats Hate crime resulting in injury/emergency medical treatment/fear for life
Modern Slavery		

This is unlikely to occur in an ExtraCare location, however if staff are aware that someone may be living in an apartment this is to be investigated.		
Self-Neglect		
Occasional self neglect in a person with capacity	Regular self neglect in a person with capacity or occasional self neglect in a person without capacity (assess individual case) Occasional episodes of poor personal hygiene or self care Substance misuse	Living in very unclean, unsanitary conditions which endangers their health or wellbeing and that of others Hoarding which puts the person at risk Poor self care (dehydration, malnutrition, untreated or poorly managed medical conditions, poor personal hygiene, failure to take medication, inappropriate or inadequate clothing, lack of necessary aids such as dentures, hearing aids) which endangers their health

Medication case studies

Paracetamol/pain killers

- 1. Ruth is a 72 year old lady with chronic arthritis. She has pain killers to manage the condition and to give her a quality of life. Carers have missed her visit which means Ruth has missed her medication. Ruth’s pain increases to unacceptable levels. This is a safe guarding issue as harm has come to Ruth.**

- 2. Ruth has missed her paracetamol due to missed call. Ruth experiences no pain and is quite comfortable. This is not a safe guarding issue as no harm came to Ruth.**

Diabetes medication

- 3. Shirley has type 2 diabetes which is managed by tablets. Staff have missed their morning call. Shirley's glucose levels rise. When staff realise their error they administer the medication as needed and monitor Shirley. No harm came to Shirley. This would not be a safeguarding**
- 4. Shirley has missed her medication in the evenings over several days. Her blood sugars rise to harmful levels that could cause her to go into a diabetic coma. She is complaining of feeling unwell and is constantly thirsty. This would be a safeguarding issue due to the missed medication and Shirley becoming unwell.**

Epileptic medication

- 5. Sidney takes Epilim for his epilepsy twice a day. A carer misses his morning call but later on recognises their mistake. They seek advice from the GP who confirms Sidney should take his Epilim now and later as usual. This is not a safeguarding issue as no harm came to Sidney.**
- 6. Sidney misses his morning medication over a period of days which results in a fit. This is a safe guarding issue due to missed medication over a period of days and the fact that he has had a fit which could have caused harm to him.**

General

- 7. If a staff member has not signed for a medication, but on investigation the medication has been administered, then this would not be a safeguarding**

- 8. If a medication is due to be administered at a specific time, but the resident has gone out and the staff cannot administer the medication so it is missed this would not be a safeguarding**

APPENDIX 2

Guidance Note on Identification of Safeguarding Cases

This guidance note clarifies some specific circumstances in which a safeguarding case should be raised, and supports Appendix 1 Definitions and Forms of Abuse. Discretion is to be exercised when considering whether an individual situation could be constituted as a safeguarding, particularly when it has been raised as a complaint. It is the location Manager's responsibility to make this decision, in consultation with the Regional Operations Manager if necessary.

1. Medication Errors

A medication error is classed as reportable only if the impact on a resident's health is significant as a result of the error for CQC's reporting criteria or as per local LA Definitions of abuse.

2. Tissue Viability

Any pressure sore of grade 2 or above.

3. Financial Concerns

Although some local variations may exist any concern about financial or material abuse is to be reported.

4. Care Issues

Individual missed calls do not automatically constitute a safeguarding, but should be reported where calls are missed on a number of occasions.

APPENDIX 3

Providing Reassurance

All those making a complaint, an allegation or expressing a concern, whether they be staff, residents, relatives or others should be reassured that

- They will be taken seriously
- They will be dealt with in a fair and equitable manner
- Their comments will usually be treated confidentially but their concerns may be shared if they or others are at significant risk
- If residents, they will be given immediate protection from the risk of reprisal or intimidation
- If staff, they will be given support and afforded protection if necessary e.g. under the Public Disclosure Act 1998

APPENDIX 4**Retention of Safeguarding Documentation for Insurance Purposes**

It has been agreed with ECCT insurers that documentation will be stored electronically for a period of 25 years for safeguarding cases where abuse is defined as:

- A) *Acts of hurting or injuring mentally or physically by maltreatment or ill-use*
- B) *Acts of forcing sexual activity, rape or molestation or*
- C) *Repeated or continuing contemptuous coarse or insulting words or behaviours*

Misadministration of drugs (including failure to administer) do not generally fall within this requirement, until this is continuous misadministration by an individual or individuals, in which case it would need retaining.

Retention of documentation in such cases as listed above is required for both upheld and not upheld cases in which ECCT staff are implicated.

APPENDIX 5

Key Principles

The following key principles apply to all sectors and settings including care and support services. These principles should inform how professionals and staff work with adults. They underpin all adult safeguarding work.

- **Empowerment** – People being supported and encouraged to make their own decisions and informed consent
- **Prevention** – It is better to take action before harm occurs
- **Proportionality** – The least intrusive response appropriate to the risk presented
- **Protection** – Support and representation for those in greatest need
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- **Accountability** – Accountability and transparency in delivering safeguarding.

APPENDIX 6

RADICALISATION OR ABUSE EXPERIENCED FROM RADICALISATION (PREVENT STRATEGY)

PREVENT aims to stop people becoming terrorists or supporting terrorism. ECCT staff are well placed to recognise individuals (residents, volunteers and staff) who are vulnerable and may be susceptible to radicalisation by extremists or terrorists. This is fundamental to our 'duty of care' and falls within our safeguarding responsibilities. For the purpose of this document the term 'people' applies to children as well as adults.

Terrorism is defined in the Terrorism Act (2000) as an action that; endangers or causes serious violence to person or people, causing serious damage to property or seriously interferes or disrupts an electronic system. The use of threat must be designed to influence the government or to intimidate the public and is made for the purpose of political, religious or ideological gain.

Radicalism refers to the process by which people come to support terrorism and forms of extremism leading to terrorism.

Extremism is vocal or active opposition to fundamental values including democracy, the rule of law, individual liberty and mutual respect and tolerance of different beliefs and faiths. This includes the definition of extremism calls for different beliefs and faiths. This includes the definition of extremism calls for the death of members of our armed forces, either in this country or overseas.

Vulnerability in the context of PREVENT is a person who is susceptible to extremists' messages and is at risk of being drawn into terrorism or supporting terrorism at a point in time.

If a member of staff, resident or volunteer has concerns that an individual may have been radicalised, or is experiencing abuse from the process of radicalisation this should be reported to the immediate line manager or another responsible individual within the location.

These concerns should then be reported to the location manager to make a referral to the local safeguarding team.

However, it should be noted that not all individuals at risk of radicalisation and acts of terrorism are susceptible or vulnerable, and may be acting out of choice.

If you are concerned that an individual is actively engaged in the planning of or implementation of an act or acts of terrorism and there is an immediate threat to life, **ring the Police on 999.**