The Care Certificate

STANDARD 10: ADULT SAFEGUARDING

10.1 Understand the principles of safeguarding adults.

10.1a Explain the term safeguarding adults.

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

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

10.1b Explain your own role and responsibilities in safeguarding individuals

Spotting signs of abuse and neglect

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; trading standards; leisure services; faith groups; and housing. GPs, in particular, are often well-placed to notice the changes in an adult that may indicate they are being abused or neglected. Findings from Serious Case Reviews have sometimes stated that if professionals or other staff had acted upon their concerns or sought more information then death or serious harm might have been prevented. The following example illustrates that someone who might not typically be thought of, in this case the neighbour, does in fact have an important role to play in identifying when an adult is at risk.

Case Study

"Mr A" is in his forties and lives in a housing association flat with little family contact. His mental health is relatively stable but after a previous period of hospitalisation he now has visits from a mental health support worker.

He rarely goes out but lets people into his accommodation because of his loneliness. The police were alerted by Mr A's neighbours to several domestic disturbances. His accommodation had been targeted by a number of local people and he had become subjected to verbal, financial, and sometimes physical abuse.

Although Mr A initially insisted they were his friends, he did indicate that he was frightened. He attended a case conference with representatives from adult social care, mental health services and the police from which emerged a plan to strengthen his own self-protective ability and to deal with the present abuse.

Mr A has made different arrangements for managing his money so that he does not accumulate large sums at home. A community-based visiting service has been engaged to keep him company through visits to his home. In time, his support worker aims to help get him involved in social activities that will bring him more positive contacts to allay the loneliness that Mr A sees as his main challenge.

It is important that all staff learn to ask "Is this safe?" If it's not then "Where are the risks? Can they be managed or mitigated or is an immediate response required?"

Anyone can witness or become aware of information suggesting that abuse and neglect is occurring. The matter may, for example, be raised by a worried neighbour (see above case study), a concerned bank cashier, a GP, a welfare benefits officer, a housing support worker, or a nurse on a ward.

Primary care staff may be particularly well-placed to spot abuse and neglect, as in many cases they may be the only professionals with whom the adult has contact. The adult may say or do things that hint that all is not well; it may be in the form of a complaint, a call for a police response, an expression of concern, or it might come to light during a needs assessment.

Regardless of how the safeguarding concern is identified, everyone should understand what to do and where to go locally to get help and advice. It is vital that professionals, other staff and members of the public are vigilant on behalf of those unable to protect themselves. This will include

- Knowing about different types of abuse and neglect and their signs
- Supporting adults to keep safe
- Knowing who to tell about suspected abuse or neglect
- Supporting adults to think and weigh-up the risks and benefits of different options when exercising choice and control.

Awareness campaigns for the general public and multi-agency training for all staff will contribute to achieving these objectives.

10.1c List the main types of abuse.

Definition of abuse

'Abuse' is the violation of an individual's human and civil rights by any other person or persons. In giving substance to that statement, however, consideration needs to be given to a number of factors: abuse may consist of a single act or repeated acts; it may be physical, verbal or psychological; it may be an act of neglect (as well as resulting from actions, abuse can also be a result of inaction); or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which they have not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

Types of abuse and neglect

- **Physical abuse** – including assault; hitting; slapping; pushing; misuse of medication; restraint; and inappropriate physical sanctions
- **Domestic abuse** – including psychological, physical, sexual, financial, and emotional abuse; and so-called 'honour'-based violence including coercion and control
- **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; and unreasonable or 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; and the misuse or misappropriation of property, possessions or benefits
- **Modern slavery** – including slavery; human trafficking; forced labour; and domestic servitude. Traffickers and slave masters use every means 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 on account 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, e.g. a hospital or care home, or in relation to care provided in one's own home. This may range from one-off incidents to ongoing 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; and 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** - vulnerability to outside influences of a malevolent
- **Freedom to choose** –without fear of coercion

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

10.1d Describe what constitutes harm

Whether your role means you are responsible only for your own work or whether you have responsibility for the work of colleagues, you will need to give some thought to your role of protection. There are also likely to be differences depending on your working environment, for example, the dangers and risks presented in someone's own home will be different from those in a residential or healthcare setting. Clearly the three concepts of abuse, danger and harm are interlinked; someone who is abused may be in danger and will be suffering harm – but not everyone who is exposed to danger is being abused. And people can be harmed through accident or carelessness rather than deliberate abuse.

10.1e Explain why an individual may be vulnerable to harm or abuse

Power

Among existing staff there is always the danger that a few members of staff could acquire too much power and influence other staff to accept poor practice, as was clearly seen in the Serious Case Review of "The Winterbourne Hospital": two trained nurses were able to influence the majority of staff to carry out practices that were not only poor but also abusive.
Training and updating in safeguarding is essential to enable staff to protect the individual; however, whatever your role or level in the organisation, if you are asked by a more senior member of staff to do something that concerns you, or which you feel is not quite right, then it is important that you challenge the request or ask for advice from one of your managers.

Factors that may place people at risks of being abused

Adult abuse normally occurs when an adult who is in some way vulnerable is faced with a person or set of circumstances with a potential for harm. Some factors that may place people at particular risk of being abused are described below; however, the presence of one or more of these factors does not automatically imply that abuse will result, though it may increase the likelihood.

1. Poor communication or a breakdown of communication; immobility
2. Urinary or faecal incontinence
3. An inappropriate or dangerous physical or psychological environment (e.g. lack of personal space)
4. Living in the same household as a known abuser or a person who has a history of mental health problems, alcohol or drug misuse, or sexual offending
5. Mental health problems
6. Learning disabilities
7. Physical disabilities
8. Dependence on others and vice versa: unequal power relationships
9. Considerable change in the carer's lifestyle
10. Emotional and social isolation
11. Caring needs in excess of the carer's ability to meet them
12. Financial problems.

10.1f Describe what constitutes restrictive practices.

Use of Physical Intervention (Restrictive practices)

There is a common misconception that any restrictive physical contact made in the course of your work is in some way unlawful. The reality is that reasonable force can be used where necessary to control or restrain people either at risk or posing a risk to others, in a pre-agreed manner; however, the law does forbid a member of staff from using any degree of physical contact that is deliberately intended to punish, or primarily intended to cause pain, injury or humiliation. Members of staff, individuals and their families should know what is acceptable and what is unacceptable.

There are three main types of physical intervention:

1. Direct physical contact between a member of a staff and the individual; examples include holding another person by the arm to stop self-harm; using manual guidance to stop a person wandering into the road; and two people each holding a person and guiding them to a seat, if agitated
2. The use of barriers to limit freedom of movement, for example placing door catches beyond the individual's reach. Materials or equipment that restrict or prevent movement; examples include using a splint to limit the movement of an arm or leg
3. Chemical interventions that restrict by the use of medication.

Justification (as a legal defence) for using physical interventions needs to address these questions:

• Is there clarity about how the intervention helps the resident concerned?
• Are there any conflicts of interest, where staff experience fewer demands or less stress when physical interventions are used?
• What steps have been taken to reduce the likelihood that the physical intervention will be used in the future?
• Is the justification for this resident specifically or for 'all' in the group?

Providers of health and social care services owe a duty of care towards individuals, which requires that reasonable measures to prevent harm are taken; hence, in some circumstances, it may be appropriate to employ certain kinds of physical intervention to prevent a significant risk of harm.

Physical interventions ought only to be used when other strategies have been tried and found to be unsuccessful, or when the risks of not employing an emergency intervention are outweighed by the risks of using one. The physical intervention needs to both use the minimum force to prevent injury or to avert serious damage to property and be applied for the minimum amount of time.

Use of physical interventions needs to be consistent with the Human Rights Act 1998 and its articles; these are based on the presumption that every person is entitled to

• Respect for their private life
• The right not to be subjected to inhuman or degrading treatment
• The right to liberty and security
• The right not to be discriminated against in their enjoyment of those rights.

Physical interventions needs to be person-specific, integrated with other less intrusive approaches, and clearly part of a person-centred plan of care/support to reduce risk when needed; they must not become a standard way of coping, as a substitute for training in people-related skills.

Advice and guidance from multi-agency partners is essential and must be sought before any action is taken; this will ensure a consistent and planned approach in any physical intervention situation. Specific guidance should be adhered to from the following document: "Positive and Proactive Care: reducing the need for restrictive interventions" (Produced by the Department of Health, April 2014).

10.1g List the signs and symptoms associated with abuse.

The following list highlights situations or events that may require closer attention. They are purely indicators: the presence of one or more does not automatically confirm abuse; however, a cluster of several indicators may suggest a potential for abuse and hence the need for further assessment.

For ease of use, the indicators have been grouped under a number of headings; however, an abusive situation will typically involve indicators from a number of the groups in combination.

Physical Abuse

1. Any injury not fully explained by the history given
2. Self-inflicted injury
3. Unexplained bruises and welts on face, lips, mouth, torso, arms, back, buttocks or thighs in various stages of healing; clusters forming regular patterns, reflecting shape of an article, or on several different surfaces
4. Unexplained burns, especially on soles, palms and back; immersion burns or rope burns; electrical-appliance burns
5. Unexplained fractures to any part of the body in various stages of healing; multiple or spinal injuries
6. Unexplained lacerations or abrasions to mouth, lips, gums, eyes, or external genitalia
7. Malnutrition; rapid or continuous weight loss; no evidence of food; dehydration; complaints of hunger
8. Lack of personal care; inadequate or inappropriate clothing; inadequate heating
9. Untreated medical problems
10. Urinary or faecal incontinence
11. Signs of medication misuse (over- or under-medication).

Domestic Abuse

Any of the above categories may include domestic abuse.

A wide range of behaviours are involved, beyond solely physical violence, as indicated by the definition: “Any incident of threatening behaviour, violence or harm (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality” (Home Office, 2013). It is rarely a one-off incident, and it should be seen as a pattern of harmful and controlling behaviour through which the abuser seeks power over the victim.
Examples are the same as those for neglect and for psychological, emotional, physical, sexual, and financial/material abuse.

The signs and symptoms of domestic abuse include the following (see also the signs and symptoms under psychological, physical, sexual, and financial abuse)

- appears to be afraid of partner and/or of making choices for themselves
- behaves as though they deserve to be hurt or mistreated
- may have low self-esteem or appear to be withdrawn
- appears unable or unwilling to leave perpetrator

- leaves perpetrator and then returns to them
- makes excuses for or condones the behaviour of the perpetrator
- blames abuse on themselves
- minimises or denies abuse or seriousness of harm
- perpetrator is always with the victim and won't let the victim speak for themselves, e.g. at GP visits

Within the Serious Crime Act 2015 a new offence of Coercive and Controlling Behaviour intimate and familial Relationships was introduced. This offence will incur a maximum of 5 years imprisonment or a fine or both.

Sexual Abuse

1. Difficulty in walking and sitting
2. Torn, stained or bloody underclothing
3. Pain or itching, bruises or bleeding in genital area
4. Sexually-transmitted disease (STD); unitary tract- or vaginal infections
5. 'Love bites'
6. Significant change in sexual behaviour or outlook
7. Bruising to thighs or upper arms
8. Pregnancy in a person who is unable to consent
9. Full or partial disclosure or hints of sexual abuse.

Psychological Abuse

1. Ambivalence
2. Deference
3. Passivity
4. Resignation
5. Fearfulness expressed in the eyes; avoids looking at care giver; flinching on approach
6. Emotional withdrawal
7. Anxiety causing sleep disturbance
8. Low self-esteem
9. Unexplained fear or defensiveness
10. Anxiety that causes bed wetting or soiling
11. Poor concentration.

Financial or Material Abuse

1. Unusual or inappropriate bank account activity
2. Lasting power of attorney (LPA) obtained when person is unable to comprehend

3. Recent changes to deeds or title of house
4. Person lacks belongings or services that they can clearly afford
5. Recent acquaintances expressing sudden or disproportionate affection for a person with means
6. Carer asks only financial questions of the worker, not questions about care
7. Withholding of money
8. Person managing financial affairs is evasive or uncooperative.

Modern Slavery

1. Physical appearance. Victims may show signs of physical abuse, look malnourished or unkempt or appear withdrawn
2. Isolation. Victims may rarely be allowed to travel on their own, seen under the control, influence of others. Rarely interact and appear unfamiliar with their neighbourhood or where they have employment
3. Restricted freedom of movement. Victims will have little opportunity to move around freely and may not have access to such documents as their passport
4. Unusual travel times. People are dropped off very early for work or picked up a long time after work ends
5. Poor living conditions. Victims may be living is cramped, dirty, inadequate living conditions. It may often be overcrowded with people living and working at the same address
6. Reluctant to seek help. Victims may avoid eye contact, talking about themselves or family. They avoid strangers and any law enforcers. They have a great fear of being deported or violence happening to themselves or family
7. Victims may have no identity documents, have few personal belongings and often wear dirty clothes or clothes inappropriate for the work they are doing.

Discriminatory Abuse

This includes “hate crimes”, and it exists when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals.
1. Verbal abuse
2. Harassment or similar treatment
3. Unequal treatment
4. Deliberate exclusion from services such as education, health and justice, and access to services and protection
5. Harmful or derisive attitudes
6. Inappropriate use of language.

Organisational Abuse

1. No flexibility in bed time and/or deliberate waking
2. One commode used by several people; people left on commode for long periods or too long
3. Dirty clothing and bed linen, only changed when staff consider it necessary
4. Lack of personal clothing and possessions

5. Inappropriate use of tip-back chairs; excessive use of cot sides
6. Unhomely, stark living areas
7. Deprived environment and lack of stimulation
8. Inappropriate nursing or medical procedures (e.g. enemas or catheterisation)
9. “Batch care”: lack of individual care plans, ritualised care; no person-centred care planning
10. Inappropriate confinement or restriction
11. Inappropriate use of power or control
12. Coercion
13. Distress caused to a person by locking them in at home, in their car, etc.
14. No visitors or phone calls allowed
15. Inappropriate clothing
16. Sensory deprivation: not allowed to have hearing aid, glasses, etc.
17. Restricted access to personal hygiene and toilet
18. Lack of respect for the dependent person as an individual
19. Carer does not provide personal hygiene or allow medical care, etc.
20. Use of furniture and other equipment to restrict movement.

Neglect and acts of omission

1. Neglect of accommodation
2. Inadequate heating
3. Inadequate lighting
4. Poor physical condition of person, e.g. ulcers or bed sores
5. Person’s clothing in bad condition, e.g. unclean or wet
6. Failure to visit or engage in social interaction
7. Malnutrition
8. Failure to give prescribed medication
9. Failure to access appropriate medical care
10. Failure to ensure appropriate privacy and dignity
11. Inconsistent or reluctant contact with health or social agencies
12. Refusal of access to callers or visitors.

Self-neglect

1. Dehydration
2. Untreated or improperly attended medical conditions
3. Poor personal hygiene
4. Hazards or unsafe living conditions
5. Unsanitary or unclean living quarters
6. Inappropriate or inadequate clothing
7. Lack of necessary medical aids e.g. hearing aid or spectacles.
8. Homelessness.

10.1h Describe the nature and scope of harm to and abuse of adults at risk

Patterns of abuse vary and include:

• Serial abuse 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

• Opportunistic abuse, such as theft occurring because money or jewellery has been left lying around.

10.1i List a range of factors which have featured in adult abuse and neglect.

Risk Factors

People can be abused for many reasons, and it is important in highlighting any contributing factors, to make it clear that the factors alone do not mean that abuse is taking place.

Some of the factors that are known to contribute to the risk of harm and abuse are:

- Challenging behaviour by the supported person
- Carer having an alcohol or drug dependency
- Strong feelings of frustration on part of the carer
- Carer and supported person being socially isolated
- Carer having had to take on caring role and make major lifestyle changes
- Financial or housing problems
- Delays or insufficient resources to provide adequate support.

10.1j Demonstrate the importance of ensuring individuals are treated with dignity and respect when providing health and care services.

See observation log.

To achieve this outcome and assessment criteria you will be observed in the workplace as part of your normal work duties. (See 10.2b)

10.1k Describe where to get information and advice about your role and responsibilities in preventing and protecting individuals from harm and abuse.

- Your team leader or manager
- You can seek advice from the Safeguarding Adult Boards or lead person for adult protection based at your local council.
- Familiarise yourself with your organisations policies and procedures.
- Information on the Mental Capacity Act 2005

It is easy to assume that abuse of older people does not happen, but unfortunately it does. If you are in any doubt about whether abuse happens look at the following website. www.elderabuse.org.uk - Action on Elder Abuse.

- Also look on CQC or Skills for Care websites for further in-depth information.

10.2 Reduce the likelihood of abuse

10.2a Describe how care environments can promote or undermine people's dignity and rights

Some of the factors in which can promote or undermine people's rights and dignity within care environments are:

- Promote peoples' dignity and rights
- Good quality staff training
- Clean and comfortable environment
- Flexible routines that reflect needs and choice of individuals
- Person-centred plan of care
- Information on 'Reporting of Abuse' available to all individuals including staff
- Regular residents' meetings to enable open and honest discussions on issues.
- Good staffing levels
- Organisational culture which promotes and treats people with respect and dignity.
- Good staff morale

Factors which undermine people's dignity and rights are reflected in the reverse of all the above.

10.2b Explain the importance of individualised person centred care

The values that underpin your work have an impact on your day-to-day role and responsibilities. All the tasks for which you may provide support, including personal care, preparing meals, and enabling individuals to be independent will be done better if you take into account the person-centred values.

Person-centred values include:

- treating people as individuals
- supporting people to access their rights
- supporting people to exercise choice
- making sure people have privacy
- supporting people to be independent/self-care
- treating people with dignity and respect
- recognising that working with people is a partnership rather than a relationship controlled by professionals.

10.2c Explain how to apply the basic principles of helping people keep themselves safe.

10.2e List ways in which the likelihood of abuse can be reduced by managing risk and focusing on prevention.

The current thinking in relation to policy for vulnerable people is to focus less on someone as 'having a problem' which needs to be resolved, and more on empowering vulnerable people in their role as citizens.

The following six principles underpin all adult safeguarding work:
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")
Prevention – It is better to take action before harm occurs ("I receive clear and simple information about what abuses, how to recognise the signs and what I can do to seek help")
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")
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 that I desire")
Partnership – Local solutions, through services working with their communities, have a part to play in preventing, solving 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 obtain the best result for me")
Accountability – Accountability and transparency in delivering safeguarding ("I understand the role of everyone involved in my life and so do they.")

Case Study

Two brothers with mild learning disabilities lived in their family home, where they had remained following the death of their parents sometime previously. Large amounts of rubbish had accumulated both in the garden and inside the house, with cleanliness and self-neglect being an issue. They had been targeted by fraudsters, resulting in criminal investigation and the conviction of those responsible; however, the brothers had refused services from adult social care, and the case was closed.
They had, however, a good relationship with their social worker, and, as concerns about their health and wellbeing continued, it was decided that the social worker would maintain contact: calling in every couple of weeks to see how they were and offer any help to improve the state of their house, to sell it, and to move to a living environment in which practical support could be provided.

10.2d Explain the local arrangements for the implementation of multi-agency Safeguarding adults policies and procedures.

Multi-Agency Safeguarding Protocol

Each county has its own Safeguarding Adult Board (SAB) which issues the Multi-Agency Safeguarding Protocol, This protocol is agreed by the Local Authority Adult Social Services, the NHS and the Police.

The protocol lays out procedures that must be followed in relation to recognising; alerting, reporting, making enquiries, investigating and reviewing the Safeguarding of Adults.

Your organisational policy on Safeguarding will reflect this multi-agency protocol and clearly outline your responsibilities.

In general terms;

It is the Health or Social Care Providers responsibility to alert and report actual or potential Safeguarding incidents.

Safeguarding Adults Boards (SABS)

SABs are a partnership constituted under the Care Act 2014. The board has an independent chair whose primary duty is to ensure that the main statutory agencies— local councils, the police, fire and rescue, NHS organisations—the voluntary sector, people who use the services, and carers all work together to safeguard adults at risk of harm. Each local authority is required to set up its own SAB. They publish reports on serious case reviews, and give information and guidance using newsletters, publicity materials and their websites; the website is a very useful resource for people working in the health and care sector to identify best practice.

Safeguarding Adult Reviews

A Serious Adult Review (SAR) is held when an adult at risk dies and when abuse or neglect is suspected to be a factor in their death. The aim of an SAR is for all agencies to learn lessons about the way they safeguard adults at risk and to prevent such tragedies from happening in the future.

10.2f Explain how a clear complaints procedure reduces the likelihood of abuse.

- Ensure you understand how you and the individuals you work with can access and use your organisations complaints procedures.
- Ensure that the individual in your care is familiar with it and understands that it is there to protect them and reduces the likelihood of abuse.

If the individual knows how to and feels free to complain then any circumstances that might lead to abuse is highlighted and can be dealt with sooner.

10.3 Respond to suspected or disclosed abuse

10.3 Explain what to do if abuse of an adult is suspected; including how to raise concerns within local whistleblowing policy procedures.

Alerting

- Always believe the individual that is disclosing the actual or potential abuse or neglect
- The worker should be supportive and listen but should not ask investigative questions

- It is not the workers job to decide if they are telling the truth or not but it is their responsibility to report it to the person in charge.
- Even if the individual asks for it not to be reported, it is the worker's responsibility to report and explain that they have no choice but to follow policy.
- It is also important to tell the individual to whom the report will be made and that they will need to come and talk to them about it
- Remember it is your responsibility to report - the Safeguarding Unit will make or arrange the enquiries and listen to the individual's views and choices
- In cases where the adult is in imminent danger, urgent action to protect the individual should be taken by calling the relevant emergency services, e.g. the ambulance and police service.
- Do not confront the abuser or alert them to what has been alleged, do not put yourself in danger and call for backup as soon as possible.
- Support needs to be given to the individual especially through the initial stages of the enquiries and later if an investigation takes place.
- If there is a possibility that forensic evidence can be identified, protect the individual and the evidence, do not clean up. Inform your manager and follow organisational policy and procedure.
- You will be required to complete documents, recording what you have seen or has been disclosed to you, using correct reporting documents record only the facts and not your opinion or views.
- These documents may need to be used at a safeguarding hearing or in a court of law and therefore written accounts must be contemporaneous, factual, legible and signed and dated by the necessary people.
- Confidentiality is paramount and it is important that people are informed on a need-to-know basis only. When these situations are discussed with other staff members it should be in a formal and confidential environment.

Reporting

- The Registered Manager or personnel working on their behalf will report the Safeguarding to the Local Safeguarding Unit.
- There are specific reporting documents that must be used and sent electronically to the Safeguarding Unit
- It is important that the organisation keeps copies of these documents and all other related information
- A safeguarding log must be in place to record all safeguarding alerts or reports
- At the same time the manager is required to email a statutory notification to CQC
- CQC do not usually investigate but they monitor how the situation is being managed and liaises with other participating organisations such as the Safeguarding Unit

Whistleblowing Public Interest Disclosure

Any member of staff who witnesses or suspects abuse or harm by another member of staff should report it as soon as possible to their line manager. The manager will accept responsibility for the actions that follow and will assure the "whistle-blower" that they acted correctly by reporting the matter and will not be victimised. If the member of staff does not feel comfortable reporting to their line manager then they can go to any member of the senior or management staff.

If the member of staff believes that after reporting the incident it has not been adequately dealt with, or even that is has been ignored, they should then go outside of the organisation and report their concerns to any of the following: the police, the local authority safeguarding unit or the Care Quality Commission.
Your organisation will have a whistleblowing policy, and you should be provided with all the contact details required to whistle blow. There is also a helpline for social care staff, the number for which is 08000 724 725.

Whistleblowing must be treated seriously and investigated thoroughly; however, any allegations against colleagues or the organisation that are found to be merely flippant or malicious may lead to the person being liable to disciplinary action and criminal proceedings; malicious whistleblowing is a criminal offence.

10.4 Protect people from harm and abuse – locally and nationally

10.4a List relevant legislation, local and national policies and procedures which relate to safeguarding adults.

- The Care Act 2014
- The Human Rights Act 1998 (Freedom to choose)
- The Mental Capacity Act 2005
- Deprivation of Liberty Safeguards (DoLS)
- The Safeguarding of Vulnerable Groups Act 2006 (as amended 2012}
- The Equality Act 2010
- The Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 and 2015
- Health and Social Care (Safety and Quality) Act 2015
- Multi-agency protocol for Safeguarding Adults organisation policies and procedures
- Female Genital Mutilation Act 2003 as amended by the Serious Crime Act 2015

10.4b Explain the importance of sharing information with the relevant agencies.

Information Sharing

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

• All organisations must have arrangements in place that set out clearly the processes and the principles for sharing information between each other, with other professionals and the Safeguarding Adult Board (SAB); this could be via an Information Sharing Agreement to formalise the arrangements

• No professional should assume that someone else will pass on information that 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, they should share the information with the local authority and/or the police if they believe or suspect that a crime has been committed.

10.4c Describe the actions to take if you experience barriers in alerting or referring to relevant agencies.

- If you experience barriers in alerting or referring abusive situations to relevant agencies then you must contact the Care Quality Commission or inspectorate for the UK country in which you work.
- Use whistleblowing procedures
- Making sure that you have recorded and reported all information concerning the incident(s) of harm and abuse.