

November 2019

Safeguarding of Adults Procedure

This document relates to

Central Support Services

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Operational Services

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Community Engagement

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General principles

To ensure that the organisation fulfils its regulatory obligations and fulfils the requirements of the Safeguarding Adult policy.

To provide guidance to staff, who may need to intervene and plan for the safeguarding of people who experience or are at risk of abuse or neglect.

To ensure a consistent approach to responding to allegations and or concerns about the abuse or neglect of adults.

To ensure that staff are able to identify what actions or omissions would be considered to be abuse or neglect.

These obligations apply to Livability in relation to any person who is aged 18 or over and at risk of abuse or neglect because of their needs for care and support.

Basis for this procedure

At Livability we are committed to creating caring communities that promote inclusion and wellbeing for the people who use our services. It is in this context that it is Livability policy to provide a safe environment where adults are safeguarded and protected from abuse. We recognise that our recruitment and selection policies are a vital first step in achieving this.

All staff are provided with training to identify individuals at risk from abuse and those who may be experiencing abuse, as well as an understanding of the actions required should they have such concerns. We will work with statutory organisations to ensure that all reported incidents are investigated fully.

Trustees' responsibilities

The Charity Commission requires that Trustees have overall responsibility for the protection of beneficiaries and others who come into contact with the charity from harm and abuse and expects Trustees to have the requisite knowledge, skills and expertise to do so effectively and responsibly.

There is a requirement for Trustees to report all serious incidents to the Commission.

Introduction

This procedure complements and should be used in conjunction with the relevant local authority Adult Safeguarding procedures for the area where the service is provided a copy of which should be available at the service for reference.

This procedure reflects most recent government guidance: The Care Act - Guidance 2014.

Adult safeguarding means protecting a person's right to live in safety, free from abuse and neglect. The Care Act requires that each local authority must make enquiries, or ensure others (Livability) do so, if it believes an adult is being abused or neglected, or is at risk of, abuse or neglect. The Act requires that in response to a concern a 'safeguarding enquiry' should establish whether any action needs to be taken to stop or prevent abuse or neglect, and if so, by whom. Such enquiries can be made by the local authority – or by the organisation providing care.

Livability has in place a child protection and safeguarding policy which should be used should any member of staff or volunteer have a concern about a child with whom they come into contact through the course of their work.

What is safeguarding?

Safeguarding means protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect. It is fundamental to high-quality health, social care and education. At Livability our aim is to safeguard adults by working with them in a way that supports them to make choices and have control over how they want to live.

The Care Act 2014 brought in a range of changes to care and support for adults intended to put individuals in control of the help that they receive and to make care and support clearer, easier to access and more consistent across the whole of England. In addition Section 42 of The Act sets out the responsibilities of Local Authority Safeguarding Adults Boards and care and support providers for safeguarding. It states that the safeguarding duty applies to any person who is aged 18 or over and at risk of abuse or neglect because of their needs for care and support. The Local Authority board develops policies and procedures that all partners sign up to and agree to implement. It's also required to investigate, or ensure others do so, if it believes that an adult is, or is at risk of, abuse or neglect. This means that the board could ask Livability to support or make enquiries if abuse or neglect is reported within your service.

Safeguarding children and promoting their welfare includes:

- Protecting them from maltreatment or things that are bad for their health or development.
- Making sure they grow up in circumstances that allow safe and effective care.

Livability has a separate policy and procedure for safeguarding children which details how we fulfill these responsibilities to the children and young people that we work with and come into contact with through our work.

Safeguarding adults includes:

- Protecting their rights to live in safety, free from abuse and neglect.
- People and organisations working together to prevent the risk of abuse or neglect, and to stop them from happening.
- Making sure people's wellbeing is promoted, taking their views, wishes, feelings and beliefs into account.

When abuse occurs, it is not always immediately recognised and its impact is sometimes underplayed. It is possible to reduce the risk of harm or abuse with appropriately planned care, support and intervention. This procedure affirms Livability's commitment to promoting the welfare and safety of adults that use its services in line with their individual rights.

The welfare of the individual is paramount regardless of the situation - the most important consideration is whether the person is safe. If the person may be in immediate danger the police should be called.

Risk Factors

There are certain factors and situations that may place people at particular risk of being abused. The presence of one or more of these factors does not automatically imply that abuse will result, but may increase the likelihood.

- Where a person needs assistance in managing urinary and/or faecal continence.
- Role reversal and need for intimate personal assistance, for example, living in the same household as a known abuser.
- Where there is a family history of abuse.
- Where an adult is dependent on others or others are dependent on them.
- Inappropriate or dangerous physical or emotional environment, e.g. lack of personal space.
- A change in the lifestyle of a member of the household, e.g. unemployment, employment, illness etc.
- A member of the household experiences emotional or social isolation.
- The existence of financial problems.
- The existence or readily available assets.
- Differences in communication or a breakdown in communication.

Medication Administration Incidents

The administration of medication places great responsibility on us as a provider of high quality services, and shortfalls can lead to serious risk of harm. Therefore the organisation requires all medication administration incidents to be reported through the safeguarding procedure.

As with all safeguarding there is the dual aim of ensuring further harm is mitigated and the learning improves our practice. To enable us to do this we need to undertake 'fact finding' that aligns with the medication administration process.

All medication administration incidents will be reported through Part Three of the Safeguarding Concern Form – 'Medication Related Incident'. Completion will require the use of the Incident Decision Tree to determine the likely root cause and the appropriate outcomes. These outcomes will be recorded on the form and monitored to completion.

Consent

Alongside the act the Making Safeguarding Personal Guide 2014 states that "Professionals should work with the adult to establish what being safe means to them and how that can be best achieved. Making safeguarding personal means it should be person-led and outcome-focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety".

We must always seek consent to a safeguarding referral being made or action taken on behalf of an adult, unless there are overriding reasons not to do so. Possible exceptions to this general rule are:

- If other people appear to be at risk of harm (adults or children)
- If there is a 'legal restriction' or an overriding public interest
- If the person is exposed to life threatening risk and they are unreasonably withholding their consent
- If the person has impaired capacity or decision making in relation to the safeguarding issues and the withholding of consent

If the person does not consent, and there are concerns about the person's welfare or safety, you should talk to a manager for advice as soon as possible. The Local Authority can also be approached for advice if in doubt as to whether to refer.

We must always consider whether the adult has the mental capacity to understand and make decisions about the abuse or neglect related risks, any immediate safety actions necessary, and whether they consent to those actions being taken and information being shared.

REMEMBER - *follow good practice under the Mental Capacity Act when speaking to the person. Assume the adult has capacity unless proven otherwise. If the person is proven to lack capacity, speak to their representative/s and always act in their best interests.*

Where a person lacks capacity, relevant decisions and/or actions must be taken in their best interests and with the appropriate involvement of relevant parties, such as the social worker or care manager, family members, GP or hospital doctor.

Managers should consider whether the person needs the support of an Independent Mental Capacity Advisor or Best Interest Assessor.

What is Abuse?

Abuse:

- Is a violation of an individual's human and civil rights by any other person or persons and may consist of a single act or repeated acts or acts of omission.
- Can occur within any relationship where there is dependency and an expectation of trust.
- May result in significant harm to, or exploitation of the person subjected to it.
- Can be perpetrated by anyone.

The "potential source of risk" may include relatives, professional staff, paid care workers, volunteers, other people who use our services, neighbours, friends and associates, people who deliberately exploit vulnerable people and strangers. The term is used irrespective of whether the abuse was done intentionally or unintentionally.

The Safeguarding Poster (Appendix 1) shows what to do as a situation develops. A copy must be placed on the main notice board and have the name of the designated person written on the bottom of it. It is not our responsibility to decide whether or not abuse has taken place. Livability has a responsibility to inform if we believe there is cause for concern, so that the appropriate agencies can investigate and take any necessary action to protect the individual concerned. Any suspicion, allegation or incidence of abuse must be reported to the local authority Safeguarding Adults Team immediately.

General Indicators of Abuse

Where abuse has occurred one or more of the following signs or indicators may have been, or may be present, for example:

- Seeking shelter or protection.
- Unexplained reactions towards particular individuals or settings.

- Frequent or regular visits to the general practitioner or the accident and emergency department, or hospital admissions.
- Frequent or irrational refusal to accept investigations or treatments for routine difficulties.
- Unexplained change in material circumstances.
- Inconsistency of explanation regarding the area of possible concern.
- Carer/care worker or third party always wishing to be present at interviews.
- Anorexia/bulimia or eating disorders.
- Panic attacks, withdrawal of verbal communication, regressive behaviour.
- Disturbed sleep patterns.
- Absconding/wandering.
- Dislike of being touched and flinching on being touched.
- Obsessive or challenging behaviour.
- Self-harm.
- Withdrawal.
- History of domestic violence.

None of the previously mentioned indicators, or indeed those given below definitively suggests abuse. However, suspicions should be heightened if one or more of these factors exist.

What to do when you have a concern or an adult discloses abuse or neglect

DO:

- Ensure immediate safety - inform a manager or contact police or social services if protective action is needed now;
- obtain medical care if needed;
- ensure any evidence is preserved; record all details of abuse clearly and factually, using the words used by the person;
- record any injuries on a body map;
- Listen carefully, stay calm and make notes of what the person says using their own words;

- be aware that medical evidence may be needed;
- reassure the person that the information will be treated seriously;
- help the person to understand that it's not their fault;
- explain the referral process and that others may need to be made aware;
- explain the matter may have to be referred even if they don't consent;
- do make the referral immediately.

DON'T:

- Question, start your own enquiry, pressure for more details, take photographs;
- Act in a way that may discourage the person from talking about the abuse again;
- Promise to keep secrets;
- Question any person who is a source of risk or delay making the referral.

Actions:

Step 1: Make sure everyone is safe now. If they aren't, take immediate action to make them safe, this may include calling the police.

Step 2: React calmly so as not to frighten or alarm the person. Listen to what they have to say.

- Tell them they were right to tell.
- Tell them that they are not to blame.
- Take what they say seriously.
- Reassure them that the information will be treated with respect but that you are required as part your job to report it. Ask only questions which will clarify the nature of the allegation. Avoid interviewing them or asking explicit details of the allegation as this may hinder a police enquiry.
- Preserve any forensic evidence i.e. the scene of the incident, place of entry/exit to the room/building, clothing, person's body etc.

Step 3: If the person we support wants to call the police immediately and they need support to do so, this should be provided.

Step 4:

- Inform the person in charge or the service's adult safeguarding manager – unless they are part of the allegation. If this person dismisses the concern you should contact their next line manager. (See Livability Whistle-blowing policy)

Step 5:

- Write up a factual account of what you've been told and what you've done.
- Complete the Safeguarding Concern Form Part 1.

NOTE: It is not the job of the person who raises the concern to decide if abuse has taken place. Do not put off taking action.

- Do not leave it to someone else to help the adult at risk.
- Do not be afraid to voice your concern – the adult at risk may need urgent safeguarding.
- Do not promise not to tell. This could make you an accessory to abuse.
- Do not begin your own investigation.

The Role of the Adult Safeguarding Manager

Who: All adult services must have a designated adult safeguarding manager on duty or on call at all times. This would usually be the Service Manager, Deputy or Assistant Manager. The adult safeguarding manager will provide advice, support and guidance to staff in relation to all local safeguarding issues, concerns and allegations and will be responsible for establishing links with relevant personnel in local authority departments and police forces.

Each Adult Safeguarding Manager (ASM) will receive training for the role and be given access to appropriate resource materials and support. They will be the link to share ideas, experiences and learning and will meet periodically with designated persons from other adult services across Livability.

Usually initial actions must start as soon as a safeguarding concern has been raised.

What to do:

Step 1: Ensure everyone people who use our services are OK and safe.

Step 2: Check all required actions have been completed by the person raising the concern and collate all relevant information. Ensure any forensic evidence is secured.

Step 3:

- Inform the Service Manager or the on-call manager for the service if 'out of hours'.
- If the service user wants to call the police immediately support their decision to do so. It is better if we contact the police once we have talked the issue through with the local authority or the Local Authority Safeguarding Team, but if the service user wants to call the police, immediately you must support them to do so.

Step 4: Contact the local authority Safeguarding Team and agree on an immediate plan including communicating with police if appropriate and who will contact family members, the potential source of risk and other people who use our services and staff.

NOTE: Everyone is entitled to the protection of the law and access to justice. Behaviour which amounts to abuse and neglect, for example physical or sexual assault, psychological abuse or hate crime, wilful neglect, unlawful imprisonment, theft and fraud and certain forms of discrimination also often constitute specific criminal offences under various pieces of legislation. Although the local authority has the lead role in making enquiries, where criminal activity is suspected, the early involvement of the police is likely to have benefits in many cases.

Step 5: Follow any agreements for immediate action made with the LA safeguarding adult team.

Step 6: Ensure Livability Safeguarding Concern Form – Part 1 has been completed as soon as possible and forwarded to the Safeguarding and Regulation Co-ordinator.

Step 7: All matters reported to the LA must be reported to the Regional Manager and any guidance given should be followed.

All registered services **MUST:**

- Inform the regulatory body within 24 hours on the standard notification forms.
- Inform social worker/care manager of commissioning or sponsoring authority.

DO NOT:

- put off taking action.
- leave it to someone else to help the adult at risk.
- be afraid to voice your concern as the adult at risk may need urgent safeguarding.
- promise not to tell. This could make you an accessory to abuse
- begin your own investigation.

Role of Registered Manager or /Head of School / College

(This may be the same person as the Adult Safeguarding Manager above)

This is the person responsible for:

- ensuring that all required actions have been taken and all relevant people/authorities have been informed.
- deciding whether the matter requires immediate advice or escalation to Regional Manager level for additional advice and support.

- confirming immediate facts and devising action plans required by LA's or commissioning authorities as a result of safeguarding concerns.
- ensuring staff consider and agree (with the person we support) any changes to individual support or care plans in response to a safeguarding incident or to reduce the risk of further safeguarding issues occurring.

When: Confirmation of immediate action within one hour.

Actions:

Step 1: Ensure everyone is safe.

Step 2: Confirm immediate facts – establish what happened and ensure all immediate actions required have been completed by the person raising the concern and/or the ASM as required.

Step 3:

- Commence the fact finding process
- Assess need to suspend potential source of risk (if staff member)
- Produce and implement action plan - investigation file to be held centrally. Inform the reporting officer of action taken.
- Ensure person reporting the concern and the person at risk are informed of action taken and kept up to date throughout the process.

Step 4: Complete Safeguarding concern Form Part Two (Appendix 2). This must be completed to reach the Safeguarding and Regulation co-ordinator / Regional Manager within 36 hours of the concern.

DO NOT:

- put off taking action.
- leave it to someone else to help the adult at risk.
- be afraid to voice your concern – the adult at risk may need urgent protection.
- promise not to tell. This could make you an accessory to abuse. Where the fact finding process identifies opportunities for learning and improving service quality the service manager is also responsible for proposing changes to operational policies and procedures, service design or staffing arrangements identified as a result of investigations.

Role of Regional Manager

The Regional manager is responsible for:

- Monitoring the effectiveness of manager's responses, fact finding reports, action plans and investigations into safeguarding concerns across their service area.
- Reviewing responses, fact finding reports, action plans and investigations to all safeguarding concerns of Level 2 and over across their service area.
- Proposing changes to operational policies and procedures, service design or staffing arrangements identified as a result of investigations.
- Recommend closure to the Regional safeguarding forum, chaired by the organisations safeguarding lead.

Definitions of abuse and recognising abuse

For more detailed information see Appendix 4 Types of abuse (as defined within Care Act Guidance) include

Physical abuse - Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing, Rough handling, Scalding and burning, Physical punishments, Inappropriate or unlawful use of restraint, Making someone purposefully uncomfortable (e.g. opening a window and removing blankets), Involuntary isolation or confinement, Misuse of medication (e.g. over-sedation), Forcible feeding or withholding food, Unauthorised restraint, restricting movement (e.g. tying someone to a chair)

Domestic violence - Domestic violence or abuse can be characterised by any of the indicators of abuse outlined in this briefing relating to psychological, physical, sexual, financial, emotional.

Sexual abuse - Rape, attempted rape or sexual assault, inappropriate touching, non-consensual masturbation of either or both persons, non- consensual sexual penetration, any sexual activity that the person lacks the capacity to consent to, inappropriate looking, sexual teasing or innuendo or sexual harassment, sexual photography or forced use of pornography or witnessing of sexual acts, Indecent exposure

Psychological abuse - Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends, removing mobility or communication aids or intentionally leaving someone unattended when they need assistance, preventing someone from meeting their religious and cultural needs, preventing the expression of choice and opinion, failure to respect privacy, preventing stimulation, meaningful occupation or activities, intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse, addressing a person in a patronising or infantilising way, threats of harm or abandonment, cyber bullying.

Financial or material abuse - Theft of money or possessions, fraud, scamming, preventing a person from accessing their own money, benefits or assets, employees taking a loan from a person using the service, undue pressure, duress, threat or undue influence put on the

person in connection with loans, wills, property, inheritance or financial transactions, arranging less care than is needed to save money to maximise inheritance, denying assistance to manage/monitor financial affairs, denying assistance to access benefits, misuse of personal allowance in a care home, misuse of benefits or direct payments in a family home, someone moving into a person's home and living rent free without agreement or under duress, false representation, using another person's bank account, cards or documents, exploitation of a person's money or assets, e.g. unauthorised use of a car, misuse of a power of attorney, deputy, appointeeship or other legal authority, rogue trading – eg unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship

Modern Day Slavery - Human trafficking, forced labour, domestic servitude, sexual exploitation, such as escort work, prostitution and pornography, debt bondage – being forced to work to pay off debts.

Discriminatory abuse - Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as 'protected characteristics' under the Equality Act 2010), verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic, denying access to communication aids, not allowing access to an interpreter, signer or lip-reader, harassment or deliberate exclusion on the grounds of a protected characteristic, denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic, substandard service provision relating to a protected characteristic

Female genital mutilation (FGM) (sometimes referred to as female circumcision) - refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. FGM is carried out for cultural, religious and social reasons within families and communities. The practice is illegal in the UK. FGM is an unnecessary and illegal practice that causes significant physical, mental and emotional harm. If you are worried about someone who is at risk of FGM or has had FGM, you must share this information with your manager. It is then their responsibility to inform the person's social worker and GP.

Self Neglect - Lack of self-care to an extent that it threatens personal health and safety, neglecting to care for one's personal hygiene, health or surroundings, inability to avoid self-harm, failure to seek help or access services to meet health and social care needs, inability or unwillingness to manage one's personal affairs

Neglect and acts of omission - Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care, providing care in a way that the person dislikes, failure to administer medication as prescribed, refusal of access to visitors, not taking account of individuals' cultural, religious or ethnic needs, not taking account of educational, social and recreational needs, ignoring or isolating the person, preventing the person from making their own decisions, preventing access to glasses, hearing aids, dentures, etc., failure to ensure privacy and dignity.

Organisational or institutional abuse - Discouraging visits or the involvement of relatives or friends, run-down or overcrowded establishment, authoritarian management or rigid regimes, lack of leadership and supervision, insufficient staff or high turnover resulting in poor quality care, abusive and disrespectful attitudes towards people using the service, inappropriate use of restraints, lack of respect for dignity and privacy, failure to manage residents with abusive behaviour, not providing adequate food and drink, or assistance with eating, not offering choice or promoting independence, misuse of medication, failure to provide care with dentures, spectacles or hearing aids, not taking account of individuals' cultural, religious or ethnic needs, failure to respond to abuse appropriately, interference with personal correspondence or communication, failure to respond to complaints

The Prevent Duty

Background

Livability has a duty under the Counter Terrorism and Security Act 2015 (CTSA 2015) to have due regard to the need to help prevent people from being drawn into terrorism. This duty, known as the Prevent Duty, is about safeguarding people and communities from the threat of terrorism. The duty covers all types of extremism, whether political, religious or ideological.

The Act states that authorities subject to the provisions must also have regard to the statutory guidance issued under section 29 of the Act when carrying out the duty. The guidance summarises requirements in terms of four themes: risk assessment, working in partnership, staff training and IT policies. Livability recognises that Prevent is part of its wider safeguarding duty.

The Prevent duty is consistent with existing duties, such as the requirement to abide by the Equality Act 2010, promote 'fundamental British values', secure a balanced presentation of political issues and promote community cohesion.

Protecting the people who use our services from the risk of radicalisation

The duty to protect people who use our service from the risk of radicalisation is seen as a part of the wider safeguarding duties of Livability's education centers, similar to the responsibility to protect students from harm caused by, for example, drugs, gangs, neglect or sexual exploitation. Livability's education centres and children's residential homes will have a named Prevent Lead.

Livability also recognises the potential vulnerability of many of those we work with in our other services. For this reason, as well as specific training for staff within our education services, all Livability staff will receive appropriate training on radicalisation. Prevent awareness training will also be provided for members of Livability's Local Governing Bodies and for Trustees who are members of Livability's Services Committee.

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism. There is no single way of identifying an individual who is likely to be susceptible to extremist ideology. It can happen in many different ways and settings. Specific

background factors may contribute to vulnerability which are often combined with specific influences such as family, friends or online, and with specific needs for which an extremist or terrorist group may appear to provide an answer. The internet and the use of social media in particular has become a major factor in radicalisation of young people.

As with managing other safeguarding risks, staff should be alert to changes in behavior which could indicate that those we work with may be in need of help or protection. Staff, in liaison with the adult safeguarding manager should use their professional judgement in identifying anyone who might be at risk of radicalisation and act proportionately, which may include making a referral to the Channel programme. Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism.

Every local authority has a Channel programme which provides a source of advice - anyone can make a referral.

Adult safeguarding managers and Prevent leads will undertake awareness training to support them in identifying those at risk of being drawn into terrorism and to challenge extremist ideas. In addition procedures will be kept under review in order that amendments can be made as required as a result of changes in the regulations and/or external guidance.

Responding to an Allegation of or suspicion of Abuse

The safeguarding poster will help you decide what you should do to respond to abuse. We must always report abuse or potential abuse to local authority safeguarding team. It is important to take all allegations of abuse seriously. If you are concerned that your line manager has not taken the issue seriously enough all members of staff have a duty of care to ensure that they speak to a designated person or member of the senior management team about their concerns.

If a person discloses an Abusive act or Experience

Disclosure of abuse is often frightening and can be painful to think about; the strong emotions felt can be difficult to express.

If a person confides in you that they are being or have been abused they have placed you in a position of trust. They trust you to help them, even if they ask you not to do anything or tell anyone. Simply by telling you they have demonstrated their trust that you will act. (Do not promise not to tell - tell them that you will treat the information with respect and that you must tell your manager.)

Do not underestimate the effects and impact on you. Make sure you speak to a manager or HR about how you are feeling. They will make sure you know where to go to get support and that you know who you can talk to if needed.

Harm by people who are employed - paid or unpaid positions

(Sometimes referred to as 'Positions of Trust')

Like all other safeguarding concerns an allegation against a member of staff, volunteer or contractor must be reported to the designated adult safeguarding manager immediately. If however the allegation is against the person to whom you should report, then the next senior line manager or HR should be contacted immediately. An immediate decision may have to be made to take action to protect the adult or other people who use our services against any potential risk of harm (e.g. suspension without prejudice, supervised working). Actions taken must be compliant with Livability disciplinary procedure and employment law and the employee will have a right to know in broad terms that allegations or concerns have been raised about them.

If the concerns require Police involvement, wherever possible liaise with the Police prior to speaking or communicating with the person who works in a Position of Trust.

When the person causing harm has care and support needs

In cases where the potential source of risk is another adult with care and support needs, the agency responsible for their care must be informed. This would be done by contacting their social worker or case manager. The individual may need an assessment (eg health or care, behaviour, mental health, Mental Capacity or DoLS in their own right to establish whether they require additional specialist services. They may also be entitled to the support of an IMCA (Independent Mental Capacity Advocacy) if they lack mental capacity.

Supporting an adult who makes repeated allegations

An adult who makes repeated allegations that have been looked into and are unfounded should be treated without prejudice.

- Each allegation must be risk assessed and reviewed to establish if there is new information that requires action under these procedures.
- A risk assessment must be undertaken and recorded and measures taken to protect staff and others, where appropriate.
- Each incident must be recorded as an alert and entered onto the safeguarding database by the safeguarding coordinator.
- The service manager should ensure that the individual circumstances are discussed with the person's social worker and the plan of action agreed, recorded as part of the individual care plan and shared with all relevant parties.

Recording Information

It's important to keep high quality records. Poor record keeping is regularly identified as one of the main safeguarding challenges, which can put Livability and the people we support at risk.

Records should be only as long as necessary and written in everyday plain English without abbreviations.

- It is very important that all concerns are properly recorded whether the local authority are involved or not. Records of concerns may reveal patterns, which may indicate abuse or identify unmet needs.
- Certain information may not be available to you. Do not pursue the questioning of the person for this information if it is not given freely. Consult any files or documentation Livability may have for these details. Do not delay reporting the matter by waiting for all the information.
- It is important to stick to the facts. However, your opinion may be crucial, but ensure that it is recorded as an opinion and that you can state evidence to support your thinking. Records pertaining to issues of safeguarding adults may be accessible to third parties, such as local authorities, police, the courts and solicitors.
- All safeguarding incidents, concerns and allegations should be recorded on the Safeguarding Concern Form (Appendix 2). Continuation sheets should be used, as necessary - title and number them in sequence. Forms should be completed electronically wherever possible. Hard copies should be completed in black ink.
- The details of any action and outcome of a safeguarding enquiry is confidential to the individual concerned and professionals who need to know. However it is appropriate to expect a level of feedback from the local authority, which tells you that action has been taken, and that the person is okay and safe.
- Copies of all records relating to safeguarding issues must be kept securely. All safeguarding concern forms must be sent or emailed to the Safeguarding and Regulation Coordinator for entry on to the Livability Safeguarding database.

Duty of Candour

On 1 April 2015, the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 extended a new duty of candour, to all service providers of regulated activities. This means that Livability needs to put measures in place to ensure we can comply with the new duty.

The duty of candour requires Livability to act in an open and transparent way in relation to care and treatment provided to the people who use our services. This duty applies to our dealings with the people who use our services, or where the person is a child or if someone who uses our services lacks capacity regarding decisions relating to their overall care or treatment and how / where it is managed, a person who acts on their behalf.

The new duty means that, as soon as reasonably practicable after becoming aware that a safeguarding incident has occurred which meets the notifiable safety incident criteria, the Service Manager must notify the relevant person (ie the person we support or the person acting on their behalf as above) that the incident has occurred, and provide reasonable support to them in relation to the incident.

The policy - Communication with Relatives, Advocates, Friends and Carers - provides specific guidance on how incidents should be communicated to meet the Duty of Candour.

Implementation

Each local authority will have its own safeguarding procedure. Every service must have a copy of the procedure for their area. The local authority safeguarding team will provide managers with advice and guidance about the application of our safeguarding adult procedure to ensure it meets local requirements.

Livability has a rolling programme of training to ensure that managers and staff are able to carry out the requirements of this procedure by:

- Being trained and competent in line with best practice.
- Being informed of relevant sources of support and information.
- Having a clear understanding of what constitutes poor practice, the implications of poor practice and benefits of good practice.
- Being supported by other staff and managers, and with necessary resources.
- Monitoring staff competency in the application of this procedure and acting appropriately to respond to any shortfalls
- Completing periodic refresher briefings on the content of the procedure.

- Ensuring briefings and training for all new staff as part of induction.
- Ensuring regular audits of the application of the procedure – by checking and monitoring mechanisms including record keeping, against the standards set out in the procedure.
- Displaying the safeguarding poster - Appendix 1 - in all workplaces.
- Ensuring that managers and staff are aware of the potential signs of abuse, and that they know what to do to raise a concern. This will be monitored as part of the Livability quality process through periodic checks, audits, direct staff questioning.
- Reviewing data on safeguarding concerns raised and responses to concerns through the safeguarding forum and Trustee safeguarding board.

Minimum training requirements

- All staff will receive face to face training on Safeguarding as part of their induction
- eLearning training will be used as refresher training only
- Specific training will be provided for all those undertaking the Designated Safeguarding Lead
- All staff will receive refresher training at least every 4 years
- Staff competency in responding to safeguarding concerns will be monitored on an ongoing basis and additional training provided as required

Related Policies Guidance and Forms

This procedure should be read in conjunction with the following documents.

- Adult Safeguarding Policy
- Mental Capacity and DoLS Risk Management
- Prevent Duty
- Lone Working
- Whistleblowing / Raising Concerns
- Disciplinary
- Local Authority safeguarding procedure

Appendices

Appendix 1- Adults and Children Safeguarding Procedure Levels Criteria

Link: [Adults and Safeguarding Procedure - levels criteria](#)

Appendix 2 - Safeguarding Poster See Safeguarding Poster

Link: [Safeguarding Poster](#)

Appendix 3 - How to respond to a Safeguarding Concern

Link: [Safeguarding Concern Form](#)

Appendix 4 - Medication Incident Decision Tree

[Medication Incident Decision Tree](#)

Procedure Ownership

Procedure Name	Version
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Safeguarding of Adults Procedure	6.4
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Approved by	Signature	Date
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Chair of Trustees	Sally Chivers	October 2019
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Date published	Date for next review
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October 2019	December 2020
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History	Date	Author	Reason
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6.2	September 2017	Liz Mell	Annual revision
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6.3	September 2018	Liz Mell	Annual revision
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6.4	October 2019	Jane Percy	Author / Date change
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