

Safeguarding Policy

Policy No. O33

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SAFEGUARDING ADULTS AT RISK

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1. Introduction

The Connaught operates a zero-tolerance approach to adult abuse and proactively upholds the human rights of its Service Users. The service will work in partnership with external agencies and those who may be affected by adult abuse, and when appropriate will co-operate in an open and transparent way with an investigation into adult abuse involving any of its Service Users and employees.

This document outlines the purpose of the policy, our organisation's values, and the definitions of adult abuse, how we will safeguard our Service Users, and the organisation's procedures for dealing with an allegation of abuse. Also contained in this document is guidance and supporting information to enable us to recognise the indicators of adult abuse.

2. Purpose

The purpose of this Safeguarding Policy is to ensure that all employees and Service Users understand the professional responsibilities to safeguard adults who use our service from any type of abuse. In addition, the policy also details our organisational responsibilities for reporting allegations of adult abuse, and how this is to be carried out.

3. Vision

'To provide the best possible person-centred care, and an enhanced quality of life for our Residents, and the older people of Alderney'

4. Values

All individuals have a right to live free from abuse in accordance with the principles of respect, dignity, autonomy, privacy, and equity.

Adults are entitled to exercise the same rights as others in the prosecution of criminal offences and the pursuit of civil remedies.

All adults should enjoy the same rights as others in respect of access to care and treatment provided by public agencies.

5. Definitions

For this policy and procedure, we will be using the following definitions of the terms listed below, as detailed in The Care Act 2014:

- **Adult at risk (previously referred to as vulnerable adult):** *'A person aged 18 years or over who is or maybe in need of community care services by reason of mental health or other disability, age or illness; AND who is or maybe unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'.*
- **Adult abuse:** *'Abuse' is the violation of an individual's human or civil rights by any person or persons.*
- **Physical abuse:** including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.
- **Sexual abuse:** including rape and sexual assault or sexual acts to which the adult has not consented, or is incapable of giving informed consent, or was pressured into consenting; this may involve contact or non-contact abuse (e.g. touch, masturbation, being photographed, teasing, inappropriate touching).
- **Psychological abuse:** including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
- **Financial or material abuse:** including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions, or benefits.
- **Neglect and acts of omission:** including ignoring medical or physical care needs, failure to provide access to appropriate health, social care, or educational services, the withholding of the necessities of life, such as medication, adequate nutrition, and heating.

- **Discriminatory abuse:** including racist, sexist, that based on a person's disability, culture, and discrimination and other forms of harassment, slurs, or similar treatment.
- **Institutional abuse:** repeated incidents of poor practice or neglect within an organisation, services that are based on the needs of staff/managers rather than service users.

6. Procedures for Safeguarding Adults at Risk

As a provider of care services, we recognise that many of the people who use our services are "adults at risk", due to the fact that they are receiving care and support in a care home, sheltered living environments, or in their own homes. We aim to prevent abuse and safeguard our Service Users from all types of abuse by operating robust policies and procedures, ensuring all staff are trained and have a sound knowledge and understanding of adult abuse, and by cultivating an environment that promotes inclusion and transparency.

The Connaught will protect its Service Users from all forms of adult abuse by:

- Operating safe recruitment procedures and ensuring that all employees are vetted appropriately and a DBS check is processed.
- Delivering staff training and induction training to ensure that all employees have a suitable knowledge of safeguarding and adult abuse.
- Working in partnership with all other stakeholders by sharing relevant information in accordance with our confidentiality policy and the Guernsey, HSC Safeguarding Policy.
- Provide readily accessible channels for dealing with complaints by Service Users and others.
- Ensuring our whistle blowing policy is fully accessible to all.
- Having a commitment to being an open, positive, transparent, and inclusive organisation.

- Operating robust disciplinary procedures.
- Raising awareness of adult abuse amongst our Service Users.

7. Complaints and Whistleblowing

Service Users and other stakeholders may become dissatisfied from time to time, and even suffer abuse inside or outside of the home. To address such issues we will:

- Provide and operate straightforward, clear, and accessible complaints and whistleblowing procedures.
- Take all necessary action to protect individual's Human Rights.
- Deal with complaints and concerns promptly, constructively and confidentially.

8. Other Relevant Policies and Procedures

- Disciplinary
- Grievance
- Whistle blowing
- Complaints and Concerns
- Administration of medication
- Guernsey Health and Social Care Department (HSC), Safeguarding Policy

9. Safeguarding Adults at Risk

The Connaught will follow our internal Policy and Procedures for 'Safeguarding Adults at Risk'. In addition, we will also adhere to the Guernsey HSC Safeguarding policies and procedures.

We will ensure that these procedures are fully implemented and accessible and that processes are in place to safeguard the Service Users from physical, financial, emotional,

psychological, or sexual abuse, neglect, discriminatory or institutional abuse, self-harm, inhuman or degrading treatment through deliberate intent, negligence, or ignorance in accordance with written policies.

9.1 Procedures

We recognise that it is imperative to have robust organisational procedures for responding to suspicion or evidence of abuse or neglect. To ensure the safety and protection of Service Users, it is important that all allegations are responded to in accordance with the procedures detailed below and that the information gathered is shared with, and only with the appropriate agencies.

9.2 Nominated Safeguarding Lead

All allegations and incidents of abuse must be reported immediately to the nominated person: Name: Liz Bowskill

Role: Executive Director of Operations

Telephone: 01481 822756

Email: liz.bowskill@connaught.org.gg

If the nominated person is not immediately available (for example, on annual leave), the second nominated person will be a Nurse or the Senior Carer on shift.

Telephone: 01481 822756

Senior Mobile: 07781 105054

9.3 Procedure

The nominated person will record all the details given by the person reporting the allegations and complete an incident form.

The nominated person is then responsible for deciding whether a referral to HSC Adult Safeguarding Lead is required. The timescale for making a referral is a maximum of 24 hours, although it should be made without delay.

Before making the referral, you must consider:

- The immediate welfare, health and safety of the alleged victim and others who may be affected

- Are emergency services required
- Who needs to be informed? Police, next of kin, GP etc.
- Clarify the details of the allegation and gather all of the facts by speaking with the person making the allegations, however, **DO NOT FORMALLY INTERVIEW THE ALLEGED VICTIM**
- Offer support to those involved
- Maintain detailed, factual and chronological records of all information gathered and actions taken. Documentation will be held in line with the requirements of the confidentiality policy.
- Based upon the information gathered and the local multiagency policy, if you have reason to suspect that abuse may have occurred, or if you are in any doubt, make a referral to the HSC Adult Safeguarding Lead.

9.4 Making a Referral:

- When making a telephone referral to HSC, explain that you want to make a 'Safeguarding Adults Referral'.
- You will be asked to provide your name and contact details.
- You will then be asked to provide details of the allegation, you must ensure that the information you share is factual and based upon the information you have, never make any assumptions.
- Once the referral is complete, you must document this on your records, and include the time the referral was made, who you spoke with and any other relevant information.
- Following on from this, the Investigating Officer/HSC will make a decision as to whether a Safeguarding assessment is required and you should be informed by the end of the following day.
- Safeguarding assessments will usually involve a Safeguarding investigation, and an assessment of the need for health and social care provision.

- Not all safeguarding referrals will result in a safeguarding assessment and investigation; the outcome however may be that other forms of investigations are more appropriate such as Disciplinary or Complaints.

9.5 Further Information and Guidance:

Where there is a criminal prosecution, the Police and States are required to check whether there is any material that is not in the possession of the Police which may have relevance to the case. For example, health and/or social work records may contain information, which is either of evidential value, or may be undermining to the prosecution. If this material is of evidential value, the Police may need to take further statements. If the material is undermining or may be of assistance to the defence case, the prosecution team will need access to the material, which may then need to be disclosed to the defence. If the owner of that material does not consent to this, a court order will have to be sought for disclosure.

In the instance where an allegation of abuse involves an employee as being the perpetrator, the Manager for Operations will ensure that they are suspended from post until a full investigation has been carried out and an outcome reached.

If the outcome is founded the Manager for Operations will provide any assistance required to ensure that the victim is given all necessary support and that the perpetrator is dismissed from post on the grounds of gross misconduct and referred to ISA.

The Connaught will support its Service Users in the management of any incident. The Connaught will follow the guidance of the investigating officer and investigating organisation in relation to the appropriate disclosure of information to any third party including other employers.

10. Additional Guidance and supporting information

Patterns of abuse and abusing vary and reflect very different dynamics. They include:

- **Serial abusing**, in which the perpetrator seeks out and 'grooms' individuals. Sexual abuse usually falls into this pattern, as do forms of financial abuse.

- **Long term abuse** in the context of an ongoing family relationship such as domestic violence between spouses or generations.
- **Opportunistic abuse** such as theft occurring because money is easily accessible.
- **Situational abuse** which arises because pressures have built up and/or because of difficult or challenging behaviour.
- **Neglect of a person's needs** because those around him or her are not able to be responsible for their care - for example if the carer has difficulties attributable to issues such as debt, alcohol misuse, or mental health problems.
- **Institutional abuse** featuring poor care standards, lack of positive responses to complex needs, rigid routines, inadequate staffing, and insufficient knowledge base within the service.
- **Unacceptable treatments or programmes** which include sanctions or punishment such as withholding of food or drink, seclusion, unnecessary and unauthorised use of control and restraint, or overmedication.
- **Failure of agencies** to ensure staff receive appropriate guidance on anti-racist and anti-discriminatory practice.
- **Failure to access key services** such as health care, dentistry, prostheses, misappropriation of benefits, and/or use of the person's money by other members of the household.
- **Fraud or intimidation** in connection with wills, property, or other assets.

Who may be the Abuser?

Adults at risk may be abused by a wide range of people including other adults at risk, children, relatives and family members, professional staff, paid care workers, volunteers, other Service Users, neighbours, friends and associates, people who deliberately exploit vulnerable people, and strangers.

There is often particular concern when abuse is perpetrated by someone in a position of power or authority who uses this position to the detriment of the health, safety, welfare, and general well-being of a vulnerable person.

As well as their responsibilities to adults at risk who have been abused, agencies may also have responsibilities in relation to some perpetrators of abuse. The roles, powers and duties of the various agencies in relation to the alleged perpetrator will vary depending on whether this person is:

- a caregiver/care worker
- proprietor, manager or employee of the agency
- an employee (or voluntary worker) of another agency providing services under contract or some other agreement
- a member of a recognised professional group
- a volunteer or a member of a community group such as place of worship or social club
- another adult at risk
- a spouse, relative or member of the person's social network
- a neighbour, member of the public or stranger
- a person who deliberately targets people to exploit them
- a child (where this is the case Child Protection procedures should be followed)

Where may the abuse occur?

Abuse can take place in any situation including:

- Where the adult lives - either alone or with someone else
- Within a day care setting
- In custodial situations
- In hospitals
- In public places

Assessment of the context is relevant because it may be important for the adult to be away from the sphere of influence of the alleged abusive person or the setting to be able to make a free choice about how to proceed. Coercive influences in the environment may induce the victim of abuse into silence or denial; an initial rejection of help should not always be taken at face value.

Abuse is often 'discovered' while undertaking other tasks such as:

- Providing health or social care services
- Assessment or review
- Investigation of a complaint

Whenever abuse is 'discovered' **it must be reported**. It should never be ignored because it is not the immediate focus of the task in hand.

Predisposing Factors

Some examples of factors, which may place people at risk of abuse are listed below. Adult abuse often occurs when a person is faced with a set of circumstances where there is potential for harm. The presence of one or more of these factors does not automatically imply that abuse will follow but may increase the likelihood.

The Individual

- poor communication or communication difficulties
- history of falls and/or minor injuries
- physical and/or emotional dependence on others
- mental health needs, especially moderate or severe dementia
- a lack of mental capacity
- rejection of help
- aggression
- self-injurious behaviour
- history of repeatedly making allegations of abuse

- high level of dependency on others to meet their care needs
- substance misuse
- previous history of violent relationships within the family

The Environment

- overcrowding
- poor or insecure living conditions
- geographical isolation – living alone
- living in a care home setting
- receiving care services in own home

Relationships (in particular with caregivers)

- unequal power relationships
- increased dependency
- multiple dependency within the family
- multigenerational family structure where conflicts of personal interests and loyalties may exist
- role reversal or significant change in relationship between the adult at risk and carer
- history of abuse within the family
- significant levels of stress on the carer
- isolation of carer due to the demands of caring, leading to lack of practical and emotional support
- lack of understanding about the vulnerable person's condition, resulting in inappropriate care
- dependency on the adult at risk

- difficult or challenging behaviour which the carer finds intolerable, stressful, and which may be perceived as deliberate imposition of the caring role, leading to feelings of resentment, anger, and guilt
- history of carer being abused or being perpetrated
- personal plans are affected adversely
- carers feel exploited
- financial difficulties
- illness or disability of carer
- significant and long-term stress of carer

Potential Indicators of Abuse

Indicators of Discriminatory Abuse

- lack of respect shown to an individual
- signs of a sub-standard service offered to an individual
- repeated exclusion from rights afforded to citizens such as health, education, employment, criminal justice and civic status

Indicators of Physical Abuse

- any injury not fully explained by the history given
- injuries inconsistent with the lifestyle of the vulnerable adult
- bruises and/or welts on face, lips, mouth, torso, arms, back, buttocks, thighs
- clusters of injuries forming regular patterns or reflecting shape of article
- burns, especially on soles, palms, or back; immersion in hot water, friction burns, rope, or electric appliance burns
- multiple fractures
- lacerations or abrasions to mouth, lips, gums, eyes, external genitalia
- marks on body – including slap marks, finger marks
- injuries at different stages of healing
- medication misuse

Indicators of Sexual Abuse

- significant change in sexual behaviour or attitude
- pregnancy in a woman who is unable to consent to sexual intercourse
- wetting or soiling
- poor concentration
- appears withdrawn, depressed, stressed
- unusual difficulty in walking or sitting
- torn, stained or bloody underclothing
- bruises, bleeding, pain, or itching in genital area
- sexually transmitted diseases, urinary tract or vaginal infection, bites
- bruising to thighs or upper arms

Indicators of Psychological Abuse

- change in appetite
- low self-esteem, deference, passivity, and resignation
- unexplained fear, defensiveness, ambivalence
- emotional withdrawal
- sleep disturbance

Indicators of Financial Abuse

- unexplained sudden inability to pay bills or maintain lifestyle
- unusual or inappropriate bank account activity
- power of attorney or enduring power of attorney obtained when person is unable to comprehend and give consent
- withholding money
- recent change of deeds or title of property
- unusual interest shown by family or other in the person's assets
- person managing financial affairs is evasive or uncooperative

Indicators of Neglect

- physical condition of person is poor e.g. bed sores, unwashed, ulcers
- clothing in poor condition e.g. unclean, wet, ragged
- inadequate physical environment
- inadequate diet
- untreated injuries or medical problems
- inconsistent or reluctant contact with health or social care agencies
- failure to engage in social interaction
- malnutrition when not living alone
- inadequate heating
- failure to give prescribed medication
- poor personal hygiene

Indicators of Institutional Abuse

- inappropriate or poor care
- misuse of medication
- restraint
- sensory deprivation e.g. denial of use of spectacles, hearing aid etc.
- lack of respect shown to personal dignity
- lack of flexibility and choice: e.g. mealtimes and bedtimes, choice of food
- lack of personal clothing or possessions
- lack of privacy
- lack of adequate procedures e.g. for medication, financial management
- controlling relationships between staff and Service Users
- poor professional practice

Welfare, safety and protection of the adult at risk

In deciding what action to take, you have a duty to share information, meaning that you are not at liberty to keep your concerns to yourself, and you should never promise to keep secrets.