

THISTLE MANOR

SAFEGUARDING ADULT POLICY

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| Author: | Tracy Owens |
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This Safeguarding Adult Policy references and takes into account NHS East Lancashire Clinical Commissioning Group and Blackburn with Darwen Clinical Commissioning Group (ELCCG & BWDCGG) and the Pan Lancashire and Cumbria Multi Agency Policy and Procedures (as of December 2017).

Your Safeguarding Lead is: Alan Ford

Your Safeguarding Champion is: Alan Ford

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1. INTRODUCTION

The Care Act 2014 (implemented in April 2015) and sets out the statutory framework for adult safeguarding. Local authorities are required to make enquiries into allegations of abuse or neglect. Safeguarding is mainly aimed at people with care and support needs who may be in vulnerable circumstances and at risk of abuse or neglect by others. In these cases, local services must work together to identify those at risk and take steps to protect them.

1.1 Why is safeguarding necessary

1.2 Care providers play an important role in helping people with care and support needs to live full lives, free from abuse and neglect. Good care adopts the principles of person centered approaches and takes account of the individual's qualities, abilities and interests. Good care also includes preventing abuse, minimizing risk without taking control away from individuals, and responding proportionately if abuse or neglect has occurred.

Safeguarding vulnerable adults is a complex area. It is extremely wide, ranging from individuals who are incapable of looking after any aspect of their lives, to individuals experiencing a short period of illness or disability. A wide range of community services and professionals can also be involved, making it difficult to identify those with responsibility. Safeguarding adults is everybody's responsibility.

A key area of consideration is the implementation of the Mental Capacity Act (MCA) 2005 which is supported by a Code of Practice and sets out the legal framework for people who lack capacity. The MCA identifies who can take decisions and in what situations, as well as protecting the right of the individual not to be treated as unable to make a decision merely because they make an unwise decision.

1.2 Scope

The aim of this policy is to ensure that, throughout the work of Thistle Manor, we will safeguard and promote the welfare of vulnerable adults. We aim to do this by ensuring that we comply with statutory and local guidance for safeguarding and by ensuring safeguarding the rights of vulnerable adults is integral to all we do.

Thistle Manor is committed to implementing this policy and the practices it sets out. The home will provide learning opportunities and make provision for appropriate safeguarding adults training to all staff. This policy will be made widely accessible to staff and reviewed in March 2019.

This policy addresses the responsibilities of all employees. It is the responsibility of the Registered Manager and the Safeguarding Lead to brief all staff on their responsibilities under the policy.

1.3 Principles

Thistle Manor recognise that safeguarding vulnerable adults is a shared responsibility with the need for effective joint working between staff, external agencies, professionals, Service Users and Families with acknowledgement of different roles and expertise if the adult at risk is to be protected from harm.

In order to achieve effective joint working there must be constructive relationships at all levels, promoted and supported by:

- the commitment of all staff, at all levels within the care home to safeguarding and promoting the welfare of vulnerable adults;
- the commitment of senior managers to seek continuous improvement with regards to safeguarding
- clear lines of accountability within the care home for work on safeguarding;
- developments that take account of the need to safeguard and promote the welfare of vulnerable adults and is informed, where appropriate, by the views of the vulnerable adult and their families where appropriate;
- staff supervision, training and continuing professional development so that staff have an understanding of their roles and responsibilities, and those of other professionals and organisations in relation to safeguarding vulnerable adults;
- Safe working practices including recruitment and vetting procedures;
- Effective interagency working, including effective information sharing.

1.4 Breaches of policy

For employees, failure to adhere to the Safeguarding Adults Policy could lead to possible disciplinary action being taken. For others (volunteers, supporters, agency staff, and partner organisations) their individual relationship with the care home may be terminated.

1.5 Key Definitions

1.5.1 Adult Safeguarding

The Department of Health (2011) and the Care Act (2014) have agreed best practice principles for safeguarding adults that should be utilised to provide a benchmark for achieving good outcomes for patients.

Principle 1 – Empowerment - Presumption of person led decisions and consent

Adults should be in control of their care and their consent is needed for decisions and actions designed to protect them. Clear justification must be made and documented where action is taken without consent such as lack of capacity or other legal or public interest justification. Where a person is not able to control the decision, they should still be included in decisions to the extent that they are able. Decisions made must respect the person's age, culture, beliefs and lifestyle.

Principle 2 Protection - Support and representation for those in greatest need

All staff have a duty to support all patients to protect themselves. Staff have a positive obligation to take additional measures for patients and service users who may be less able to protect themselves.

Principle 3 Prevention

Prevention of harm or abuse is a primary goal. Prevention involves helping the person to reduce risks of harm and abuse that are unacceptable to them. Prevention also involves reducing risks of neglect and abuse occurring within the service.

Principle 4 Proportionality. Proportionality and least intrusive response appropriate to the risk presented

Responses to harm and abuse should reflect the nature and seriousness of the concern. Responses must be the least restrictive of the person's rights and take account of the person's age, culture, wishes, lifestyle and beliefs. Proportionality also relates to managing concerns in the most effective and efficient way.

Principle 5 Partnerships. Local solutions through services working with their communities.

Safeguarding adults will be most effective where citizens, services and communities work collaboratively to prevent, identify and respond to harm and abuse. The skills of the multiagency team should be utilised when safeguarding vulnerable adults.

Principle 6 Accountability. Accountability and transparency in delivering safeguarding

Thistle Manor is accountable to patients, service users and to their commissioning agencies. Working in partnerships also entails being open and transparent with partner agencies about how safeguarding responsibilities are being met.

1.5.2 Vulnerable adult

The Pan Lancashire and Cumbria Safeguarding Adults Boards procedures have adopted the definition of a vulnerable adult from Section 42 of the Care Act 2014:

1. An adult who may be vulnerable to abuse or maltreatment is deemed to be someone aged 18 or over, who is in an area and:
2. Has needs for care and support (whether or not the authority is meeting any of those needs);
3. Is experiencing, or is at risk of, abuse or neglect; and
4. As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

This could include people with learning disabilities, mental health problems, older people and people with physical disabilities or impairments. This can include people

who are vulnerable themselves as a consequence of their role as a carer for such a person. They may need additional support to protect themselves, for example, in situations such as domestic violence, physical frailty or chronic illness, sensory impairment, challenging behaviour, drug or alcohol problems.

Support provided should be appropriate to the person's physical and mental abilities, culture, religion, gender and sexual orientation and tailored to enable people to live lives that are free from violence, harassment, humiliation and degradation.

1.5.3 Adults with capacity

A person's ability to make a decision in regards to adult abuse may be affected by (Not an exhaustive list):

- Duress and undue influence;
- Lack of mental capacity.
- Use of threat or influence
- Power imbalance within a relationship

There may be a fine distinction between a person who lacks the mental capacity to make a particular decision and a person whose ability to make a decision is impaired, e.g. by duress of undue influence. Nonetheless, it is an important distinction to make.

Vulnerable adults who are in receipt of health or social care services and whose independence and well-being is at risk due to abuse can expect arrangements to be made that will promote their safety, independence and well-being in both the short and longer term. Thistle Manor will ensure all relevant and appropriate professionals are alerted and involved to support all adults wherever possible:-

- The right to be safeguarded from abuse.
- Their needs regarded as paramount.
- The right to be taken seriously.
- To be offered independent advocacy and/or support and be kept informed of safeguarding processes and outcomes, as appropriate. Thistle Manor will support any adult in facilitating access to advocacy services including making a referral in the absence of statutory services.
- The right to appropriate information on the safeguarding adults' process.
- The right to privacy and confidentiality throughout the safeguarding process, except where there is a requirement to override.
- The right to be involved in decisions regarding themselves, made as a result of the safeguarding process.

Any intervention to protect a vulnerable adult must be carried out with the consent of the adult concerned, there may be occasions where their consent may not be valid, due to consent needing to be over-ridden by an agency's duty to protect others. This may be when there are concerns regarding wider groups of vulnerable adults or children or when a criminal offence has taken place.

1.5.4 Lack of mental capacity for a specific decision.

The Mental Capacity Act (MCA) 2005 provides a [statutory framework](#) that underpins issues relating to capacity and protects the rights of individuals where capacity may be in question. MCA implementation is integral to safeguarding vulnerable adults.

The **5 principles** of the MCA must be followed and are directly applicable to safeguarding:

1. **A person must be assumed to have capacity unless it is established that he lacks capacity.** Assumptions should not be made that a person lacks capacity merely because they appear to be vulnerable;
2. **A person is not to be treated as unable to make a decision unless all practicable steps to help him do so have been taken without success.** Empower the person to make decisions about managing risks e.g. use communication aides to assist someone to make decisions; choose the optimum time of day where a person with dementia may best be able to evaluate risks;
3. **A person is not to be treated as unable to make a decision because he makes an unwise decision.** The person will wish to balance their safety with other qualities of life such as independence and family life. This may lead them to make choices about their safety that others may deem to be unwise but they have the right to make those choices;
4. **An act or decision made under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.** Best interest decisions in safeguarding take account of all relevant factors including the views of the person, their values, lifestyle and beliefs and the views of others involved in their care;
5. **Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's right and freedom of action.**

Where a person lacks capacity to make a decision, any use or restriction and restraint must be necessary and proportionate and to prevent harm to that person. Safeguarding interventions need to balance the wish to protect the person from harm with protecting other rights such as right to family life.

All interventions in safeguarding vulnerable adults must be:-

- lawful;
- proportionate to the risk;
- Respectful of the wishes of the person at risk with regard to their human rights.
- Documented within the person's care plan

2. SAFEGUARDING ADULTS POLICY

2.1 Statement of Responsibilities

Registered Manager

- To ensure that safeguarding vulnerable adults is integral to clinical governance and audit arrangements within the home;
- Ensure that the home meets the contractual and clinical governance arrangements on safeguarding adults;
- To ensure that all staff in contact with vulnerable adults to be alert to the potential indicators of abuse or neglect, and know how to act on those concerns in line with local guidance;
- To ensure that the home operates safe recruitment processes in line with national and local guidance including disclosure and barring and managing allegations against staff;
- Ensure safeguarding responsibilities are reflected in all job descriptions;

Designated Adults Safeguarding Lead and Champion

The roles and responsibilities do not equate to a full time role but where a person is identified to take on this role, these duties should be included in the job description.

The home's safeguarding lead is **Alan Ford**

(safeguardinglead@roefieldcare.co.uk) 01200 422681

The home's Mental Capacity Act lead is **Alan Ford**

(safeguardinglead@roefieldcare.co.uk) 01200 422681

Their role is to:

- Act as a contact on safeguarding adult and Mental Capacity Act matters; this may include requests to contribute to sharing information required for safeguarding investigations where appropriate;
- Disseminate information in relation to safeguarding adults/Mental Capacity Act to all staff members;
- Act as a point of contact for family members to bring any concerns that they have, to document those concerns and to take any necessary action to address concerns raised;
- Share information received on safeguarding concerns promptly with LCC Enquiry Team, clarifying or obtaining more information about the matter as appropriate and as advised;
- Facilitate access to support and supervision for staff working with vulnerable adults and families;

- Ensure that the staff team complete the homes agreed incident forms and analysis of significant events forms; for those individuals on the CHC framework incidents forms should be submitted to the commissioning support unit.

The responsibilities are to:

- Be fully conversant with the home's safeguarding adult policy, the policies and procedures of Lancashire's Safeguarding Adults Board; and the integrated processes that support safeguarding;
- Be responsible for facilitating training opportunities for individual staff groups;

Individual staff members, including all employed staff and volunteers

- To be alert to the potential indicators of abuse or neglect for vulnerable adults and know how to act on those concerns in line with national guidance and the pan Lancashire safeguarding adult procedures;
- To be aware of and know how to access Lancashire Safeguarding Adults Board's (LSAB) [policies and procedures](#) for safeguarding adults;
- To take part in training, including attending regular updates so that they maintain their skills and are familiar with procedures aimed at safeguarding adults and implementation of the Mental Capacity Act;
- Understand the principles of confidentiality and information sharing in line with local and [government guidance](#); this includes information sharing and consent guidelines in line with the General Data Protection Regulation
- To contribute, when requested to do so, to the multi-agency meetings established to safeguard and protect vulnerable adults;
- Recognise the importance of sharing information, in confidence and with a lead person, regarding concerns they have about a colleague's behaviour.
- To minimise any potential risk to vulnerable adults;

3. RECOGNITION OF THE ABUSE AND NEGLECT OF VULNERABLE ADULTS

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having 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. Thistle Manor should work with the professionals involved and the adult at risk to establish what being safe means to them.

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 or an omission to act or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented to, or cannot consent. Abuse can occur in any relationship and may result in

significant harm to, or exploitation of, the person subjected to it. The following categories of abuse are taken directly from the Care Act.

3.1 Categories of Abuse

Physical abuse: including assault, hitting, slapping, pushing and misuse of medication, restraint or inappropriate physical sanctions.

Domestic violence: including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence. Advice around referring high risk cases can be found here

http://panlancashirescb.proceduresonline.com/chapters/pr_contacts.html#black_marrac

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 or unreasonable and 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, or the misuse or misappropriation of property, possessions or benefits.

Modern slavery: encompasses slavery, human trafficking and forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Discriminatory abuse: including forms of harassment, slurs or similar treatment; because 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 such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

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, 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.

It is important to note that any or all of these types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.

3.2 Prevent

(Radicalisation of vulnerable people)

Radicalisation is defined as the process by which people (children or adults) begin to support terrorism and violent extremism and in some cases, to then participate in terrorist groups. Radicalisation is the process where someone has their **vulnerabilities** or susceptibilities exploited towards crime or terrorism – more often by a third party, who has their own agenda; this may take place face to face or via social media or the internet.

Prevent is a vital part of the UK's counter-terrorism strategy, to stop people becoming terrorists or supporting terrorism. It seeks to:

- Respond to the ideological challenge of terrorism and aspects of extremism, and the threat we face from those who promote these views;
- Provide practical help to prevent people from being drawn into terrorism and ensure they are given appropriate advice and support;
- Work with a wide range of sectors where there are risks of radicalisation and a multi-agency approach is needed including education, criminal justice, faith, charities, the internet and health.

Prevent addresses all forms of terrorism, including Far Right extremism and some aspects of non-violent extremism. Work is conducted with the Police, Local Authorities, Government Departments and health services.

Channel is a multi-agency process within Prevent, which aims to support those who may be vulnerable to being drawn into violent extremism. It works by Identifying individuals who may be at risk, assessing the nature and extent of the risk; and where necessary, referring cases to a multi-agency panel which decides on the most appropriate support package to divert and support the individual at risk.

The key challenge is to be vigilant for signs that someone has been or is being drawn into terrorism. Examples of concerns could be overhearing a staff member's conversation or a service user being encouraged to finance this type of activity. The care home Safeguarding/Prevent Lead will advise and signpost in raising concerns following the referral pathway in line with the policy and procedure.

It is important to note that prevent operates within the pre-criminal space and is aligned to the multi-agency safeguarding agenda.

- **NOTICE** – if you have a cause for concern about someone, perhaps their altered attitude or change in behaviour
- **CHECK** - discuss concern with appropriate other (safeguarding lead)
- **SHARE** – appropriate, proportionate information (safeguarding lead/police)

[Further information](#) can be found on the Lancashire Constabulary website.

Staff undertake 'Prevent' training as part of the mandatory training (<https://www.elearning.prevent.homeoffice.gov.uk/>)

3.3 Hate Crime

Thistle Manor is committed to working in partnership with other agencies to ensure that hate crime is identified, reported and dealt with in a timely and person centred manner, including safeguarding adults procedures are in place to ensure a robust, coordinated and timely response to situations where adults at risk become a target for hate crime. Coordinated action will aim to ensure that victims are offered support and protection and action is taken to identify and prosecute those responsible.

Identifying Hate Crime:

A hate crime is any criminal offence which is perceived, by the victim or any other person, to be motivated by a hostility or prejudice based on:

- disability
- race or ethnicity
- religion or belief
- sexual orientation
- transgender identity

This can be committed against a person or property. A victim does not have to be a member of the group at which the hostility is targeted. In fact, anyone could be a victim of a hate crime.

Reporting Hate Crime:

Hate crime in any form is wrong, that is why it is important that if hate crime happens, that it is reported. Some people may feel that the incident is too minor to bother the police but reporting it makes a difference – to the victim, their friends/family and to their community. Underreporting is a major issue in relation to all hate crime. Research has established that much higher levels of hate crime take place than are currently reported. By reporting hate crime when it happens, it can help stop it happening to someone else. It will also help the

police to better understand the level of hate crime in the local area, and improve the way they respond to it.

How to Report a Hate Crime or Hate Incident:

If you have witnessed or been a victim of hate crime you must report it. This can be done in a number of ways:

- In an **emergency** always ring [999](#)
- For **non-emergencies** ring [101](#)
- Report anonymously online via [True Vision](#)

Anonymous Reporting

If you do not want to talk to the police or fill in the reporting forms, you can still report a hate crime by contacting **Crimestoppers** on **0800 555111**. You do not have to give your name and what you say is confidential. It is free to call.

4. WHAT TO DO IF YOU HAVE CONCERNS ABOUT A VULNERABLE ADULTS WELFARE

4.1 Responding to an adult who tells you about abuse

Concerns about the wellbeing and safety of an Adult at Risk must always be taken seriously; this includes situations where the 'alerter' remains anonymous.

A worker, who is either directly or indirectly involved, who first becomes aware of concerns of abuse must report those concerns as soon as possible and in any case within the same working day to the relevant senior manager/ safeguarding lead within the home. If a worker is unable to speak to an internal source, they should refer concerns to the Local Authority immediately.

When a vulnerable adult makes a disclosure it is important to reassure the adult at risk and that the information will be taken seriously.

Give them information about what steps will be taken also including any emergency action to address their immediate safety or well-being.

If an adult in need of protection or any other person makes an allegation to you asking that you keep it confidential, you should inform the person that you will respect their right to confidentiality as far as you are able to, but that **you are not able to keep the matter secret** and that **you must inform** your manager/safeguarding lead within **Thistle Manor** and the Local Authority safeguarding team.

If it is thought a crime could have been committed, the police should be contacted immediately. It is important that you do not contact the alleged perpetrator or anyone that might be in touch with them. The disclosed information must be recorded in the care records in the way that the adult at risk describes the events, as this information

could be required at a later stage to support the enquiry. It is not your responsibility to investigate any alleged abuse but to refer clear and concise information.

The human rights and views of the adult at risk should be considered as a priority, with opportunities for their involvement in the safeguarding process to be sought in ensuring that the safeguarding process is person centred. Ability to consent to the safeguarding process should be determined by the person's mental capacity at that specific time in their understanding of risk and consequences of their situation. In determining validity of consent to making a safeguarding adult alert, the possibility of threat or coercion from others should also be explored and considered.

There may be instances where a safeguarding alert can be made without an adult at risk's consent, this could include circumstances where others could be at risk if the alert is not made or instances where a crime may have been committed and this is known as a public interest disclosure, to share information. If in doubt about making an alert, the case can be discussed with a senior colleague/ line manager, safeguarding lead or a member of the safeguarding team. (See Appendix 1 for contact details)

Anyone who is unsure as to whether abuse has occurred should make an alert in order for the relevant information to be gathered and a decision made about the appropriate course of action. Advice can be sought from the CCG safeguarding team and by contacting the Local Authority Safeguarding Adults Team.

4.2 Risk Assessment

It is best practice to raise an alert as soon as the abuse is witnessed, suspected or a disclosure is made. A preliminary risk assessment should be undertaken with the main objective to act in the adult at risk's best interest and to prevent the further risk of potential harm. It is important to consider the following:

- Is the adult at risk, still in the place where the abuse was alleged or suspected or is the adult about to return to the place where the abuse was alleged or suspected.
- Will the alleged perpetrator have access to the adult at risk or others who might be at risk?
- What degree of harm is likely to be suffered if the alleged perpetrator is able to come into contact with the adult at risk or others again?

Once the alert has been raised and if appropriate to be managed by the safeguarding process, the multi-agency safeguarding plan sets out an individual risk assessment plan to ascertain what steps can be taken to safeguard the adult at risk, review their health or social care needs to ensure appropriate accessibility to relevant services and how best to support them through any action to seek justice or rectify the situation in line with Lancashire County Councils procedures.

4.3 Making an alert to Local Authority Safeguarding Adults Team

An 'alert' is a response to a concern, where an individual believes that a vulnerable adult may be at risk of harm or abuse. Alerts should be raised as soon as abuse or

neglect is witnessed or suspected. This should always be the case if the adult remains in or is about to return to the place where the suspected/alleged abuse occurred and the alleged abuser is likely to have access to the adult or others who might be at risk. This can be done directly to the Safeguarding team or out of hours service or via whistleblowing procedures where necessary.

On receiving an alert, the person responsible must decide whether to make a referral to the Local Authority safeguarding team. Anyone who suspects or knows that abuse has taken place (or is still occurring) has a duty of care to report immediately to their own line manager and raise an alert directly to the local authority Safeguarding Adults Enquiry Team immediately when the concern is identified.

The alerter is not expected to prove abuse has happened but to provide information based on the disclosure from the vulnerable adult. All staff have a duty of care in terms of challenging poor practice and escalating their concerns appropriately.

| Information required to raise the alert |
|--|
| Who the alleged victim is |
| Who the alleged perpetrator is |
| What has happened |
| When abuse has happened |
| Where abuse has happened |
| How often is it happening |
| Who witnessed it |

NB: A referral should still be made even if some of this information is missing

| Contact Numbers | |
|---|------------------------------|
| Safeguarding Adults Team between 9am - 5pm | 0300 123 6721 |
| Out of hours | 0300 123 6722 |
| In an emergency if a person is at risk of serious harm or needs immediate medical attention | 999 |
| Police Public Protection Unit | 101 or 0845 125 35 45 |
| Regional Prevent Coordinator NHS Lancashire Area Team | 01138 248 938 |
| An alert can also be made on line by completing an electronic alert form which can be found on the Lancashire Safeguarding Adults Board website : | |

4.4 What to do if there is a professional disagreement

Generally there are good working relationships between agencies, but occasionally there will be a difference of professional views. At no time must professional disagreement detract from ensuring that the vulnerable adult is safeguarded. The person's welfare and safety must remain paramount throughout.

Where there is a difference of opinion between professionals, refer to Lancashire Safeguarding adult board procedures.

5. SAFEGUARDING CHILDREN

This policy recognises a Child as defined in the Children Act 1989 and 2004; **a child** is anyone who has not yet reached their 18th birthday. 'Children' therefore means children and young people throughout. Thistle Manor acknowledges accountability for the safeguarding of Children who are visiting the premises. All staff will receive level 1 training around the safeguarding of Children and follow systems and processes in place to protect children when visiting the premises further to reporting concerns to the local authority. See Appendix 2

6. INFORMATION SHARING

Sharing of information is vital for early intervention to ensure that vulnerable adults get the services they require. It is also essential to protect vulnerable adults from suffering harm from abuse or neglect. It is essential that all staff understand when, why and how they should share information (please see **Appendix IV**)

Always consider the safety and welfare of the vulnerable adult when making decisions on whether to share information about them.

Where there is concern that the vulnerable adult may be suffering or is at risk of suffering significant harm then their safety and welfare **must** be the overriding consideration and information must be shared.

Below are 7 key points on information sharing but for further detailed guidance refer to [Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers](#) (HM Government 2015)

Seven key points on information sharing:

1. **Remember that the Data Protection Act is not a barrier to sharing information** but provides a framework to ensure that personal information about living persons is shared appropriately.
2. **Be open and honest** with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. **Seek advice** if you are in any doubt, without disclosing the identity of the person where possible.

4. **Share with consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
5. **Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
6. **Necessary, proportionate, relevant, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
7. **Keep a record** of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

7. ATTENDANCE AT SAFEGUARDING MEETINGS

Thistle Manor contribution to multiagency safeguarding vulnerable adults meetings is invaluable and supports best practice. Priority should be given to attendance by the registered manager wherever possible. A written report should be made available for the meeting where the registered manager will not be in attendance. There is an expectation that an alternative senior member of the organisation is in attendance.

8. RECORDING INFORMATION

Where there are concerns about a vulnerable adult's welfare, all concerns, discussions and decisions made and the reasons for those decisions must be recorded in writing in the care records. Any bruises, marks and/or unexplained injuries observed should be clearly documented on a body map within the records. Available through the electronic systems.

9. MANAGING ALLEGATIONS

9.1 Managing allegations against workers who have contact with vulnerable adults

Vulnerable adults can be subjected to abuse by those who work with them in any and every setting. All allegations of abuse or maltreatment of vulnerable adults by an employee, agency worker, independent contractor or volunteer will be taken seriously and treated in accordance with Lancashire Safeguarding Adult Board policy and procedures (LSAB). This includes implementation of the Thistle Manor disciplinary procedures and possible suspension without prejudice.

Suspension of the employee concerned from his or her employment should not be automatic, but should be considered if:

- There is cause to suspect an Adult at Risk has suffered abuse or neglect; and/or

- The allegation warrants investigation by the police; and/or
- The allegation is so serious that it might be grounds for dismissal.

The Registered manager should, following consultation with the local authority Safeguarding Adults Enquiry Team and the Police where appropriate, inform the subject of the allegations. If it is deemed appropriate to conduct an investigation prior to informing those who are implicated, clear record needs to be made of why the registered manager took the decision.

[Further information](#) can be found on the Lancashire Safeguarding Adults Board website.

The registered manager will need to balance supporting the alleged victim, the wider staff team, the investigation and being fair to the alleged perpetrator. The alleged perpetrator will be considered innocent until proven otherwise. Suspension offers protection for them as well as the alleged victim and other service users, and enables a full and fair investigation/safeguarding risk assessment to take place.

All allegations should be followed up regardless of whether the person involved resigns her/his post, responsibilities or a position of trust, even if the person refuses to co-operate with the process. 'Compromise agreements', where a person agrees to resign without any disciplinary action and agreed future reference must not be used in these cases.

The outcome of the case conference maybe used to support the next steps. When it is concluded there is insufficient evidence to determine whether the allegation is substantiated, the chair of the safeguarding strategy meeting will ensure that relevant information is passed to the registered manager. The registered manager will consider what further action, if any, should be taken in consultation with the Local Authority safeguarding lead for Managing Allegations.

When an allegation of abuse or neglect has been substantiated, the registered manager should consult with the local authority safeguarding team for advice on referral to the Local Authority Designated Officer (LADO) and whether it's appropriate to make a referral to the professional or regulatory body and to the Disclosure and Barring Service (DBS), because the person concerned is considered unsuitable to work with Adults at Risk.

The registered manager should review the procedures to help prevent similar events from occurring in the future and to ensure lessons learnt are implemented.

9.2 Whistle-blowing

Thistle Manor recognises the importance of building a culture that allows all staff feel comfortable about sharing information, in confidence and with a lead person, regarding concerns they have about a colleague's behaviour. This will also include behaviour that is not linked to safeguarding but that has pushed the boundaries beyond acceptable limits. Guidance on developing a [whistle blowing procedure](#) is available on the Local Safeguarding Adults Board website.

9.3 Complaints procedure

Thistle Manor has a clear well publicised procedure that is capable of dealing with complaints from all service users, families and employees.

Please refer to the company complaint procedure available on the General Shared Drive and upon request. Consideration should always be given to whether a complaint meets the criteria for an adult safeguarding referral or managing allegations procedures.

10 LEARNING AND DEVELOPMENT OF STAFF

To protect vulnerable adults from harm, all staff must have the competences to recognise adults at risk of or actual abuse and to take effective action as appropriate to their role.

The Lancashire Safeguarding Adults Board (LSAB) has adopted the safeguarding adults' competency passport. It is considered best practice to utilise this.

Further information regarding [competencies](#) can be found on the Lancashire Safeguarding Adults Board website:

All staff undergoing learning and development are expected to keep an annual learning log for their appraisals and/ or personal development

Thistle Manor will regular team meetings where safeguarding vulnerable adults will feature as a discussion topic within the organisation.

The purpose of this meeting is to make sure all members of staff are fully aware of the homes policy and know what to do if they are worried an adult is being abused or neglected.

To support homes in ensuring staff are trained to the appropriate level, a range of e-learning material is available. E-learning training programmes are available on the Lancashire Safeguarding Adults Board [website](#) (See Appendix II: Safeguarding Adults Training for Care homes)

11 SUPERVISION OF STAFF

Staff working with vulnerable adults need to have access to support and supervision; this will provide an opportunity for staff to share their concerns and to enable them to manage the stresses inherent in this work. It also promotes good standards of practice, which are soundly based and consistent with local and national guidance for safeguarding vulnerable adults.

Supervision also provides an opportunity to ensure there is an understanding of roles and responsibilities, as well as the scope of professional discretion and authority. Safeguarding incidents should be discussed at team meetings to support wider learning of recommendations for practice. Opportunities for reflection and to identify any development needs may also be available through the appraisal process as safeguarding issues should form a standard part of this process. It is important to

note that staff shouldn't wait until supervision to share immediate concerns which need to be alerted to the safeguarding team.

Further guidance is available from the Safeguarding Lead.

12. FURTHER GUIDANCE FOR RAISING SAFEGUARDING CONCERNS

It is important that all staff are able to identify, assess and manage risks when dealing with safeguarding concerns. Furthermore staff should report and respond to these at the appropriate level. To assist with this, multi-agency guidance has been developed to aid decision making that ensures the most appropriate and proportionate response for the individuals involved. These should be used in conjunction with practitioners own multi-agency procedures.

[Lancashire Continuum of Need and Thresholds Guidance](#) (Children)

[Lancashire Threshold Guidance for Adult Safeguarding concerns](#) (Adults)

[Blackburn with Darwen Continuum of Need and Threshold Guidance](#) (Children)

[Blackburn with Darwen Threshold Guidance for Adult Safeguarding concerns](#) (Adults)

13. REFERENCE DOCUMENTS

In developing this Policy account has been taken of the following statutory and non-statutory guidance, best practice guidance and the policies and procedures of Lancashire Safeguarding Adults Board.

DH (2011) [Adult Safeguarding: The Role of Health Services](#)

DH (2005) The Mental Capacity Act [statutory framework](#)

DH (May 2011) [Statement of Government Policy on Adult Safeguarding.](#)

DH (November, 2011), [Building Partnerships, Staying Safe. - The Health Sector Contribution to HM Governments Prevent Strategy. Guidance for Healthcare organisations.](#)

DH (2010) [Clinical Governance and adult safeguarding: an integrated approach](#)

HM Government (2008) [Information Sharing: Guidance for practitioners and managers, DCSF publications](#)

HM Government (2010) Care homes registration (England) <https://www.gov.uk/nursing-homes-registration-england>

HM Government (2014); [The Care Act](#)

Prevent policy and strategy (2015) <http://www.lancashire.police.uk/help-advice/safer-communities/counter-terrorism/policy-and-strategy.aspx>

NHS England (2017) Prevent Training and Competences Framework

Care Quality Commission - Care Quality Commission (2015) [Guidance about compliance: Fundamental Standards of Quality and Safety](#)

Law Commission (2011) [Adult Social Care Report](#)

Local Safeguarding Adults Board [Policies, Procedures and Practice Guidance](#)
[NHS Employment Check standards \(2013\):](#)

Disclose and Barring Service - The primary role of the [Disclosure and Barring Service \(DBS\)](#) is to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Pan Lancashire and Cumbria Multi Agency Policy and Procedures (2017) Summary guide: Safeguarding Adults:

<https://www.blackpoolsafeguarding.org.uk/assets/uploads/Pan-lancs-Safeguarding-Policy-summary.pdf>

LANCASHIRE AND CUMBRIA SAFEGUARDING ADULTS POLICY AND PROCEDURES (2017)

<http://www.cumbria.gov.uk/elibrary/Content/Internet/327/949/43054122918.pdf>

Department of Health (2009) Responding to domestic abuse: a handbook for health professionals

National Institute for Healthcare Excellence (2014) [Domestic abuse and violence](#)
[Nice PH 50](#)

The responsibility for ensuring policies are reviewed belongs to the Registered Manager, who may delegate this responsibility

Possible signs and indicators of child abuse and neglect

Physical Abuse

| | | |
|---|--|--|
| Actions and behaviour of adult/ carer | <ul style="list-style-type: none"> Minor injuries Serious head injuries eg. Those resulting in fractures or head injuries Premeditated sadistic injuries Burns and scalds Bites Repeated abuse resulting from lack of control Injury resulting from physical chastisement | <ul style="list-style-type: none"> Shaking Poisoning Physical assaults regarded as bullying Suffocating Fabricated or induced illness Female circumcision Death/murder |
| Physical signs on child/ young person | <ul style="list-style-type: none"> Unconscious Unexplained bruising/marks or injuries Injuries of different ages Adult bite marks Outline bruising eg. belt, hand print Bruises to eyes, ears, finger tips Burns and scalds on hands, feet, buttock, groin, cigarette burns | <ul style="list-style-type: none"> Difficulty in moving limbs Blood in white of eyes, small bruises on head, bruises on rib cage—may be associated with shaking injuries Injuries and/or fractures in babies and children who are not mobile Drowsiness eg. from head injury or poisoning Female genital mutilation Genital/anal area injuries |
| Behaviour and emotional state of child/ young person | <ul style="list-style-type: none"> Aggressive Withdrawn or watchful behaviour Low self-esteem Poor concentration Poor self image | <ul style="list-style-type: none"> Flinching when approached or touched |

Emotional Abuse

| | | |
|---|--|--|
| Actions and behaviour of adult/ carer | <ul style="list-style-type: none"> Rejection Lack of praise and encouragement Lack of comfort and love Lack of secure attachment Lack of continuity of care eg. frequent moves Serious over protectiveness Inappropriate non-physical punishment eg. locking in bedroom, cold water in bath, frequent shouting at a child Humiliating and degrading behaviour, including bullying and racial abuse | <ul style="list-style-type: none"> Exposure to repeated incidents of domestic abuse Age or developmentally inappropriate expectations being imposed on the child Making the children feel frightened or in danger |
| Physical signs on child/ young person | <ul style="list-style-type: none"> Self harm behaviour, eg. mutilation, substance misuse, suicide attempts Developmental delay Eating disorders | |
| Behaviour and emotional state of child/ young person | <ul style="list-style-type: none"> Aggressive Withdrawn Low self-esteem and self worth Repetitive comfort behaviour eg. rocking or hair twisting Sudden speech disorders | <ul style="list-style-type: none"> No sense of achievement Lack of confidence, lack of positive identity Inability to play Failure to thrive Severe behaviour problems |

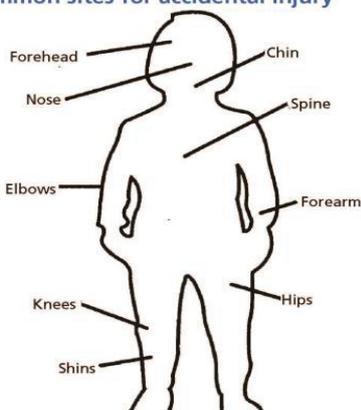
Sexual Abuse

| | | |
|---|---|---|
| Actions and behaviour of adult/ carer | <ul style="list-style-type: none"> Inappropriate fondling Mutual masturbation Digital penetration Oral/genital contact Anal or vaginal intercourse Sexual exploitation Exposure to pornography | <ul style="list-style-type: none"> Encouraging children/young people to become prostitutes Encouraging children to witness intercourse or pornographic acts Leaving a child in the care of a known sex offender Internet child pornography |
| Physical signs on child/ young person | <ul style="list-style-type: none"> Injuries to the genital/anal area Sexually transmitted diseases Pregnancy Bruises, scratches, burns or bite marks Eating disorders | <ul style="list-style-type: none"> Self harm eg. suicide, self mutilation, substance misuse Bleeding from vagina or anus Pain in passing urine or faeces Persistent discharge Warts in genital or anal area |
| Behaviour and emotional state of child/ young person | <ul style="list-style-type: none"> Nightmares and disturbed sleeping patterns Persistent offending, non-school attendance, running away Wetting, soiling, smearing excreta Significant changes in child's behaviour Depression | <ul style="list-style-type: none"> Sexual awareness which is inappropriate to child's age and developmental stage Sexually aggressive towards other children Low self-esteem Limited attention span Unexplained aggression or withdrawn behaviour. |

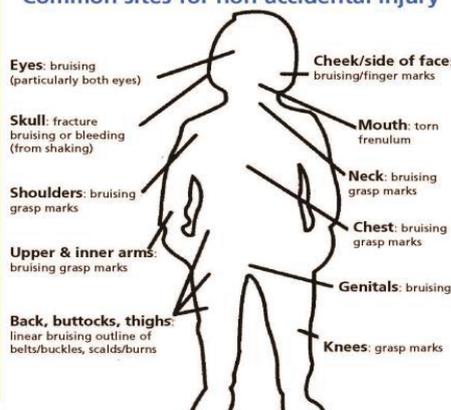
Neglect

| | | |
|---|--|---|
| Actions and behaviour of adult/ carer | <ul style="list-style-type: none"> Abandonment or desertion Leaving alone Malnourishment, lack of food, inappropriate food or erratic feeding Lack of warmth Lack of adequate clothing Lack of protection or lack of supervision appropriate to child's age and developmental stage Persistent failure to attend school | <ul style="list-style-type: none"> Leaving child alone to care for younger siblings Lack of appropriate stimulation Lack of protection from dangerous substances eg. fire, drugs, chemicals Lack of appropriate medical care Lack of secure attachment |
| Physical signs on child/ young person | <ul style="list-style-type: none"> Delayed physical development: underweight and small of stature Hands and feet which are cold and puffy Chronic nappy rash Slow growth in both weight and height Frequently smelly Persistently dirty, unkempt appearance | <ul style="list-style-type: none"> Persistently hungry Non-organic failure to thrive Impairment of health Death |
| Behaviour and emotional state of child/ young person | <ul style="list-style-type: none"> Low self-esteem Destructive tendencies Neurotic behaviour Running away Stealing or hiding food | <ul style="list-style-type: none"> Indiscriminately seeking affection from unfamiliar adults Impairment of intellectual behaviour Long-term difficulties with social functioning |

Common sites for accidental injury



Common sites for non-accidental injury



Be alert to the possibility of child abuse

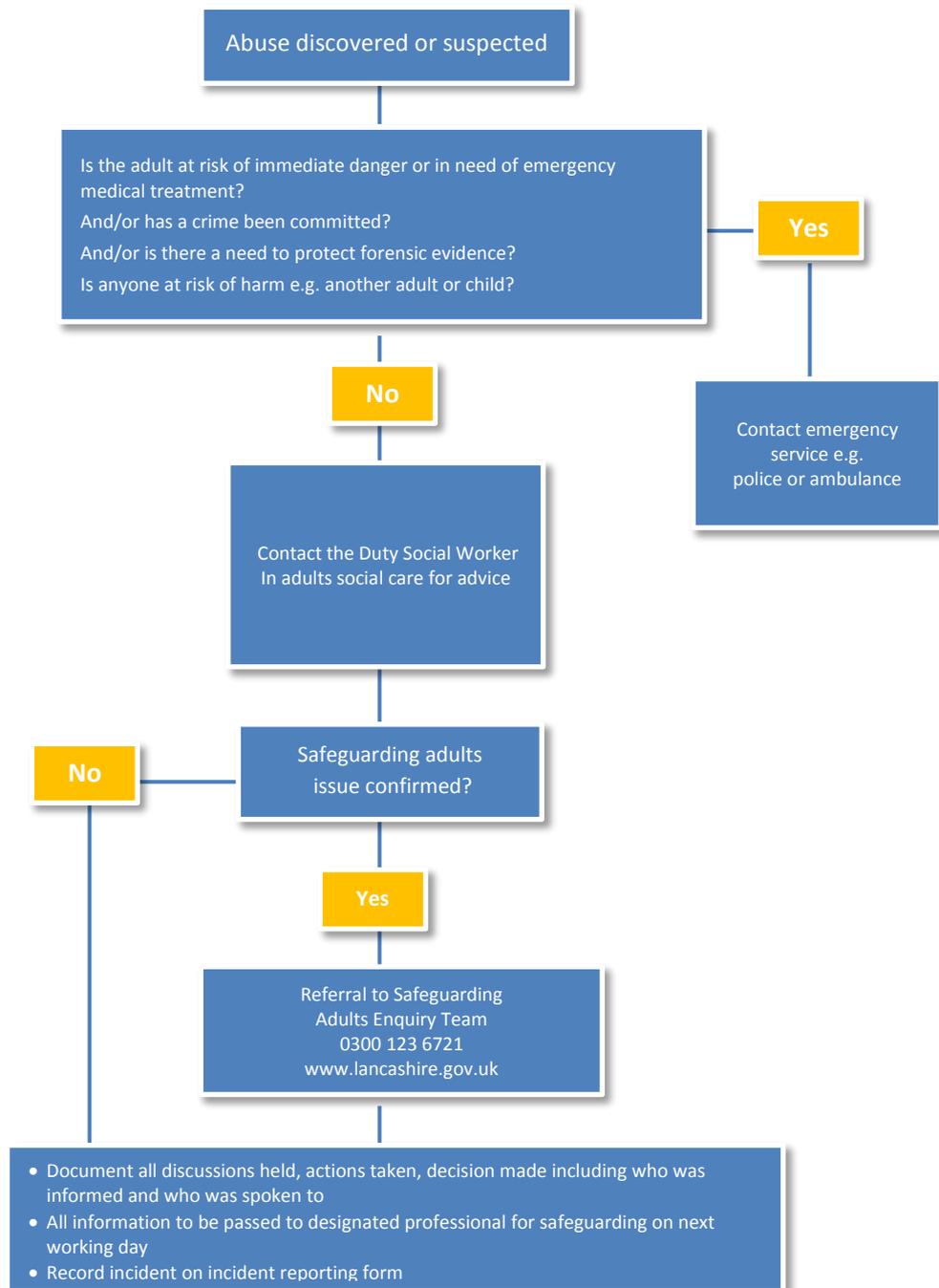
1. What is the injury? Does it appear accidental?
2. Where is the injury? Is it in an unusual site?
3. Does the explanation of the injury fit with the presentation?
4. When was it caused? Is the age of the injury right?
5. How was it caused? (both stated and suspected)
6. Who caused it? (both stated and suspected)
7. Witnesses? Do stories tally?
8. What action was taken afterwards by the family?

Implications for practice - signs and symptoms of abuse should never be interpreted in isolation and must always be assessed in the context of the child's medical and social history, developmental stage and explanation given

Appendix I

Appendix II

What to do if an adult is at risk of harm



**Safeguarding Adults Training for Care homes /
Requirements and accessibility within Lancashire**

| Adults | | |
|--|---|---|
| Target Group | Level/Group and suggested content | Training opportunities available |
| All clinical and non-clinical staff groups | <p>Introduction to safeguarding adult training</p> <ul style="list-style-type: none"> • What is abuse and neglect • How to recognise abuse and neglect • Appropriate action to take if an individual has concerns. <p>Refresher training at a minimum every three years. The e-learning programme can also be accessed as part of refresher training.</p> | <p>The Lancashire Safeguarding Adults Board provide training for staff working with vulnerable adults at level 1 via E learning to access: http://www3.lancashire.gov.uk/corporate/web/view.asp?siteid=3825&pageid=38308&e=e</p> |
| All clinical staff i.e. nursing staff / health care assistants etc. | <p>Safeguarding Adults – What you need to know</p> <ul style="list-style-type: none"> • What is abuse and neglect • Understanding the terms ‘vulnerable’ and adults ‘at risk’ • How to recognise potential or actual abusive situations • An overview of the background legislation and guidance • Recognition of local pathways and safeguarding structures <p>Understanding of CQC outcome 7 expectations</p> | <p>Link to the Pan Lancashire and Cumbria Multi Agency Safeguarding Adult Procedures Manual. The manual provides information about safeguarding adults at risk of abuse and neglect and how to make a safeguarding adult alert into social care http://www.lancshiresafeguarding.org.uk</p> <p>ELearning programme SCIE website http://www.scie.org.uk/publications/elearning/index.asp</p> <p>CCG Safeguarding and Mental Capacity Act Standards for commissioned services appendix 4 safeguarding standards for staff can be accessed on the CCG websites.</p> |
| All clinical staff | <p>Understanding the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DOLS)</p> <ul style="list-style-type: none"> • Awareness of the legal framework underpinning the mental capacity Act 2005 and the Deprivation of Liberty safeguards • Roles and responsibilities in respect of this legislation • Guidance on completing capacity assessments and applying the best interests check list | <p>Safeguarding leads/champions and registered managers may wish to arrange in house training sessions as a time effective way of delivering training to a group. They could simply go through their current policy, discuss potential case scenarios or deliver a presentation.</p> |

| | | |
|------------------|--|---|
| | <ul style="list-style-type: none"> • What makes a restriction a deprivation? • Awareness of the role of the Independent Mental Capacity Advocate (IMCA) | |
| All staff | <p>PREVENT training</p> <p>LEARNING OUTCOMES</p> <ul style="list-style-type: none"> • How to support and redirect individuals with vulnerability • How to share concerns, get advice, and make referrals | <p>Via eLearning: tbc</p> <p>Guidance- Building Partnerships, Staying Safe: guidance for healthcare organisations at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215251/dh_131934.pdf</p> |

Flowchart of key questions for information sharing

