

Introduction

It was the decision of the SSA Star Care Ltd Directors that “No Secrets” 2000 would remain the framework policy guidance that underpins local policies until the provisions of the Care Act 2014 were implemented.

In May 2013 a Statement of Government Policy set out six key safeguarding principles:

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. There must be clear justification 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 will 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

There is a duty to support people to protect themselves. There is a positive obligation to take additional measures for people 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 all services.

Principle 4 – 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.

Principle 6 – Accountability. Accountability and transparency in delivering safeguarding

Services are accountable to service users, patients, the public and to their governing bodies. Working in partnership also entails being open and transparent with partner agencies about how safeguarding responsibilities are being met.

Adults at Risk

An adult at risk is a person who is eighteen years or over and may be in need of community care or health services by reason of mental or other disability or illness; and who is or may be unable to take care of him or herself or able to protect him or herself against significant harm or exploitation.

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13

The intention of this regulation is to safeguard people who use services from suffering any form of abuse or improper treatment while receiving care and treatment. Improper treatment includes discrimination or unlawful restraint, which includes inappropriate deprivation of liberty under the terms of the Mental Capacity Act 2005.

Issue No: 1	Revision No:	
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Protection of Vulnerable Adults Policy

SSA Star Care Ltd

To meet the requirements of this regulation, providers must have a zero tolerance approach to abuse, unlawful discrimination and restraint. This includes:

- neglect
- subjecting people to degrading treatment
- unnecessary or disproportionate restraint
- deprivation of liberty.
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Providers must have robust procedures and processes to prevent people using the service from being abused by staff or other people they may have contact with when using the service, including visitors.

Abuse and improper treatment includes care or treatment that is degrading for people and care or treatment that significantly disregards their needs or that involves inappropriate recourse to restraint.

For these purposes, 'restraint' includes the use or threat of force, and physical, chemical or mechanical methods of restricting liberty to overcome a person's resistance to the treatment in question.

Where any form of abuse is suspected, occurs, is discovered, or reported by a third party, the provider must take appropriate action without delay. The action they must take includes investigation and/or referral to the appropriate body. This applies whether the third party reporting an occurrence is internal or external to the provider.

Current Legislation

Care Act 2014

Equality Act 2010

Protection of Freedoms Act 2012

Health and Social Care Act 2008 Regulations 2014

Adult Support and Protection (Scotland) Act 2007

Mental Health Act 2007

Safeguarding Vulnerable Groups Act 2006

Mental Capacity Act 2005 (and Deprivation of Liberty Safeguards)

Data Protection Act 1998

Human Rights Act 1998

Public Interest Disclosure Act 1998

Employment Rights Act 1996

NHS and Community Care Act 1990

Mental Health Act 1983

National Assistance Act 1948

Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Care Quality Commission (Registration) Regulations 2009

Public Interest Disclosure (Prescribed Persons) (Amendment) Order 2003

Childrens Act 2004

Working Together to Safeguard Children, HM Government, 2013

Issue No: 1:	Revision No:	
Issue Date: 23.8.2019	Authorised by: Nirupama Singh	

Responsibilities

SSA Star Care Ltd will ensure that:

1. Service users will be protected from abuse by the operation of sound recruitment policies which are designed to exclude untrustworthy individuals or potential abusers from working in a position of trust with vulnerable service users. SSA Star Care Ltd will ensure that all new and potential appointments and volunteers are given rigorous pre-employment checks, including the use of Disclosure and Barring Service (DBS) checks and by the taking up of at least two work references, (one from the most recent care employer), before the individual starts work. DBS checks have been renewed as a minimum every three years for all staff.
2. All staff and volunteers are trained to be aware of adult protection issues. The need for vigilance will be stressed to staff of all job roles and positions during induction training and subsequently in regular updates and attendance on local safeguarding courses. Induction training also includes training in what staff should do if they suspect abuse is taking place and who to report their concerns to. All staff will be trained in the recognition and identification of abuse, thus enabling them to maintain a more effective vigilance concerning the possibility of abuse of service users from whatever source. The Care Manager is required to attend appropriate local authority safeguarding alerters courses.
3. A climate of 'openness, honesty and awareness' among staff, service users, families and relatives will be encouraged which enables both staff and service users to freely raise concerns about any behaviour which they suspect might be abusive or which might lead to abuse. Service users will be reassured that they will not be victimised for speaking out and will be informed of where they can raise their concerns.
4. A staff member who suspects that abuse may be occurring, or who witnesses a situation in which a service user may be actually being abused, will be told to report the incident to their care manager immediately.
5. Where staff are worried that they may be victimised because of their disclosure they will be made aware that the organisation has a Whistleblowing Policy in place which means that they are protected under the **Public Interest Disclosure Act 1998** (see Whistleblowing Policy).
6. Upon receiving a report of suspected or alleged abuse the care manager will take immediate action to ensure the safety of the service user concerned and begin an investigation, reporting the matter to the registered person as necessary.
7. A staff member who is accused or suspected of abuse will be dealt with according to the disciplinary procedure which, subject to risk assessment, will usually mean the individual being suspended, without prejudice to that individual, pending investigation.
8. Any member of staff who has been dismissed for misconduct which harmed or placed at risk of harm a vulnerable adult will be reported to the Disclosure and Barring Service (DBS).
9. Staff and the Care Manager will work closely with partner organisations where required, including the police and local safeguarding boards, and will cooperate in any abuse investigations. They will follow any protection plan agreed through multi-agency procedures in order to reduce the risk of further abuse after an actual or suspected case of abuse.
10. Records will be kept of all safeguarding issues and relevant decisions. The Care Manager must use the Safeguarding Referral Overview Form checklist to ensure the thoroughness of their actions.

Issue No: 1:	Revision No:	
Issue Date: 23.8.2019	Authorised by: Nirupama Singh	

Management duties

The Care Manager in SSA Star Care Ltd have a duty

- to:
- Regularly review and make recommendations with regard to revising policies and procedures to combat abuse, in accordance with current good practice. Ensure that staff are issued with any updates to these policies and procedures.
 - Operate systems of management, supervision, internal inspection, and quality control which are designed to reveal abuse if it exists and encourage a culture and ethos for the organisation which is hostile to any sort of abuse.
 - Operate recruitment policies and procedures which identify and exclude from employment in the organisation potential or actual abusers.
 - Provide training for staff in all aspects of abuse and protection, including their duties to protect service users from abuse and their rights to protection under the Public Interest Disclosure Act 1998 and the organisation's Whistleblowing Policy.
 - Investigate any evidence of abuse speedily and sympathetically in full collaboration and cooperation with all other relevant adult protection agencies.
 - Monitor cases and incidents, analysing trends and patterns and implementing improvements to procedures if an investigation into abuse reveals deficiencies in the way in which the organisation operates or loopholes which could be exploited by abusers.

Staff duties

Staff in this organisation have a duty to:

- Provide service users with the best possible care at all times and to never engage in any action or activity that could be construed as abusive.
- Report any suspicions they might have that abuse is occurring to the care manager.
- Cooperate in every possible way in any investigation into an alleged abuse.
- Participate in training activities relating to abuse and protection.

Overall Responsibility

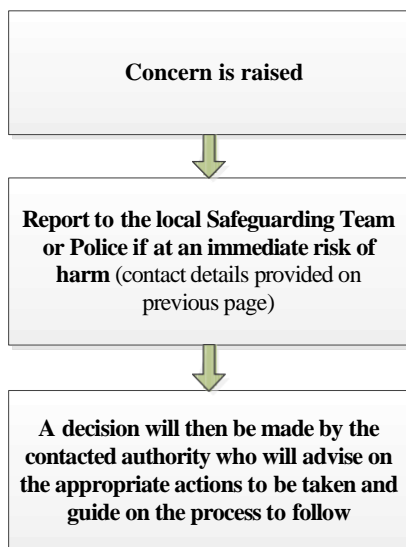
Responsibility for the implementation, monitoring and review of this policy lies with the Registered Manager and the Service Provider.

Issue No: 1:	Revision No:	
Issue Date: 23.8.2019	Authorised by: Nirupama Singh	

Do not be afraid to contact Social Services or the Police to discuss it. They will then advise on the appropriate action for you to take.

What happens when you as a client make a safeguarding referral?

Externally reported



Internally Reported



Contact: The Care Manager must contact the Safeguarding Adults Team.

If you think that they may be at immediate risk of harm then you should contact the Police by calling 101.

Support: If you require any further independent advice on safeguarding or similar issues such as the Mental Capacity Act or seeking advocacy, you can contact the Department of Health or look at their website.

Employee Factsheet: Safeguarding People who use Services from Abuse

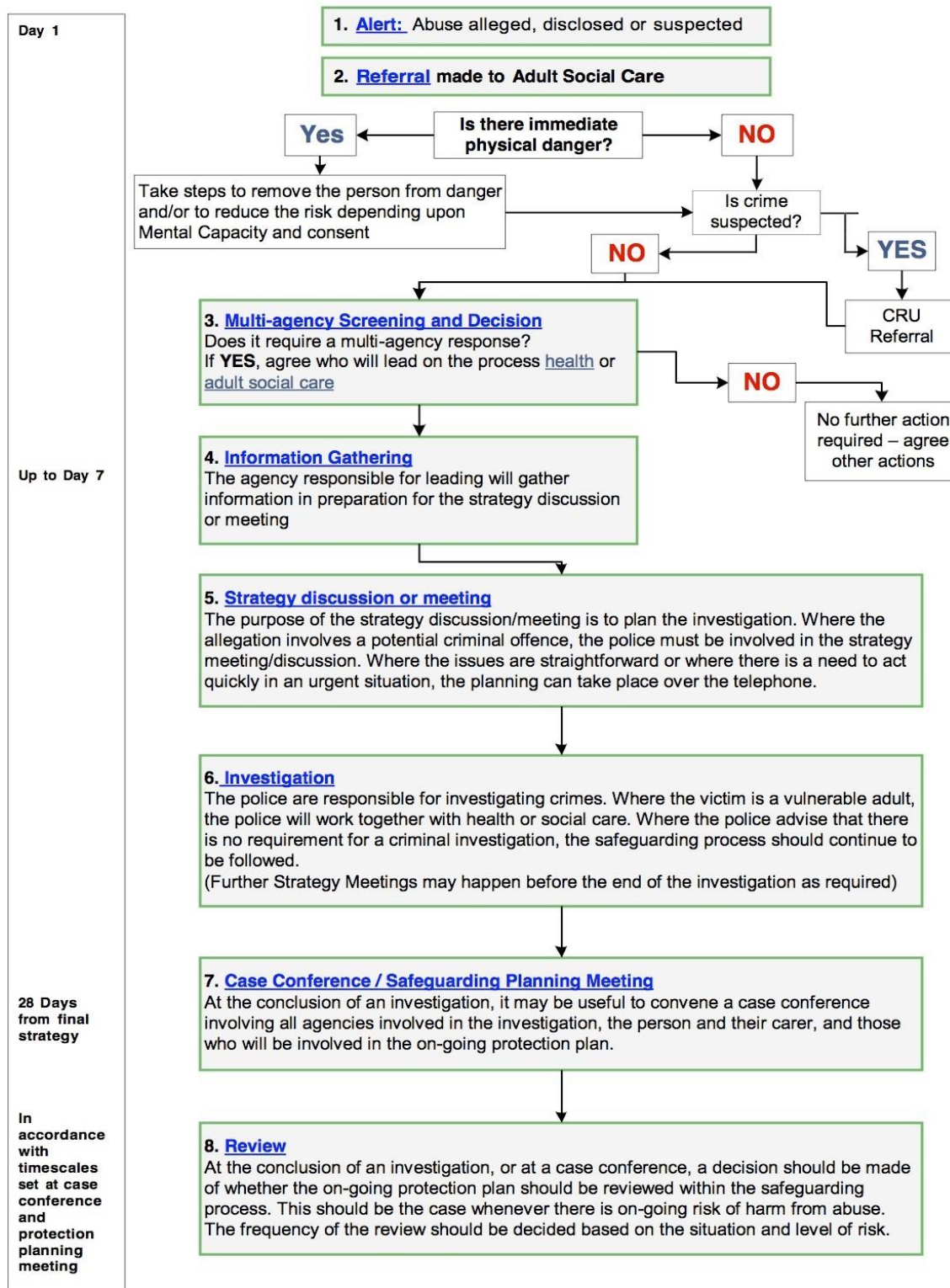
Care staff must make sure that:

- service users are protected from abuse/harm or the risk of abuse/harm, which includes abuse that is sexual, physical or psychological, and theft, misuse of money or property, neglect and harmful acts of omission, degrading treatment and discrimination
- staff recognise their personal responsibility in safeguarding service users, and as far as reasonably possible, any potential for abuse/harm is identified and prevented before it occurs
- any identified or suspected abuse/harm is acted on and prevented without delay, and the abuse/harm is reported to the relevant authority
- the service user and others at risk are separated from the alleged abuser, or the risk is managed by removing the opportunity for the abuse/harm to occur, if possible
- the service user is supported after any such incident by reviewing their plan of care
- after actual or suspected abuse/harm has been reported and managed, staff follow the revised protection plan agreed with other services, and involve the service user in the safeguarding process as much as they wish to be involved
- all incidents, concerns and complaints are monitored and reviewed to prevent any potential safeguarding concerns or abuse/harm, and are appropriately received and acted upon by staff
- staff know their rights and are confident that they can report any suspected abuse/harm without fear of reprisals
- service users are protected by government and local safeguarding guidance, which includes which methods can be used for control and restraint
- they understand and apply the Mental Capacity Act 2005, and the Deprivation of Liberty Safeguards.

Issue No: 1:	Revision No:	
Issue Date: 23.8.2019	Authorised by: Nirupama Singh	

Alerter's Flow Chart

The Eight Stages and Timescales for Safeguarding Adults



Safeguarding Investigation Process**Responding To Disclosure**

Many incidents of abuse are identified when the abused person discloses the information themselves. The abused person may not understand that they are being abused and so do not realise the significance of what they are telling you. Some disclosures happen many years after the abuse. There may be good reasons for this e.g. the person they were afraid of is no longer in contact or part of their daily life.

Such a delay in the reporting of incidents of abuse by an individual is not in itself, sufficient reason to doubt its truthfulness or significance. When someone discloses to you, remember you are not investigating.

Do:

- Stay calm and try not to react in such a way as to cause anxiety to the individual, i.e. shocked, appalled, hesitant.

Tell the person that:

- They did a good/right thing in telling you.
- You are treating the information seriously.
- It was not their fault.

Listen very carefully. Be empathetic. Be aware of the possibility that medical evidence might be needed. Explain that you must tell your Manager and the Manager will contact Social Services, Health and Police.

The Manager will, in specific circumstances, be required to contact Adult or Child Social Care without their consent but the service user's wishes will be made clear throughout. The management may be required to contact Social Services without consent where the level of risk to the vulnerable adult is considered to be very high, a crime has been committed or where other vulnerable adults are also at risk.

There may be circumstances where the alerter believes it would be safer not to tell the vulnerable adult that you will be informing your manager about the information disclosed, i.e. where you believe it may place the vulnerable adult at more risk. An example of this would be when the vulnerable adult is very anxious and the alleged abuser is in a position to insist the person tells them what is wrong. If a safeguarding adult alert and referral is made but the vulnerable adult is reluctant to continue with an investigation this will be recorded in any Strategy Discussion meeting minutes.

Do not:

- Press the person for more details.
- Promise to keep secrets (you can never keep this kind of information confidential).
- Pass on the information to anyone other than those with a legitimate "need to know", most likely to be your Care Manager.
- Make promises you cannot keep (such as I will never let this happen to you again).
- Contact the alleged abuser.
- Be judgmental (e.g. "Why didn't you run away?").
- Gossip about abuse.
- Stop someone when they are telling you what has happened to them as they may never tell you again.

Issue No: 1:	Revision No:	
Issue Date: 23.8.2019	Authorised by: Nirupama Singh	

You must:

- Tell management regardless of what the person says.
- Note what the person actually said using their own words and phrases and keep the first hand written notes of the account.
- Describe the circumstances in which the disclosure came about.
- Note the setting and anyone else who was there at the time.
- Consider the need to preserve physical evidence.
- When appropriate use a body map to indicate the location of cuts, bruises and abrasions, noting in particular the colour of any bruising.
- Make sure the information you write is factual. You may wish to record a third party's information. If you do, ensure the separation is made very clear.
- Use a pen or biro with black ink so that the report can be photocopied and try to keep your writing clear.

Sign and date the report, noting the time and location. Be aware that your report may be needed later as part of a legal action or disciplinary procedure. Your manager will contact the Department for Adult Social Care or the police in an emergency.

Making an Alert

Protecting Vulnerable Adults is everyone's responsibility. Everyone could potentially be an alerter.

Alerting or, in other words, raising a concern about abuse, or potential abuse involves:

Recognising signs and signals of adult abuse

Responding appropriately and sensitively to disclosures

Taking action, when necessary, to protect an adult and preserve evidence

Reporting a concern, disclosure, or allegation

A CONCERN of abuse is where a person or agency suspects that a person(s) is / are being abused.

An ALLEGATION of abuse is where a person or agency states that a person(s) is / are being abused.

A DISCLOSURE of abuse is where a person(s) states that they are being abused.

As an alerter you are not being asked to substantiate or prove that information is true. You are being asked to record your concerns or any disclosures made to you and report them to Social Services, Health or Police. The Police have responsibility for establishing whether a criminal offence has been committed or not.

It is the responsibility of the statutory authority to then instigate the Safeguarding Adults process, and you will be kept informed about this.

These procedures have been implemented to ensure that the response to any abusive situation is made at an appropriate level, is co-ordinated and happens in the least intrusive way for the vulnerable adult.

If you are unhappy reporting this to your manager, report to another appropriate person such as the Safeguarding Adults Teams. You could also contact the commissioner of the person's care, another senior person in your organisation who you trust who can support you or CQC on their national number.

Issue No: 1:	Revision No:	
Issue Date: 23.8.2019	Authorised by: Nirupama Singh	

Should you suspect that your Manager could be involved in the abuse, contact the Police or /and and Social Services directly.

You may be invited to co-operate with any investigation. This may include:

- Providing a statement.
- Attending strategy meetings and case conferences.
- Contributing towards the future plans for the vulnerable adult's care and / or protection — depending upon the level of your involvement with the individual.

Remember:

- Do not start investigating the incidents yourself.
- Do not talk to the alleged abuser about the incident if they contact you and NEVER give them any information about the abused person, especially NOT the abused person's whereabouts.

At this stage, do not discuss what has happened with carers or relatives of the abused person.

What Happens to your Alert/Referral?

It is vital to acknowledge how important the recognition and reporting of adult abuse plays in the overall protection of vulnerable adults.

Alerters will be given appropriate feedback following Strategy Meetings.

Confidential Alerters

If your Manager is the abuser, or is colluding in the abuse, you may need to find someone you can trust outside your immediate agency.

The Vulnerable Adult's best interests are paramount and the common law 'duty of care' requires that each employee has a responsibility to:

- Draw attention to any matter they consider to be damaging to the interests of a Service User, Carer or colleague.
- Put forward suggestions that may improve a Service.
- Correct any statutory omissions.
- Prevent malpractice.

Issue No: 1:	Revision No:	
Issue Date: 23.8.2019	Authorised by: Nirupama Singh	

Management Reporting

All cases of abuse where the victim gives consent should be referred to social services without delay. In situations where there is evidence of a criminal act, the case should be reported immediately to the police by the manager. This is particularly important in suspected sexual abuse where the police will want to gather evidence as rapidly as possible. Referral to the police or social services should include:

1. personal details of the victim
2. the referrer's details
3. the substance of the allegation
4. details of the alleged abuser
5. details of specific incidents or events including dates, places, injures, witnesses, etc
6. whether or not consent has been given to take the matter further.

Once a referral has been made social services will then work to own guidelines and procedures and care agency staff should ensure that they co-operate. All facts, incidents, assessments and discussions related to the suspicions should be recorded clearly and accurately in the Service User Plan of Care as soon after the incident as possible. Opinions and conjecture should be avoided and an attempt made to capture only facts. Such records are strictly confidential and should be kept securely and safely according to the Data Protection Act 1998. They may be used as evidence in a future criminal investigation.

Where no referral to social services is made, in line with the victim's wishes, then alternative courses of action should be considered and the service user given appropriate support. In the case of a member of staff being the alleged abuser, the agency should proceed with disciplinary action and an internal investigation in line with the agency's disciplinary policy. The action of the staff member may constitute grounds for dismissal through gross misconduct, even if no criminal case is pursued. Here it should be remembered that the burden of proof in civil law is not as stringent as that in criminal law. Careful notes should be kept outlining the exact suspicions and the action taken. In the case of a relative or carer being the alleged abuser, it will be for the social services to decide on appropriate action. In all cases, the situation should be carefully monitored.

Local social services departments will always be willing to advise agencies who have suspicions of abuse and there are several organisations who run confidential helplines and offer similar advice.

Agencies and workers must also be prepared to accept that, in some cases of abuse, little action can be taken beyond continued support, recording and monitoring due to limitations in the law and the victim not wanting to proceed. However, in all cases, detailed written records should be kept in a secure place and all staff should work together to minimise the risk of further abuse.

The Police

The police, for their part, have a duty to investigate any possible criminal offences which will include interviewing victims, witnesses and suspects and gathering evidence. This process may not always end in criminal proceedings, but early involvement will give the police the best opportunity to conduct their investigations effectively. Cases of suspected sexual abuse should always be reported to the police immediately.

Issue No: 1:	Revision No:	
Issue Date: 23.8.2019	Authorised by: Nirupama Singh	

Procedure for Responding to an Allegation of Abuse

Listen and reassure

Listen carefully to the person making the allegation, and reassure them that their allegations are being taken seriously.

At the outset listen carefully to what is being said, allowing the person to continue at their own pace. Ask questions for clarification, rather than suggesting answers and reassure the person that the allegation is being taken seriously. Find an appropriate opportunity to explain that it is likely that information will need to be shared – do not promise to keep secrets. If possible, take a note of what has been said as well as the time and date using the Incident Report we keep at our organisation offices.

Action to be taken by the care support worker

1. In an emergency situation the immediate health or safety of the victim is the first concern. Staff should talk to the victim and assess the situation, summoning help, giving first aid and calling for medical support, an ambulance or the police as necessary. If the abuser is still present, staff should attempt to calm the situation, but should not place themselves at risk.
2. In situations where the suspected victim asks a member of staff not to tell anyone, the care worker should advise the service user or other carer that they cannot keep that confidentiality and must by policy inform the management or person-in-charge.
3. Note any suspicious signs and symptoms as well as known precipitating factors. (Observe carers, other residents and visitors as well as the dependent).
4. Report the incident to the Management. They will be responsible for making a **preliminary assessment**.

Action to be taken by Management

Report the incident as fully as possible to the appropriate Social Services office or the Adult Abuse Team before the end of their shift.

The **Safeguarding Manager** will ensure that all facts, incidents, assessments and discussions related to the suspicions of abuse are recorded clearly and accurately in the service users file as soon after the incident as possible. Under the Data Protection Act 1998 such records are confidential and so should be kept safely and securely; they may be used as evidence in a future criminal investigation. The Manager must also:

- Gather information such as: the personal details of the victim; the substance of the allegation; details of the alleged abuser; details of specific incidents or events including dates, places, injuries, witnesses, etc; whether or not consent has been given to take the matter further.
- Inform, without delay, **the local Safeguarding Adults Team, or the local Safeguarding Children and Young People Team**. Depending on these discussions the Manager will:
 - **Report the matter to the Police where there is evidence of a criminal act.**
 - Ensure that everyone involved is interviewed separately as part of normal practice.
 - Discuss the situation confidentially with the client's doctor and relevant staff.

Issue No: 1:	Revision No:	
Issue Date: 23.8.2019	Authorised by: Nirupama Singh	

Consider contacting the emergency services and making a report to the regulator if the service user is in immediate danger or a crime has been committed. From your understanding of the allegation is the service user in immediate danger or harm?

If YES consider whether the emergency services need to be contacted, which may include medical services as well as the police. The police should be contacted immediately if a crime has been committed or if it is suspected a crime has been committed.

Regulations in England, Wales and Northern Ireland require the Registered Manager, or their representative, to inform the appropriate statutory regulator within 24 hours of them making a report to the police. If someone else has informed the police, then the 24 hours count from when the registered manager was first informed that the police had been contacted.

Use the multi-agency policy and procedure

Where the allegation does not indicate that the service user is in immediate danger then use the local multi-agency policy and procedure as the guide on next steps.

If service user is not in immediate danger refer to the guidance in the appropriate local authority or Health Trust multi-agency abuse policy. This will provide key information on what to do.

Contact the safeguarding protection team

Contact your local safeguarding protection team to take advice.

All allegations of abuse are likely to require contact with the adult protection team at the local authority as the primary course of action. This will help inform how the investigation should proceed and who will take responsibility for different aspects of the investigation.

Consent

In general, the victims of abuse do not have to take action against their abuser, and have the right not to. However, where we are caring for a vulnerable adult who may continue to be in physical danger, or who is not the only person at risk or involved, or when the management consider that the service user is incapable of making an informed decision or of giving consent, then the management will take the necessary action on behalf of the service user.

Further Action

A full investigation is required. Where a member of staff is the alleged abuser they should be suspended, in line with the home's disciplinary policy, once we have the complaint or allegation in writing. However, we shall take police guidance on this matter whilst a criminal investigation is taking place and any internal investigation may have to be delayed.

Informing and discussing the matter with the Care Quality Commission.

Once a referral has been made to the Safeguarding Co-ordinator at Social Services there will be an investigation and an assessment will be made of the needs of the victim and the victim's carers. A case conference may then be arranged and a package of care and support set in place as appropriate. Social services will work hand-in-hand with the police throughout this process and may continue to monitor the situation for some time.

Issue No: 1:	Revision No:	
Issue Date: 23.8.2019	Authorised by: Nirupama Singh	

The police have a duty to investigate any possible criminal offences which will include interviewing victims, witnesses and suspects and gathering information. All staff are required to co-operate fully as a condition of further employment with the company.

A disciplinary procedure will follow, if appropriate, as a result of the investigation findings.

We will ensure that a plan of care is made, where appropriate, in discussion with GP, District Nurses, Care Manager and Personal Care Workers, and implement this plan. Ensure that this action plan is monitored and that a date is set to review progress.

Ensure all details are carefully documented, whatever the outcome, and that all interested parties are informed. These records will be kept and made available to Lead Inspectors of the Care Standards Commission.

A higher standard of proof is required in criminal proceedings than in disciplinary or regulatory proceedings (where the test is the balance of probabilities).

Any member of staff dismissed, or is subject to criminal proceedings, due to allegations of abuse will be referred for possible inclusion on the Protection of Adults register.

If the alleged abuser is a service user then the information about his or her involvement in an adult protection investigation, including the outcome of the investigation, should be included on his or her case records. If it is assessed that the individual continues to pose a threat to him or herself or other service users then this should be included in any other information that is passed on to service providers.

Suspension and investigation

SSA Star Care Ltd must consider suspension of the worker as part of the investigatory process. We have regard to the recommendations and advice from the local adult protection officials. However, SSA Star Care Ltd as a good employer is aware that they have the responsibility for the fair treatment of their employees and should take their own legal advice on suspension, as well as undertake suspension according to the agency's own official disciplinary policy and procedures. Any suspension must be on full pay.

Inform our insurer

The relevant insurer should be informed about the investigation at an early stage.

Follow police advice

Follow police advice where a criminal investigation is taking place. In cases where the police are already involved, they may wish to conduct a criminal investigation and require a provider not to pursue internal investigations which may hamper the evidence. Always follow the police advice.

Consider referral to a barring list

Take advice from the advisory teams that run the barring lists (POVA List), if advised to make a referral to these lists. This is usually after the disciplinary process has finished. We may also be asked to make a referral to the POVA list by the adult protection team or by the regulator. It is primarily the employer's responsibility to make the referral and in order to ensure you have the evidence to make a referral you should take advice from the POVA team on what is needed. Referrals to these lists should generally be made once the disciplinary process has concluded and there is evidence that a referral should be made.

Issue No: 1:	Revision No:	
Issue Date: 23.8.2019	Authorised by: Nirupama Singh	

- Any staff from whom evidence is taken will be assured that they will be dealt with in a fair and equitable manner and informed of their employment, legal and procedural rights.
- The alleged victim of the abuse, and where appropriate their relatives, friends or representatives, will at all times be kept as fully informed as possible of what is happening regarding the suspected abuse.
- The investigation will be carried out as quickly as possible and the findings presented to the local safeguarding strategy group, which will then decide what further action to take.

Following the Investigation

- If it seems from the investigation that on the balance of probabilities abuse did indeed take place, the Care Manager will, if the abuser is a staff member, initiate and carry through proceedings according to the agency's disciplinary policy or, if the abuser is not a member of staff, take action to involve other responsible bodies.
- If abuse is proved against a staff member, the Care Manager will initiate appropriate action, which most likely will be dismissal and referral to the Disclosure and Barring Service.
- Other employment sanctions could apply depending on whether there might have been mitigating or extenuating circumstances. In some cases retraining could be appropriate.
- The service user or representatives will be informed of the outcome of the investigation and any further action and will be consulted about whether any redress or apology would be appropriate and helpful to them.
- The Care Manager will take appropriate steps to inform the Disclosure and Barring Service for possible inclusion of the person on its barring lists as someone who is unsuitable to work again with vulnerable adults and possibly children.
- At all stages of the process, a careful record will be kept of all action taken, paying particular attention to the sensitivity of the abused person.

Planning Further Action

At the end of an incident involving possible or actual abuse, the Care Manager should review what has happened with a view to assessing whether the agency or its management has been in any way culpable, ineffective or negligent, learning lessons for the way the agency should operate in the future, and passing on any appropriate information to other agencies.

If necessary the agency's policies, procedures and training arrangements should be modified in response to any material that has emerged from the incident or the investigation. The agency might carry this out with advice and guidance from the local safeguarding authority.

Record keeping

We ensure that the allegation/incident is fully recorded throughout the process. We ensure that all allegations and incidents are recorded both in-house and on the personal file of the service user.

Keep the service user informed

Throughout, we keep the service user informed of what is happening as this will be a distressing and unsettling time for them. Throughout the process we ensure that we are engaged with the service user and that their safety, security and care does not lapse in the course of what may be an unsettling and distressing time for them. We make sure they are informed of the outcome of investigations and the complaints procedure should they be unhappy with the outcome.

Issue No: 1:	Revision No:	
Issue Date: 23.8.2019	Authorised by: Nirupama Singh	

Related Policies

This policy should be read in conjunction with the several other policies of the agency that relate to aspects of abuse or protection of service users. They include the policies on complaints, physical restraint, the management of service users' money and financial affairs, recruitment, induction, staff development and training, staff supervision and importantly whistleblowing. The policy on mental capacity will also be relevant in some circumstances.

Training

All staff receive training in recognising abuse and carrying out their responsibilities under this policy as part of their induction programme in accordance with 2010 Common Induction Standard 6: "Principles of Safeguarding in Health and Social Care" and within 12 weeks of their employment.

All our people are expected to receive further training to ensure that they are familiar with the local authority's safeguarding of vulnerable adults policies.

Contacts and sources of assistance

- Haringey First Response Team
(Adults Social Services)
Telephone: 0208 489 1400
- Email: firstresponseteam@haringey.gov.uk
- The Care Quality Commission
- Telephone: 03000 616161
- Email: enquiries@cqc.org.uk
- Greater Police • Emergency: 999, or 101 from mobile

Issue No: 1:	Revision No:	
Issue Date: 23.8.2019	Authorised by: Nirupama Singh	

