



Safeguarding Policy for SSA Star Care



Please ensure this document is read and understood by all new members of the team.

SSA Star Care Services Quality Control and Policy Reviews department has made every effort to ensure this document/policy/form does not have the effect of discriminating, directly or indirectly, against employees, service users, contractors or visitors on grounds of race, colour, age, nationality, ethnic (or national) origin, sex, sexual orientation, marital status, religious belief or disability. This will apply equally to full and part time employees.

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Please consider the environment before you print this document and where possible copies should be printed double-sided.

Safeguarding the Vulnerable

Aims

Our agency and everyone involved in the delivery of our services, will not tolerate the abuse of anyone we provide a care service to (service users or children) in any of its forms and is committed to safeguarding everyone with care and support needs from harm.

This policy outlines the steps we will take to safeguard anyone with care and support needs if they are at risk of any kind of abuse. This policy sets out the roles and responsibilities of our agency in working together with other professionals and agencies in promoting our service users' welfare and safeguarding them from abuse and neglect.

Our agency will ensure that decisions made will allow our service users or their representatives to make their own choices and include them in any decision making. We will also ensure that safe and effective working practices are in place.

This policy is intended to support staff working within our agency to understand their role and responsibilities in safeguarding service users. All staff are expected to follow this policy.

The key objectives of this policy are for all employees to:

- have an overview of safeguarding
- be clear about their responsibility to safeguard anyone vulnerable to abuse
- ensure the necessary actions are taken where care and support needs is deemed to be at risk

This policy is based on:

- The Care Act 2014 and the Care and Support statutory guidance
- National Safeguarding Service users policy and procedures
- Local Safeguarding Service users Board's local procedures and appendices

Under the Human Rights Act 1998, everyone has the right to live free from abuse and neglect.

<https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

Copies of this policy will be available within our organisation and we will not tolerate the abuse of anyone using our service or delivering them.

What is Safeguarding?

'Safeguarding means protecting people'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 person'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 people sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.'

Care and Support Statutory Guidance, Department of Health, updated February 2017



Everyone should be able to live free from fear and harm. But some may find it hard to get the help and support they need to stop abuse.

A service user may be unable to protect themselves from harm or exploitation due to many reasons, including their mental or physical incapacity, sensory loss or physical or learning disabilities. This could be a service user who is usually able to protect themselves from harm but maybe unable to do so because of an accident, disability, frailty, addiction or illness.

Our Agency adheres to following the six key principles that underpin safeguarding work (See Care Act guidance)

- Empowerment
- Prevention
- Proportionality
- Protection
- Partnership
- Accountability

Our agency will not tolerate the abuse of anyone (Child or Service user) and our staff will ensure that their work reflects the principles above and ensure the person with care and support needs is involved in their decisions and informed consent is obtained.

Our agency will ensure that the safeguarding action agreed is the least intrusive response to the risk. Partners from the community will be invited to get involved in any safeguarding work in preventing, detecting and reporting neglect and abuse.

Our agency will be transparent and accountable in delivering safeguarding actions.

What is Making Safeguarding Personal (MSP)?

MSP means a case should be person-led and outcome-focused. The individual should be involved in identifying how best to respond to their safeguarding situation by giving them more choice and control as well as improving quality of life, wellbeing and safety.

Our agency will not tolerate any kind of abuse and will ensure that all service users are aware of our policy and they are involved in their safeguarding arrangements and each individual is dealt with on a case by case basis. As people may have different preferences, histories and life styles, the same process may not work for all.

Who do service user safeguarding duties apply to?

The Care Act 2014 sets out that service user safeguarding duties apply to *anyone* who:

- has care and support needs, and
- is experiencing, or is at risk of, abuse and neglect, and
- is unable to protect themselves from either the risk of, or the experience of abuse or neglect, because of those needs.

Who do I go to if I am concerned?

The named responsible person for safeguarding duties for our agency is **[Insert safeguarding champion's name and contact number/email, plus the 24 hours On Call number]**

All staff and contractors should contact the Safeguarding Champion for any concerns/queries they have in regards to safeguarding service users. A log of the concern must be kept.

Safeguarding Champion will be responsible to make decisions about notifying the Registered Manager, social services, Safeguarding Boards, the Police as and if required and consider alternative actions, where necessary.

Safeguarding Champion will also ensure that the safeguarding service users policies and procedures are in place and up to date. They will ensure a safe environment is promoted for staff and service users accessing the service. The Safeguarding Champion will ensure the staff are up to date with their safeguarding training.

What should I do if I am concerned?

Staff and contractors at our agency who have any safeguarding concerns should:

1. Respond - Immediately

- Take emergency action if someone is at immediate risk of harm/in need of urgent medical attention. Dial 999 for emergency services
- Get brief details about what has happened and what the service user would like done about it, but do not probe or conduct a mini-investigation
- Seek consent from the service user to take action and to report the concern. Consider whether they may lack capacity to make decisions about their own and other people's safety and wellbeing. If you decide to act against their wishes or without their consent, you must record your decision and the reasons for this.

2. Report - Within the same working day

- Name the person to whom staff/contractors need to report any potential safeguarding concerns. This will usually be the organisation's Safeguarding Champion (see above)

3. Record - Within the same day

- As the Safeguarding champion will request, fill in the required report form(s).
- As far as possible, records should be written contemporaneously, dated and signed.
- Write as soon as you can while the incident is fresh in your mind.

4. Keep records about safeguarding concerns confidential and in a location where the alleged abuser will not have access to the record. Access should not be given to any unauthorised personal for accessing confidential information including the sharing of passwords.

In making a decision whether to refer or not, the designated safeguarding champion should take into account:

- (1) the service user's wishes and preferred outcome
- (2) whether the service user has mental capacity to make an informed decision about their own and others' safety

- (3) the safety or wellbeing of children or other service users with care and support needs
- (4) whether there is a person in a position of trust involved
- (5) whether a crime has been committed

This should inform the decision whether to notify the concern to the following people:

- the police if a crime has been committed and/or
- Local Authority Social Services and/or Safeguarding Boards for possible safeguarding enquiry
- relevant regulatory bodies such as Care Quality Commission, Ofsted, Charities commission
- service commissioning teams
- family/relatives as appropriate (seek advice from service user social services)

The Safeguarding Champion will keep a record of the reasons for referring the concern or reasons for not referring.

Incidents of abuse may be one-off or multiple and may affect one person or more. Staff and contractors should look beyond single incidents to identify patterns of harm. Accurate recording of information will also assist in recognising any patterns.

As soon as Service user Social Services becomes involved, a 4-stage safeguarding service users process is followed. For more information about this 4-stage safeguarding service users process, refer to the London Safeguarding Service users Procedures. (Can be obtained from the Safeguarding Champion)

What are your roles and responsibilities?

All staff, management and contractors at our agency are expected to report any concerns to the Safeguarding Champion. If the allegation is against the Safeguarding Champion or one of our management team, seek advice from our Compliance Support _____TBC_____

If not sure you can consult with the local Safeguarding Board which can be reached at:

You may also wish to ring 101 to speak to Police Safeguarding Team or get in touch with CQC (Care Quality Commission) 03000 616161

The Safeguarding Champion will be responsible for providing acknowledgement of the referral and brief feedback to the person raising the original concern. Feedback should be given in a way that will not make the situation worse or breach the Data Protection Act. If the police are involved, they should be consulted prior to giving feedback to the referrer to ensure any criminal investigation is not affected.

The local authority will decide on who will lead on a safeguarding enquiry should it progress to that stage. The named organisation should not conduct its own safeguarding enquiry unless instructed to do so by the local authority.

Staff and contractors should ensure that the service user with care and support needs is involved at all stages of their safeguarding enquiry ensuring a person-centred approach is adopted.

Our Registered Manager will inform CQC at all stages of the Safeguarding incident.



Complaints procedure

Our agency promotes transparency and honesty when things go wrong. All staff and contractors should apologise and be honest with service users and other relevant people when something goes wrong.

Our agency is registered with the Care Quality Commission and therefore all staff and contractors have a legal Duty of Candour to give a full and honest explanation to people about when things go wrong.

If a staff or contractor or any other member of the organisation is unhappy with the Safeguarding Champion's decision about the safeguarding concern, refer them to our Compliance Consultant or any other external contact, as above.

Our agency is committed to ensuring that staff and contractors who in good faith whistle-blow in the public interest, will be protected from reprisals and victimisation.

The Mental Capacity Act 2005 is to be used when decisions on behalf of those service users with care and support needs who are unable to make some decisions for themselves. Refer to the Mental Capacity Act Code of Practice, <https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>. We will need to involve an advocate if the person lacks capacity to make decisions about the safeguarding concern.

Why is it important to take action?

It may be difficult for service users with care and support needs to protect themselves and to report abuse. They rely on you to help them.

Confidentiality and information sharing

Our agency expects all staff and contractors to maintain confidentiality at all times. In line with Data Protection law 2018 we will not share information if not required.

It should however be noted that information should be shared with authorities if a service user is deemed to be at risk of immediate harm. Sharing the right information, at the right time, with the right people can make all the difference to preventing harm. For further guidance on information sharing and safeguarding see: <https://www.scie.org.uk/care-act-2014/safeguarding-service-users/sharing-information/keymessages.asp>

Recruitment and selection

Our agency is committed to safe employment. Safe recruitment practices, such as Disclosure and Barring checks reduce the risk of exposing service users with care and support needs to people unsuitable to work with them.

Training, awareness raising and supervision?

We will ensure that all staff and contractors receive basic awareness training on safeguarding service users as they may come across service users with care and support needs who may be at risk of abuse. Those service users may report things of concern to staff or contractors who should be equipped with the basic knowledge around safeguarding service users and be confident to identify that abuse is taking place and action is required. All staff and contractors should be clear about the core values of our agency and our commitment to safeguarding service users.



It is also useful to discuss training with staff who have attended training sessions to ensure they are embedding this in practice.

Prevent

Radicalisation and extremism of service users with care and support needs is a form of emotional/psychological exploitation. Radicalisation can take place through direct personal contact, or indirectly through social media.

If staff are concerned that a service user with care and support needs is at risk of being radicalised and drawn into terrorism, they should treat it in the same way as any other safeguarding concern.

For more information about Prevent see: <https://www.gov.uk/government/publications/prevent-duty-guidance>

Useful contacts and links

Care act- <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

London Safeguarding service users policy and procedures- <http://londonadass.org.uk/wp-content/uploads/2015/02/LONDON-MULTI-AGENCY-SERVICE-USER-SAFEGUARDING-POLICY-AND-PROCEDURES.pdf>

Carer and support statutory guidance-

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/506202/23902777_Care_Act_Book.pdf

Prevent-

<https://www.gov.uk/government/publications/prevent-duty-guidance>

Information sharing-

<https://www.scie.org.uk/care-act-2014/safeguarding-service-users/sharing-information/keymessages.asp>

Appendix 1

What are the types of abuse?

The Care and Support statutory guidance sets out the main types of abuse:

- Physical
- Neglect and acts of omission and/or Self Neglect
- Sexual
- Psychological
- Financial or Material
- Discriminatory
- Organisational
- Domestic violence
- Modern Slavery and Human Trafficking

However, you should keep an open mind about what constitutes abuse or neglect as it can take many forms and the circumstances of the individual case should always be considered. One of the areas that could be very much abuse is the stealing of medication from service users.

What are the possible signs/indicators of abuse? See also Appendix 2

Abuse and neglect can be difficult to spot. You should be alert to the following possible signs of abuse and neglect:

- Depression, self-harm or suicide attempts
- Difficulty making friends
- Fear or anxiety
- The person looks dirty or is not dressed properly,
- The person never seems to have money,
- The person has an injury that is difficult to explain (such as bruises, finger marks, 'non-accidental' injury, neck, shoulders, chest and arms),
- The person has signs of a pressure ulcer,
- The person is experiencing insomnia
- The person seems frightened, or frightened of physical contact.
- Inappropriate sexual awareness or sexually explicit behaviour
- The person is withdrawn, changes in behaviour

You should ask the person if you are unsure about their well-being as there may be other explanations to the above presentations.

Who abuses and neglects service users?

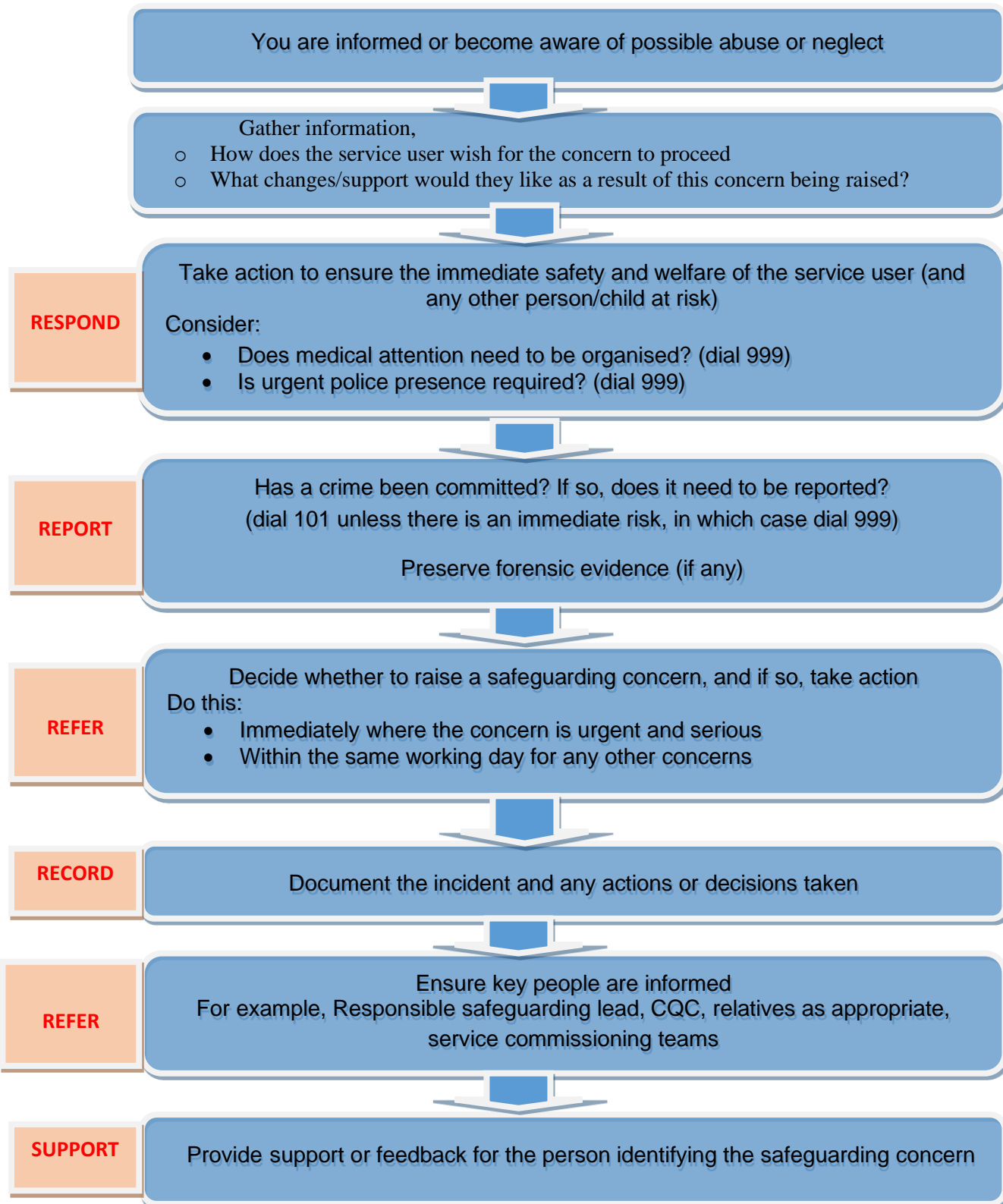
Abuse can happen anywhere, even in somebody's own home. Most often abuse takes place by others who are in a position of trust and power. It can take place whether an service user lives alone or with others.

Anyone can carry out abuse or neglect, including:

- partners;
- other family members;
- neighbours;
- friends;
- acquaintances;

- local residents;
- people who deliberately exploit service users they perceive as vulnerable to abuse;
- paid staff or professionals; and
- contractors and strangers

Raising a safeguarding concern



Appendix 2

People with care and support needs are more likely to be abused or neglected. They may be seen as an easy target and may be less likely to identify abuse themselves or to report it. People with communication difficulties can be particularly at risk because they may not be able to alert others. Sometimes people may not even be aware that they are being abused, and this is especially likely if they have a cognitive impairment. Abusers may try to prevent access to the person they abuse. Signs of abuse can often be difficult to detect. This briefing aims to help people who come into contact with people with care and support needs to identify abuse and recognise possible indicators.

Many types of abuse are also criminal offences and should be treated as such.

Evidence of any one indicator from the following lists should not be taken on its own as proof that abuse is occurring. However, it should alert us to make further assessments and to consider other associated factors. The lists of possible indicators and examples of behaviour are not exhaustive and people may be subject to a number of abuse types at the same time.

Physical abuse

Types of physical abuse

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

Possible indicators of physical abuse

- No explanation for injuries or inconsistency with the account of what happened
- Injuries are inconsistent with the person's lifestyle
- Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps
- Frequent injuries
- Unexplained falls
- Subdued or changed behaviour in the presence of a particular person
- Signs of malnutrition
- Failure to seek medical treatment or frequent changes of GP

Domestic violence or abuse

Types of domestic violence or abuse

Domestic violence or abuse can be characterised by any of the indicators of abuse outlined in this briefing relating to:

- psychological
- physical
- sexual
- financial
- emotional.

Domestic violence and abuse include any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been, intimate partners or family members regardless of gender or sexuality. It also includes so called 'honour' -based violence, female genital mutilation and forced marriage.

Coercive or controlling behaviour is a core part of domestic violence. Coercive behaviour can include:

- acts of assault, threats, humiliation and intimidation
- harming, punishing, or frightening the person
- isolating the person from sources of support
- exploitation of resources or money
- preventing the person from escaping abuse
- regulating everyday behaviour.

Possible indicators of domestic violence or abuse

- Low self-esteem
- Feeling that the abuse is their fault when it is not
- Physical evidence of violence such as bruising, cuts, broken bones
- Verbal abuse and humiliation in front of others
- Fear of outside intervention
- Damage to home or property
- Isolation – not seeing friends and family
- Limited access to money

Sexual abuse

Types of sexual abuse

- Rape, attempted rape or sexual assault
- Inappropriate touch anywhere
- Non- consensual masturbation of either or both persons
- Non- consensual sexual penetration or attempted penetration of the vagina, anus or mouth
- Any sexual activity that the person lacks the capacity to consent to
- Inappropriate looking, sexual teasing or innuendo or sexual harassment
- Sexual photography or forced use of pornography or witnessing of sexual acts
- Indecent exposure

Possible indicators of sexual abuse

- Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
- Torn, stained or bloody underclothing
- Bleeding, pain or itching in the genital area
- Unusual difficulty in walking or sitting
- Foreign bodies in genital or rectal openings
- Infections, unexplained genital discharge, or sexually transmitted diseases
- Pregnancy in a woman who is unable to consent to sexual intercourse
- The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude
- Incontinence not related to any medical diagnosis
- Self-harming
- Poor concentration, withdrawal, sleep disturbance
- Excessive fear/apprehension of, or withdrawal from, relationships
- Fear of receiving help with personal care
- Reluctance to be alone with a particular person

Psychological or emotional abuse

Types of psychological or emotional abuse

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

Possible indicators of psychological or emotional abuse

- An air of silence when a particular person is present
- Withdrawal or change in the psychological state of the person
- Insomnia
- Low self-esteem
- Uncooperative and aggressive behaviour
- A change of appetite, weight loss/gain
- Signs of distress: tearfulness, anger
- Apparent false claims, by someone involved with the person, to attract unnecessary treatment

Financial or material abuse

Types of financial or material abuse

- Theft of money or possessions
- Fraud, scamming
- Preventing a person from accessing their own money, benefits or assets
- Employees taking a loan from a person using the service
- Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions
- Arranging less care than is needed to save money to maximise inheritance
- Denying assistance to manage/monitor financial affairs
- Denying assistance to access benefits
- Misuse of personal allowance in a care home
- Misuse of benefits or direct payments in a family home
- Someone moving into a person's home and living rent free without agreement or under duress
- False representation, using another person's bank account, cards or documents
- Exploitation of a person's money or assets, e.g. unauthorised use of a car
- Misuse of a power of attorney, deputy, appointee ship or other legal authority
- Rogue trading – e.g. unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship

Possible indicators of financial or material abuse

- Missing personal possessions
- Unexplained lack of money or inability to maintain lifestyle
- Unexplained withdrawal of funds from accounts
- Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity
- Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so
- The person allocated to manage financial affairs is evasive or uncooperative
- The family or others show unusual interest in the assets of the person
- Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA
- Recent changes in deeds or title to property
- Rent arrears and eviction notices
- A lack of clear financial accounts held by a care home or service
- Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person
- Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house
- Unnecessary property repairs

Modern slavery

Types of modern slavery

- Human trafficking
- Forced labour
- Domestic servitude
- Sexual exploitation, such as escort work, prostitution and pornography
- Debt bondage – being forced to work to pay off debts that realistically they never will be able to

Possible indicators of modern slavery

- Signs of physical or emotional abuse
- Appearing to be malnourished, unkempt or withdrawn
- Isolation from the community, seeming under the control or influence of others
- Living in dirty, cramped or overcrowded accommodation and or living and working at the same address
- Lack of personal effects or identification documents
- Always wearing the same clothes
- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers
- Fear of law enforcers

Discriminatory abuse

Types of discriminatory abuse

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

Possible indicators of discriminatory abuse

- The person appears withdrawn and isolated
- Expressions of anger, frustration, fear or anxiety
- The support on offer does not take account of the person's individual needs in terms of a protected characteristic

Organisational or institutional abuse

Types of organisational or institutional abuse

- Discouraging visits or the involvement of relatives or friends
- Run-down or overcrowded establishment

- Authoritarian management or rigid regimes
- Lack of leadership and supervision
- Insufficient staff or high turnover resulting in poor quality care
- Abusive and disrespectful attitudes towards people using the service
- Inappropriate use of restraints
- Lack of respect for dignity and privacy
- Failure to manage residents with abusive behaviour
- Not providing adequate food and drink, or assistance with eating
- Not offering choice or promoting independence
- Misuse of medication
- Failure to provide care with dentures, spectacles or hearing aids
- Not taking account of individuals' cultural, religious or ethnic needs
- Failure to respond to abuse appropriately
- Interference with personal correspondence or communication
- Failure to respond to complaints

Possible indicators of organisational or institutional abuse

- Lack of flexibility and choice for people using the service
- Inadequate staffing levels
- People being hungry or dehydrated
- Poor standards of care
- Lack of personal clothing and possessions and communal use of personal items
- Lack of adequate procedures
- Poor record-keeping and missing documents
- Absence of visitors
- Few social, recreational and educational activities
- Public discussion of personal matters
- Unnecessary exposure during bathing or using the toilet
- Absence of individual care plans
- Lack of management overview and support

Neglect and acts of omission

Types of neglect and acts of omission

- Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care
- Providing care in a way that the person dislikes
- Failure to administer medication as prescribed
- Refusal of access to visitors
- Not taking account of individuals' cultural, religious or ethnic needs
- Not taking account of educational, social and recreational needs
- Ignoring or isolating the person
- Preventing the person from making their own decisions

- Preventing access to glasses, hearing aids, dentures, etc.
- Failure to ensure privacy and dignity

Possible indicators of neglect and acts of omission

- Poor environment – dirty or unhygienic
- Poor physical condition and/or personal hygiene
- Pressure sores or ulcers
- Malnutrition or unexplained weight loss
- Untreated injuries and medical problems
- Inconsistent or reluctant contact with medical and social care organisations
- Accumulation of untaken medication
- Uncharacteristic failure to engage in social interaction
- Inappropriate or inadequate clothing

Self-neglect

Types of self-neglect

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

Indicators of self-neglect

- Very poor personal hygiene
- Unkempt appearance
- Lack of essential food, clothing or shelter
- Malnutrition and/or dehydration
- Living in squalid or unsanitary conditions
- Neglecting household maintenance
- Hoarding
- Collecting a large number of animals in inappropriate conditions
- Non-compliance with health or care services
- Inability or unwillingness to take medication or treat illness or injury