



## **SAFEGUARDING ADULTS POLICY**

### **Policy**

“There can be no secrets and no hiding place when it comes to exposing the abuse of vulnerable adults” John Hutton (Department of Health, DoH), and Charles Clarke (Home Office) No Secrets, 2000 DoH.

“All persons have the right to live their life free from violence and abuse ... all citizens should have access to relevant services for addressing issues of abuse and neglect, including the civil and criminal justice system and victim support services.” Safeguarding Adults, ADSS 2005.

The policy of Spinal Homecare Services Limited is to maintain a robust and effective policy and procedures system to protect employees/service users. This will be achieved by documented policies/procedures and staff training. The rights of employees/service users will be maintained, and information and methods of reporting will be readily available.

This policy should be used alongside “No Secrets, DoH 2000”. A copy of “No Secrets” can be found in the Kendal Office or online at the Department of Health website.

### **Purpose**

The purpose of this policy and procedure is to enable Spinal Homecare Services Limited employees who work with adults in the community to be able to recognise instances of abuse and to address them effectively as part of our core business.

This involves four phases, prevention, early detection, protection and post intervention/debrief.

These procedures clarify the roles and responsibilities of people working with vulnerable adults and ensure consistent and effective joint working between agencies.

### **Scope**

This policy and procedure applies to staff working for Spinal Homecare Services Limited.

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This policy and procedure applies to all vulnerable adults, resident in England, Scotland, Wales and Northern Ireland who have contracted the services of Spinal Homecare Services Limited.

When a vulnerable adult is able to make an informed decision regarding his/her personal circumstances where risk has been identified and does not wish to accept the intervention of statutory authorities, then his/her wishes must be respected except where a statutory duty to intervene exists.

### **Definitions**

**Vulnerable Adult** – For the purpose of the policy a vulnerable adult is defined as anyone who is 18 years or over;

“who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, against significant harm or exploitation” (No Secrets, DoH 2000)

**Alert** – an alert is an accusation of harm or concern relating to a vulnerable adult.

**Alerter (whistleblower)** – An ‘Alerter’ is any person who suspects or reports an incident(s) of abuse against a vulnerable adult. Spinal Homecare Services Limited, the care team and individual must regard themselves as a potential alerter.

**Appropriate Worker** – care staff, managers, employees of Spinal Homecare Services Limited, who holds allocated responsibility for the health, care and/or welfare of the vulnerable adult.

**Investigation Worker** – The manager with responsibility for investigating an allegation of abuse. The manager may be unqualified but must be deemed competent by the Senior Management Team, who must closely supervise them throughout the process. Where the allegation of abuse has been passed onto Social Services, the Doctor or the Police they will allocate their own investigating worker, at this point our internal investigating worker ceases to investigate.

**Abuse** – ‘abuse is a violation of an individual’s human and civil rights by any other person or persons’, No Secrets, DoH 2000.

Abuse takes many forms and may consist of single or repeated acts towards a vulnerable adult who has not consented or does not have the capacity to consent.

Abuse can occur in any relationship, and may result in significant harm to, or exploitation of the vulnerable adult.

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Abuse may occur in any context or environment.

Abuse can be perpetrated by one person or by several people.

Abuse can be from any person including family, carers, neighbours, peers and other service users or strangers.

Some instances of abuse could constitute a criminal offence.

Abuse could occur as the result of neglect and poor professional practice.

Vulnerable adults themselves may abuse others including carers.

Care staff may be subjected to abuse whilst working with their clients, this policy applies to the protection of staff as well as the protection of vulnerable adults.

**Types of Abuse** – taken from ‘No Secrets, DoH 2000’

**Physical abuse/assault**, Is the physical ill treatment of an adult, which may not cause physical injury. This includes pushing, shaking, pinching, slapping, punching and force-feeding. Physical abuse can occur in situations where people are caused unjustified physical discomfort. This can be through the withholding of care, withholding of access requirements or the application of inappropriate techniques or treatments. It can include forced isolation and confinement, e.g. people being locked in their room and inappropriate methods of restraint. It also includes the improper administration of drugs or the denial of prescribed medication.

**Sexual abuse/assault**, Is any form of sexual activity that the adult does not want and to which they have not consented, or to which they cannot give informed consent.

Any sexual relationship that develops between adults where one is in a position of trust, power or authority in relation to the other, for example, day centre worker/social worker/health worker/care staff/management etc will be regarded as sexual abuse.

Sexual abuse includes, rape, buggery, incest and situations where the perpetrator touches the abused persons body, (e.g. breasts, buttocks, genital area), exposes his or her genitals (possibly encouraging the abused person to touch them), coerces the abused person into participating in or watching pornographic videos or photographs.

**Financial Abuse**, is the exploitation, inappropriate use, or misappropriation of a person’s financial resources or property.

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This includes the withholding of money or unauthorised or improper use of a person's money or property, usually to the disadvantage of the person to whom it belongs.

**Neglect,** The deliberate withholding or unintentional failure to provide help or support which is necessary for the adult to carry out activities of daily living.

Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others particularly when the person lacks the mental capacity to assess risk.

A handwritten signature in black ink, appearing to read 'A. Swain', written over a faint grey rectangular stamp.

**Psychological Abuse**, this may be intentional or unintentional, it may involve the use of intimidation, indifference, hostility, rejection, threats, humiliation, shouting, swearing or the use of discriminatory and/or oppressive language, which results in:

- a) Adults' choices, opinions and wishes being negated.
- b) The adult becoming isolated or over dependent.

Psychological abuse includes the denial of a person's human and civil rights including choice and opinion, privacy and dignity and being able to follow one's spiritual and cultural beliefs or sexual orientation.

It includes preventing the adult from using services that would otherwise support them and enhance their lives. Furthermore, it includes the intentional and/or unintentional withholding of information, e.g. information not being available in different formats/languages etc.

### **Institutional Abuse**

This can be defined as abuse or mistreatment by a regime as well as by individuals within any building where care is provided.

'No Secrets' says:

'Neglect and poor professional practice need to be taken into account. This may be in the form of isolated incidents of poor or unsatisfactory professional practice, at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other. Repeated instances of poor care may be an indication of more serious problems'.

**Discriminatory Abuse**, including racist, sexist that based on a person's disability, sexual orientation and other forms of harassment, hate crime, slurs or similar treatment.

Although not formally classified as a type of abuse practitioners must bear in mind that adult abuse can occur within a domestic context.

**Domestic Violence**, Under the Domestic Violence, Crime and Victims Act 2004, a vulnerable adult is classed as "a person aged 16 or over whose ability to protect himself from violence, abuse or neglect is significantly impaired through physical or mental disability or illness, through old age or otherwise" (s6)

The definition of domestic violence has been widened to include "... any incident of threatening behaviour, violence or abuse between adults who are or have been in a relationship together, or between family members, regardless of gender or sexuality". (Home Office)

A new offence has been added, that of "Causing or allowing the death of a child or vulnerable adult" (s5). The perpetrator and victim do not need to cohabit:

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“a person is to be regarded as a “member of a particular household, even if he/she does not live in that household, if he/she visits it so often and for such periods of time that it is reasonable to regard him/her as a member of it” (s5)

Where there are concerns/evidence of domestic abuse, the implication for children in the household should be considered, including the possibility that the children themselves may be subject to violence or other forms of harm.

Allowing children to witness domestic violence is in itself a form of psychological abuse and for this reason alone a child welfare concern must be logged with the Safeguarding Children Service (SCS) and Young Persons Directorate.

It is considered good practice to inform parents that a child welfare concern is being logged or a referral has been made to the Children and Young Persons Directorate, but in cases of domestic violence care needs to be taken to ensure the risks to the child are not increased by any decision to share information with parents.

We must bear in mind that the abuse types mentioned above could all occur within the context of domestic violence.

**DBS** – the Criminal Records Bureau is the national body that carries out criminal record checks. The Protection of Vulnerable Groups (PVG) scheme covers Scotland. The DBS's and PVG's aim is to help organisations in the public, private and voluntary sectors by identifying candidates who may be unsuitable to work with children or other vulnerable members of society.

**DBS Vulnerable Adults Barred List**, run by the Department of Health, includes a national register of care staff that has harmed vulnerable adults in their care and is thus ineligible for future employment in care work.

**Complaints** – “a complaint is defined as an expression of dissatisfaction or disquiet about the actions, decisions or apparent failings of social care services provision which requires a response” (The Local Authority Social Services Complaints (England) Regulation 2006 Statutory Instrument 2006, number 1681) It is expected that all agencies who are involved in health and social care will work within this definition.

#### **Lead Agency Responsibilities**

Safeguarding Adults is everyone's responsibility. However, CQC recognises that local councils hold the lead responsibility for establishing and co-ordinating the local interagency framework for safeguarding adults in accordance with the government guidance “No Secrets”

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**The key responsibilities of the lead agencies are to:**

- Identify Lead Managers/staff who will coordinate and facilitate Safeguarding Adults arrangements within their organisation and who will represent their organisation on the Adult Protection Management Committee.
- Provide appropriately trained staff to chair/attend Strategy Discussion Meetings
- Record and distribute accurate records and minutes of Strategy Discussion Meetings
- Co-ordinate and monitor actions arising from Strategy Discussion Meetings
- Monitor and audit the outcomes of Safeguarding Adults interventions
- Contribute to Safeguarding Adult investigations and casework related to these procedures

**Minimum Responsibilities of Statutory Agencies**

Spinal Homecare Services Limited must:

- Establish and implement robust and consistent recruitment practices in relation to employing staff and in the selection of volunteers
- Supervise and monitor staff working with vulnerable adults to ensure that best practices are being adhered to
- Provide clear guidelines that set out the roles and responsibilities for all staff in relation to Safeguarding Adults
- Ensure all relevant staff attend Safeguarding Adults training appropriate to their role.
- Prepare relevant reports and information for meetings, case conferences and reviews as set out in these procedures.
- Keep clear and accurate records of any Safeguarding Adults concerns and any actions taken
- Share information in accordance with the countywide agreement on a need-to-know basis when it is in the best interest of the vulnerable adult.
- Contribute to investigations acknowledging the requirements of confidentiality and data protection
- Participate in the joint working arrangements as defined in this policy
- Implement preventative and/or supportive action to vulnerable adults in accordance with this policy and within their role
- Attend the Adult Protection Management Committee
- Establish procedures for the protection of vulnerable adults in line with those outlined in the appropriate Care Standards Act Regulations and National Minimum Standards, and that comply absolutely with this policy and procedures
- Report incidents of abuse to the appropriate Commission for Social Care Inspection or to the Health Care Commission

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- Provide information and assistance to investigating officers
- Contribute to Safeguarding Adult investigations and casework as per these procedures
- Deliver services in line with these procedures

**In addition, Spinal Homecare Services Ltd and the relevant Adult Care Directorate will:**

- Investigate allegations of abuse
- Liaise with advocacy services
- Complete needs assessments for vulnerable people and their carers
- Contribute to Strategy Discussion Meetings and Case Conferences as per these procedures

Provide or commission support services to meet eligible needs as identified through completing assessments and through following these procedures

**In addition, the Adult Protection Unit within the Community and Adult Care Directorate will:**

- Co-ordinate the Safeguarding Adults Policy
- Provide advice to other agencies throughout the Safeguarding Adults process
- Contribute to Safeguarding Adult investigations and casework as per these procedures
- Collate and report to the Department of Health, CQC and other national policy makers all relevant information monitored under this policy
- Provide the Chair and Minute Taker for Safeguarding Adults Case Conferences
- Maintain the Safeguarding Adults Register
- Monitor and record the outcomes of each Safeguarding Adults referral
- Co-ordinate Serious Case Reviews
- Produce an annual report
- To co-ordinate the [Multi Agency Risk Management and Assessment Procedures](#) (MARMAP).

**In addition, the Police will:**

- Pursue criminal proceedings when appropriate
- Provide information to vulnerable adults to help them protect themselves.
- Protect people in vulnerable situations
- Contribute to Safeguarding Adult investigations and casework as per these procedures
- Allocate a named Safeguarding Adults Link Officer for each division

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- Provide advice and possible actions throughout the whole Safeguarding Adults process.

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**National Health Service Professionals will:**

- Undertake evidential investigations or medical examinations, provided the person has given consent.
- Deliver services in line with these procedures
- Contribute to Safeguarding Adult investigations and casework as per these procedures

**The Care Quality Commission (CQC) will:**

**(please note Northern Ireland, Wales and Scotland have their own inspectorates)**

- Act as a regulator of services, ensuring that outcome 7 of CQC Guidance is implemented and that Regulation 11 of the Health & Social Care Act 2008 is met.
- Inform the Community & Adult Care Directorate when reports are received that one or more service users may be or are at risk of abuse or neglect within registered establishments or their own homes.
- Ensure SHC works collaboratively with other services, teams, individuals and agencies in relation to all safeguarding matters and has Safeguarding Policies that link with local authority Policies.
- Be made aware of any safeguarding adults concerns within a regulated service.
- Attend Strategy Discussion Meetings and Case Conferences in respect of regulated services.
- Keep other agencies informed of any enforcement action taken by the Commission for Social Care Inspection on any regulated service.
- Contribute to Safeguarding Adult investigations and casework as per these procedures. Where the allegation suggests breaches of regulations and standards, the CSCI may conduct enquiries using existing methodologies and/or initiate a Random Inspection and take appropriate regulatory action.

**All other organisations or providers of health and or social care will:**

- Contribute to Safeguarding Adult investigations and casework as per these procedures

**Information Sharing**

The General Data Protection Regulation (2016) allows personal data to be processed without the consent of the individual, when the processing is for the prevention or detection of crime. 'No Secrets' also suggests that when sharing personal or sensitive information regarding a service user. Wherever possible, therefore, staff should obtain the consent of an individual service user before sharing their personal information with partner agencies, but this requirement can be overridden in situations where concerns regarding possible abuse have been raised.

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### **Capacity**

The issues of capacity, consent and best interest of the vulnerable adult must be considered throughout each stage of the Safeguarding Adults procedures.

(Outcome 7 of CQC Guidance) Where applicable, only use Deprivation of Liberty Safeguards when it is in the best interests of the person who uses the service and in accordance with Mental Capacity Act 2005.

Capacity relates to the ability of an individual to make decisions. In order to do this they must have the ability to:

- understand the information relevant to the decision
- retain that information
- use or weigh that information as part of the process of making the decision, or
- communicate their decision (whether by talking, using sign language or any other means)

All adults are presumed to have legal capacity unless there is clear evidence to the contrary,

“A person is not to be treated as unable to make a decision because he makes an unwise decision – Principle 3, Mental Capacity Act 2005. ”

### **Lack of Capacity**

- When an individual is unable to make an informed decision and refuses to acknowledge or recognise the risks, then statutory authorities may need to be involved in accordance with these procedures.
- Any intervention must be proportionate to the risk and must be carried out in a way that is least disruptive to the individual’s way of life.
- Before proceeding with statutory intervention the safeguards that may be provided by carers and other significant people must be explored.
- The decision about assessing risk is a joint responsibility between the relevant agencies involved.
- A Mental Health Act assessment may need to be considered in some cases.

### **Best Interest**

Where a vulnerable adult is judged to lack capacity in relation to a specific decision, this decision should then be made in their ‘best interest’.

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When making a 'best interest' decision the following factors must be considered:

- The past and present wishes and feelings of the person concerned (including any written statements)
- The beliefs and values (including religious and cultural beliefs) likely to influence the individual's decision, had they capacity
- Other factors that the person would be likely to consider if they were able to do so, e.g. a sense of family obligation
- The views of others it is considered appropriate to approach e.g. carers

The recommendation of the [IMCA](#) (Independent Mental Capacity Advocate), if one is appointed.

### **Consent**

According to the Mental Health Act (1983): Code of Practice, consent is defined as, "The voluntary and continuing permission of the adult to agree a course of action or inaction, based on an adequate knowledge of the purpose, nature, likely effects and risks of the proposed action or inaction including the likelihood of its success and any alternatives to it."

Permission given under unfair or undue pressure is not 'consent'.

### **Values Guiding Intervention in Safeguarding Adults**

Therefore, with regards to capacity, best interest and consent, where the involvement of a professional is needed because of an individual being at risk as defined by these procedures their intervention should be based on the following values:

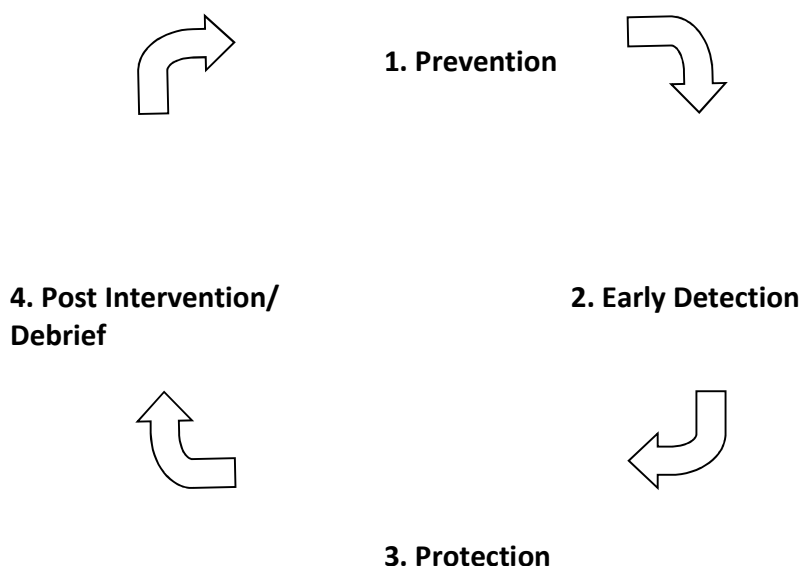
- When an individual appears able to make an informed decision regarding his/her personal circumstances where risk has been identified and does not wish to accept the intervention of statutory authorities then his/her wishes must be respected except where a statutory duty to intervene exists.
- Where intervention is necessary to reduce risk and is acceptable to the individual, the professional should pursue action which reduces the risk, in the least disruptive way to the individual.
- In order to make an informed decision the vulnerable adult must be given relevant advice and information that is presented in a format appropriate to their needs.
- Staff will document their decisions that must take into account the welfare of the vulnerable adult and their civil liberties.
- The needs of the carer (if applicable) must be considered
- If possible, a link will be maintained with that vulnerable adult in case the situation becomes intolerable and swift action is needed.

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**Mandatory procedures.**

The procedures are set out under four headings, which can be broadly classified as the four stages of the Safeguarding Adults process.



Practitioners are expected to incorporate each of these phases into their core practice. These procedures are set out to enable practitioners to employ best and mandatory practice at whatever stage within the process is relevant to the safeguarding of the vulnerable adult(s) with whom they are working.

**Prevention of Abuse**

This section details mandatory actions and responsibilities that all practitioners who provide or commission services for vulnerable people must incorporate within their own practice to ensure, as far as is possible, that the abuse of vulnerable adults is prevented.

Spinal Homecare Services Limited will ensure information about the services they provide and any accompanying eligibility criteria are widely available and can be formatted to meet individual requirements.

Spinal Homecare Services Limited will give potential service users comprehensive information about the specific service they will be provided with, in a format that is appropriate to their needs.

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Thorough assessments of need will be completed and care packages set up that most appropriately meet the eligible needs of the vulnerable adult. All assessments will consider whether there are any potential indicators of abuse and address these accordingly using these procedures. When looking at potential placements, practitioners must consider the possibility of placing a vulnerable adult who may themselves abuse others and address this accordingly.

Service users and carers will be given a copy of their care plan.

Thorough and timely reviews will be carried out and provision adjusted to meet changing needs. All reviews will consider whether there are any further potential indicators of abuse and address these accordingly using these procedures.

Spinal Homecare Services Limited will make it easy for service users to lodge a complaint and will support them in this process.

Spinal Homecare Services Limited will endeavour to inform vulnerable people and their carers about the different types of abuse, enabling them to protect themselves from becoming victims of abuse. A copy of the Safeguarding Adults Policy will be placed in the client's file which is kept in the clients home and will be mentioned in the Service Users Guide.

(The following booklet published by the Home Office gives advice in plain language about how vulnerable people can protect themselves)

[Keep Safe, a Guide to Personal Safety](#)

- Where appropriate, a risk assessment will be completed prior to, or as soon as possible after, the service user starts to receive the service.
- Risk assessments will be reviewed in line with care plans and whenever there is a significant incident or change of service.
- Spinal Homecare Services Limited will ensure that staff are subject to a training schedule which includes specific Protecting Vulnerable Adults from Abuse training, appropriate to their level of involvement. This training is provided during the induction training and the annual updates.
- Spinal Homecare Services Limited has a Whistle-Blowing policy that enables staff to address alleged or suspected cases of abuse without fear of reprisal or unfair treatment.

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- Spinal Homecare Services Limited will ensure staff are fully supported and receive regular supervision, in order to highlight any areas of stress or lack of training that may compromise the delivery of care and/or support.
- Spinal Homecare Services Limited will cooperate fully with their regulators during planned and unplanned inspections, will endeavour to meet recommendations made and will ensure to publish and make available any inspection reports.
- Service Commissioners must ensure that service contracts, involving contact with vulnerable adults, fully reflect the Safeguarding Adults Multi-Agency Policy and Procedures.

### **Early detection of abuse**

This section details mandatory actions and responsibilities that all practitioners must either incorporate into their own practice or be aware of so that if potential abuse occurs it is detected and dealt with as swiftly as possible.

Any professional who is informed, or is concerned, about the abuse of a vulnerable young adult (aged 18 -25) should contact both the Children's and Young Persons Directorate and the Safeguarding Children's Service (in the relevant area) to ascertain if there are any reports of previous concerns about the care of the vulnerable young adult as a child.

All staff working for Spinal Homecare Services Limited who may come into contact with a vulnerable adult must gain a good knowledge and familiarity with these procedures.

All staff working in any organisation who may come into contact with a vulnerable adult must be mindful that the abuse of vulnerable adults does happen and could potentially happen within their own organisation.

Staff and Volunteers must ensure that all concerns (however minor) regarding a potentially vulnerable adult must be recorded in an appropriate place (e.g. within case notes) so that reference may be made to them should future concerns arise.

If in doubt about whether a concern could constitute abuse or not discuss the issue with your Line Manager.

If any doubt remains or clarification is required contact the Adult Protection Unit for advice.

For more information about making a referral please see the guide below.

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### **Protection of vulnerable adults from abuse**

This section details actions and responsibilities that all practitioners must adhere to ensure, as far as is possible, that the vulnerable adult(s) with whom they are working is/are protected following an allegation of abuse against them.

It is likely that a high proportion of adult abuse cases will constitute the commission of an offence. Early discussion with the police about methods of gathering the necessary information should be considered in all cases.

Be aware that any information (verbal or written) gathered through a Safeguarding Adults investigation will potentially need to be disclosed to the defense in the event of the case going to court.

### **Receiving Referrals**

All concerns relating to vulnerable adults should be reported via the head office 01539 730 777. Out of hours contact the Manager on call on the office number 01539 730 777 and choose the option for the department you want i.e. option 1 for live-in care and option 2 for domiciliary care.

If it is clear that the vulnerable adult is in serious danger the Referrer must contact the Emergency Services (999) to seek urgent assistance.

The Responsible Manager must contact the Social Worker relevant to the vulnerable adult, their contact details can be found on the vulnerable adults file and goldmine. Where the

### **Procedure**

#### **Good practice guidelines**

Recognising signs of abuse.

Being alert to abuse means:

- Thinking about what you see and asking if it is acceptable practice
- Working strictly in accordance with anti-racism, anti-sexist, anti-ageist and anti-disablist practice.
- Taking seriously what you are told.
- Responding to the stresses behind requests for help or other presenting problems.
- Being alert to hints/signals/non-verbal communication that could indicate abuse which is being denied or deliberately hidden.

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## Responding to disclosure

- Incidents of abuse or crimes may only come to light because the abused person themselves tells someone.
- You must be aware that the person may not appreciate the significance of what they are sharing, ie they may not realize that they are being abused.
- Disclosure may take place many years after the actual event or when the person has left the setting in which they are afraid.
- Even if there is a delay between the actual event and the disclosure – **YOU MUST BELIEVE THE PERSON.**

If someone discloses abuse to you

### **DO:**

- Stay calm and try not show shock
- **Listen** carefully rather than question directly
- Be sympathetic
- Be aware of the possibility that medical evidence might be needed
- Tell the person that:
  - They did right to tell you
  - You are treating this information seriously
  - It was not their fault
  - You must inform the appropriate manager
  - With their consent the manager will contact Social Services
  - The manager will contact Social Services without their consent in certain circumstances but that their wishes will be made clear throughout
  - If a referral is made and they are reluctant to have the incidents investigated, this fact will be recorded and brought to the attention of the relevant Social Work Team Manager.
  - (If appropriate) the service/Spinal Homecare Services Limited will take steps to protect and support them.
- Report to your manager
- Write down, as soon as possible and as far as you are able, what the person disclosing said.
- Where appropriate record, on a body map, the location of any bruises, cuts and/or abrasions.
- Ensure that the information is noted in the case file.

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## **DO NOT:**

- Press the person for more details, although you will need enough information for an initial report and assessment
- Stop someone who is freely recalling significant events, as they may not tell you again
- Promise to keep **secrets**; explain that the information will be kept confidential, ie information will only be passed to those people who have a “need to know”
- Make promises that you cannot keep (such as “this will not happen to you again”)
- Contact the alleged abuser
- Be judgemental (eg “why didn’t you run away?”)
- Pass on information to anyone who doesn’t have a “need to know” ie do not gossip

## **Carer Responsibilities**

Follow good practice guidelines

## **Line Manager/Responsible Manager Responsibilities**

- All concerns, allegations or disclosures or abuse require a response whatever the seriousness.
- Encourage and enable anyone wishing to express a concern or make an allegation or disclosure of abuse to do so in the knowledge that they will be believed and supported.
- Where the accused is a member of staff they must be removed from working with the vulnerable adult with immediate effect. Follow the complaints policy and procedure, but this must be coordinated alongside all other types of procedures, including criminal investigations being undertaken by the Police. No action should be taken until the Police have been informed, so that evidence will not be contaminated.
- Where the alleged abuse constitutes a criminal offense the police should be notified prior to notifying the Social Services.
- Where the alleged abuse does not constitute a criminal offense contact the Social Services.
- Gather information regarding the alleged abuse. (See gathering information for more details)
- Work together in coordinated joint investigations. This will achieve more than a series of investigations, ensuring the evidence is shared, repeat interviewing is avoided and will cause less distress for the person who may have suffered abuse.

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However, Spinal Homecare Services Limited's statutory responsibilities can not be delegated to another agency.

- Provide support and be available to the Lead Investigators.
- Document all information accurately and ensure that it is readily available to the Lead Investigators if requested.
- Inform CQC

### **Gathering information**

Spinal Homecare Services Limited will provide notification and monitoring forms as well as collating our own information, which will give information on the following.

- Number and source of referrals
- Information about the abused person
- Information about the perpetrator
- Number of investigations, professional meetings and case conferences
- Monitoring of disability, gender and ethnicity.
- Whether the person is already known to any agency or whether this is a new referral
- Types of abuse
- Location abuse took place
- Outcomes of investigation
- Users/carers views on how the policy has worked for them.

### **Information that you will be expected to give the Social Services Access Team and the Police**

- Personal details of the adult (name, date of birth, address, racial origin, language spoken, current whereabouts)
- Who you are and how you are involved
- What happened, where and when?
- Details of the alleged abuser (name, date of birth, address, language spoken, current whereabouts) including their relationship to the person being referred.
- Whether there are any other people, **including children**, who may be at risk.
- Details of other agencies involved and the nature of their involvement
- Awareness of the person being referred, carers alleged perpetrator to your making this referral. It is also important to pass on how the abused person feels about you making this referral.
- The likely movements of the person being referred and the alleged perpetrator within the next 24 hours.

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You may not have all this information but give the Social Services worker and/or the Police all the information you do have when making a referral.

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## End of investigation

Look at the findings once the investigation has been completed. Where areas of risk have been highlighted make the necessary changes to policies and training to ensure that the risks are reduced or eliminated.

Where the staff member has been found guilty of the abusing the vulnerable adult, they should be reported to ISA Adult First. Guidance can be found on the Department of Health Website.

This policy has been based on the "No Secrets" DoH 2005 document. The policy should be used on conjunction with "No Secrets".

Approved by  
Andrew Swanson, Director

Date: 21/06/2010  
Reviewed: 09/09/2011  
Reviewed: 15/02/2013  
Reviewed: 05/10/2014  
Reviewed: 10/06/2015  
Reviewed: 23/03/2016  
Reviewed: 15/02/2017  
Reviewed 10/01/2018  
Reviewed 18/01/2019

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This policy should be used alongside the inter-agency guidance produced by each local authority (Care Quality Commission Guidance – Outcome 12: Requirements relating to workers and the Scottish Social Service Council: Codes of Practice)

Care Quality Commission National Correspondence  
Citygate  
Gallowgate  
Newcastle-upon-Tyne  
NE1 4PA  
Tel: 03000 616161

**Care Inspectorate (Scotland)**

Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

Tel: 01382 807 100

**Care and Social Services Inspectorate for Wales**

Cathays Park  
Cardiff  
CF10 3NQ

Tel: 01443 848 450

**Department of Health for Northern Ireland**

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