



1. Purpose

- 1.1 To protect the Client's right to live in safety, free from abuse and neglect.
- 1.2 To ensure that the specific to geographical area where client lives Safeguarding Policy and Procedure is understood by all staff at Bespoke Health and Social Care and that the specific to geographical area where client lives safeguarding procedures dovetail with the service's policy and procedure.
- 1.3 To set out the key arrangements and systems that Bespoke Health and Social Care has in place for safeguarding and promoting the welfare of adults at risk and to ensure compliance with local policies and procedures.
- 1.4 To have a clear, well-publicised policy of zero-tolerance of abuse within Bespoke Health and Social Care.
- 1.5 To support Bespoke Health and Social Care in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
EFFECTIVE	E2: How does the service make sure that staff have the skills, knowledge and experience to deliver effective care and support?
EFFECTIVE	E7: Is consent to care and treatment always sought in line with legislation and guidance?
SAFE	S1: How do systems, processes and practices keep people safe and safeguarded from abuse?
SAFE	S2: How are risks to people assessed and their safety monitored and managed so they are supported to stay safe and their freedom is respected?

1.6 To meet the legal requirements of the regulated activities that Bespoke Health and Social Care is registered to provide:

- | Serious Crime Act 2015 Section 76
- | Domestic Violence, Crime and Victims Act 2004
- | The Counter Terrorism and Security Act 2015
- | The Modern Slavery Act 2015
- | Anti-social Behaviour, Crime and Policing Act 2014
- | The Criminal Justice and Courts Act 2015 Section 20-25
- | Public Interest Disclosure Act 1998
- | Protection of Freedoms Act 2012 (Disclosure and Barring Service Transfer of Functions) Order 2012
- | The Care Act 2014
- | Care Quality Commission (Registration) Regulations 2009
- | Equality Act 2010
- | Human Rights Act 1998
- | Mental Capacity Act 2005
- | Safeguarding Vulnerable Groups Act 2006
- | The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2012



2. Scope

- 2.1** The following roles may be affected by this policy:
- | All staff
- 2.2** The following Clients may be affected by this policy:
- | Clients
- 2.3** The following stakeholders may be affected by this policy:
- | Family
 - | Advocates
 - | Representatives
 - | Commissioners
 - | External health professionals
 - | Local Authority
 - | NHS



3. Objectives

- 3.1** To ensure that all staff working for, or on behalf of Bespoke Health and Social Care, understand their responsibilities in relation to safeguarding adults at risk and know who to escalate concerns to within Bespoke Health and Social Care.
- 3.2** To manage the safety and wellbeing of adults in line with the six principles of safeguarding.
- 3.3** To identify lessons to be learned from cases where adults have experienced abuse or neglect.
- 3.4** Bespoke Health and Social Care aims to support and empower each adult to make choices, to have control over how they want to live their own lives and to prevent abuse and neglect occurring in the future which is a key underpinning principle of Making Safeguarding Personal (MSP). Bespoke Health and Social Care intends to take this approach with all safeguarding concerns.



4. Policy

4.1 Everybody has the right to live a life that is free from harm and abuse. Bespoke Health and Social Care recognises that safeguarding adults at risk of abuse or neglect is everybody's business. Bespoke Health and Social Care aims to ensure that all adults at risk of abuse or neglect are enabled to live and work, be cared for and supported in an environment free from abuse, harassment, violence or aggression. The safeguarding policies and procedures of Bespoke Health and Social Care will dovetail with the specific to geographical area where client lives multi-agency policy and procedures, which we understand take precedence over those of Bespoke Health and Social Care. Bespoke Health and Social Care will ensure that the specific to geographical area where client lives policies and procedures are reflected within its own policy and procedure and that this is shared with all staff and is accessible and available for staff to follow.

4.2 We aim to provide services that will be appropriate to the adult at risk and not discriminate because of disability, age, gender, sexual orientation, race, religion, culture, or lifestyle. We will make every effort to enable Clients to express their wishes and make their own decisions to the best of their ability, recognising that such self-determination may well involve risk.

We will work with Clients and others involved in their care, to ensure they receive the support and protection they may require; that they are listened to and treated with respect (including their property, possessions and personal information) and that they are treated with compassion and dignity.

4.3 Bespoke Health and Social Care will follow the six principles as set out in guidance to the Care Act 2014 and this will inform practice with all Clients:

- | **Empowerment** – People being supported and encouraged to make their own decisions and informed consent
- | **Prevention** – It is better to take action before harm occurs
- | **Proportionality** – The least intrusive response appropriate to the risk presented
- | **Protection** – Support and representation for those in greatest need
- | **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
- | **Accountability** – Accountability and transparency in delivering safeguarding

4.4 Bespoke Health and Social Care understands the importance of working collaboratively to ensure that:

- | The needs and interests of adults at risk are always respected and upheld
- | The human rights of adults at risk are respected and upheld
- | A proportionate, timely, professional and ethical response is made to any adult at risk who may be experiencing abuse
- | All decisions and actions are taken in line with the Mental Capacity Act 2005
- | Each adult at risk maintains:
 - | Choice and control
 - | Safety
 - | Health
 - | Quality of life
 - | Dignity and respect

4.5 Our robust governance processes will make sure that staff working for and on behalf of Bespoke Health and Social Care recognise and respond to the main forms of abuse which are set out in the Care Act 2014 Statutory Guidance Chapter 14, which is not an exhaustive list but an illustration as to the sort of behaviour that could give rise to a safeguarding concern:

- | Physical abuse
- | Domestic violence
- | Sexual abuse
- | Psychological abuse
- | Financial or material abuse
- | Modern slavery

- | Discriminatory abuse
- | Organisational abuse
- | Neglect and acts of omission
- | Self-neglect

4.6 Bespoke Health and Social Care is committed to the principles of 'Making Safeguarding Personal' and aims to ensure that safeguarding is person-led and focused on the outcomes that Clients want to achieve. We will engage Clients in a conversation about how best to respond to their safeguarding situation in a timely way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.

4.7 Registered Manager's Responsibilities

- | To establish the facts about the circumstances giving rise for concern
- | To identify sources and level of risk
- | To ensure that information is recorded and that the specific to geographical area where client lives Adult Safeguarding Team is contacted to inform them of the concern or harm
- | If a Client is at immediate risk of harm, the Registered Manager will contact the Police. The CQC will also be informed
- | In all cases of alleged harm, there will be early consultation between Mr Amit Kishorilal Karia, specific to geographical area where client lives and the Police to determine whether or not a joint investigation is required. We understand that it may also be necessary to advise the relevant Power of Attorney, if there is one appointed. In dealing with incidents of potential harm, people have rights which must be respected and which may need to be balanced against each other
- | The wishes of the person harmed will be taken into account whenever possible. This may result in no legal action
- | Documentation of any incidents of harm in the Client's file and using body maps to record any injuries
- | Follow specific to geographical area where client lives policy guidelines where applicable
- | Report any incidents of abuse to the relevant parties
- | Work with multi-agencies
- | Advise and support staff
- | Ensure staff are trained to enhance knowledge
- | Actively promote the "Whistleblowing" policies

4.8 The Care Worker's Responsibilities

- | To be able to recognise and report incidences of harm
- | To report concerns of harm or poor practice that may lead to harm
- | To remain up to date with training
- | To follow the policy and procedures
- | To know how and when to use the Whistleblowing procedures
- | To understand the Mental Capacity Act and how to apply it in practice

4.9 General Principles

- | We will have robust recruiting and safer staffing policies in place to make sure that our staff are fit to work with adults at risk and are compliant with national, safe recruitment and employment practices, including the requirements of the Disclosure and Barring Service
- | A named safeguarding lead will be in place who is responsible for embedding safeguarding practices and improving practice in line with national and local developments. At Bespoke Health and Social Care, this person is Alison Fenwick
- | Any staff member who knows or believes that harm is occurring will report it to their line manager as quickly as possible, or if they feel they cannot follow the regular reporting procedure, they must use the Whistleblowing process
- | Bespoke Health and Social Care will work collaboratively with other agencies, including liaison in relation to the investigation of allegations and will ensure its procedures dovetail with the specific to

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geographical area where client lives multi-agency procedures

- | Bespoke Health and Social Care will use incident reporting, root cause analysis, lessons learned and auditing to determine themes to improve care practice
- | We will have a learning and development strategy which specifically addresses adult safeguarding. We will provide training on the identification and reporting of harm, as well as training on the required standards in relation to procedures and processes should something need to be reported
- | Bespoke Health and Social Care recognises its responsibilities in relation to confidentiality and will share information appropriately
- | We will have zero tolerance to harm
- | We will work in partnership with other agencies to ensure that concerns or allegations of abuse are appropriately referred for investigation to the most appropriate agency
- | We will ensure that any action that is taken is assessed, proportionate and reflective of the risk presented to the people who use the services
- | We will report any incidents in line with our regulatory requirements
- | Bespoke Health and Social Care will adhere to the Code of Conduct for Care Workers
- | There is a clear, well-publicised Whistleblowing Policy and Procedure in place that staff know how to use

4.10 Prevention - Providing information to support Clients

- | Bespoke Health and Social Care will support Clients by providing accessible, easy to understand information on what abuse is and what signs to look out for. This will include Clients' rights and how to get help and support if they need it through the Care Plan process. We will comply with the Accessible Information Standards
- | All Clients will receive a copy of the Service User Guide, have access to the Complaints, Suggestions and Compliments Policy and Procedure and be given information on how to escalate any concerns to the Commissioner, CQC, advocacy or Local Government and Social Care Ombudsman should they not be satisfied with the approach taken by Bespoke Health and Social Care

4.11 Prevention - Raising awareness

- | Staff will need to be trained and understand the different patterns and behaviours of abuse as detailed in the Care Act [Chapter 14](#) and Bespoke Health and Social Care will ensure that it is able to respond appropriately
- | Bespoke Health and Social Care will ensure that all staff are trained on the Whistleblowing Policy and Procedure
- | During induction training, all employees will complete the "[Understanding Abuse](#)" workbook, as part of the Care Certificate



5. Procedure

5.1 Responding to Disclosure, Suspicion or Witnessing of Abuse

Where an adult at risk discloses or discusses potential abuse or harm, the staff member must be able to:

- | **Recognise:** Identify that the adult at risk may be describing abuse, even when they may not be explicit
- | **Respond:** Stay calm, listen and show empathy
- | **Reassure** them that it will be taken seriously and explain that there is a duty to report the issues internally and what may happen next
- | **Record:** Write up notes of the conversation clearly and factually as soon as possible
- | **Report** in a timely manner to the appropriate people and organisations

5.2 Responding to a Disclosure

Remember you are not investigating. Do:

- | Stay calm and try not to show shock
- | Listen very carefully
- | Be sympathetic
- | Be aware of the possibility that medical evidence might be needed

Tell the person that:

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

Explain that you must tell your line manager and, with their consent, your manager will contact the specific to geographical area where client lives Safeguarding Adults Team and/or the Police. Mr Amit Kishorilal Karia must be informed.

Bespoke Health and Social Care will, in specific circumstances, need to contact the specific to geographical area where client lives Adult Safeguarding Team without their consent but their wishes will be made clear throughout.

If a referral is made but the adult at risk is reluctant to continue with an investigation, record this and bring this to the attention of the specific to geographical area where client lives Safeguarding Adults Team. This will enable a discussion on how best to support and protect the adult at risk. However, a professional case discussion will still need to take place and must be recorded appropriately.

5.3 Responding to Abuse or Neglect – What to do

Bespoke Health and Social Care must ensure that staff:

- | Address any immediate safety and protection needs
- | Assess any risks and take steps to ensure that the adult is in no immediate danger
- | Where appropriate, call 999 for the emergency services if there is a medical emergency, other danger to life or risk of imminent injury, or if a crime is in progress. Where a crime is suspected of being committed, leave things as they are wherever possible
- | Call for medical assistance from the GP or other primary healthcare service if there is a concern about the adult's need for medical assistance or advice. Care Workers can call the NHS 111 service for medical help or advice when the situation is not life-threatening or is out of hours
- | The adult may feel frightened, so the Care Worker must ask whether they want the Care Worker to arrange for someone they feel comfortable with to stay with them
- | Bespoke Health and Social Care will consider if there are other adults or children with care and support needs who are at risk of harm and take appropriate steps to protect them
- | The Care Worker will support and encourage the adult to contact the Police if a crime has been or may have been committed
- | The Care Worker will contact their line manager as soon as possible to inform them of the incident or concern
- | Mr Amit Kishorilal Karia will be informed and contacted on 07837131405 as soon as possible

5.4 Decision-Making Pre-referral to the specific to geographical area where client lives Adult

Safeguarding Team

Mr Amit Kishorilal Karia or the Safeguarding Lead will usually lead on decision-making. Where such support is unavailable, consultation with another more senior member of staff will take place.

In the event that these are unavailable, advice must be taken from specific to geographical area where client lives. Staff must also take action without the immediate authority of a line manager:

- | If discussion with the manager would involve delay in an apparently high-risk situation
- | If the person has raised concerns with their manager and they have not taken appropriate action (whistleblowing)

Bespoke Health and Social Care will ensure that staff are aware of the specific to geographical area where client lives reporting procedures and timescales for raising adult safeguarding concerns.

5.5 Referral to the specific to geographical area where client lives Adult Safeguarding Team

Bespoke Health and Social Care must ensure that the specific to geographical area where client lives Safeguarding Adult referral process is followed and must collect the following information to assist with the referral. The referral process must be clearly visible with contact numbers, including out-of-hours, where staff can access the information.

The referral information will also be required for some of the CQC notification of abuse documentation.

Bespoke Health and Social Care must use any up-to-date Care Plan information where possible and have the following information available where possible:

- | Demographic and contact details for the adult at risk, the person who raised the concern and for any other relevant individual, specifically Care Workers and next of kin
- | Basic facts, focussing on whether or not the person has care and support needs including communication and ongoing health needs
- | Factual details of what the concern is about; what, when, who, where?
- | Immediate risks and action taken to address risk
- | Preferred method of communication
- | If reported as a crime, details of which police station/officer, crime reference number, etc.
- | Whether the adult at risk has any cognitive impairment which may impede their ability to protect themselves
- | Any information on the person alleged to have caused harm
- | Wishes and views of the adult at risk, in particular consent
- | Advocacy involvement (includes family/friends)
- | Information from other relevant organisations, for example, the CQC
- | Any recent history (if known) about previous concerns of a similar nature or concerns raised about the same person, or someone within the same household
- | Names of any staff involved

5.6 Documenting a Disclosure

Bespoke Health and Social Care must ensure that staff:

- | Make a note of what the person actually said, using his or her own words and phrases
- | Describe the circumstance in which the disclosure came about
- | Note the setting and anyone else who was there at the time
- | When there are cuts, bruises or other marks on the skin, use a body map to indicate their location, noting the colour of any bruising
- | Make sure the information the Care Worker writes is factual
- | Use a pen with black ink so that the report can be photocopied
- | Try to keep your writing clear
- | Sign and date the report, noting the time and location
- | Be aware that the report may be needed later as part of a legal action or disciplinary procedure

5.7 Informing the Relevant Inspectorate

- | By law, Bespoke Health and Social Care must notify the Care Quality Commission without delay of incidents of abuse and allegations of abuse, as well as any incident which is reported to, or

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investigated by, the Police

- | Bespoke Health and Social Care must notify the CQC about abuse or alleged abuse involving a person (s) using the service, whether the person(s) is/are the victim(s), the abuser(s), or both
- | Bespoke Health and Social Care must also alert the relevant local safeguarding authority when notification is made to the CQC about abuse or alleged abuse
- | The forms are available on the CQC website
- | If a concern is received via the whistleblowing procedure, Bespoke Health and Social Care must inform the specific to geographical area where client lives Safeguarding Team and the CQC

5.8 Strategy Meeting / Case Conference

- | Following the investigation or at any time during the process, a case conference with all relevant agencies may be called to make decisions about future action to address the needs of the individual
- | Any agency involved in the case may ask for a case conference to be held but the final decision to hold a conference is with the specific to geographical area where client lives Safeguarding Adults Team Manager
- | Bespoke Health and Social Care must ensure that it attends this meeting when invited and that all relevant information about the incident is available. A timeline of events is a useful document to prepare in complex cases

5.9 Involve the Client Concerned Throughout the Process

- | The process of the enquiry must be explained to the Client in a way they will understand and their consent to proceed with the enquiry obtained, if possible
- | Arrangements will be made to have a relative, friend or independent advocate present if the Client so desires. The relative, friend or independent advocate must not be a person suspected of being in any way involved or implicated in the abuse
- | A review of the Client's Care Plan must be undertaken to ensure individualised support following the incident
- | The Client will be supported by the service to take part in the safeguarding process to the extent to which they wish, or are able to, having regard for their decisions and opinions. They must be kept informed of progress

5.10 Desired Outcomes Identified by the Adult

The desired outcome by the adult at risk must be clarified and confirmed at the end of the conversation(s), to:

- | Ensure that the outcome is achievable
- | Manage any expectations that the adult at risk may have
- | Give focus to the enquiry
- | Staff will support adults at risk to think in terms of realistic outcomes but must not restrict or unduly influence the outcome that the adult would like. Outcomes must make a difference to risk and, at the same time, satisfy the person's desire for justice and enhance their wellbeing
- | The adult's views, wishes and desired outcomes may change throughout the course of the enquiry process
- | There must be an ongoing dialogue and conversation with the adult to ensure that their views and wishes are gained as the process continues and enquiries re-planned if the adult change their views
- | The Client will be informed of the outcome of any investigation, but guidance will be sought from the specific to geographical area where client lives Adult Safeguarding Team before any outcome is shared

5.11 Disclosure and Barring Service (DBS) Referral

There is a statutory requirement for providers of Care to refer workers to the DBS for inclusion on the DBS Vetting and Barring scheme list if they consider that the person is guilty of misconduct such that a vulnerable adult was harmed or placed at risk of harm. This requirement covers both existing employees and those who leave their employment, and whose conduct comes to light at a later date. Please see the DBS/Disclosure Policy and Procedure for further procedures regarding initial employment and referral.

5.12 Consent

When reporting information that directly concerns the safety of an adult at risk of harm, consent from the Client is not required. However, informing the Client of your concerns and your referral is good practice unless it would put you or your colleagues at risk or it would put the adult at further risk. When reporting to a local authority allegations or concerns about an adult at risk of harm, the Local Authority must be informed whether the Client is aware of the report. In reporting all suspected or confirmed cases of harm, an employee has a responsibility to act in the best interest of the Client but still operate within the relevant legislation and the parameters of the codes and standards of their practice.

5.13 Confidentiality and Information Sharing

In seeking to share information for the purposes of protecting adults at risk, Bespoke Health and Social Care is committed to the following principles:

- | Personal information will be shared in a manner that is compliant with the statutory responsibilities of Bespoke Health and Social Care
- | Adults at risk will be fully informed about information that is recorded about them and as a general rule, be asked for their permission before information about them is shared with colleagues or another agency. However, there may be justifications to override this principle if the adult or others are at risk
- | Staff will receive appropriate training on Client confidentiality and secure data sharing
- | The principles of confidentiality designed to protect the management interests of Bespoke Health and Social Care must never be allowed to conflict with those designed to promote the interests of the adult at risk
- | Staff will follow the policy on Data Protection and Confidentiality and comply with the Caldicott principles

5.14 Pressure Ulcers

Pressure ulcers are costly in terms of both Client suffering and the use of resources. If the pressure ulcer is believed to have been caused by neglect, it must be reported as an adult safeguarding concern whether the pressure ulcer was acquired in a hospital, care setting or the Client's own home. Bespoke Health and Social Care must ensure that staff read and follow [Safeguarding Adults Protocol Pressure Ulcers and the interface with a Safeguarding Enquiry](#), seeking advice and further guidance where required.

Where Clients are new to the service, any pressure ulcers must be documented on a body map and reported in line with safeguarding procedures. Treatment must also be sought from the GP.

5.15 Medication Errors

Bespoke Health and Social Care must follow local safeguarding reporting procedures for medication errors and ensure that notifications are made to the CQC in line with statutory requirements. Bespoke Health and Social Care will have an open and transparent approach to medication incidents and ensure that staff follow the Medication Errors and Near Misses Policy and Procedure at Bespoke Health and Social Care and understand their Duty of Candour responsibilities.

5.16 Abuse of Trust

- | A relationship of trust is one in which one person is in a position of power or influence over the other person because of their work or the nature of their activity
- | Where the person who is alleged to have caused the abuse or neglect has a relationship of trust with the adult at risk because they are; a member of staff, a paid employee, a paid carer, a volunteer or a manager, Bespoke Health and Social Care must invoke disciplinary procedures for employed staff as well as taking action in line with this policy
- | Bespoke Health and Social Care must ensure that a referral is made to the Disclosure and Barring Service if an employee is found to have caused harm to an individual
- | If the person who is alleged to have caused the harm is a member of a recognised professional group, Bespoke Health and Social Care must act under the relevant code of conduct for the profession as well as taking action under this policy
- | Where the person alleged to have caused the harm or neglect is a volunteer or a member of a community group, Bespoke Health and Social Care must work with adult social services to support any action under this policy
- | Where the person alleged to have caused the harm is a neighbour, a member of the public, a stranger or a person who deliberately targets vulnerable people, in many cases the policy and procedures will be used to ensure that the adult at risk receives the services and support that they may need
- | In all cases, issues of consent, confidentiality and information sharing must be considered

5.17 Allegations Against People who are Relatives or Friends

There is a clear difference between unintentional harm caused inadvertently by a relative or friend and a deliberate act of either harm or omission, in which case the same principles and responsibilities for reporting to the police apply. In cases where unintentional harm has occurred, this may be due to lack of knowledge or due to the fact that the relative's own physical or mental needs make them unable to care adequately for the adult at risk. The relative may also be an adult at risk. In this situation, the aim is to protect the adult from harm, work to support the relative to provide support and to help make changes in their behaviour in order to decrease the risk of further harm to the person they are caring for. A carer's assessment will take into account a number of factors and a referral to specific to geographical area where client lives will be made as part of the safeguarding process.

5.18 Whistleblowing

Whistleblowing is an important aspect of the support and protection of adults at risk of harm where staff are encouraged to share genuine concerns about a colleague's behaviour. Their behaviour may not be related to an adult at risk, but they may not be following the code of conduct or could be pushing boundaries beyond normal limits or displaying conduct which is a breach of the law, conduct which compromises health and safety or conduct which falls below established standards of practice with adults at risk.

Bespoke Health and Social Care has clear whistleblowing policies and procedures in place which staff are frequently reminded about and with which they must be familiar. They must also understand how to escalate and report concerns.

5.19 Abuse by Another Adult at Risk

We recognise that we may also have responsibilities towards the person causing the harm, and certainly will have if they are both in a care setting or have contact because they attend the same place (for example, a day centre). The person causing the harm may themselves be eligible to receive an assessment. In this situation, it is important that the needs of the adult at risk who is the alleged victim are addressed separately from the needs of the person causing the harm. It will be necessary to reassess the adult allegedly causing the harm.

5.20 Exploitation by Radicalisers who Promote Violence

Individuals may be susceptible to exploitation into violent extremism by radicalisers. Staff will be expected to follow the Protecting Vulnerable People from Radicalisation Policy and Procedure in place at Bespoke Health and Social Care.

5.21 Self-Neglect and Refusal of Care

Bespoke Health and Social Care must ensure that staff understand the importance of delivering care as detailed in the Care Plan. Where a Client refuses care, this must always be documented. Where refusal occurs repeatedly, it must be escalated by Bespoke Health and Social Care as a safeguarding concern and a request for a review of the Client's care will be instigated.

5.22 Abuse and Sexual Safety

We recognise that culture, environment and processes support a Client's sexuality and keep them and staff safe from sexual harm. As such, Bespoke Health and Social Care will ensure that sexuality is discussed as part of the Care Planning process and is addressed positively to support people to raise concerns where necessary.

The recent [CQC publication](#) on sexuality and sexual safety can be referred to for further guidance in this area.

5.23 Self-Funding Clients

People who fund their own care arrangements are legally entitled to receive support if subject to abuse or neglect in exactly the same way as those supported or funded by the Local Authority. They are also entitled to the protections of the Deprivation of Liberty Safeguards process.

5.24 Risk Assessment and Management

Achieving a balance between the right of the individual to control their care package and ensuring that adequate protections are in place to safeguard wellbeing is a very challenging task. The assessment of the risk of abuse, neglect and exploitation of Clients will be integral in all assessment and planning processes. Assessment of risk is dynamic and ongoing, especially during the adult safeguarding process, and must be reviewed throughout so that adjustments can be made in response to changes in the levels and nature of risk.

5.25 Audit and Compliance

It is essential that the implementation of this policy and associated procedures is audited to ensure that Bespoke Health and Social Care is doing all it can to safeguard those people receiving its services. The audit of this policy will be completed through a systematic audit of:

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- | Recruitment procedures and Disclosure and Barring Checks
- | Audit of incident reporting, frequency and severity
- | Audit of training processes, including reviews of uptake of training and evaluations

Safeguarding concerns and incidents will be reviewed by the Senior Management Team as part of a root cause analysis with the following terms of reference:

- | Review incident themes
- | Reports from the lead responsible for Safeguarding within Bespoke Health and Social Care
- | Look in detail at specific cases to determine learning or organisational learning
- | Ensure implementation of the Safeguarding Policy and Procedure

5.26 Training and Competencies

Bespoke Health and Social Care will ensure that staff receive training in recognising and responding to incidents, allegations or concerns of abuse or harm as part of their induction programme. Bespoke Health and Social Care will ensure that it benchmarks training and competencies within the service with the framework outlined in [Adult Safeguarding: Roles and Competencies for Healthcare Staff](#) which it recognises applies to social care staff also and does not replace any local or contractual requirements but acts as a minimum benchmark.



6. Definitions

6.1 Enquiry

- | An enquiry is any action that is taken (or instigated) by a local authority, under Section 42 of the Care Act 2014, in response to indications of abuse or neglect in relation to an adult with care and support needs who is at risk and is unable to protect themselves because of those needs
- | An enquiry can also refer to similar action but not undertaken under Section 42. It must establish whether any action needs to be taken to prevent or stop abuse or neglect and if so, by whom

6.2 A Person with Care and Support Needs

- | According to the Care Act 2014; an older person, a person with a physical disability, a learning difficulty or a sensory impairment, someone with mental health needs, including dementia or a personality disorder, a person with a long-term health condition, someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living

6.3 Safeguarding

- | Safeguarding means protecting an adult's right to live in safety, without suffering abuse and or neglect
- | It is multi-agency in approach to prevent and stop both the risks and experience of abuse or neglect, whilst supporting the adult's wellbeing including their views, wishes, feelings and beliefs on the action to be taken where possible

6.4 Investigation

- | Investigation is a process that focuses on gathering "good evidence" that can be used as a basis for the decision as to whether or not abuse has occurred
- | It must be a rigorous process and the evidence must be capable of withstanding close scrutiny, as it may later be required for formal proceedings

6.5 Referral

- | Referral is when information regarding a possible safeguarding incident is passed on to another person for their direction. In the case of this policy, from the Provider to the Adult Social Care Team
- | Sometimes this may be referred to as 'reporting'

6.6 Wellbeing

- | The Care Act 2014 defines wellbeing as: 'in relation to an individual, means that individual's wellbeing so far as relating to any of the following':
 - | Personal dignity (including treatment of the individual with respect)
 - | Physical and mental health and emotional wellbeing
 - | Protection from abuse and neglect
 - | Control by the individual over their day-to-day life (including over care and support provided to the individual and the way in which it is provided)
 - | Participation in work, education, training or recreation
 - | Social and economic wellbeing
 - | Domestic, family and personal relationships
 - | Suitability of living accommodation
 - | The individual's contribution to society

6.7 Multi-agency

- | More than one agency coming together to work for a common purpose
- | This could include partners of the Local authority such as: NHS England CCGs, NHS trusts and NHS foundation trusts, Department for Work and Pensions, the police, prisons, probation services, and/or other agencies such as general practitioners, dentists, pharmacists, NHS hospitals, housing, health and care providers

6.8 Caldicott Principles

- | The Caldicott Principles were developed in 1997 following a review of how patient information is protected and only used when it is appropriate to do so
- | Since then, when deciding whether they needed to use information that would identify an individual, an organisation must use the Principles as a test

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- | The Principles were extended to adult social care records in 2000
- | The Principles were revised in 2013

6.9 Abuse

- | Abuse includes physical, sexual, emotional, psychological, financial, material, neglect, acts of omission, discriminatory and organisational abuse
- | The types and behaviours of abuse are documented in the Care Act Statutory Guidance Chapter 14

6.10 Adults at Risk

- | Adult at risk means adults who need community care services because of mental or other disability, age or illness, and who are, or may be unable to take care of themselves against significant harm or exploitation
- | The term replaces 'vulnerable adult'

6.11 Concern

- | A concern may be any worry about an adult who has, or appears to have care and support needs, who is subjected to, or may be at risk of abuse or neglect, and who may be unable to protect themselves from the abuse or neglect or risk of it
- | A concern may be raised by anyone and can be:
 - | A direct or passive disclosure by the adult at risk
 - | A concern raised by staff, volunteers, others using the service, a carer or a member of the public
 - | An observation of the behaviour of the adult at risk, of the behaviour of another person(s) towards the adult at risk, or of one Client towards another
 - | Patterns of concerns or risks that emerge through reviews, audits and complaints or regulatory inspections or monitoring visits

6.12 Making Safeguarding Personal

- | Making Safeguarding Personal is about person-centred and outcome-focussed practice
- | It is how professionals are assured by adults at risk that they have made a difference to people by taking action on what matters to people and is personal and meaningful to them

6.13 Modern Slavery

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

6.14 Significant Harm

- | Significant harm is not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health, and the impairment of physical, intellectual, emotional, social or behavioural development

6.15 Enquiry Planning / Strategy Meeting

- | Enquiry Planning / Strategy Meeting or discussion is a multi-agency discussion between relevant organisations involved with the adult at risk to agree how to proceed with the referral
- | It can be face to face, by telephone or by email

6.16 Honour-Based Violence

- | The terms 'honour crime', 'honour-based violence', and 'izzat' embrace a variety of crimes of violence (mainly but not exclusively against women), including physical abuse, sexual violence, abduction, forced marriage, imprisonment and murder where the person is being punished by their family or their community
- | They are punished for actually, or allegedly, 'undermining' what the family or community believes to be the correct code of behaviour
- | In transgressing this, the person shows that they have not been properly controlled to conform by their family and this is to the 'shame' or 'dishonour' of the family
- | 'Honour crime' may be considered by the perpetrator(s) as justified to protect or restore the 'honour' of a family

6.17 Hate Crime

- | Hate (Mate) Crime - A disability hate crime is: "Any criminal offence which is perceived by the victim or any other person, to be motivated by a hostility or prejudice based on a person's disability or perceived

disability.”

- | Incidents can include:
 - | Physical attacks such as physical assault, damage to property, offensive graffiti and arson
 - | Threat of attack including offensive letters, abusive or obscene telephone calls, groups hanging around to intimidate and unfounded, malicious complaints
 - | Verbal abuse, insults or harassment - taunting, offensive leaflets and posters, abusive gestures, dumping of rubbish outside homes or through letterboxes and bullying at school or in the workplace

6.18 Forced Marriage

- | The Anti-Social Behaviour, Crime and Policing Act 2014 protects people from being forced to marry without their free and full consent as well as people who have already been forced to do so
- | We will ensure that staff are reminded of the **one chance rule**: i.e. our employees may only have one chance to speak to a potential victim of forced marriage and, therefore, only one chance to save a life
- | Forced marriage can involve physical, psychological, emotional, financial and sexual abuse including being held unlawfully captive, assaulted and raped
- | Law enforcement agencies will also be able to pursue perpetrators in other countries where a UK national is involved under powers defined in legislation



Further Reading

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

Prevent E-Learning: <https://www.elearning.prevent.homeoffice.gov.uk/edu/screen1.html>

Skills for Care: Self Care and Self Neglect

<https://www.skillsforcare.org.uk/Learning-development/ongoing-learning-and-development/self-care/Self-care.aspx>

CQC The Adult Social Care Key Lines of Enquiry and Prompts: Sources of evidence:

<https://www.cqc.org.uk/sites/default/files/20180530%209001095%20ASC%20assessment%20framework%20with%20sources%20of%20evidence%20v4%2000.pdf>

Action on Elder abuse - Resources and Forums: <https://www.elderabuse.org.uk/>

SCIE - Gaining access to an adult suspected to be at risk of neglect or abuse: a guide for social workers and their managers in England which clarifies existing powers relating to access to adults suspected to be at risk of abuse or neglect:

<http://www.scie.org.uk/care-act-2014/safeguarding-adults/adult-suspected-at-risk-of-neglect-abuse/>

Adult Safeguarding and Housing materials produced for housing providers Housing and Safeguarding Adults Alliance 2014:

<https://www.housinglin.org.uk/Topics/type/Adult-safeguarding-and-housing/>

GOV.UK - How to report a serious incident in your charity:

<https://www.gov.uk/guidance/how-to-report-a-serious-incident-in-your-charity>



Key Facts - People affected by the service

People affected by this service should be aware of the following:

- | Bespoke Health and Social Care has a duty to safeguard the people using its service
- | Bespoke Health and Social Care will provide information and Care Plans to help you understand safeguarding and what to look out for
- | If something happens that may be a safeguarding incident which involves you, Bespoke Health and Social Care will make sure that you understand your choices and the next steps and that you are included as much as you want and can be
- | If you need extra support such as an advocate, one will be provided for you
- | Other agencies may be involved in getting to the facts of the incident
- | If it seems a crime has taken place, the police will be called immediately
- | When the facts are brought together and a way forward has been decided with your input if possible, you will be talked through the findings
- | Bespoke Health and Social Care will have reviewed your Care Plan and worked with you to support you through the enquiry process and moving on in the future



Key Facts - Professionals

Professionals providing this service should be aware of the following:

- | Safeguarding is everybody's business. Agencies have a duty to report safeguarding concerns to the Local Safeguarding Adults Team
- | Staff of Bespoke Health and Social Care will report safeguarding concerns to the Registered Manager
- | The Registered Manager will refer safeguarding concerns to the Local Authority Safeguarding Adults Team
- | If it is suspected that a crime has taken place, the reporter of the incident must call the police immediately
- | Bespoke Health and Social Care will be led by the Local Authority Adult Safeguarding Team as to 'next steps' such as enquiries
- | If the alleged victim requires immediate removal from harm or medical attention, this will be done immediately
- | The Client to whom the incident has happened, will be consulted and supported to be involved in the safeguarding process and provided with information they understand throughout
- | Bespoke Health and Social Care is committed to supporting and protecting the wellbeing of Clients through prevention of harm and reporting and dealing with incidents of abuse through a proper process