Delivering Quality Healthcare

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1. INTRODUCTION

1.1 This policy reflects the commitment of KOPE-MEDICS and its staff to work together to safeguard adults with care and support needs in line with the Care Act and the Care Quality Commission.

1.2 The procedures outlined aim to ensure that:

a. KOPE-MEDICS promote the wellbeing of adults with care and support needs;
b. The interests of adults with care and support needs are always respected and upheld;
c. The human rights of adults with care and support needs are respected and upheld;
d. A proportionate, timely, professional and ethical response is made to any adult with care and support needs who may be experiencing abuse;
e. All decisions and actions are taken in line with the Mental Capacity Act (MCA) 2005, the Care Act 2014, CQC Fundamental standards and all relevant statutory provisions.

1.3 The procedures also aim to ensure that for each adult with care and support needs:

a. Their chosen outcomes are at the heart of safeguarding;
b. Safeguarding is always more focused on the adult than on processes;
c. Their dignity, and respect towards them, is central to all professional practice.

1.4 Safeguarding means protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect. It's fundamental to high-quality health and social care.

LEGAL FRAMEWORK

2. THE HEALTH AND SOCIAL CARE ACT 2008 (REGULATED ACTIVITIES) REGULATIONS 2014: REGULATION 13

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

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

2.3. This includes:

a. Neglect
b. Subjecting people to degrading treatment
c. Unnecessary or disproportionate restraint
d. Deprivation of liberty.

2.4. Providers must have robust procedures and processes to prevent people using the service from being abused by staff or other people they may have contact with when using the service, including visitors

3. THE CARE ACT 2014

3.1. The Care Act 2014 sets out a clear legal framework for how local authorities and other statutory agencies should protect adults with care and support needs at risk of abuse or neglect. The Care Act 2014 introduces a duty to promote wellbeing when carrying out any care and support functions in respect of a person. This is sometimes referred to as "**the wellbeing principle**" because it is a guiding principle that puts wellbeing at the heart of care and support.

3.2. The wellbeing principle applies in all cases where carrying out any care and support function, or deciding, or safeguarding. It applies equally to adults with care and support needs and their key workers.

3.3. "Wellbeing" is a broad concept, and it is described as relating to the following areas in particular:

a. personal dignity (including treatment of the individual with respect);
b. physical and mental health and emotional wellbeing;
c. protection from abuse and neglect;
d. control by the individual over day-to-day life (including over care and support provided and the way it is provided);
e. participation in work, education, training or recreation;
f. social and economic wellbeing;
g. domestic, family and personal relationships;
h. suitability of living accommodation;
i. The individual's contribution to society.

4. MENTAL CAPACITY ACT (INCLUDING DOLS) 2005

4.1. The Mental Capacity Act 2005, covering England and Wales, provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to prepare for a time when they may lack capacity in the future. These can be small decisions – such as what clothes to wear – or major decisions, - such as where to live, or what happens if

abuse has occurred. The Act sets out who can take decisions, in which situations, and how they should go about this

4.2. In addition - in some cases, people lack the capacity to consent to treatment or care that is recognised by others as being in their best interests, or which will protect them from harm. Where this care might involve depriving vulnerable people of their liberty in either a hospital or a care home, extra safeguards have been introduced in law – Deprivation of Liberty Safeguards, to protect their rights and ensure that the care or treatment they receive is in their best interests.

5. OUR COMMITMENT

5.1. Staff have a duty to report promptly any concerns or suspicions that an adult with care and support needs is being, or is at risk of being, abused.

5.2. Actions to protect the adult from abuse isalways given high priority. Concerns or allegations should be reported without delay.

5.3. We make the dignity, safety and wellbeing of our clients a priority in our actions.

5.4. As far as possible, we respect the rights of the person causing, or alleged to be causing, harm. If the person alleged to have caused harm is also an adult with care and support needs, they must receive support and their needs must be addressed. Staff should fully understand their role and responsibilities regarding the policy and procedures.

5.5. Every effort must be made to ensure that adults with care and support needs are afforded appropriate protection under the law.

5.6. We will have our own internal operational procedures which relate and adhere to the legal framework requirements and procedures, including complaints by clients and by staff who raise concerns ('whistle-blowers'), always in compliance with the Public Interest Disclosure Act (PIDA) 1998, the Employment Rights Act 1996 and the Enterprise and Regulatory Reform Act 2013.

5.7. KOPE-MEDICS will ensure that all staff and volunteers are familiar with policies relating to adult safeguarding, that they know how to recognise abuse and how to report and respond to it.

5.8. KOPE-MEDICS will ensure that staff and volunteers have access to training that is appropriate to their level of responsibility and will receive clinical and/or management supervision that allows them to reflect on their practice and the impact of their actions on others.

5.9. KOPE-MEDICS will have robust procedures and processes to prevent our clients from being abused by staff or other people they may have contact with when using the service, including visitors.

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

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

5.12. Where any form of abuse is suspected, occurs, is discovered, or reported by a third party, KOPE-MEDICS will take appropriate action without delay.

5.13. The action we will take includes investigation and/or referral to the appropriate body. This applies whether the third party reporting an occurrence is internal or external to the provider.

6. THE FUNDAMENTAL STANDARDS

6.1. KOPE-MEDICS will preserve the fundamental standards as laid out by CQC and these are that everybody has the right to expect the following:

a. **Person-centred care**: You must have care or treatment that is tailored to you and meets your needs and preferences.

b. **Dignity and respect**: You must be treated with dignity and respect always while you're receiving care and treatment.

c. **Consent:** You (or anybody legally acting on your behalf) must give your consent before any care or treatment is given to you.
d. **Safety:** You must not be given unsafe care or treatment or be put at risk of harm that could be avoided. We Providers must assess the risks to your health and safety during any care or treatment and make sure their staff have the qualifications, competence, skills and experience to keep you safe.
e. **Safeguarding from abuse**: You must not suffer any form of abuse or improper treatment while receiving care. This includes: Neglect, Degrading treatment, Unnecessary or disproportionate restraint, Inappropriate limits on your freedom. We will assess the risks to your health and safety during any care or treatment and make sure our staff have the qualifications, competence, skills and experience to keep you safe.
f. **Food and drink**: You must have enough to eat and drink to keep you in good health while you receive care and treatment.
g. **Premises and equipment**: The places where you receive care and treatment and the equipment used in it must be clean, suitable and looked after properly. The equipment used in your care and treatment must also be secure and used properly.
h. **Complaints:** You must be able to complain about your care and treatment. The provider of your care must have a system in place, so they can handle and respond to your complaint. They must investigate it thoroughly and act if problems are identified**. You** must be able to complain about your care and treatment**.**
i. **Good governance:** The provider of your care must have plans that ensure they can meet these standards. They must have effective governance and systems to check on the quality and safety of care. These must help the service improve and reduce any risks to your health, safety and welfare.
j. **Staffing:** The provider of your care must have enough suitably qualified, competent and experienced staff to make sure they can meet these

standards. Their staff must be given the support, training and supervision they need to help them do their job.

k. **Fit and proper staff**: The provider of your care must only employ people who can provide care and treatment appropriate to their role. They must have strong recruitment procedures in place and carry out relevant checks such as on applicants' criminal records and work history.

l. **Duty of candour:** The provider of your care must be open and transparent with you about your care and treatment. Should something go wrong, they must tell you what has happened, provide support and apologise.

1. RISK MANAGEMENT

1.1. We recognise that safeguarding is fundamentally managing risk about the safety and wellbeing of a Client in line with the above six principles. The aim of risk management is:

a. To promote, and thereby support inclusive decision making as a collaborative and empowering process, which takes full account of the individual's perspective and views of primary carers;

b. To enable and support the positive management of risks. Where this is fully endorsed by the multi-agency partners as having positive outcomes;

c. To promote the adoption by all staff of 'defensible decisions' rather than 'defensive actions'.

2. ABUSE OR NEGLECT

2.1. Defining abuse or neglect is complex and rests on many factors. The term "abuse" can be subject to wide interpretation. It may be physical, verbal or psychological, it may be an act of neglect, or occur where a person is persuaded to enter into a financial or sexual transaction to which they have not, or cannot consent.

2.2. Patterns of abuse vary and include:

a. Serial abusing in which the perpetrator seeks out and 'grooms' individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse;
b. Long-term abuse in the context of an ongoing family relationship such as domestic violence between spouses or generations or persistent psychological abuse; or
c. Opportunistic abuse such as theft occurring because money or jewellery has been left lying around.
d. Incidents of abuse may be one-off or multiple, and affect one person or more. Professionals and others should look beyond single incidents or individuals to identify patterns of harm. Repeated instances of poor care may be an indication of more serious problems and of what we now describe as organisational abuse. In order to see these patterns, it is important that information is recorded and appropriately shared.
e. Abuse or neglect may be the result of deliberate intent, negligence or ignorance. Exploitation can be a common theme in the experience of abuse or neglect

2.3. Whilst it is acknowledged that abuse or neglect can take different forms, the Care Act guidance identifies the following types of abuse or neglect:

a. Physical abuse;
b. Domestic violence;
c. Sexual abuse;
d. Psychological abuse;
e. Financial or material abuse;
f. Modern slavery;
g. Discriminatory abuse;
h. Organisational abuse;
i. Neglect and acts of omission; Self-neglect**.**

These types of abuse or neglect are explored in more detail in the following sections

3. ORGANISATIONAL ABUSE

3.1. Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or where care is provided within their own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice because of the structure, policies, processes and practices within an organisation.

3.2. Organisational abuse is the mistreatment, abuse or neglect of an adult by a regime or individuals in a setting or service where the adult lives or that they use. Such abuse violates the person's dignity and represents a lack of respect for their human rights.

3.3. Organisational abuse occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice which affect the whole setting and deny, restrict or curtail the dignity, privacy, choice, independence or fulfilment of adults with care and support needs

3.4. Organisational abuse can occur in any setting providing health or social care. Many inquiries into care in residential settings have highlighted that organisational abuse is most likely to occur when staff:

a. receive little support from management;
b. are inadequately trained;
c. are poorly supervised and poorly supported in their work;
d. receive inadequate guidance; or where there is:
e. Unnecessary or inappropriate rules and regulations;
f. Lack of stimulation or the development of individual interests;
g. Inappropriate staff behaviour, such as the development of factions, misuse of drugs or alcohol, failure to respond to leadership;
h. Restriction of external contacts or opportunities to socialise.

4. PHYSICAL ABUSE

4.1. Physical abuse includes assault, hitting, slapping, pushing, kicking, misuse of medication, being locked in a room, inappropriate sanctions or force-feeding, inappropriate methods of restraint, and unlawfully depriving a person of their liberty.

4.2. POSSIBLE INDICATORS

a. Unexplained or inappropriately explained injuries;
b. Adult exhibiting untypical self-harm;
c. Unexplained cuts or scratches to mouth, lips, gums, eyes or external genitalia;
d. Unexplained bruising to the face, torso, arms, back, buttocks, thighs, in various stages of healing. Collections of bruises that form regular patterns which correspond to the shape of an object or which appear on several areas of the body;
e. Unexplained burns on unlikely areas of the body (e.g. soles of the feet, palms of the hands, back), immersion burns (from scalding in hot water/liquid), rope burns, burns from an electrical appliance;
f. Unexplained or inappropriately explained fractures at various stages of healing to any part of the body;
g. Medical problems that go unattended;
h. Sudden and unexplained urinary and/or faecal incontinence. Evidence of over/under-medication;
i. Adult flinches at physical contact;
j. Adult appears frightened or subdued in the presence of people;
k. Adult asks not to be hurt;
l. Adult may repeat what the person causing harm has said (e.g. 'Shut up or I'll hit you');
m. Reluctance to undress or uncover parts of the body;
n. Person wears clothes that cover all parts of their body or specific parts of their body;
o. An adult without capacity not being allowed to go out of a care home when they ask to;

p. An adult without capacity not being allowed to be discharged at the request of an unpaid carer/family member.

5. SEXUAL ABUSE

5.1. Sexual abuse including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

5.2. It includes penetration of any sort, incest and situations where the person causing harm touches the abused person's body (e.g. breasts, buttocks, genital area), exposes his or her genitals (possibly encouraging the abused person to touch them) or coerces the abused person into participating in or looking at pornographic videos or photographs. Denial of a sexual life to consenting adults is also considered abusive practice.

5.3. Any sexual relationship that develops between adults where one is in a position of trust, power or authority in relation to the other (e.g. day centre worker/social worker/residential worker/health worker etc.) may also constitute sexual abuse (see section on position of trust).

5.4. POSSIBLE INDICATORS

a. Adult has urinary tract infections, vaginal infections or sexually transmitted diseases that are not otherwise explained;
b. Adult appears unusually subdued, withdrawn or has poor concentration;
c. Adult exhibits significant changes in sexual behaviour or outlook;
d. Adult experiences pain, itching or bleeding in the genital/anal area;
e. Adult's underclothing is torn, stained or bloody;
f. A woman who lacks the mental capacity to consent to sexual intercourse becomes pregnant;
g. Sexual exploitation.

5.5. The sexual exploitation of adults with care and support needs involves exploitative situations, contexts and relationships where adults with care and support needs (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) because of performing sexual activities, and/or others performing sexual activities on them.

5.6. Sexual exploitation can occur using technology without the person's immediate recognition. This can include being persuaded to post sexual images or videos on the internet or a mobile phone with no immediate payment or gain, or being sent such an image by the person alleged to be causing harm. In all cases those exploiting the adult have power over them by their age, gender, intellect, physical strength, and/or economic or other resources.

6. PSYCHOLOGICAL ABUSE

6.1. Psychological abuse includes 'emotional abuse' and takes the form of threats of harm or abandonment, deprivation of contact, humiliation, rejection, blaming, controlling, intimidation, coercion, indifference, harassment, verbal abuse (including shouting or swearing), cyber bullying, isolation or withdrawal from services or support networks.

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

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

6.4. POSSIBLE INDICATORS

a. Untypical ambivalence, deference, passivity, resignation;

b. Adult appears anxious or withdrawn, especially in the presence of the alleged abuser;
c. Adult exhibits low self-esteem;
d. Untypical changes in behaviour (e.g. continence problems, sleep disturbance);
e. Adult is not allowed visitors/phone calls;
f. Adult is locked in a room/in their home;
g. Adult is denied access to aids or equipment, (e.g. glasses, dentures, hearing aid, crutches, etc.);
h. Adult's access to personal hygiene and toilet is restricted;
i. Adult's movement is restricted by use of furniture or other equipment;
j. Bullying via social networking internet sites and persistent texting.

7. FINANCIAL OR MATERIAL ABUSE

7.1. This includes theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

7.2. POSSIBLE INDICATORS

a. Lack of heating, clothing or food;
b. Inability to pay bills/unexplained shortage of money;
c. Lack of money, especially after benefit day;
d. Inadequately explained withdrawals from accounts;
e. Unexplained loss/misplacement of financial documents;
f. The recent addition of authorised signatories on an adult's accounts or cards
g. Disparity between assets/income and living conditions;
h. Power of attorney obtained when the adult lacks the capacity to make this decision;
i. Recent changes of deeds/title of house or will;

j. Recent acquaintances expressing sudden or disproportionate interest in the adult and their money;
k. Service user not in control of their direct payment or individualised budget;
l. Mis-selling/selling by door-to-door traders/cold calling;
m. Illegal money-lending.

8. DISCRIMINATORY ABUSE

8.1. This includes discrimination on the grounds of race, faith or religion, age, disability, gender, sexual orientation and political views, along with racist, sexist, homophobic or ageist comments or jokes, or comments and jokes based on a person's disability or any other form of harassment, slur or similar treatment.

8.2. Hate crime can be viewed as a form of discriminatory abuse, although will often involve other types of abuse as well. It also includes not responding to dietary needs and not providing appropriate spiritual support. Excluding a person from activities on the basis they are 'not liked' is also discriminatory abuse.

8.3. POSSIBLE INDICATORS

a. Indicators for discriminatory abuse may not always be obvious and may also be linked to acts of physical abuse and assault, sexual abuse and assault, financial abuse, neglect, psychological abuse and harassment, so all the indicators listed above may apply to discriminatory abuse.
b. An adult may reject their own cultural background and/or racial origin or other personal beliefs, sexual practices or lifestyle choices
c. An adult making complaints about the service not meeting their needs.

9. NEGLECT AND ACTS OF OMISSION

9.1. These include ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life such as medication, adequate nutrition and heating. 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 for themselves.

9.2. Neglect and poor professional practice may take the form of isolated incidents or pervasive ill treatment and gross misconduct. Neglect of this type may happen within an adult's own home or in an institution. Repeated instances of poor care may be an indication of more serious problems. Neglect can be intentional or unintentional.

9.3. POSSIBLE INDICATORS

a. Adult has inadequate heating and/or lighting;
b. Adult's physical condition/appearance is poor (e.g. ulcers, pressure sores, soiled or wet clothing);
c. Adult is malnourished, has sudden or continuous weight loss and/or is dehydrated;
d. Adult cannot access appropriate medication or medical care;
e. Adult is not afforded appropriate privacy or dignity;
f. Adult and/or a carer worker has inconsistent or reluctant contact with health and social services;
g. Callers/visitors are refused access to the person;
h. Person is exposed to unacceptable risk.

10. SELF-NEGLECT

10.1. Self-neglect covers a wide range of behaviour, neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

10.2. Self-neglect it is also defined as the inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of the individual and sometimes to their community.

10.3. Indicators of self-neglect may be:

a. Living in very unclean, sometimes verminous, circumstances;
b. Poor self-care leading to a decline in personal hygiene;
c. Poor nutrition;
d. Poor healing/sores;
e. Poorly maintained clothing;
f. Long toenails;
g. Isolation;
h. Failure to take medication;
i. Hoarding large numbers of pets;
j. Neglecting household maintenance;
k. Portraying eccentric behaviour/lifestyles;
l. NOTE: Poor environments and personal hygiene may be a matter of personal or lifestyle choice or other issues such as insufficient income.

11. DOMESTIC ABUSE

11.1. The cross-government definition of domestic violence and abuse is any incident or pattern of incidents of controlling, coercive, 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.

11.2. The abuse can encompass, but is not limited to:

a. Psychological

b. Physical
c. Sexual
d. Financial
e. Emotional

11.3. Many people think that domestic abuse is about intimate partners, but it is clear that other family members are included and that much safeguarding work that occurs at home is, in fact is concerned with domestic abuse. This confirms that domestic abuse approaches and legislation can be considered safeguarding responses in appropriate cases.

11.4. Family members are defined as: mother, father, son, daughter, brother, sister and Grandparents, whether directly related, in-laws or step-family.

11.5. Controlling behaviour

a. Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour

11.6. Coercive behaviour

b. Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

11.7. Coercive or controlling behaviour offence

c. A coercive or controlling behaviour offence came into force in December 2015. It carries a maximum 5 years' imprisonment, a fine or both. Victims who experience coercive and controlling behaviour that stops short of serious physical violence, but amounts to extreme psychological and emotional abuse, can bring their perpetrators to justice.

11.8. The offence closes a gap in the law around patterns of controlling or coercive behaviour that occurs during a relationship between intimate partners, former partners who still live together or family members.

11.9. The Home Office have published statutory guidance relating to controlling and coercive behaviour in an intimate or family relationship here at www.gov.uk

12. ACTIONS WE WILL TAKE TO PREVENT ABUSE FROM OCCURING

1.1. Informing all staff of procedures in place within our organisation and being aware of the types of abuse to Clients and the step taken to report such incidents.

1.2. Implementing a robust recruitment policy that demands that all potential staff have the required references in place and are subject to clearance through the DBS criminal records and barred list. Equivalent checks will be made for staff employed from overseas.

1.3. Ensure that all staff at all levels are given the correct training about abuse, harm and safeguarding.

1.4. Our Staff will receive training and awareness of how to protect the rights of others. As part of the staff induction, staff will be made aware of discrimination, which might amount to discriminatory abuse or cause psychological harm? This includes discrimination on the grounds of age, disability, gender, gender identity, race, religion, belief or sexual orientation.

1.5. Incorporated into our staff induction will be information on diversity, beliefs and values of people who use services and how this impacts on their everyday lives.

1.6. Our staff must take appropriate action from any source where abuse and harm is reported.

1.7. Fostering an environment of openness and transparency where both staff, Clients and other stakeholders feel able to report any concerns they may have of a Client being subject to abuse.

1.8. Implementing systems into our service to minimise the likelihood of abuse by Clients to other Clients and dealing appropriately with any challenging behaviour or aggression.

1.9. Ensuring robust procedures and systems are in place for when staff have any dealings with Clients money, property or financial affairs.

1.10. Helping Clients to manage relationships and situations which could become potentially abusive or harmful.

1.11. Reporting any safeguarding concerns to the officers of the Local Adults Safeguarding Board and the Care Quality Commission within the framework of current policies and professional guidance.

1. PROVIDING INFORMATION TO CLIENTS ON ABUSE

1.1. The manager will ensure that Client's, advocates and those acting on their behalf and staff are aware of our procedure and policy on abuse and are given appropriate information about the following:

a. What abuse is and how to recognise the signs.

b. What they should do if they or another person are being abused or suspect abuse, including relevant contact details under the local safeguarding procedures.

c. What they might expect to happen when a referral is made under the local safeguarding procedures.

d. How information about a safeguarding concern is appropriately shared in line with multi-agency procedures, considering the sensitive nature of the information.

e. Information that reassures people that safeguarding procedures are delivered in a way that protects people's human rights, including their human rights to life and not to be treated in an inhuman or degrading way.

f. Information that assures people that staff who are required to use restrictive physical interventions have received specialist training.

19.2 The manager should ensure that staff are kept up to date about changes to national and local safeguarding arrangements.

1. IDENTIFYING ABUSERS

1.1. As a service, we recognise that abuse can come from many different sources. It is our responsibility to protect those in our charge from abuse. These sources may be:

a. The staff and management of the service.
b. Volunteers working in the service.
c. Visiting health and social care practitioners and other official visitors.
d. Clients' friends and relatives.
e. People who have contact with clients while they are temporarily outside the premises.
f. Other clients.

2. STAFF ROLE AND ACCOUNTABILITY IN RELATION TO ABUSE

2.1. All staff in our service have a responsibility to:

a. Provide all clients with the best possible care.
b. Desist from any abusive/harmful action in relation to clients.
c. Report to the manager any act that they may consider to be abusive or harmful.
d. Co-operate in the investigation of any incident or alleged incident of abuse.
e. Have regular updated training sessions on safeguarding and abuse.

2.2. Each staff in our service must be aware of the procedure for reporting any type of abuse or circumstances that may lead to abuse on to their manager. If the abuse involves the management within the service, then the incident must be passed on to the next line manager.

3. MANAGERS RESPONSIBILITIES

3.1. The manager of our service will have responsibility for:

a. Developing systems and structures within our service which ensure that the best possible care is delivered.
b. Encouraging a culture and ethos that does not tolerate any sort of abuse/harm.
c. Auditing and revising the agency's policies and procedures to prevent and deal with any abuse/harm.
d. Operating a robust and safe recruitment and personnel policy that identifies and potentially excludes the recruitment of any potential or actual abusers.
e. Providing training for staff in all aspects of safeguarding, abuse/harm and protection.
f. Swiftly investigating any evidence of abuse/harm.
g. Learning from any incidents of safeguarding and implementing improvements to procedures and policies to effect changes to the service if any deficiencies in the way in which the service operates.
h. Collaborating with all other relevant agencies in combating abuse/harm and improving the safeguarding and protection of clients.
i. Liaising with the relevant safeguarding adults' authority teams and following their guidance and instructions where applicable, including the issues arising from multi-agency involvement.

4. ACTING ON AND REPORTING OF ABUSE

4.1. Each staff in our service must be aware of the procedure for reporting any type of abuse or circumstances that may lead to abuse on to their manager. If the abuse involves the management within the service, then the incident must be passed on to the next line manager.

4.2. Staff should be aware of situations which might cause actual or potential harm and use their best judgement to stop any further harm being perpetrated. Staff should seek help and support during any intervention.

4.3. The Registered Manager will take immediate action to identify and stop any abuse, including separating the abuser from the abused person, this might be Client to Client, or if a staff, this may involve suspension or disciplinary procedures being invoked.

4.4. The Registered Manager must take additional action to provide further support, protection and care to a Client who has been harmed.

4.5. A best interest's decision may be made on behalf of a Client who has been subject to harm. They may lack capacity and be unable to give their consent to the matter being reported. This will be carried out in line with Mental Capacity Procedures.

4.6. It is the responsibility of the Registered Manager to discuss with any Client that has been abused or harmed, what type of action might be taken. The Client may not want the matter to proceed with a referral being made to any authority. It is still the manager's responsibility to seek advice from the safeguarding officer about appropriate course of action to take.

4.7. The Registered Manager of the service will ensure that the local safeguarding authority is informed of the abuse according to local safeguarding procedures in place. The Care Quality Commission will be informed as a part of the notifications process.

4.8. It is the responsibility of the manager to report any allegations or actual abuse to family and other stakeholders.

4.9. In some circumstances, the manager of the service will need to inform the police of the matter and take guidance from them on what measures need to be taken.

4.10. All aspects of the Clients privacy and dignity will be protected.

4.11. The Registered Manager will take the lead from the Local Safeguarding Authority and attend strategy meetings where requested with other interested stake holders to ensure that an action plan is in place to safeguard the Client and prevent similar incidents occurring. This will be met following the timescales and direction of the safeguarding authority.

4.12. The Registered Manager should contribute to actions required including sharing information and attending forums where experience and lessons learned can be shared with other providers.

4.13. The Registered Manager may seek specialist advice and support when addressing and managing an incident of abuse that has occurred.

5. ACTION TO BE TAKEN FOLLOWING AN INVESTIGATION

5.1. If abuse was established and was perpetrated from a staff member, the manager should initiate the services disciplinary policy. If the abuse is proved against the staff member, the most likely action would be dismissal and a referral to the Disclosure and Barring Service. This would prevent the individual concerned from obtaining future employment in the care sector.

5.2. Other employment sanctions could apply depending on whether there might have been mitigating or extenuating circumstances. In some cases, retraining could be appropriate.

5.3. The Client and their family will be informed of any further outcomes, from the investigation and be consulted about any form of redress or apology being issued by the service.

6. SUPPORT GIVEN TO STAFF AND CLIENTS

6.1. As part of our supporting role, the manager should ensure that arrangements are put in place that enables staff and Clients affected by the incident to access counselling services if required.

6.2. Any allegation of abuse, harm or discrimination will be treat seriously. Clients will be supported to express their concerns along with family members and supporters. Staff must not unlawfully victimise people who use services for making a complaint about discrimination.

6.3. People should be supported to take part in the safeguarding process to the extent to which they want or are able to, or to which the process allows and are kept informed of progress.

6.4. The Registered Manager should ensure that people are made aware of, support and encourage the Client to access sources of support outside the service including local independent information advice, independent mental capacity advocacy services or independent mental health advocacy services where relevant.

6.5. As part of the service, the manager promotes a culture where people feel reassured that their care, treatment and support will not be compromised if they raise issues of abuse.

7. RECORDS TO BE TAKEN

7.1. At each stage of the process, accurate records of all actions will be recorded paying close attention to the sensitivity of the situation regarding the Client and their family.

7.2. The Registered Manager of the service will keep all records relating to any safeguarding incident, separate from other records and in a confidential folder.

7.3. The Registered Manager will keep a record of all staff who have been made aware, read and understood our policy on safeguarding and abuse.

7.4. A record will be kept of all staff who have received safeguarding training. This training will be updated for all staff when due. The record will display to the services regulators the status of staff safeguarding training for compliance.

8. LEARNING FROM INCIDENTS OF ABUSE

8.1. At the end of an incident involving possible or actual abuse/harm, the Registered Manager should carry out a review what has happened. The

purpose of the review is to establish whether the service or its management has been in any way culpable, ineffective or negligent. The lessons learnt should pave the way for how the service should operate in the future, and passing on any appropriate information to other agencies.

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

9. STAFF TRAINING

9.1. The Registered Manager will arrange staff training for staff in all aspects of safeguarding, abuse/harm and protection.

10. IMPORTANT CONTACT DETAILS TO REPORT ABUSE

Adult Social Care Services
PO Box 64529
160 Tooley Street
London.
SE1P 5LX
Tel: 020 7525 3977
Email: sscomplaints@southwark.gov.uk

Care Quality Commission (CQC)
National Customer Service Centre
Citygate

KOPE MEDICS

Delivering Quality Healthcare

Gallowgate
Newcastle upon Tyne
NE1 4PA
Tel: 030 0061 6161

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