85 Safeguarding Residents from Abuse or Harm in Care Homes Overarching Policy

This policy must be read in conjunction with Salford Safeguarding Adults Board Multi-Agency Policies & Procedures which can be found on their website here: https://salfordadultsg.trixonline.co.uk/

Policy Statement

This policy shows how this Salford Care & Support Services Ltd protects its residents from abuse or harm in line with its legal requirements and best safeguarding practice guidance, including the National Institute for Clinical and Health Excellence: N189, *Safeguarding Adults in Care Homes* (NICE, 2021). It reflects in particular:

- Regulation 13: Safeguarding Residents from Abuse and Improper Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- the statutory guidance for the Care Act 2014 (Chapter 14: Safeguarding), which describes the duties and responsibilities of local authorities and its partner organisations to protect adults with care and support needs from abuse, neglect and other sources of harm, and to make enquiries if they suspect or have evidence of people being abused.

Staff will also need to be reminded of their duties to protect vulnerable people, which are included in their job descriptions and Code of Practice for Social Care Workers.

Where The Laurels is referred to in this policy, this should be interpreted as the provider, the service management and staff teams.

The Laurels recognises that residents who lack mental capacity are particularly vulnerable to abuse/harm and exploitation. It is accordingly mindful of the need to follow the principles and practice guidance that has accompanied the Mental Capacity Act 2005. These apply particularly to investigations of possible abuse/harm in which it is important to seek means of ascertaining the experiences and views of any victim or indeed alleged perpetrator who might lack capacity, eg by seeking the services of independent advocates.

Safeguarding Framework

The service shares and is committed to the vision of the local safeguarding authority, which is to empower and protect adults who are at risk of abuse and neglect, as defined in legislation and statutory guidance.

The service understands that local safeguarding arrangements and developments follow a government strategy based on:

- empowerment — supporting people to make decisions and have a say in their care

- protection — support and representation for those in greatest need
- prevention — it is better to take action before harm occurs
- proportionality — safeguarding must be built on proportionality and a consideration of people's human rights
- partnership — local solutions through services working with their communities
- accountability — safeguarding practice and arrangements should be accountable and transparent.

The Nominated Safeguarding Lead for the Home is the Registered Manager – Fiona Langton who will provide a one-stop point of contact for initially addressing all safeguarding concerns in the service and in corresponding and communicating with external agencies, particularly the local authority adult safeguarding team, unless the concern is about her then it will be dealt with by a delegated appropriate and named person.

The Laurels recognises that safeguarding involves a range of responses to different forms of abuse and potential sources of harm and the different contexts in which abuse occurs. Accordingly, this policy should be read and used in association with a suite of policies all designed to make sure that users are safe from abuse and the risks of their coming to harm are kept to the minimum and well managed.

Key related policies are:

- Safeguarding Vulnerable Residents from Financial Abuse, and Gifts and Legacies in Care Homes
- Safeguarding from Bullying, Harassment, Exploitation and Other Forms of Social Abuse
- Safeguarding Residents from Abuse and Harm: Rights, Risks and Restraint in Care Homes
- Safeguarding: Missing Persons
- Safeguarding Residents Who Are at Significant Risk of Harm
- Safeguarding Residents in Care Homes from the Harmful Actions and Behaviour of Other Residents
- Safeguarding Children Visiting or Living in Care Homes for Adults
- Whistleblowing

It also has policies and procedures for the sharing of safeguarding information amongst other forms of information that might be shared with other agencies and professionals. These are written to comply with confidentiality principles and data protection laws.

The company develops and maintains its policies and procedures in line with local Safeguarding Adults Boards (SABs) recommendations and guidance, as found on its website together with relevant documentation for, eg raising alerts and staff training.

The local multi-agency Adults Safeguarding Board/Hub to which this care service relate as a partner organisation is: Salford Safeguarding Adults Board – see safeguardingadults.salford.gov.uk

Policy aims

The central aim of this safeguarding policy is to set out for all relevant parties the:

a. principles and values underlying The Laurels approach to the safeguarding of its residents

b. ways in which the home does this

c. steps taken to avoid abuse/harm taking place

d. actions taken to deal with abuse/harm if it occurs

e. how it learns from incidents of abuse to prevent reoccurrence.

The home works on the principle that it is the right of vulnerable residents to be kept safe from all forms of abuse/harm. Being and feeling safe will contribute a great deal to their wellbeing and quality of life. It therefore recognises that it must at all times protect its residents and identify and deal with specific instances of abuse/harm if they occur, following the required procedures and best practice guidance.

The Laurels is always aiming for the very best quality of care and will not be satisfied with anything that falls short of this. It takes every possible action to prevent abuse/harm and associated risks and to deal with the issues as promptly and effectively as possible when they arise.

The Laurels t and its staff all seek to work in line with local safeguarding adults' authority policies and procedures and guidance from the Care Quality Commission (CQC). It recognises the importance of government and national guidance and seeks to comply in all respects with current safeguarding legislation and regulations.

The Laurels and its staff recognises that residents who lack mental capacity are particularly vulnerable to abuse/harm and exploitation. It is accordingly mindful of the need to follow the principles and practice guidance that has accompanied the Mental Capacity Act 2005. These apply particularly to investigations of possible abuse/harm in which it is important to seek means of ascertaining the experiences and views of any victim or indeed alleged perpetrator who might lack capacity, eg through the services of independent advocates.

The Laurels and its staff recognises that anyone who might need the help of an independent advocate when engaged in safeguarding enquiries and plans is entitled to one (as legislated

for by the Care Act 2014). It will always support a person to have advocacy help where required in line with its (separate) advocacy policy.

The Laurels has all required systems in place to track and monitor incidents, accidents, disciplinary action, complaints and safeguarding concerns, and to identify patterns of potential abuse/harm to its residents.

Defining Abuse

The Laurels works to definitions of abuse that have been developed nationally and included in the Care Act 2014 statutory guidance and which have been adopted locally. It recognises that abuse/harm of care home residents may take many forms. The Care and support statutory guidance identifies ten types of abuse, these are:

- Physical abuse,
- Domestic violence or abuse,
- Sexual abuse,
- Psychological or emotional abuse,
- Financial or material abuse,
- Modern slavery,
- Discriminatory abuse,
- Organisational or institutional abuse,
- Neglect or acts of omission,
- Self-neglect.

It is important to note that signs of abuse can often be difficult to detect, and evidence of any one indicator from the following lists should not be taken on its own as proof that abuse is occurring. However, it should alert practitioners to make further assessments and to consider other associated factors.

Here are some examples of the different types of abuse and their signs *please note this list is not exhaustive and where required further advice should always be sought from the local safeguarding adults board / team*:

- **Physical abuse**: Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing, rough handling, scalding and burning, physical punishments, inappropriate or unlawful use of restraint, making someone purposefully uncomfortable, involuntary isolation or confinement, misuse of medication, forcible feeding or withholding food, unauthorised restraint, restricting movement .
- **Domestic violence or abuse**: Physical evidence of violence such as bruising, cuts, broken bones, verbal abuse and humiliation in front of others, fear of outside intervention, damage to home or property, isolation, limited access to money .
- **Sexual abuse**: Rape, sexual assault, unwanted sexual activity, sexual harassment, inappropriate touching, kissing or fondling, sexual teasing or innuendo, exposure to pornography, sexual photography, subjection to indecent exposure .

- **Psychological or emotional abuse**: Humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or support networks, deprivation of social or any other form of contact, bullying, shouting, swearing, sarcasm, persistent criticism, threats of harm or abandonment, threats to take away children, threats of harm to pets, threats of harm to property .
- **Financial or material abuse**: Theft of money or possessions, fraud, scamming, preventing a person from accessing their own money, benefits or assets, employees taking a loan from a person using the service, undue pressure, duress, threat or undue influence put on the person in connection with transactions, extortionate transactions, misappropriation of property, inheritance or possessions .
- **Modern slavery**: Slavery, human trafficking, forced labour, domestic servitude, forced marriage .
- **Discriminatory abuse**: Harassment, slurs, stereotyping, treating someone unfairly because of their age, gender, sexuality, race, religion, culture or disability, denying someone access to services or employment opportunities .
- **Organisational or institutional abuse**: Neglect, poor care practice within a care setting, mistreatment and abuse by a care worker, poor practice in relation to feeding, inappropriate use of medication, physical restraint, lack of privacy or dignity, inadequate staffing or training, lack of appropriate care planning, lack of appropriate record keeping .
- **Neglect or acts of omission**: Ignoring medical or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating .
- **Self-neglect**: Neglecting to care for one's personal hygiene, health or surroundings, refusing to take medication, refusing to eat or drink, refusing medical treatment, living in squalor, hoarding .

It is important to recognise that many forms of abuse are also criminal offenses and should be treated that way .

The scope of local authority statutory safeguarding responsibilities includes domestic abuse and violence, modern slavery and forced marriage as forms of abuse that will need to be addressed by The Laurels if it has evidence that any resident was experiencing any of these forms of abuse.

More detailed descriptions and examples of these different forms of abuse can be found in Safeguarding: Recognising and Reporting Signs of Abuse.

Identifying Abusers — Those Who Harm People at Risk

The Laurels accepts that abuse/harm can be committed by a range of possible people. It therefore accepts its responsibility to protect the people who live in the home from possible abuse from all sources, which include:

a. the staff and management of the home

b. volunteers working in the home

c. visiting health and social care practitioners and other official visitors

d. residents' relatives and friends

e. people who have contact with residents while they are temporarily outside the premises of their home

f. other residents.

The Role and Accountability of Staff in Relation to Abuse

The home insists that all its staff have a responsibility to:

a. provide residents with the best possible care

b. desist from any abusive/harmful action in relation to residents

c. appointing a safeguarding lead/champion (who could be the registered manager or another senior staff member) who will act as the main point of contact in relation to all safeguarding issues

d. report anything they witness which is or might be abusive/harmful

e. co-operate in every possible way in any investigation into alleged abuse

f. participate in training activities relating to abuse/harm and protection from harm.

Salford Care & Support Services Ltd requires its managers and Directors to take responsibility for:

a. developing the systems and structures within which it is possible to deliver the best possible care

b. encouraging a culture and ethos that is hostile to any sort of abuse/harm

c. producing and regularly revising the policies and procedures to prevent and deal with abuse/harm

d. operating personnel policies which identify, appropriately deal with and, if necessary, exclude from practice potential or actual abusers

e. providing training for staff in all aspects of safeguarding, abuse/harm and protection

f. investigating any evidence of abuse/harm speedily and sympathetically

g. implementing improvements to procedures if any enquiry into abuse/harm reveals deficiencies in the way the home operates

h. collaborating with all other relevant agencies in combating abuse/harm and improving the safeguarding and protection of residents

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

j. notifying the Care Quality Commission of all instances of abuse, alleged or suspected abuse, using CQC's online reporting procedures.

Recruitment Practices

The Laurels takes great care in the recruitment of staff, carries out all possible checks on recruits to ensure that they are of a high standard, and co-operates in all initiatives regarding the sharing of information on care workers who are found to be unsuitable to work with people at risk.

The home ensures that new employees employed in regulated activity have been checked against Disclosure and Barring Service (DBS) criminal records and barred lists in line with the current requirements. (See the Staff Recruitment and Selection Policy.)

Preventing Abuse from Occurring

The home is committed to taking all possible steps to prevent abuse or harm of residents from occurring, including:

a. setting out and making widely known the procedures for responding to suspicions or evidence of abuse/harm

b. operating personnel policies which ensure that all potential staff in regulated activity are rigorously checked, by the taking up of references and clearance through DBS criminal records and barred list checks, with equivalent checks for staff employed from overseas

c. incorporating material relevant to abuse/harm into staff training at all levels

d. maintaining vigilance concerning the possibility of abuse/harm of residents from whatever source

e. encouraging among staff, residents and all other stakeholders a climate of openness and awareness that makes it possible to pass on concerns about behaviour that might be abusive or that might lead to abuse/harm

f. devising systems that minimise the risk of abuse of residents by other residents by understanding and dealing appropriately with any form of aggression

g. maintaining effective procedures for regulating any contact the staff of the home need to have with residents' property, money or financial affairs

h. communicating concerns to the local Adults' Safeguarding Board or, where applicable, Safeguarding Children Board

i. helping residents as far as possible to avoid or control situations or relationships that would make them vulnerable to abuse/harm

j. having a clear whistleblowing policy that informs staff of their rights and responsibilities when reporting concerns to management or an appropriate outside agency.

Identifying Actual or Possible Abuse

The home will identify any instances of actual or possible abuse/harm involving our residents by all possible means including:

a. fostering an open and trusting communication structure so that staff, residents and others feel able to discuss their concerns with someone authorised to take action

b. ensuring that all staff and residents know whom they may turn to for advice and action if they become aware or suspect that abuse/harm is occurring

c. encouraging staff to recognise that a commitment to the highest possible standards of care must, when necessary, overrule loyalty to colleagues individually or corporately

d. making it clear to staff that failing to report incidents or suspicions of abuse is itself abusive and may lead to disciplinary or criminal proceedings

e. operating systems of management, supervision, internal inspection and quality control that have the potential to reveal abuse/harm where it exists.

Procedures for when Abuse Has Occurred or is Alleged to Have Occurred

If abuse/harm is clearly occurring or is alleged to have occurred, the home takes swift action to limit the damage to residents and to deal with the abuse, as follows.

Initial procedures

1. A staff member who witnesses a situation in which a resident is in actual or imminent danger must use their judgment as to the best way to stop what is happening without further damage to anyone involved including themselves, either by immediately intervening personally or by summoning help.

2. Any staff to whom actual or suspected abuse/harm is reported — the manager or a senior staff member — must immediately take any further action necessary to provide protection, support or additional care to a resident who has been harmed.

3. The manager will discuss with the known or suspected abused/harmed person what actions they consider to be appropriate. In some circumstances, the person might not wish any action to be taken or agree to a referral being made on their behalf.

4. In such cases, the manager will consider whether there are reasons for overriding the person's wishes, eg because it is in the public interest and to prevent further harm. This could include seeking advice from the Safeguarding Adults' Authority.

5. Any "victim" whom it is thought might lack mental capacity to give their consent for the abuse/harm to be reported will be assessed for their capacity to decide and a "best interests" decision will be taken in line with Mental Capacity Act procedures.

6. Once a person has consented to further action being taken, or for someone unable to give their consent it has been decided that it is in their best interests to do so, the senior staff member or manager (or whoever has authority at the time) will then alert the local Safeguarding Adults' Authority and follow its procedures and guidance from that point on. This could involve a strategy meeting and an action plan to be implemented from the strategy meeting.

7. The specific procedures to be followed and referral forms are those available on the local SAB website. www.safeguardingadults.salford.gov.uk/professionals/

8. On any occasion when the Registered Manager **(Fiona Langton**) /person responsible for safeguarding during any span of duty may not be present, there may be need to report the matter directly to the police and take guidance from them on the measures to be taken, guidance may be required which can be sought via the on-call manager system

9. The registered manager /person responsible for safeguarding during any span of duty should the Registered Manager not be present, must ensure that there is no further risk of the victim being abused/harmed by the alleged or suspected perpetrator.

10. The registered manager /person responsible for safeguarding during any span of duty should the Registered Manager not be present, must address the needs of the alleged victim of the abuse/harm for any special or additional care, support or protection or for checks on health or wellbeing as set out in the person's safeguarding plan.

11. If the alleged abuser is a staff member and there is sufficient evidence that abuse/harm has or might have occurred, the manager will suspend the person from duty pending the outcome of a disciplinary investigation. The manager will receive guidance on the steps to be taken following the local safeguarding adults authority strategy meeting, which will be held following the reporting of the abuse or suspected abuse/harm.

12. If the evidence is insufficiently strong to warrant suspension, the staff member against whom the allegation has been made will be instructed not to have further unsupervised contact with any residents until the matter is resolved.

13. However, it should be noted that in the event of a referral being made to the police because a criminal offence might have been committed the police investigation will take precedence and no action should be taken that might jeopardise its enquiries, which might contaminate the evidence it is seeking and collecting.

(See Resources for a suite of forms to help identify, report and assess suspected abuse.)

Investigating alleged abuse

Investigations are based on a person-centred approach in which the wellbeing of the victim or alleged victim is the central focus of all the activities involved. In many cases, an investigation will be carried out or led by a member of an external agency in line with the action plan determined by the initial strategy meeting convened by the local SAB. If a staff member is expected to carry out an investigation, the following guidance should be followed.

1. The person appointed to make the enquiries will usually consult the person who may have been abused/harmed to hear their account of what has occurred and their views about what action should be taken, involving the resident's relatives, friends or representatives if that is appropriate and in line with the wishes of the resident.

2. The enquiries should take into account:

    a. the fears and sensitivity of the abused/harmed person

    b. any risks of intimidation or reprisals

    c. the need to protect and support witnesses

    d. any confidentiality or data protection issues

    e. the possible involvement of other agencies, including the police, local safeguarding team and the CQC

    f. the obligation to keep the abused/harmed person and in specific instances the alleged perpetrator informed on the progress of the investigation.

3. It will be important to assure the person who may have been abused/harmed that they will be taken seriously, that the comments will as far as possible be treated confidentially, that they will be protected from reprisals and intimidation, and that they will be kept informed of actions taken and of the outcome.

4. It will be important to consider if the resident needs independent help or representation, including the services of an independent advocate, in presenting their evidence and, in conjunction with the registered manager if necessary, will arrange for the appropriate help or support to be made available.

5. If the abused/harmed person expressly states a wish that no further action should be taken, the investigating officer will consider whether:

    a. a danger to others exists from not investigating further

    b. in the light of that assessment it is possible to follow the person's wishes

c. in any case precautionary measures should be taken to protect others from the possibility of abuse from the same source.

The person will be informed of what is to happen.

6. If it is decided that an investigation should proceed, the investigating officer will, as discreetly and confidentially as possible, look into all aspects of the situation.

7. The enquiry could include interviewing the staff involved in the incident or circumstances up to that point, hearing and assessing evidence from any others who might be in a position to supply information, exploring every other possible source of evidence, maintaining appropriate contact with any other agencies involved, and if necessary seeking expert advice on any technical aspects of the situation which are outside the knowledge or expertise available within the organisation.

8. Any staff from whom evidence is taken will be assured that they will be dealt with in a fair and equitable manner and informed of their employment, legal and procedural rights.

9. The alleged victim of the abuse/harm, and where appropriate their relatives, friends or representatives, will at all times be kept as fully informed as possible of what is happening regarding the suspected abuse/harm.

10. The investigation will be carried out within an agreed timescale.

11. The findings will usually be presented to the local safeguarding adults strategy group, which will then decide what further action to take, eg that a safeguarding plan should be developed and implemented.

(See Safeguarding Enquiry/Investigation Form) for guidance on the process and recording involved.

Following the investigation

1. If it seems from the enquiries that on the balance of probabilities abuse/harm did indeed take place, the manager will, if the abuser is a staff member, initiate and carry through proceedings according to the home's disciplinary policy or, if the abuser is not a member of staff, take action to involve other responsible bodies.

2. If abuse/harm is proved against a care staff member, the manager will initiate appropriate action, which most likely will be dismissal and referral to the DBS to prevent them from being employed further in regulated activity.

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

4. The resident or representatives will be informed of the outcome of the investigation and any further action and will be consulted about whether any redress or apology would be appropriate and helpful to them in line with the service's duty of candour.

5. The manager will take appropriate steps to inform the DBS for possible inclusion of the person on its barring lists as someone who is unsuitable to work again in regulated activity with at-risk adults and/or children.

6. At all stages of the process, a careful record will be kept of all actions taken, paying particular attention to the sensitivity of the abused/harmed person.

7. Where relevant to the resolution of the situation, a plan will be drawn up to address the issues with the alleged or known perpetrator(s), particularly if they will be continuing to form part of the victim's life, directly or indirectly. (See also the policies on: Safeguarding from Bullying, Harassment, Exploitation and Other Forms of Social Abuse, and Safeguarding Residents in Care Homes from the Harmful Actions and Behaviour of Other Residents.)

Planning further action

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

If necessary the care provider will review and revise the home's policies, procedures and training arrangements in response to any material that has emerged from the incident or the investigation. The home might carry this out with advice and guidance from the local Safeguarding Adults' Authority.

The care service will carry out through its safeguarding lead regular audits of its care records to identify hidden or outstanding safeguarding concerns, for which further action is required.

Contacts and sources of assistance

1. The local Adults' Safeguarding Authority (including emergency contact telephone numbers) Safeguarding adults • Salford City Council telephone 0161 206 0604 Report a Safeguarding Concern (salford.gov.uk)

2. The Care Quality Commission Telephone: 03000 616161
Monday to Friday, 8.30am to 5.30pm
Excluding bank holidays

3. The police telephone 111

Record Keeping

The Laurels ensures that all details associated with allegations of abuse/harm are recorded clearly and accurately. The records are kept securely and the home's rules on

confidentiality are carefully followed. Reports are made as required to the CQC and other safeguarding agencies involved. There is an auditing schedule for all relevant safeguarding records.

Referrals to DBS Barred Lists

The Laurels always complies with its legal requirement to refer a care worker, where it has evidence that the staff member in question has been guilty of misconduct by harming or putting at risk of harm a resident or other person at risk, during the course of their work, to the DBS barred lists following the procedures issued by the DBS.

Related Policies

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

Training

All staff receive training in recognising abuse or harm and carrying out their responsibilities under this policy as part of their induction programme and further training in line with their training needs as identified from their supervision and appraisals and policy developments and changes. The training is updated on a regular scheduled basis at least annually.

All training, including induction training, is in line with the guidance and standards produced by the relevant social and health care workforce development organisations and the local safeguarding authority training policies and NICE NG189 (2021) guidance.

Examples of a Safeguarding Training Strategy (*to be amended as required by individual circumstances and local requirements*).

1. Staff new to care work must achieve Standard 10: Safeguarding Adults and Standard 11: Safeguarding Children to achieve the Care Certificate.

2. Other new staff will have a baseline training level, which is at least the equivalent of the Care Certificate standards 10 and 11 from previous or current induction training.

3. The home will check their knowledge and competencies to ensure it meets the required standard and provide additional training if needed (see the Training Factsheet).

4. All staff receive training to ensure that they are familiar with local Safeguarding Adults Boards policies and procedures.

5. All staff following induction are expected to achieve a standard of competence that is at a Foundation Level 2 award and/or a multi-agency (Level 3) training in safeguarding.

6. Managers and staff responsible for safeguarding will receive Specialist Safeguarding Training (Level 4) and, where appropriate, to their roles and responsibilities, achieve the Multi-agency Safeguarding Leaders Development Programme (Level 5).

7. The registered manager will include the Safeguarding unit (LMAC5C/S) in their Level 5 Diploma in Leading and Managing Adult Care Service.

Review

Signed:	R Baillie
Date:	04/11/24
Policy review date:	03/11/25