

Policy No: 03-3717

Authorised: Pellagia Margolis

Date: 15/01/2020

SAFEGUARDING VULNERABLE ADULTS

This Policy defines the arrangements and procedures in place within the Organisation that ensures the safeguarding of vulnerable adults from neglect, abuse, avoidable harm and exploitation. This Policy is intended to comply with the requirements of the Health & Social Care Act 2008, the Human Rights Act 1998 and Care Act 2014, as they apply to the Organisation's business:

1. POLICY PRINCIPLES:

- 1.1 It is the Policy at Integrative Supported Living Care to develop and implement procedures and strategies which are designed to safeguard vulnerable adults from neglect, abuse, avoidable harm and exploitation. These strategies will:
 - identify who is at risk;
 - identify what is interpreted as abuse;
 - identify the types of abuse that can occur;
 - promote staff awareness of the common indicators associated with each type of abuse;
 - prevent persons who do not possess a valid DBS Disclosure from being recruited;
 - specify the procedures to be followed in the event of alleged or suspected abuse (a "Concern").
- 1.2 At the beginning of the Contract for Care Service a risk assessment will have been carried out to identify situations where the service user can be placed at undue risk within their own domestic environment through normal daily living activities. However, should this assessment identify situations where the service user is considered to be especially at risk through their vulnerability, then an additional Risk Assessment will be carried out as detailed in section 3.2 of this Policy. *Form No* 3-701 refers.
- 1.3 This Policy will be supported by specialised staff Training Programmes as an on-going process, and the Organisation's *Whistleblowing Policy No 1103.*

2. NEGLECT / ABUSE OF VULNERABLE ADULTS (ADULTS AT RISK) - INDICATORS:

Neglect is a state of being uncared for, or a failure to be cared for properly.

- 2.1 Definitions of Abuse:
 - 2.1.1 Abuse is a violation of an individual's human or civil rights by any other person or persons. For vulnerable adults this will focus upon others who have influence over them.
 - 2.1.2 These violations may be intentional or unintentional.
 - 2.1.3 These violations may be a single act, or a repetition of acts over a period of time.
- 2.2 Definition of a Vulnerable Adult, or Adult at Risk:
 - 2.2.1 A person aged 18 or over, who has been assessed to have needs of community care services and support, AND who is experiencing abuse, or is judged to be at risk of abuse and neglect, AND who is, or may be, unable to protect themselves from the risk, or experience, of significant harm, abuse or exploitation.
 - 2.2.2 This will apply whether or not the local authority is meeting any of these care and support needs.
- 2.3 Implications for Standards of Care:

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	2.3.1	2.3.1 Neglect / Abuse reflects a lack of respect for an individual and is an infringement of their legal rights.						
	2.3.2	This may be cor	nsidered to be an abuse of power, and may	constitute a criminal act.				
	2.3.3	It is the treatment of an individual which causes significant harm, and can result in the deterioration of a person's physical, emotional, social and behavioural development.						
2.4	Inflictions of Neglect / Abuse:							
	Neglect /	Abuse can be in	flicted by the following persons:					
	• •	third party - identity unknown; self-inflicted abuse (this will include substance abuse and deliberate self-neglect); other parties in a professional or personal relationship (this will include those who deliberately set out to exploit vulnerable persons and whom the service user regards to be in a position of trust);						
2.5	Categories of Neglect / Abuse: (Reference Statutory Guidance Care Act 2014).							
	For the purposes of this Policy, <i>neglect / abuse</i> is classified into the following categories; (however it can take many forms depending upon individual circumstances):							
	(1) (2)	slapping, pushi	ng, kicking;	raint, inappropriate physical sanctions, hitting, al purposes, inappropriate use of restraint, "mate				
	(2)	crime grooming Institutional / O	; <i>rganisational</i> - can include neglect and po	or care practice, poor professional standards wi				
	(4)	innuendo or ph	nclude inappropriate looking / touching, rap otography, assault, pressured into non-con	e, indecent exposure, sexual harassment, teasi sensual sexual acts (exploitation), exposure to				
	(5)	Psychological / blaming, cyber-	bullying, deprivation of contact, controlling,	ats of harm or abandonment, harassment, coerc intimidation, verbal abuse, isolation, unjustified				
	(6)	Sectarian - dis	ervices / supportive network; play of inappropriate flags or emblems, wit ks regarding religious beliefs;	hholding access to appropriate Ministers of Reli				
	(7)	Financial / Mate		y, finances or benefits, possessions, fraud, internosactions:				
	(8)	Neglect / Omiss		of life, care, support and educational needs, igno				
	(9)	Self-Neglect -		ecting to care for one's hygiene, health and				
	(10)		<i>(harassment / slurs / verbal) -</i> can include r	acism, ageism, sexism, culture, disabilities, gene				
	(11)	Domestic Viole grooming, patte	nce - can include psychological, physical,	sexual, financial, emotional, 'honour'-based viol behaviour, violence or abuse by someone who is				
	(12)		 can include human trafficking, slavery, 	forced labour and domestic servitude, being				



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2.6 Symptoms / Indicators of Abuse:

Care staff will receive appropriate training in the detection of abuse through symptoms, indicators and behaviour of the service user. These indicators are summarised as follows:

- 2.6.1 Physical Abuse (intentional or unintentional):
 - bruises;
 - injuries inconsistent with explanations offered;
 - clusters of injuries;
 - burns and scalds particularly cigarette burns;
 - pushing or rough handling of a vulnerable person;.
 - deprivation of food, clothing, warmth or basic health care needs;
 - sudden / unexplained weight loss;
 - dehydration;
 - nervous / fearful watchfulness;
 - fear of physical contact;
 - female genital mutilation (abbreviated to "FGM")
- 2.6.2 Social Abuse:
 - over-medication (used for social control);
 - under-medication being denied appropriate levels of medication or pain control;
 - the use of inappropriate restraint;
 - "mate" crime / grooming (deliberate befriending of a vulnerable adult for ultimate personal gain);
- 2.6.3 Institutional / Organisational Abuse:
 - one-off incidents in a care setting to on-going ill-treatment;
 - caused by neglect, or poor professional practice;
- 2.6.4 Sexual Abuse:
 - scratching / soreness / pain / unexplained rashes in the genital areas;
 - stained / bloodstained underclothes;
 - bruises on inner thighs and buttocks;
 - unexplained discomfort when sitting or walking;
 - sexually transmitted diseases when not known to be sexually active;
 - pregnancy when unable to consent, or when not known to be sexually active;
- 2.6.5 Psychological / Emotional Abuse:
 - unwarranted fear of people and places;
 - bed-wetting when incontinence has not been initially diagnosed;
 - distrust of people;
 - depression;



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		al withdrawal;			
	 high leve 	els of anxiety;			
2.6.6	Sectarian Abuse:				
			med inappropriate or offensive to their beliefs;		
		fearfulness of Ministers of Religion;	linian		
		ing access to appropriate Ministers of Re d offensive remarks regarding religious b			
		al withdrawal, as perceived relevant to ar			
2.6.7	Financial / Materia	I Abuse:			
	• sudden l	oss of cash or earnings;			
		o afford basic service when the person is	s known to have financial means;		
		ersonal property;			
		personal property (jewellery, cash, credit ental capacity has been deliberately mis			
		ty cashing benefits which do not appear			
		olving wills, property and other assets;			
	• internet	scamming;			
2.6.8	Neglect / Omission:				
		rised withdrawal of basic care, support of	r educational services;		
	•	nt weight loss / emaciation / malnutrition;	000		
		d bedsores, ulcers and other skin conditi sonal care;	ons,		
		ate / inappropriate bedding / clothing;			
2.6.9	5.9 Self-Neglect - there are 8 recognised "categories" of Self-Neglect which can be indic				
		ion / nourishment;			
	living in s	squalor; sonal hygiene;			
		e of hoarding;			
		ce abuse;			
	•	roper medication / effective treatment;			
		personal administration issues (Utility Bil help / services;	lls, services);		
2.6.10	Discrimination:				
		e of racism, ageism;			
		e of sexism; A offensive remarke regarding gooder, go	nder identify environmentations		
	 siurs and 	d offensive remarks regarding gender, ge	ender identity, sexual orientation;		

- slurs and offensive remarks regarding gender, gender identity, sexual offen
 slurs and offensive remarks regarding ethnic origin, religion, culture, faith;
- discriminatory practices based upon the person's disabilities;



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- 2.6.11 Domestic Violence:
 - evidence of violence or physical abuse by an intimate partner or relative;
 - evidence of violence or psychological, sexual, or financial abuse by an intimate partner or relative;
 - so-called "honour"-based violence;
- 2.6.12 Modern Slavery:
 - evidence of coercion into a life of inhumane treatment (forced labour or domestic servitude);
 - evidence of human trafficking;
 - evidence of coercion into joining radical groups promoting violence;
 - forced / arranged marriage (with appropriate regard to ethnic and cultural considerations):
- 3. ABUSE OF VULNERABLE ADULTS (ADULTS AT RISK) PROCEDURAL REQUIREMENTS:
 - 3.1 *Preventive Measures*:
 - 3.1.1 The Organisation's procedure for recruiting care staff includes a rigorous check, through the *Disclosure* & *Barring Service (DBS)*, on the suitability of each individual who is being considered for recruitment into a care staff position where he / she may be caring for vulnerable adults. *Policy No 1200,* and *Form No 1-207* refer.
 - 3.1.2 IN ACCORDANCE WITH STATUTORY REQUIREMENTS, THE ORGANISATION WILL NOT RECRUIT ANY INDIVIDUAL WHO DOES NOT POSSESS AN ENHANCED *CRB* CERTIFICATE THROUGH THE *DBS*.
 - 3.1.3 Per section 2.4 of this Policy each Care Worker will receive training in Awareness of Vulnerable Adult Abuse, and the measures to be taken if abuse is suspected. This will form an integral part of each staff member's on-going Training Plan in accordance with *Policy No 1400*.
 - 3.2 *Risk Assessments:*

Where considered appropriate, in order to assess and quantify the risks of abuse relating to a service user, a Risk Assessment will be undertaken in accordance with *Form No 3-701*. This document provides for the following information to be recorded which will form the basis of any Action Plan that may be deemed appropriate:

- 3.2.1 Lists of the categories of abuse that may be relevant, reference clause 2.5 of this Policy.
- 3.2.2 Fundamental Risk Assessment information which will focus upon risk from 6 distinct standpoints:
 - (1) The kind of harm that has been threatened or inflicted; the severity / seriousness of the incident, and whether children and / or other vulnerable adults are involved.
 - (2) Any evidence that the abuse may be repeated or escalate.
 - (3) The impact upon the person's independence, health and well-being.
 - (4) Any evidence that the abuse was premeditated, and accompanied by threats, coercion or violence.



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		(5) The length of time that the actual abuse has been happening, and whether there is a pattern of his for the adult at risk and / or the perpetrator alleged to be causing the harm.						
		(6) The kind	d of support that the adult at risk normally	/ requires.				
3.3	Raising	a Concern (Action t	o be taken in the event of alleged / suspe	ected abuse):				
	This section of this Policy will be subject to the provisions of section 3.4: Assuring Vulnerable Adults.							
	3.3.1	The Domiciliary Care Manager is designated as the key contact person within the Organisation with direct responsibility for investigating any concern relevant to an alleged or suspected incident of abuse. Any staff member with concerns regarding possible abuse of a vulnerable adult will report the matter directly to the Domiciliary Care Manager. Where it is suspected that such abuse may be caused by another staff member then reporting the matter will be done in accordance with the <i>Whistle-blowing Policy No 1103</i> .						
	3.3.2		atters will take into account the balance w affairs and the duty of care to report sus	which needs to be maintained for the confidentiality pected abuse.				
	3.3.3	In all cases, the Domiciliary Care Manager is responsible for maintaining complete case records of the suspicions raised, or allegations made, including dates, times and persons involved, and action taken. This action may be of two types:						
		abuse, a		erpetrators involved in confirmed incidents of f the abused person. Per above this may or may no				
		Where s this will	such cases have involved the Organisatic	d with the objective of halting further abuse. on's staff, with resulting disciplinary measures taker as and procedures to determine what additional ated into the Organisation's systems.				
	3.3.4		d / confirmed abuse will be logged and re ible adverse trends.	eviewed at the Quality Management Review				
	3.3.5	If a staff member	witnesses abuse, they should intervene a	and challenge the behaviour only if it is safe to do s				
	3.3.6	In all cases of disclosure, observation or suspicion, the staff member involved will follow the procedure summarised below:						
		 Assure Explain Reassure 	m, and listen carefully; them that you believe them, and that they to them that you will have to tell someon re them that they were right to tell; re them that it wasn't their fault;	•				

- Where there is a possibility that forensic evidence may exist, protect the evidence DO NOT CLEAN UP, or allow them to do so;
- Do not prompt them or ask for more details as this may contaminate evidence and hamper any criminal investigation and / or subsequent prosecution;
- Ascertain the facts who? what? when? where? how?



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- Do not ask leading questions. Use open questions like "anything else to tell me?"
- Make an immediate and accurate record of the allegations made and / or what has been observed, and any action taken;
- Record word-for-word what was said; try not to edit or change the words used;
- Use a black pen as the document may have to be copied. Sign and date the document. Record the location and details of anyone else who was present;
- Submit the report to your manager within 4 hours.

3.4 Assuring Vulnerable Adults:

The following essential principles will be upheld during any investigation of a Concern involving a Vulnerable Adult. In summary, a Vulnerable Adult will be assured that:

- their needs, views and well-being will be central to any investigation or enquiry;
- their civil and human rights, including the right to Self-Determination, will be upheld during any enquiry;
- they will have the same rights, and be supported to access the same services, as all other citizens;
- any enquiry or investigation, or planning done with them or on their behalf, will be multi-agency, and will access the best possible, and most appropriate resources;
- responses will be timely and proportionate;
- information about them will only be shared in accordance with approved and appropriate data-sharing policies;
- there is an established planning and reviewing process, central to which is their safeguarding;
- any actions needed as a result of the enquiry or investigation will be carried out, and individuals will be held to account for their actions.

ADDITIONAL DOCUMENT REFERENCES:

Policy No: 1103 Whistle-blowing Policy Selection & Recruitment of Staff Policy No: 1200 Policy No: 3012 Cooperating with other Care Providers Form No: 1-207 Employee Verification Record Form No: 3-701 Risk Assessment - Safeguarding Vulnerable Adults Form No: 3-702 Safeguarding Vulnerable Persons - Domestic Violence Case History Form No: 3-710 Risk Assessment - Service User - Financial Abuse Form No: 3-712 Risk Assessment - Service User Self-Harm or Suicide Attempt Form No: 3-715 Safeguarding Incident - Care Worker On-going Risk Assessment Form No: 3-720 Notification of Safeguarding Incident - Service User