



## Safeguarding of Adults at Risk Policy

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## 1 STATEMENT OF GENERAL POLICY

Every adult should have the right to live in safety, free from abuse and neglect, and to be treated in a manner that respects and promotes his or her human rights. Safeguarding means protecting these rights and is about “people and organizations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to his or her views, wishes, feelings and beliefs in deciding on any action” (Section 14.7 of the Department of Health statutory guidance on the Care Act 2014). All those in contact with adults at risk have a responsibility to safeguard them from abuse: ***safeguarding is everybody’s business.***

1st Homecare, as a provider of domiciliary care services, must comply with fundamental standards of quality and safety, and is required to make suitable arrangements to ensure that clients are safeguarded against the risk of abuse by taking reasonable steps to identify the possibility of abuse and prevent it before it occurs, and by responding appropriately to any allegation of abuse.

1st Homecare has a zero-tolerance approach to all forms of abuse. All staff of 1st Homecare must be on the alert for, and report, any signs of abuse. 1st Homecare is committed to providing carers with training, and having in place the appropriate policies and procedures, to enable them to prevent or respond to abuse. 1st Homecare will ensure that any allegation or complaint of abuse is dealt with promptly and in accordance with Company policies and procedures, the applicable local multi-agency safeguarding policy and procedure, regulatory requirements, and with relevant guidance.

The Registered Manager/Branch Manager has overall responsibility for safeguarding.

## 2 ADULTS AT RISK

As a result of the Care Act 2014, the term “vulnerable adult” is no longer in use, and instead there is a new definition: “adult at risk”. A person is an adult at risk if:

- They are a person aged 18 years and over
- Who has needs for care and support (whether or not a local authority is meeting any of those needs)
- Who is experiencing or is at risk of experiencing abuse or neglect **AND**
- As a result of those needs is unable to protect himself or herself against the abuse or neglect or risk of it

An adult at risk could therefore be a person with, for example, any of the following:

- A mental health problem – this could include dementia
- A physical disability
- Drug and alcohol related problems
- A sensory impairment
- A learning disability

- A physical illness
- An acquired brain injury
- Frailty and/or a temporary illness

And the person may be:

- Living in their own home
- In hospital
- In a residential care home or nursing home
- Attending a day centre or social club
- Be without a permanent home.

### 3 FORMS OF ABUSE

Abuse is about the misuse of power and control that one person has over another. It does not matter whether a person intends to abuse another person or not. What matters is whether harm was caused or risked being caused, and the impact this has. Failing to act to prevent harm being caused to a person you have responsibility for or acting in a way that results in harm to a person who relies on you, is abuse. Abuse can take place in a number of settings, such as the person's own home, day or residential centres, supported housing, nursing homes, clinics and hospitals.

Abuse may be a single act, a repeated act or a lack of appropriate action. Abuse can take many forms, varying from treating someone with disrespect in a way which significantly affects their quality of life, to causing actual physical suffering. A person may experience several types of abuse simultaneously. The types of abuse that may occur are categorised as follows:

- **Physical abuse:** the non-accidental physical mistreatment of one person by another which may or may not result in physical injury. This can include physical violence, rough or inappropriate handling (for example physical restraint or force feeding), and medical mistreatment
- **Sexual abuse:** direct or indirect involvement in a sexual activity to which a person does not give valid consent or cannot give valid consent. This can include contact abuse (such as rape or sexual assault) and non-contact abuse (such as indecent exposure, inappropriate watching, verbal or physical harassment)
- **Neglect or acts of omission:** the repeated deprivation of assistance that the adult at risk needs for important activities of daily living, including a failure to intervene in behaviour which is dangerous to the adult at risk or to others. This may include ignoring medical or physical care needs, failing to provide access to appropriate health or social care, withholding or not providing adequate support for basic necessities such as medication, nutrition and heating

- **Psychological or emotional abuse:** the use of threats, humiliation, bullying or other verbal conduct or any other form of mental cruelty that results in mental or physical distress. This can include treating a person in a way that is inappropriate for their age and/or cultural background, enforced isolation, and denial of basic human and civil rights such as choice, privacy and dignity
- **Financial or material abuse:** unauthorised and improper use of funds, property or any resources belonging to an individual, including through coercion or misleading an individual, or lack of informed consent. This may include theft, fraud, pressure in connection with wills, property or misuse or misappropriation of money, property, possessions or benefits
- **Discriminatory abuse or modern slavery:** the harassment, unfair treatment, exploitation or denial of mainstream opportunities and services to individuals because of their race, religion, culture, gender, age, sexuality or disability. This may include failure to provide food appropriate to a person's culture or beliefs, use of derogatory names or teasing about differences, hate crime, forced work and inhumane conditions.
- **Organizational abuse:** this can take the form of any of those described above but is caused by an unsatisfactory regime of health, care or support provision. It can occur when routines, systems and norms of an organisation override the needs of those it is there to support, or it may be the existence of isolated or collective examples of poor and unsatisfactory professional practice, misconduct or pervasive ill-treatment. It may include lack of individual choices or person-centred support or care planning, or failure to respond to complaints or concerns in a timely and robust manner.
- **Self-neglect:** The Care Act 2014 statutory guidance includes self-neglect in the categories of abuse. The term "self-neglect" covers a wide range of behaviour, such as a person neglecting to care for his or her personal hygiene, health or surroundings, and includes behaviour such as hoarding. See below for further on this.

#### 4 SELF-NEGLECT

The Care Act 2014 statutory guidance includes self-neglect in the categories of abuse or neglect. This is not a straightforward matter: the person's right to make his or her own choices – including unwise ones - must be balanced against a duty to protect the individual's health and wellbeing. Where there is a serious risk to the health and wellbeing of a person it may be appropriate to raise self-neglect as a safeguarding concern. It is necessary to establish the following:

- Does the person have capacity to make decisions about his or her own wellbeing and
- Is the person able or willing to care for him or herself?

An adult who has capacity and is able to make choices may make decisions that others think of as self-neglect. If the person does not want any safeguarding action to be taken, it may be reasonable not to raise the matter so long as no-one else is at risk, and there is no immediate risk of death or major harm to the person. If there is a suspicion that the person is being influenced by, or having pressure put on them by, another person, then it is likely to be appropriate to raise a safeguarding concern. The person should be informed that the Company intends to raise a concern unless he or she will be placed at greater risk by doing so. All decisions should be clearly explained and recorded, and other agencies must have been informed and involved as necessary. If there is any doubt as to whether a safeguarding alert should be raised, 1st Homecare staff will consult the local Adult Safeguarding Team.

### 5 WHO MAY BE AN ABUSER

Abuse can occur in any relationship, examples can include:

- A spouse, immediate family member or other relative
- Friends, or any other individual known to a client
- Paid care workers
- Carers
- Other adults at risk
- Neighbours

Abuse can take place in any setting where an adult at risk lives, works or visits.

### 6 PREVENTION OF ABUSE – KEY ROLE OF CARERS

Everyone in contact with adults at risk has a vital role to play in the prevention of abuse. Carers have privileged access to clients' homes and are in close contact with clients. Their role in protecting adults at risk is therefore crucial. Carers should always be vigilant for indicators of abuse – these are signs that abuse might have taken place or be taking place. If a carer spots any indicators, it does not mean for definite that abuse is occurring - there might be a number of different explanations for them – but it is important not to ignore indicators. Indicators fall into three main categories:

- **Physical:** changes in physical state such as marks on the body, injuries, decline in health
- **Emotional:** psychological reactions to experiencing abuse that may be seen in moods, emotions or behaviour
- **Environmental:** aspects of the person's life, home or behaviour

These 3 main indicators include the following:

- Recurring or unexplained injuries e.g. fractures, frequent or regular visits to GP or hospital casualty department/admissions
- Untreated injuries (including small burns such as cigarette burns, finger marks, bruising, swelling around joints) and medical problems

- Being emotionally upset, fearful or agitated
- Discharges or physical pain or discomfort
- Recoiling from physical contact/personal care tasks
- Inappropriate sexual behaviour or overly affectionate behaviour
- Inconsistency or difficulty accounting for the cause of injuries
- Seeking shelter or protection
- Self-harm or self-neglect
- The client not being allowed to speak for themselves
- Poor personal hygiene, unchanged bedding and inappropriate clothes for the conditions or environment
- Untreated or long-standing pressure sores that do not heal
- Unexplained weight loss or gain or evidence of dehydration
- The client appearing depressed, withdrawn, having irregular sleep patterns, low self-esteem, or loss of appetite
- Complaints of pain that are not responded to
- Changes in behaviour
- Abnormal confusion, apathy or withdrawal
- Lack of basic necessities, inability to provide for basic needs
- Lack of receipts, financial records, inability to account for spending
- Being fearful of making complaints

**If there is any suspicion of abuse, action MUST be taken. Carers should be suspicious of any injury which does not fit with an explanation given.**

### 7 WHAT TO DO IF A CLIENT TELLS YOU THEY ARE BEING ABUSED

If a client discloses to a carer that they are being abused, the carer should do the following:

- Keep **calm**. Do not interrupt the person even if what they are saying doesn't make any sense – they may not tell anyone again. Do not show shock or disbelief or disgust
- Listen patiently and carefully to what is said and observe the person and what is happening
- Write down exactly what has been disclosed, recording the **exact words used**. Also make a note of anyone else present, include dates and times, and record physical injuries.
- Demonstrate a sympathetic approach
- Confirm to the client that the information will be treated seriously
- Respect confidentiality so far as possible but do not promise to keep secrets. Explain that the information will only be passed to those who "need to know" but that the client's wishes will be listened to and taken account of
- Make sure the person has contact details so they can report any further issues or ask any questions

- Follow the alerting procedures below – report straight to a manager and record exactly what has been said.

Carers should **NOT**:

- Ask questions or try to lead the discussion
- Make promises that cannot be kept e.g. “this won’t happen again”
- Contact the alleged abuser or confront them/try to interview them, or any potential witnesses
- Talk about it with any other member of staff or anyone else who does not need to know
- Tamper with any evidence – remember a crime may have been committed
- Promise confidentiality – only reassure that information will only be shared on a “need to know” basis and in the best interests of the client, and that the client’s wishes will of course be listened to.

**Carers MUST report any abuse to the relevant manager.**

### 8 RAISING AN ALERT ABOUT ABUSE – RESPONSIBILITIES

Carers have a **duty** to report abuse. A carer may suspect abuse due to disclosure by the client, an expression of concern by someone else, or through observing an indicator of abuse.

There are two people who have immediate responsibilities – the carer and the member of management who they tell about the abuse.

The **carer** must:

- **make the situation safe**
- **must inform the appropriate people**
- **must record** what has happened

The **relevant manager** who the carer tells about the abuse must:

- **consider the immediate needs**
- **must clarify the facts**
- **must make the appropriate referrals.**

The procedures that should be followed by carer and manager are set out below. These should be followed whenever there is a concern that abuse has occurred or may occur, or a disclosure of abuse is made.

### 9 ALERTING BY THE CARER

#### *Emergencies*

The carer should do the following:

- If there is **immediate danger**, contact the Police (dial 999)
- If the client **needs urgent medical help** as a result of abuse, the carer should call for an ambulance (also dial 999). Tell the emergency services that the person is an adult at risk
- The carer must then report the situation **immediately**:
  - If the emergency arises **during office hours, the carer should call the Office and speak to a manager**
  - If the emergency arises **out of hours, the carer should contact the On call manager**, who will advise what to do next
- The carer must **make a record of what has happened straight away** - see below
- The carer should give the report to her/his manager without delay.

#### *Non-emergencies*

If it is not an emergency situation, the carer should:

- **talk urgently** about their concern to a manager
- then **record his/her concern** in a report as soon as possible **and always on the same day**, in the manner described above in this Policy
- The record must **be kept confidential** and passed to the manager who will take the next steps described below.

#### **IMPORTANT:**

- 1) Should it be the case that the need to make an alert **arises outside Office hours**, and the carer is **not able to get in contact with the On call manager or another manager**, the carer can call the appropriate **Adult Safeguarding Team** directly on the numbers set out at the end of this Policy, and report the suspected abuse to the Team. The carer should then continue with the internal reporting procedures and other actions described above.
- 2) If the carer raising the alert has a concern about reporting abuse to the Company, or if at any stage in the process a member of staff feels that correct action is not

being taken, **the 1st Homecare Whistleblowing Policy should be followed** and the carer could contact the Adult Safeguarding Team or the Care Quality Commission directly. **PLEASE REFER TO THE WHISTLEBLOWING POLICY.**

### 10 ALERTING BY 1ST HOMECARE

When an allegation of abuse is brought to the attention of 1st Homecare, it will be dealt with seriously. The relevant manager to whom the alert is made by the carer must:

- Where the situation requires this, take immediate steps to ensure that the client is safe, that any necessary emergency medical treatment has been or is arranged, and that no forensic evidence is lost
- clarify the facts reported by the member of staff, but NOT discuss the situation with the alleged perpetrator
- notify the relevant Local Authority Adult Safeguarding Team if appropriate, and confirm the referral in writing
- notify the Care Quality Commission
- alert other agencies as necessary e.g. the Police, where not already involved
- advise the carer who raised the alert of her/his immediate role and next steps.

The Care Act 2014 Department of Health statutory guidance requires safeguarding to be made “personal”, meaning that it must be person-led and outcomes focused, and that there must be a dialogue with the adult at risk about how best to respond to their safeguarding situation in a way that “enhances involvement, choice and control,” while at the same time “improving quality of life, well-being and safety”. Actions following an alert by the carer should comply with the wishes of the adult at risk unless there are circumstances where their wishes may be overridden e.g. a crime has been committed, other people may be at risk, or if they lack capacity to make a specific decision in which case the best interest principles in the Mental Capacity Act 2005 should be followed.

### 11 FOLLOWING ON FROM THE IMMEDIATE STEPS

The alerter will be kept appropriately informed and up to date of the progress of the case. The alerter should be reassured that they will be given support if they need it.

1st Homecare will co-operate fully with the relevant agencies involved in the investigation of the concern

If the allegation of abuse involves a member of staff within 1st Homecare, the appropriate steps will be taken, including considering suspending the person, undertaking an investigation, and taking appropriate disciplinary action. At any stage, if it is found appropriate or necessary to inform the Police of the situation, this will be done, and the

manager will be required to co-ordinate their disciplinary responsibilities with those of the investigating team.

### 12 IMPORTANT POINTS TO REMEMBER WHEN WRITING A REPORT ABOUT ABUSE

The record **MUST**:

- be **factual and be accurate** about what the carer saw/heard. Opinions or judgements must **not** be included
- it must be written in **clear handwriting** or **typed up**, so that it can be read
- It should be **signed and dated by the carer**.

This is very important as the report **will be needed as part of the process of referral of the abuse, and may be required later e.g. as evidence in legal action.**

The carer must ensure that he or she keeps the report **confidential and does not disclose it to or discuss it with anyone who does not need to know.**

### 13 PREVENTING POSSIBLE ABUSE

All staff at 1st Homecare should be alert to the prevention of abuse, by taking among others the following steps:

- All instances of bad practice should be brought to the attention of management
- All accidents and near misses should be reported in accordance with the Accidents, Incidents and Emergencies Policy
- All Policies and Procedures should be followed – staff are responsible for making sure they are familiar with all Policies and Procedures
- Keeping risk assessments up to date.

### 14 REPORTING OF MISSED MEDICATION

Where 1st Homecare staff are required to administer a client's medication or to prompt or assist the client to take medication, the carer must inform management without delay and as a matter of urgency if there is a failure to administer, prompt or assist as required.

The member of management informed will follow the 1st Homecare Medication Policy. It will also inform the local Adult Safeguarding team and other authority as may be necessary. Failing to report missed medication may be considered a disciplinary offence and depending on the circumstances may result in dismissal.

### 15 REPORTING OF FALLS

If a client falls during a visit, this must be reported without delay to the Office or On call manager, who will advise the carer(s) what steps to take. It may be the case that it is necessary to inform the Adult Safeguarding Team and possibly the Care Quality Commission about the fall. All details relating to the fall must be reported in full.

### 16 EMPLOYMENT CHECKS AND TRAINING

All potential employees will be subject to a criminal record check. Part of this encompasses the requirement for all employees to be checked against the DBS Barred Lists, to identify those people who have been barred from working with vulnerable adults. Employers are under a responsibility to check the Lists before offering employment to any new staff, and also to make a referral to the DBS in respect of any worker who is guilty of action or inaction that has harmed or placed a vulnerable adult at risk of harm.

New employees will be given training on safeguarding during their induction. They will also be told about the Whistleblowing Policy, and other relevant policies and procedures e.g. Handling of Client's Money and Property, Gifts and Gratuities Policy. On-going safeguarding training will be given to employees during their employment with the 1st Homecare.

### 17 CONTACT DETAILS FOR LOCAL AUTHORITY AND CQC

#### 17.1 Adult Safeguarding Teams in Bedfordshire

**Central Bedfordshire Council**

Telephone: 0300 300 8122

[Adult.protection@centralbedfordshire.gov.uk](mailto:Adult.protection@centralbedfordshire.gov.uk)

**Out of hours emergency contact number**

0300 300 8123

#### 17.2 Adult Safeguarding Team in Buckinghamshire

Telephone: 0800 137915

[safeguardingadults@buckscc.gov.uk](mailto:safeguardingadults@buckscc.gov.uk)

**Out of hours emergency contact**

Telephone: 0800 999 7677

**Email:** [ascfirstresponse@buckinghamshire.gov.uk](mailto:ascfirstresponse@buckinghamshire.gov.uk)

### 17.3 Adult Safeguarding Team in Oxfordshire

#### Access to information and services Team

01865 328232

#### Duty Team

0330 053 5124

#### Emergency Duty Team (outside office hours)

0800 833 408

#### Oxford assessment Team

01865 323048

### 17.4 Adult Safeguarding Team in Hertfordshire

#### Hertfordshire Safeguarding Adults Board

0300 123 4042 (24 hours a day)

<https://hcsportal.hertfordshire.gov.uk>

### 17.5 Contact details of Care Quality Commission

#### National Customer Services Centre

03000 616161

[enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

<https://www.cqc.org.uk/contact-us>

## 18 GENERAL

This Policy may be reviewed and amended at any time, as may be necessary. Staff shall be informed of the amended version.

### CHANGE HISTORY

Issue	Date	Description of Change and Reason
1	November 2012	First issued
2	October 2013	Second issue
3	April 2014	Third issue – requirement to report to local safeguarding team any missed visits to clients that results in medication being missed
4	November 2014	Fourth issue – minor amendments, changes to formatting and review date inserted
5	January 2016	Fifth issue – change of address, clarifying that the Whistleblowing Policy should be referred to and other agencies contacted directly where necessary, and to take account of changes introduced by Care Act.
6	March 2016	Sixth issue - section added about self-neglect
7	January 2017	Seventh issue – adapting to make generic to both branches
8	October 2018	Eighth issue – change of business address for Oxford, minor changes to text.
9	January 2020	Ninth issue – inclusion of Kings Langley branch address, inclusion of reference to notification to Care Quality Commission, and general check
10	August 2021	Tenth issue – inclusion of Hertfordshire Safeguarding Adults online safeguarding referral details, also inclusion of online contact details for the CQC, and correction of typos.
11	August 2022	Eleventh issue – minor, typographical and grammatical changes and inclusion of “General” section. Otherwise no need to make changes on this occasion.

### DOCUMENT CONTROL

Name of document	Safeguarding of Vulnerable Adults Policy
Status	Approved
Issue	11
Issue date	August 2022
Maintainer	1HC
Owner	1HC
File name	1HC Safeguarding of Vulnerable Adults Policy
File location	Shared folders/Policies and procedures/Care
Review date	August 2023