

## 1. Safeguarding Policy

### 1.1 Policy Statements

Growing Old Grace-fully (GOG) will not tolerate the abuse of adults at risk in any of its forms.

GOG is committed to:

- Managing its services in a way which minimises the risk of abuse occurring
- Supporting adults at risk who are at risk, experiencing or have experienced abuse
- Working with adults at risk and other agencies to end any abuse that is taking place

In achieving these aims GOG will:

- Ensure that all paid workers and volunteers have access to and are familiar with this safeguarding adult policy and procedure and their responsibilities within it
- Ensure concerns or allegations of abuse are always taken seriously
- Ensure the Mental Capacity Act is used to make decisions on behalf of those adults at risk who are unable to make particular decisions for themselves.
- Ensure that service users, their relatives or informal carers have access to information about how to report concerns or allegations of abuse.
- Ensure there is a named lead person to promote safeguarding awareness and practice within GOG.

This policy and procedure has been developed to be consistent with the Safeguarding Adults Multi-Agency Policy and Procedures for West Yorkshire, North Yorkshire and York which can be referred to for additional guidance

[www.leedssafeguardingadults.org.uk](http://www.leedssafeguardingadults.org.uk)

### 1.2 Policy Definitions

#### 1.2.1 Who is an 'Adults At Risk'?

For the purposes of this policy, an adult at risk an adult who:

- is aged 18 years or more, and
- has needs for care and support (whether or not these are currently being met),
- is experiencing, or is at risk of, abuse or neglect, and

- as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

Such a definition includes adults with physical, sensory and mental impairments and learning disabilities, howsoever those impairments have arisen e.g. whether present from birth or due to advancing age, chronic illness or injury.

Also included are people with a mental illness, dementia or other memory impairments, people who misuse substances or alcohol.

The definition includes unpaid carers (family and friends who provide personal assistance and care to adults on an unpaid basis).

### 1.2.2 What is abuse?

Abuse can take many forms and the circumstances of the individual should always be considered. It may consist of a single act or repeated acts. The following are examples of issues that would be considered as a safeguarding concern.

Physical abuse - includes hitting, slapping, pushing, kicking, misuse of medication, unlawful or inappropriate restraint, or inappropriate physical sanctions.

Domestic abuse – is “an incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse... by someone who is or has been an intimate partner or family member regardless of gender or sexuality” (Home Office, 2013). Domestic violence and abuse may include psychological, physical, sexual, financial, emotional abuse; as well as so called ‘honour’ based violence, forced marriage and female genital mutilation.

Sexual abuse - includes rape and sexual assault or sexual acts to which the adult at risk has not consented, or could not consent or was pressured into consenting.

Psychological abuse - includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal from services or supportive networks.

Financial and material abuse – includes theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

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Modern slavery - includes human trafficking, forced labour and domestic servitude. Traffickers and slave masters use the means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhuman treatment.

Neglect and acts of omission - includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Discriminatory abuse - includes abuse based on a person's race, sex, disability, faith, sexual orientation, or age; other forms of harassment, slurs or similar treatment or hate crime/hate incident.

Organisational abuse – includes neglect and poor practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

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

A safeguarding response in relation to self-neglect may be appropriate where:

- a person is declining assistance in relation to their care and support needs, and
- the impact of their decision, has or is likely to have a substantial impact on their overall individual wellbeing

### **1.3 Key Roles**

Every member of the Management Committee and any paid workers have a responsibility to act on concerns of possible abuse and must inform the organisation's designated Trustee who will act as GOG's Safeguarding Concerns Manager.

Safeguarding Concerns Manager: The Safeguarding Concerns Manager has the responsibility to decide whether it is appropriate to Raise a Safeguarding Concern required or respond to the concerns in an alternative manner. GOG's designated Trustee is Carol Burns.

Organisational lead for safeguarding adults: The paid worker is responsible for ensuring this policy and procedure is reviewed and up to date and that all other paid workers and trustees have the appropriate information to fulfil their roles.

### **1.4 Safe Employment**

- The organisation is committed to achieving best practice in respect to the safe recruitment of paid workers and volunteers;
- The organisation is committed to working within best practice as established by the Disclosure and Barring Scheme (DBS)

### **1.5 Training and Supervision**

- Awareness of this safeguarding policy/procedure is covered within the induction programme of all new paid workers and volunteers.

## **Safeguarding Adult Procedures**

### **2.1 Responding to an allegation/concern:**

#### **2.1.1 Responsibilities of all paid workers and volunteers**

**If any member of staff or volunteer has reason to believe that abuse is or may be taking place you have a responsibility to act on this information. It does not matter what your role is, doing nothing is not an option.**

If a person discloses abuse to you directly, use the following principles to respond to them:

- Assure them that you are taking the concerns seriously
- Do not be judgemental or jump to conclusions
- Listen carefully to what they are telling you, stay calm, get as clear a picture as you can. Use open ended questions
- Do not start to investigate or ask detailed or probing questions
- Explain that you have a duty to tell the designated Trustee who is GOG's Safeguarding Concerns Manager.
- Reassure the person that they will be involved in decisions about them

Your responsibilities are:

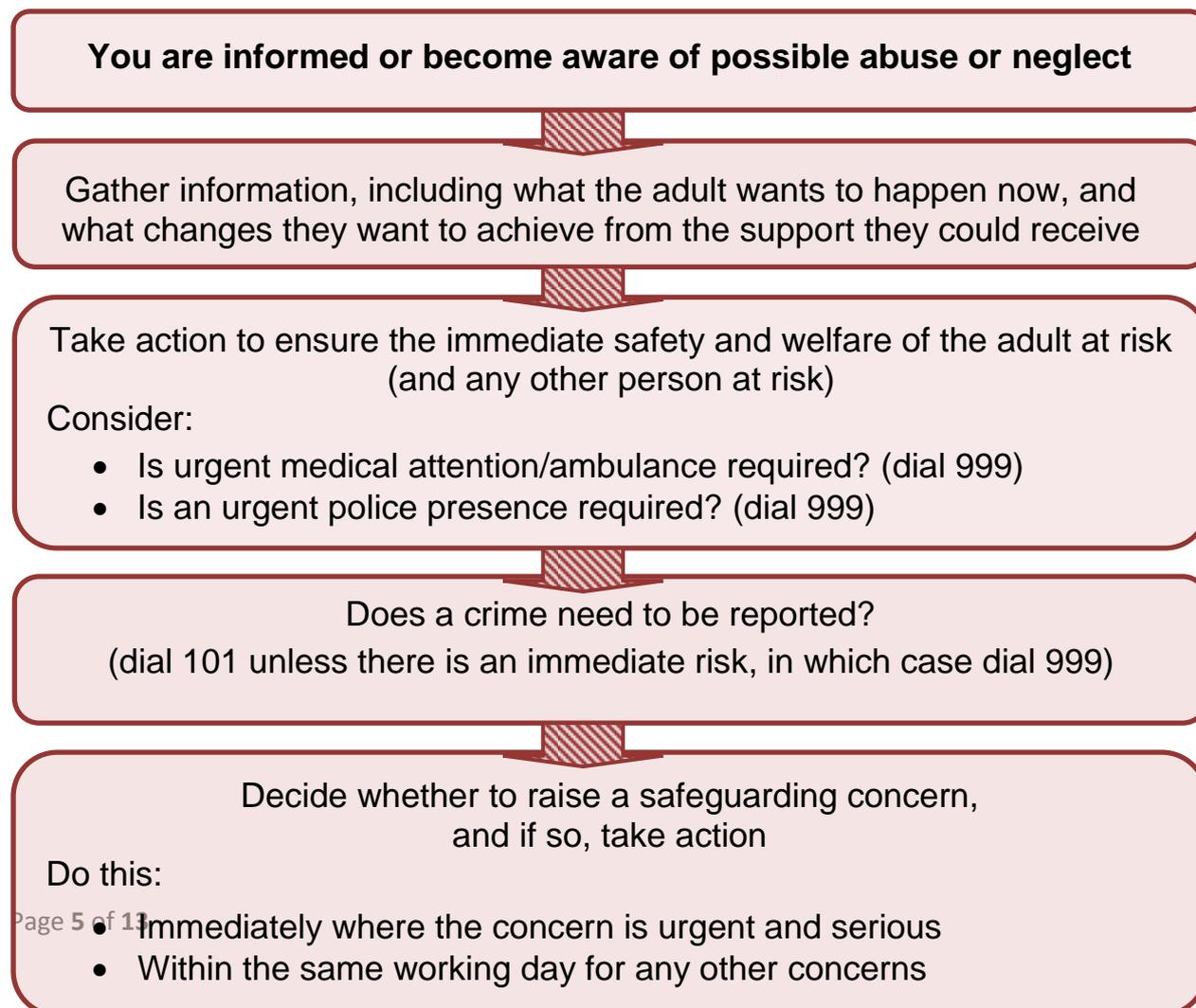
1. To take action to keep the person safe if possible.
  - Is an urgent police presence required to keep someone safe – call 999

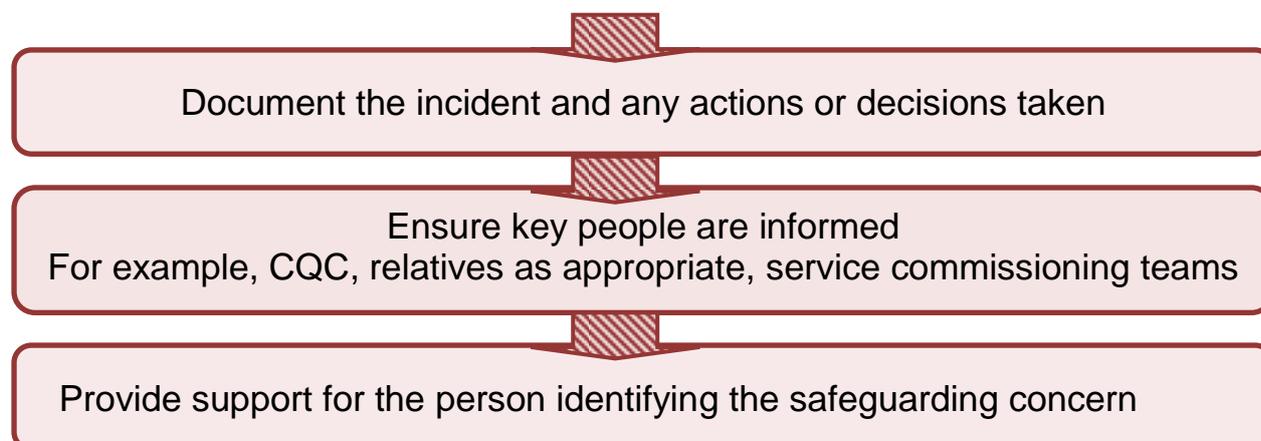
- Does the person need urgent medical assistance, do they need an ambulance – call 999
2. If a crime has occurred, be aware of the need to preserve evidence
  3. Always inform your organisations Safeguarding Concerns Manager. You cannot keep this information secret, even if the person asks you to.
  4. Clearly record what you have witnessed or been told, record your responses and any actions taken.

If consulting with your Safeguarding Concerns Manager will lead to an undue delay and thereby leave a person in a position of risk, you should Raise a Safeguarding Concern yourself.

### 2.1.2 Raising a Safeguarding Concern

Raising a safeguarding concern, mean reporting abuse to the local authority under the safeguarding adults procedure. Anyone can raise a safeguarding concern, often however this is undertaken by a manager in the organisation. This person is referred to as the Safeguarding Concerns Manager.





**Additional Guidance:**

**A. Considering whether to Raise a Safeguarding Concern**

When deciding whether a safeguarding concern should be raised, consider the following key questions:

- Is the person an ‘adult at risk’ as defined within this policy/procedure?
- Is the person experiencing, or at risk of, abuse and neglect?
- What is the nature and seriousness of the risks?

Consider:

- The person’s individual circumstances
  - The nature and extent of the concerns
  - The length of time it has been occurring
  - The impact of any incident
  - The risk of repeated incidents for the person
  - The risk of repeated incidents for others
- What does the adult at risk want to happen now?

Wherever possible, consider what the adult at risk wants to happen next, what do they want to change about their situation, and what support do they want to achieve that.

On some occasions, it may be necessary to raise a safeguarding concern even if this is contrary to the wishes of the adult at risk. Any such decision should be proportional to the risk, for example:

- It is in the public interest e.g. there is also a risk to others, a member of staff or volunteer is involved, or the abuse has occurred on property owned or managed by an organisation with a responsibility to provide care
- The person lacks mental capacity to consent and it is in the person's best interests
- The person is subject to coercion or undue influence, to extent that they are unable to give consent
- It is in the person's vital interests (to prevent serious harm or distress or life threatening situations)

If you remain unsure whether to raise a safeguarding concern, you can:

- Refer to the Decision Support Tool for Raising Safeguarding Concerns in Appendix B
- Contact your organisations safeguarding adults lead for advice
- Seek advice from Adult Social Care, 0113 222 4401
- Refer to the Multi-Agency Safeguarding Adult Policy and Procedures at [www.safeguardingadults.org.uk](http://www.safeguardingadults.org.uk) for further information and guidance

### **B. Considering whether to report a concern to the police**

If a crime has been or may have been committed, seek the person's consent to report the matter immediately to the police. This will be in addition to raising a safeguarding concern with the local authority.

If the person has mental capacity in relation to the decision and does not want a report made, this should be respected unless there are justifiable reasons to act contrary to their wishes, such as:

- the person is subject to coercion or undue influence, to the extent that they are unable to give consent, or
- there is an overriding public interest, such as where there is a risk to other people
- it is in the person's vital interests (to prevent serious harm or distress or in life-threatening situations)

There should be clear reasons for overriding the wishes of a person with the mental capacity to decide for themselves. A judgement will be needed that takes into account the particular circumstances.

If the person does not have mental capacity in relation to this decision, a 'best interests' decision will need to be made in line with the Mental Capacity Act.

### Preserving evidence

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If a crime has occurred, try to preserve evidence in case there is a criminal investigation.

- try not to disturb the scene, clothing or victim if at all possible
- secure the scene, for example, lock the door, if possible,
- preserve all containers, documents, locations, etc.
- evidence may be present even if you cannot actually see anything
- if in doubt, contact the police and ask for advice

The police should be contacted for advice wherever required.

### ***C. Who else to inform***

You may also need to inform:

- relatives of the adult at risk according to their wishes, or in their 'best interests' where they lack the mental capacity to make this decision for themselves
- child protection services, if children are also at risk from harm
- the Charities Commission, if your service is a registered charity

### ***D. Document the concern and any actions or decisions taken***

Ensure all actions and decisions are fully recorded. It is possible that your records may be required as part of an enquiry, be as clear and accurate as you can. Record the reasons for your decisions and any advice given to you in making these decisions.

Ensure that appropriate records are maintained, including details of:

- the nature of the safeguarding concern/allegation
- the wishes and desired outcomes of the adult at risk
- the support and information provided to enable the adult at risk to make an informed decision
- assessments of Mental Capacity where indicated
- the decision of the organisation to raise a concern or not.

### ***E. How to make a Raise a Safeguarding Concern:***

To raise a safeguarding concern under the safeguarding adults procedures:

Contacts:

#### **Leeds**

- Adult Social Care Contact Centre: **0113 222 4401**
- Leeds Emergency Duty Team: **07712 106 378**

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### **Bradford**

- Adult Social Care Contact Centre: **01274 435400**
- Emergency Duty Team: **01274 431010**

### **Calderdale**

- Adult Social Care Contact: **01422 393000**
- emergency telephone number: **01422 288000**

### **Kirklees**

- Safeguarding Adults Team: **01484 221717**

### **Wakefield**

- Adult Social Care Contact: **0345 8 503 503**

### **North Yorkshire**

- Adult Social Care Contact: **01609 780780**

The person you speak to will ask you for details about the allegation/concern. If you have reported the incident to the police, tell the person this as well.

Then complete the Safeguarding Adults: Supporting Information form; sometimes called the SA1 Form. This can be found on [www.leedssafeguardingadults.org.uk](http://www.leedssafeguardingadults.org.uk)

The safeguarding concern will be allocated to an appropriate team, who will then contact you to discuss the concerns further and advise you to whom the Supporting Information form (SA1) should be sent.

## Appendix A: Useful Contacts

Use this section to record useful telephone numbers that are relevant to safeguarding adults in the context of your organisation.

| <b>To raise a safeguarding concern or seek advice</b>                                    |  |
|--|--|
| <p><b>Leeds</b><br/>Adult Social Care Contact Centre:<br/>Leeds Emergency Duty Team:</p> | <p><b>0113 222 4401</b><br/><b>07712 106 378</b></p> |
| <p><b>Bradford</b><br/>Adult Social Care Contact Centre:<br/>Emergency Duty Team:</p>    | <p><b>01274 435400</b><br/><b>01274 431010</b></p>   |
| <p><b>Calderdale</b><br/>Adult Social Care Contact:<br/>Emergency telephone number:</p>  | <p><b>01422 393000</b><br/><b>01422 288000</b></p>   |
| <p><b>Kirklees</b><br/>Safeguarding Adults Team:</p>                                     | <p><b>01484 221717</b></p>                           |
| <p><b>Wakefield</b><br/>Adult Social Care Contact:</p>                                   | <p><b>0345 8 503 503</b></p>                         |
| <p><b>North Yorkshire</b><br/>Adult Social Care Contact:</p>                             | <p><b>01609 780780</b></p>                           |
| <b>Contacting the police</b>   |  |
| <p>If the person is in imminent danger</p>   | <p>Tel: 999 (Emergency Service)</p>                  |
| <p>If you need to report a crime, but the person is not in imminent danger</p>           | <p>Tel: 101<br/>(Non-Emergency Service)</p>          |
| <b>To notifying regulators</b>   |  |
| <p>Care Quality Commission<br/>Charities Commission</p>                                  | <p>Tel: 03000 616161<br/>Tel: 0300 065 2199</p>      |
| <b>Notifying contracting/commissioning authority</b>                                     |  |
| <p><i>Add details as appropriate</i></p>   | <p><i>Add details as appropriate</i></p>             |
| <b>Employment related advice lines</b>   |  |
| <p>Disclosure and Barring Service (DBS)</p>  | <p>Tel: 01325 953795</p>                             |
| <b>Whistleblowing advice services</b>  |  |

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|--|-------------------------|
| Mencap<br><a href="http://www.mencap.org.uk/organisations/whistleblowing-helpline">www.mencap.org.uk/organisations/whistleblowing-helpline</a> | Helpline: 08000 724 725 |
| Care Quality Commission:<br><a href="http://www.cqc.org.uk/contact-us">www.cqc.org.uk/contact-us</a>   | Tel: 03000 616161       |
| Public Concern at Work<br><a href="http://www.pcaw.org.uk">www.pcaw.org.uk</a>   | Tel: 020 7404 6609.     |
| <b>Advocacy services</b>   |                         |
| Advonet<br><a href="http://www.advonet.org.uk">www.advonet.org.uk</a>  | Tel: 0113 244 0606      |
| <b><i>Add additional contacts relevant to your organisation and the needs of your service users.</i></b>                                       |                         |

## Appendix B: Decision support tool for making safeguarding alerts

The decision support tool is provided as a support and not a replacement for professional decision making. It should be used alongside other guidance provided and with consideration of the specific unique circumstances of the allegation or concern.

| Types of Abuse/<br>Types of Response | <b>Examples:<br/>Where raising a safeguarding concern may not be required</b><br><br>Consider Alternatives - disciplinary, complaints, incident/serious incident processes, training etc.   | <b>Examples:<br/>Where raising a safeguarding concern is likely to be required</b>   |
|--------------------------------------|---|--|
| Physical                             | One service user 'taps' or 'slaps' another but not with sufficient force to cause a mark or bruise and the victim is not intimidated. Isolated incident, care plans amended to address risk of reoccurrence<br><br>Or<br><br>One service user shouts at another in a threatening manner, but the victim is not intimidated. Care plans amended to address risk of reoccurrence. | Predictable and preventable (by staff) incident between two adults at risk resulting in harm<br><br>Harm may include: bruising, abrasions and/or emotional distress caused   |
|                                      | Adult at risk has been formally assessed under the Mental Capacity Act. Actions taken in best interests are not the 'least restrictive'. Harm has not occurred and actions are being taken to review care plans. Application for Deprivation of Liberty Safeguards may be required.   | An unauthorised deprivation of liberty results in a form of harm to the person <u>or</u> authorisation has not been sought for DoLS despite this being drawn to the attention of hospital/care home<br><br>Harm may include: loss of liberty, rights and freedom of movement. Other types of abuse may be indicated – psychological/emotional distress |
| Psychological /<br>Emotional         | The adult at risk is spoken to once in a rude, insulting and belittling or other inappropriate way by a member of staff or family carer. Respect for them and their dignity is not maintained but they are not distressed. Actions being taken to prevent reoccurrence.   | Isolated incident(s) resulting in harm or recurring event, or is happening to more than one adult at risk.<br><br>Harm may include: distress, demoralisation, loss of confidence or dignity. Insults contain discriminatory elements e.g. racist or homophobic abuse   |
| Neglect and acts of omission         | Isolated incident of a person not receiving necessary help to have a drink/meal and a reasonable explanation is given. Actions being taken to prevent reoccurrence.   | Recurring event resulting in harm, or is happening to more than one adult at risk.<br><br>Harm may include: hunger, thirst, weight loss, constipation, dehydration, malnutrition, tissue viability issues, loss of dignity   |
|                                      | Isolated incident where a person does not receive necessary help to get to the toilet to maintain continence, or have appropriate assistance with changing incontinence pads and a reasonable explanation is given. Action being taken to prevent reoccurrence  | Isolated incident(s) resulting in harm or recurring event, or is happening to more than one adult at risk.<br><br>Harm may include: pain, constipation, loss of dignity and self-confidence, skin problems   |
|                                      | Patient has not received their medication as prescribed. Appropriate actions being addressed to prevent reoccurrence.   | Isolated incident(s) resulting in harm or recurring event, or is happening to more than one adult at risk.<br><br>Inappropriate use of medication that is not consistent with the person's needs<br><br>Harm may include: pain not controlled, physical or mental health condition deteriorates/kept sleepy/unaware; side effects                      |
|                                      | Appropriate moving and handling procedures are not followed or the staff are not trained or competent to use the required equipment but the patient does not experience harm. Action plans are in place to address the risk of harm.  | The person is injured or action is not being taken to address a risk of harm.<br><br>Harm may include: injuries such as falls and fractures, skin damage, lack of dignity  |

|                                     |   |  |
|-------------------------------------|---|--|
| <b>Neglect and acts of omission</b> | The person does not receive a scheduled domiciliary care visit and no other contact is made to check on their well-being, but no harm occurs  | Isolated incident(s) resulting in harm or recurring event, or is happening to more than one adult at risk.<br><br>Harm may include: missed medication and meals, care needs significantly not attended to.   |
|                                     | Person is discharged from hospital without adequate discharge planning, procedures not followed, but no harm occurs. Lessons being learned to improve practice.   | The adult at risk is discharged without adequate discharge planning, procedures not followed and experiences harm as a consequence.<br><br>Harm may include: care not provided resulting in deterioration of health or confidence, avoidable readmission to hospital.  |
|                                     | Adult at risk is known to be susceptible to pressure ulcers has not been formally assessed with respect to pressure area management, but no discernable harm has occurred. Actions being taken to prevent a future incident reoccurring.  | Person has not been formally assessed/advice not sought with respect to pressure area management or plan exists but is not followed, in either case harm is incurred<br><br>Harm may include: avoidable tissue viability problems  |
|                                     | Person does not have within their care plan/service plan/treatment plan a section that addresses a significant assessed need such as: <ul style="list-style-type: none"> <li>• Management of behaviour to protect self or others</li> <li>• Liquid diet because of swallowing</li> <li>• Cot sides to prevent falls and injuries</li> </ul> However, no harm occurs and actions being taken to address. | Failure to specify in a person's plan how a significant need must be met and action or inaction related to lack of care planning results in harm, such as injury, choking etc.<br><br>A risk of harm has been identified but is not acted upon in a robust and proportionate way or there is a failure to take reasonable actions to identify risk. As a consequence one or more persons are placed at an avoidable repeated risk of harm. |
|                                     | The adult at risk's needs are specified in a treatment or care plan. Plan not followed, needs not met as specified but no harm occurs.  | Failure to address a need specified in a person's care plan or failure to act on an identified risk, results in harm.  |
| <b>Sexual</b>                       | Isolated incident of teasing or low level unwanted sexualised attention (verbal or non-intimate touching) directed at one service user to another, whether or not they have mental capacity. Care plans being amended to address. Person is not distressed or intimidated.  | Intimate touch between service users without valid consent or recurring verbal sexualised teasing resulting in harm<br><br>Harm may include: emotional distress, intimidation, loss of dignity   |
| <b>Discriminatory</b>               | Adult at risk in pain or otherwise in need of medical care such as dental, optical, audiology assessment, foot care or therapy does not on one occasion receive required/requested medical attention in a timely fashion.   | Adult at risk is provided with an evidently inferior medical service or no service as a result of discriminatory attitudes/actions.<br><br>Harm may include: pain, distress and deterioration of health  |
| <b>Financial and material</b>       | Staff member has borrowed items from service users with their consent, professional boundaries breached, but items are returned to them. Actions being taken to prevent reoccurrence  | Isolated or repeated incidents of exploitation relating to benefits, income, property, will. Theft by a person in a position of trust, such as a formal/informal carer   |
| <b>Organisational</b>               | Care planning documentation is not person centred or there are few opportunities to engage in social and leisure activities, but harm is not occurring. Actions being taken to address  | Rigid inflexible routines, or lack of stimulation resulting in harm<br><br>Harm may include: impairment/deterioration of physical, intellectual, emotional or social development or health; loss of person dignity   |
|                                     |   | There are systemic reasons for any form of abuse i.e. the way a service is provided significantly contributes to any harm/abuse experienced (or creates a risk of harm/abuse occurring).   |

**Please Note:** Abuse can take many forms. The types of abuse listed here are just examples. Domestic abuse, modern slavery and self-neglect would also be considered forms of abuse.