

B011 Safeguarding Adults Policy and Procedure - The Good Care Group

Policy owner: Laura Davies - Chief Operating Officer

Last Reviewed: 27 February 2026

This policy will be reviewed as needs require or at least annually.

PURPOSE:

1.1 The Registered Manager, Erica Duffy, and Nominated Individual, Laura Davies, of The Good Care Group, have overall management responsibility for this policy and procedure. This is in line with the Policy Management Policy and Procedure at The Good Care Group.

To ensure that this policy includes and refers to The Local Authority for the client policy and procedures and details clearly who is responsible and accountable for managing safeguarding concerns within The Good Care Group:

- Overall accountability for managing safeguarding concerns: Erica Duffy
- Erica Duffy is responsible for the governance and authorisation of this policy
- Safeguarding Lead at The Good Care Group: Laura Davies
- Local Authority: the Local Authority for the client
- Local Authority Main Contact Details: For the contact details of each client's local authority Safeguarding Adults Team, please refer to the client's care plan.

1.2 To set out the key arrangements and systems that The Good Care Group has in place for safeguarding and promoting the welfare of adults at risk and to ensure compliance with local policies and procedures. Adults are those aged 18 years and over.

The Good Care Group has a separate Safeguarding Children Policy in place that provides detailed guidance in this area.

1.3 Relevant legislation relating to this policy:

- The Care Act 2014
- Care Quality Commission (Registration) Regulations 2009 Equality Act 2010
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Human Rights Act 1998
- Mental Capacity Act 2005
- Safeguarding Vulnerable Groups Act 2006 UK GDPR
- Protection of Freedoms Act 2012 (Disclosure and Barring Service Transfer of Functions) Order 2012
- Public Interest Disclosure Act 1998
- The Criminal Justice and Courts Act 2015 Section 20-25
- Anti-social Behaviour, Crime and Policing Act 2014
- The Modern Slavery Act 2015

- The Counter Terrorism and Security Act 2015
- Domestic Violence, Crime and Victims Act 2004
- Serious Crime Act 2015 Section 76
- FGM Act 2003
- Sexual Offences Act 2003
- Data Protection Act 2018

SCOPE:

2.1 Roles Affected:

- All Staff

2.2 People Affected:

- Clients

2.3 Stakeholders Affected:

- Family
- Advocates
- Representatives
- Commissioners
- External health professionals Local Authority
- NHS
- Housing Provider Partners

OBJECTIVES

3.1 To ensure that the Local Authority for the client Safeguarding Policy and Procedure is understood by all staff at The Good Care Group and that the The Local Authority for the client safeguarding procedures dovetail with the policy and procedure of The Good Care Group.

3.2 To ensure that all staff working for, or on behalf of, The Good Care Group, understand their responsibilities in relation to safeguarding adults at risk and know who to escalate concerns to within The Good Care Group and externally if needed and appropriate to do so.

3.3 To protect the Client's right to live in safety, free from abuse and neglect.

3.4 To have a clear, well publicised policy of zero-tolerance of abuse within The Good Care Group.

3.5 To identify lessons to be learnt from cases where Clients have experienced abuse or neglect.

POLICY:

4.1 What is Safeguarding?

The Good Care Group recognises the definition of 'safeguarding' as the actions taken to keep Clients safe from harm and neglect.

4.2 The Care Act 2014 sets out that adult safeguarding duties apply to any adult who:

- Has care and support needs, and
- Is experiencing, or is at risk of, abuse and neglect, and
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect

4.3 Safeguarding adults includes:

- Protecting their rights to live in safety, free from abuse and neglect
- People and organisations working together to prevent the risk of abuse or neglect, and to stop them from happening
- Making sure people's wellbeing is promoted, taking their views, wishes, feelings and beliefs into account. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances

4.4 The Good Care Group should always promote the Client's wellbeing in its safeguarding arrangements. Clients have complex lives and being safe is only one of the things they want for themselves. Staff should work with the Client to establish what being safe means to them and how that can be best achieved. Staff should not be advocating 'safety' measures that do not take account of individual wellbeing.

4.5 What Constitutes Abuse?

Employees at The Good Care Group understand that the Clients it supports can be extremely vulnerable to abuse and neglect, especially if they have care and support needs.

Abuse is a violation of an individual's human or civil right by any other person. It is where someone does something to another person, or to themselves, which puts them at risk of harm and impacts on their health and wellbeing.

Abuse can have a damaging effect on the health and wellbeing of Clients. These effects may be experienced in the short and long term and can sometimes be lifelong.

4.6 The signs of abuse are not always obvious, and a victim of abuse may not tell anyone what is happening to them. Sometimes they may not even be aware they are being abused.

The robust governance processes at The Good Care Group will make sure that staff working for, and on behalf of, The Good Care Group, recognise and respond to the main forms of abuse which are set out in the Care Act 2014 Statutory Guidance Chapter 14.

4.7 The local authority is the lead agency for adult safeguarding and should be notified whenever abuse or neglect is suspected. It will decide whether a safeguarding enquiry is necessary, and if so, who will conduct it. The decision to conduct an enquiry depends on the criteria set out in the Care Act 2014, and not on whether the Client is eligible for, or receiving, services funded by the local authority

4.8 Everybody has the right to live a life that is free from harm and abuse. The Good Care Group recognises that safeguarding adults at risk of abuse or neglect is everybody's business. The Good Care Group aims to ensure that all adults at risk of abuse or neglect are enabled to live and work, be cared for and supported in an environment free from abuse, harassment, violence or aggression. The safeguarding policies and procedures of The Good Care Group will dovetail with the Local Authority for the client multi-agency policy and procedures, which we understand take precedence over those of The Good Care Group. The Good Care Group will ensure that the Local Authority for the client policies and procedures are reflected within its own policy and procedure, that this is shared with all staff and is accessible and available for staff to follow.

4.9 The Good Care Group aims to provide services that will be appropriate to the adult at risk and not discriminate because of disability, age, gender, sexual orientation, race, religion, culture, or lifestyle. It will make every effort to enable Clients to express their wishes and make their own decisions to the best of their ability, recognising that such self-determination may well involve risk.

The Good Care Group will work with Clients and others involved in their Care to ensure they receive the support and protection they may require, that they are listened to and treated with respect (including their property, possessions and personal information) and that they are treated with compassion and dignity.

A chaperone (The Good Care Group Professional Carer) can be present for the Client when the Client needs treatment, and missed healthcare appointments must be monitored to consider signs of abuse or neglect. These must be followed up with the healthcare provider and information shared in the best interests and safety of the Client.

4.10 The Good Care Group will follow the six principles as set out in guidance to the Care Act 2014 and this will inform practice with all Clients:

- Empowerment – People being supported and encouraged to make their own decisions and informed consent
- Prevention – It is better to take action before harm occurs
- Proportionality – The least intrusive response appropriate to the risk presented
- Protection – Support and representation for those in greatest need
- Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
- Accountability – Accountability and transparency in delivering safeguarding

4.11 The Good Care Group is committed to the principles of 'Making Safeguarding Personal' and aims to ensure that safeguarding is person-led and focused on the outcomes that Clients

want to achieve. It will engage Clients in a conversation about how best to respond to their safeguarding situation in a timely way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.

4.12 The Good Care Group understands the importance of working collaboratively to ensure that:

- The needs and interests of adults at risk are always respected and upheld
- The human rights of adults at risk are respected and upheld
- A proportionate, timely, professional and ethical response is made to any adult at risk who may be experiencing abuse
- All decisions and actions are taken in line with the Mental Capacity Act 2005
- Each adult at risk maintains:
 - Choice and control
 - Safety
 - Health
 - Quality of life
 - Dignity and respect

4.13 Whistleblowing

The Good Care Group has a clear Raising Concerns, Freedom to Speak Up and Whistleblowing Policy and Procedure in place which staff are frequently reminded about and with which they must be familiar. They must also understand how to escalate and report concerns.

Whistleblowing is an important aspect of the support and protection of adults at risk of harm where staff are encouraged to share genuine concerns about safety or wrongdoing within The Good Care Group.

4.14 The Professional Carer's Responsibilities:

- To be able to recognise and respond to suspected abuse and substandard practice
- To report concerns of harm or poor practice that may lead to harm
- To remain up to date with training
- To read and follow the policy and procedure
- To know how and when to use the whistleblowing procedures
- To understand the Mental Capacity Act and how to apply it in practice

4.15 The Registered Manager's Responsibilities

- To establish the facts about the circumstances giving rise for concern
- To identify sources and level of risk
- To ensure that information is recorded and that the Local Authority for the client Adult Safeguarding Team is contacted to inform them of the concern or harm
- If the Client is at immediate risk of harm, the Registered Manager or an employee she nominates will contact the police. The CQC will also be informed

- In all cases of alleged harm, there will be early consultation between Erica Duffy (or an employee she nominates), the Local Authority for the client and the police to determine whether or not a joint investigation is required. The Good Care Group understands that it may also be necessary to advise the relevant Power of Attorney if there is one appointed. In dealing with incidents of potential harm, people have rights which must be respected and which may need to be balanced against each other
- The wishes of the person harmed will be taken into account whenever possible. This may result in no legal action
- Documentation of any incidents of harm in the Client's file and using body maps to record any injuries
- Follow the Local Authority for the client policy guidelines where applicable
- Report any incidents of abuse to the relevant parties
- Work with multi-agencies
- Advise and support staff
- Ensure staff are trained during induction, assess knowledge annually and run refresher training if needed
- Actively promote the whistleblowing policies
- Ensure that agency staff working at The Good Care Group have completed the necessary safeguarding training for their role
- Participate in local Safeguarding Adults Board arrangements for sharing experiences about managing safeguarding concerns in care homes
- Share relevant information from Safeguarding Adults Board meeting minutes and reports with staff

4.16 General Principles

- We have robust recruiting and safer staffing policies in place to make sure that our staff are fit to work with adults at risk and are compliant with national, safe recruitment and employment practices, including the requirements of the Disclosure and Barring Service
- Safeguarding responsibilities should be included in the job description of all staff
- A named safeguarding lead will be in place who is responsible for embedding safeguarding practices and improving practice in line with national and local developments. At The Good Care Group, this person is Laura Davies.
- Any staff member who knows or believes that harm is occurring will report it to their line manager as quickly as possible, or if they feel they cannot follow the regular reporting procedure, they must use the whistleblowing process
- The Good Care Group will work collaboratively with other agencies, including liaison in relation to the investigation of allegations and will ensure its procedures dovetail with the Local Authority for the client multi-agency procedures
- The Good Care Group will use incident reporting, root cause analysis, lessons learned and auditing to determine themes to improve Care practice
- The Good Care Group will have a learning and development strategy which specifically addresses adult safeguarding. The Good Care Group will provide training on the identification and reporting of harm, as well as training on the required

standards in relation to procedures and processes should something need to be reported

- The Good Care Group recognises its responsibilities in relation to confidentiality and will share information appropriately
- The Good Care Group will have zero tolerance to harm
- The Good Care Group will work in partnership with other agencies to ensure that concerns or allegations of abuse are appropriately referred for investigation to the most appropriate agency
- The Good Care Group will ensure that any action that is taken is assessed, proportionate and reflective of the risk presented to the people who use the services
- The Good Care Group will report any incidents in line with its regulatory requirements
- There is a clear, well publicised Raising Concerns, Freedom to Speak Up and Whistleblowing Policy and Procedure in place that staff know how to use

4.17 Leadership, Staff and Culture

The registered manager and the senior leadership team are responsible for providing leadership.

Good governance in safeguarding will follow where it is seen as an integral part of Client care and all staff take responsibility. Risks of neglect, harm and abuse will be reduced where there is strong leadership and a shared value base where:

- The Client is the primary concern
- Clients and staff are partners in their care
- Quality is prioritised and measured
- Staff understand the risks of neglect, harm and abuse
- There is a culture of learning and improvement
- There is openness and transparency, and all staff are listened to

4.18 Prevention - Providing information to support Clients

- The Good Care Group will support Clients by providing accessible, easy to understand information on what abuse is and what signs to look out for
- The Good Care Group will comply with the Accessible Information Standard
- All Clients will receive a copy of the Client Guide, have access to the Complaints and Compliments Policy and Procedure and be given information on how to escalate any concerns to the Commissioner, CQC, advocacy or Local Government and Social Care Ombudsman should they not be satisfied with the approach taken by The Good Care Group or at any time they wish

4.19 Prevention - Raising awareness

- Staff will be trained and understand the different patterns and behaviours of abuse as detailed in the Care Act 2014, Chapter 14 and The Good Care Group will ensure that it is able to respond appropriately
- The Good Care Group will ensure that all staff are trained on the Raising Concerns, Freedom to Speak Up and Whistleblowing Policy and Procedure

- During induction training, all employees will complete the 'Understanding Abuse' workbook, as part of the Care Certificate

PROCEDURE

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5.2 Forms of Abuse and Neglect

There are different types of abuse and signs and indicators for each. While indicators are not proof of abuse or neglect, they should alert staff to follow the Safeguarding Policy.

It is important that staff at The Good Care Group are aware of the signs of abuse and what to look out for.

Physical abuse includes:

- Being hit, slapped, pushed or restrained
- Being denied food or water
- Not being helped to go to the bathroom when you need to
- Misuse of medication
- Restraint
- Inappropriate physical sanctions
- Signs and indicators of physical abuse include:
 - No explanation for injuries or inconsistency with the account of what happened
 - Injuries are inconsistent with the person's lifestyle
 - Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps
 - Frequent injuries
 - Unexplained falls
 - Subdued or changed behaviour in the presence of a particular person
 - Signs of malnutrition
 - Failure to seek medical treatment or frequent changes of GP

Domestic violence or abuse:

This is typically 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, and can be:

- Psychological
- Physical
- Sexual
- Financial
- Emotional
- So called 'honour' based violence, female genital mutilation and forced marriage

Signs and indicators of domestic violence or abuse include:

- Low self-esteem
- Feeling that the abuse is their fault when it is not
- 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 – not seeing friends and family
- Limited access to money
- Sexual abuse includes:
- Indecent exposure
- Sexual harassment
- Inappropriate looking or touching
- Sexual teasing or innuendo
- Sexual photography
- Being forced to watch pornography or sexual acts
- Being forced or pressured to take part in sexual acts
- Rape
- Sexual assault

Signs and indicators of sexual abuse include:

- Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
- Torn, stained or bloody underclothing
- Bleeding, pain or itching in the genital area
- Unusual difficulty in walking or sitting
- Foreign bodies in genital or rectal openings
- Infections, unexplained genital discharge, or sexually transmitted diseases
- Pregnancy in a woman who is unable to consent to sexual intercourse
- The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude
- Incontinence not related to any medical diagnosis
- Self-harming
- Poor concentration, withdrawal, sleep disturbance
- Excessive fear/apprehension of, or withdrawal from, relationships

- Fear of receiving help with personal care
- Reluctance to be alone with a particular person

Psychological or emotional abuse include:

- Threats to hurt or abandon
- Deprivation of contact
- Humiliating
- Blaming
- Controlling
- Intimidation
- Harassment
- Verbal abuse
- Cyberbullying
- Isolation
- Unreasonable and unjustified withdrawal of services or support networks

Signs and indicators of psychological or emotional abuse include:

- An air of silence when a particular person is present
- Withdrawal or change in the psychological state of the person
- Insomnia
- Low self-esteem
- Uncooperative and aggressive behaviour
- A change of appetite, weight loss/gain
- Signs of distress: tearfulness, anger
- Apparent false claims, by someone involved with the person, to attract unnecessary treatment

Financial or material abuse include:

- Theft
- Fraud
- Internet scamming
- Coercion in relation to the Client's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions
- Misuse or misappropriation of property, possessions or benefits

Signs and indicators of financial abuse include:

- Missing personal possessions
- Unexplained lack of money or inability to maintain lifestyle
- Unexplained withdrawal of funds from accounts
- Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity
- Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so
- The person allocated to manage financial affairs is evasive or uncooperative
- The family or others show an unusual interest in the assets of the person
- Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA

- Recent changes in deeds or title to property
- Rent arrears and eviction notices
- A lack of clear financial accounts held by a care home or service
- Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person
- Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house

Modern slavery includes:

- Slavery
- Human trafficking
- Forced labour and domestic servitude
- Traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment
- Signs and indicators of modern slavery include:
- Signs of physical or emotional abuse
- Appearing to be malnourished, unkempt or withdrawn
- Isolation from the community, seeming under the control or influence of others
- Living in dirty, cramped or overcrowded accommodation and or living and working at the same address
- Lack of personal effects or identification documents
- Always wearing the same clothes
- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers
- Fear of law enforcers

Discriminatory abuse includes:

- Some forms of harassment, slurs or unfair treatment because of:
- Race
- Sex
- Gender and gender identity
- Age
- Disability
- Sexual orientation
- Religion
- Signs and indicators of discriminatory abuse include:
- The person appears withdrawn and isolated
- Expressions of anger, frustration, fear or anxiety
- The support on offer does not take account of the person's individual needs in terms of a protected characteristic

Organisational or institutional abuse:

Including neglect and poor care practice within an institution or specific care setting, or in relation to care provided in the Client's own home, this may range from one-off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within The Good Care Group:

- Discouraging visits or the involvement of relatives or friends

- Run-down or overcrowded establishment
- Authoritarian management or rigid regimes
- Lack of leadership and supervision
- Insufficient staff or high turnover resulting in poor quality care
- Abusive and disrespectful attitudes towards people using the service
- Inappropriate use of restraints
- Lack of respect for dignity and privacy
- Failure to manage residents with abusive behaviour
- Not providing adequate food and drink, or assistance with eating
- Not offering choice or promoting independence
- Misuse of medication
- Failure to provide care with dentures, spectacles or hearing aids
- Not taking account of individuals' cultural, religious or ethnic needs
- Failure to respond to abuse appropriately
- Interference with personal correspondence or communication
- Failure to respond to complaints

Signs and indicators of organisational abuse include:

- Lack of flexibility and choice for people using the service
- Inadequate staffing levels
- People being hungry or dehydrated
- Poor standards of care
- Lack of personal clothing and possessions and communal use of personal items
- Lack of adequate procedures
- Poor record-keeping and missing documents
- Absence of visitors
- Few social, recreational and educational activities
- Public discussion of personal matters
- Unnecessary exposure during bathing or using the toilet
- Absence of individual care plans
- Lack of management overview and support
- Neglect or acts of omission include:
 - Ignoring medical emotional or physical care needs
 - Failure to provide access to appropriate health, care and support or educational services
 - Withholding of the necessities of life, such as medication, adequate nutrition and heating
 - Failure to administer medication as prescribed
 - Not taking account of individuals' cultural, religious or ethnic needs

Signs and indicators of **neglect or acts of omission** include:

- Poor environment – dirty or unhygienic
- Poor physical condition and/or personal hygiene
- Pressure ulcers
- Malnutrition or unexplained weight loss
- Untreated injuries and medical problems
- Inconsistent or reluctant contact with medical and social care organisations
- Accumulation of untaken medication
- Uncharacteristic failure to engage in social interaction

- Inappropriate or inadequate clothing

Self-neglect includes:

A wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case by case basis. A decision on whether a response is required under safeguarding will depend on the client's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.

- Lack of self-care to an extent that it threatens personal health and safety
- Neglecting to care for one's personal hygiene, health or surroundings
- Inability to avoid self-harm
- Failure to seek help or access services to meet health and social care needs
- Inability or unwillingness to manage one's personal affairs

Signs and indicators of self-neglect include:

- Very poor personal hygiene
- Unkempt appearance
- Lack of essential food, clothing or shelter
- Malnutrition and/or dehydration
- Living in squalid or unsanitary conditions
- Neglecting household maintenance
- Hoarding
- Collecting a large number of animals in inappropriate conditions
- Non-compliance with health or care services
- Inability or unwillingness to take medication or treat illness or injury

5.3 High Risk Groups

Certain groups of people may be at higher risk of abuse or neglect, including:

- Those with care and support needs, such as older people or people with disabilities. They may be seen as an easy target and may be less likely to identify abuse themselves or to report it
- Those with communication difficulties because they may not be able to alert others
- Those with a cognitive impairment, as they may not even be aware that they are being abused

5.4 Who Abuses and Neglects?

Anyone in contact with the Client can perpetrate abuse or neglect, including:

- Volunteers
- Family members
- Friends
- People who deliberately exploit adults they perceive as vulnerable to abuse

- Staff
- Professionals
- Other Clients

5.5 Incidents of Abuse

Patterns of abuse vary and include:

- Serial abuse - in which the perpetrator seeks out and 'grooms' individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse
- Long-term abuse - in the context of an ongoing family relationship such as domestic violence between spouses or generations, or persistent psychological abuse
- Opportunistic abuse - such as theft occurring because money or jewellery has been left lying around

Abuse may be one-off or multiple and affect one Client or more.

Staff should look beyond single incidents or Clients. The Good Care Group has systems in place to track and monitor incidents, accidents, disciplinary action, complaints and safeguarding concerns, to identify patterns of potential harm.

Repeated instances of poor care may be an indication of more serious problems (organisational abuse). In order to see these patterns, it is important that information is recorded and appropriately shared.

5.6 Concerns

A concern might arise from:

- Something you observe (for example: bruises, a marked change in behaviour)
- An allegation that is made (for example, you are told that someone has behaved inappropriately or put the Client or colleague at risk)
- A disclosure where the Client tells you something about themselves or their circumstances that lead you to believe that they are being abused or are at risk of abuse

Staff must be able to:

- Recognise: Identify that the Client at risk may be describing abuse, even when they may not be explicit
- Respond: Stay calm, listen and show empathy
- Record: Write up notes of the conversation clearly and factually as soon as possible
- Report in a timely manner to the appropriate people and organisations

5.7 Staff who Consider or Suspect Abuse or Neglect

If staff observe something that causes concern and could be a sign of abuse or potential abuse they must report it immediately to their Line Manager, or if their Line Manager is not available they must contact the Head Office on 0203 728 7575. This number is staffed 24 hours a day.

The staff member should document what they have seen or been told and report to the Registered Manager Erica Duffy and the Safeguarding Lead, Laura Davies.

If staff have a concern but are unsure if the concern is an indicator of abuse or neglect with the Client, they should discuss this immediately with their Line Manager, Carer Services or with the Registered Manager Erica Duffy and/or the Safeguarding Lead, Laura Davies at The Good Care Group.

The Registered Manager and/or the Safeguarding Lead will ensure a Serious Incident Meeting is held without delay (following the Accidents, Incidents and Emergencies policy) to determine next steps including to decide whether to make a safeguarding referral or to seek further advice from the Local Authority for the client.

Staff who suspect abuse or neglect must act on it; staff must not assume that someone else will do this.

If someone makes an allegation to a member of staff about them or another member of staff, that staff member must listen carefully and explain that they will need to pass these concerns to the Registered Manager and the Safeguarding Lead, reassuring them that their concerns will be taken seriously. If the allegation is made by a family member or a worker from another agency, the staff member should take their name and contact details and assure them that their line manager, Registered Manager or the Safeguarding Lead will contact them as soon as possible. The staff member must pass the information to the Registered Manager and the Safeguarding Lead immediately.

5.8 Responding to a Disclosure or Suspicion of Abuse or Neglect

If the Client discloses potential or actual abuse, staff must:

Straight away:

- Remain calm and non judgemental
- Not to show shock or disbelief
- Not interrupt the Client who is freely recalling significant events, allow them to tell you whatever they want to share
 - Some Clients may simply be telling a story and not realise that they are subject to abuse. It is important to keep this in mind and be thoughtful in response
- Take whatever action is required to ensure the immediate safety or medical welfare of the Client(s) at risk
 - Where appropriate, call 999 for the emergency services if there is a medical emergency, other danger to life or risk of imminent injury, or if a crime is in progress. Where a crime is suspected of being committed, leave things as they are wherever possible
 - Call for medical assistance from the GP or NHS 111 if there is a concern about the Client's need for medical assistance or advice, when the situation is not life-threatening or is out of hours
- Reassure the Client that they are right to share this information with you; show empathy with them
- Do not press for more detail

- Do not make promises that cannot be kept
- Remain sympathetic and attentive

Then:

- Listen carefully
- Use simple and open questions if any questions are needed, do not ask leading questions, or attempt to 'investigate' in any way
- As soon as you can, write down an account of your conversation, try to use the words/phrases that the Client used. Sign and date your record
- Preserve any physical evidence
- Inform your line manager, the Registered Manager or the Safeguarding Lead, Laura Davies, as soon as you can and always the same day to inform them of the incident or concern
 - The Registered Manager, Erica Duffy, will be contacted on 0203 728 7575 / 07464 544714
 - The Safeguarding Lead, Laura Davies, will be contacted on 0203 728 7575 / 07955 254976
 - Out of hours please call the on call service on 0203 728 7575
- Do not share any information with anyone else
- Do not contact the alleged abuser about the incident yourself
- The Registered Manager or Safeguarding Lead should always be informed of any safeguarding concern, unless either of them are the alleged abuser; if this is the case, then support should be sought directly from another senior manager at The Good Care Group.

Line Managers must also take action without the immediate authority of the Registered Manager or Safeguarding Lead:

- If a discussion with them would involve a delay in an apparently high-risk situation
- If they have raised concerns with the Registered Manager or Safeguarding Lead and they have not taken appropriate action (whistleblowing)
- If a member of staff feels the Registered Manager or Safeguarding Lead does not take action in response to a concern being raised, they must contact the Nominated Individual, Laura Davies to escalate this.

The Registered Manager or Safeguarding Lead will:

- Listen to any staff member if they speak up about abuse or neglect, take them seriously and act accordingly
- Consider if there are other adults or children with care and support needs who are at risk of harm and take appropriate steps to protect them
- Support and encourage the Client to contact the police if a crime has been, or may have been, committed
- When responding to indicators of abuse and neglect, staff must:
 - Follow the principles of the Making Safeguarding Personal Framework:
 - Ensure that any actions are guided by the wishes and feelings of the Client
 - Be aware that Clients experiencing abuse or neglect may be influenced, coerced or controlled by someone else

- Be aware that duties of care and public interest can override personal preference, for example, there is a risk that a perpetrator could abuse again - this needs to be addressed and prevented
- Staff must also follow the principles of the Mental Capacity Act 2005 if the Client lacks capacity

5.9 Documenting a Disclosure

The Good Care Group must ensure that staff:

- Record what the Client actually said, using their own words and phrases
- Describe the circumstance in which the disclosure came about
- Note the setting and anyone else who was there at the time
- When there are cuts, bruises or other marks on the skin, use a body map to indicate their location, noting the colour of any bruising
- Record information that is factual
- If making a paper record, use a pen with black ink so that the report can be photocopied
- Keep writing clear
- Sign and date the report, noting the time and location
- Are aware that the report may be needed later as part of a legal action or disciplinary procedure

The Registered Manager must ensure they preserve any evidence relating to a safeguarding concern, including care records, as these may be required in future for local authority enquiries or police investigations.

5.10 Response by the Registered Manager or Safeguarding Lead to Reports of Abuse or Neglect

The Registered Manager and the Safeguarding Lead at The Good Care Group should treat any report of abuse or neglect as a safeguarding concern and ensure that:

- The Client at risk is asked what they would like to happen next
- The Client has access to communication support
- It has been explained to the Client that The Good Care Group has a responsibility to report concerns to the Local Authority for the client, and tell the Client who they will report to, why, and when

Decision-Making Pre-referral to the The Local Authority for the client Safeguarding Adults Team:

The Registered Manager or Safeguarding Lead will lead on decision-making.

When considering if a safeguarding concern needs to be completed, the Registered Manager or Safeguarding Lead must consider the three duties in Section 42 (1) of the Care Act 2014:

- Does the person have needs for care and support (whether or not the authority is meeting any of those needs)?
- Are they experiencing, or at risk of, abuse or neglect? and

- As a result of those needs, are they unable to protect themselves against the abuse or neglect or the risk of it?

When using professional judgement to determine whether an incident is reported to the local authority safeguarding adults team/police, the Registered Manager or Safeguarding Lead should consider the following:

- The consequences to the alleged victim and the equality of the relationship between the alleged perpetrator and the alleged victim
- The ability of the alleged victim to consent
- The mental capacity of the alleged perpetrator to understand the consequences of their decision to act in the way that is alleged
- The intent of the alleged perpetrator
- The frequency of this and similar allegations regarding the alleged perpetrator
- The alleged victim considers the actions against them to be abusive
- The alleged victim or carer is distressed, fearful or feels intimidated by the incident
- You believe that there is a deliberate attempt to cause harm or distress
- Incidents are repetitive and targeted to either the Client or others
- The action resulted in a physical injury
- A crime has been committed
- The incident involves a member of staff
- If any other people (including children) are at risk as well as the Client you are concerned about

In the decision-making process, they must evidence the following:

- Why does this adult(s) need safeguarding – what are the risks?
- What actions need to be taken to reduce that risk?
- Do they consent to this action?
- Are others potentially at risk?

The Registered Manager or Safeguarding Lead will document their decision-making process.

If the Registered Manager or Safeguarding Lead is not sure whether to make a safeguarding referral to the Local Authority for the client (because they are not sure whether they suspect abuse or neglect), they should discuss this with the Local Authority for the client.

If a Client does not want any safeguarding actions to be taken, but abuse or neglect is suspected, a safeguarding referral must still be made.

The Good Care Group will ensure that staff are aware of the Local Authority for the client reporting procedures and timescales for raising adult safeguarding concerns.

If a referral is made but the Client at risk is reluctant to continue with an investigation, this must be recorded and brought to the attention of the Local Authority for the client safeguarding adults team. This will enable a discussion on how best to support and protect the Client at risk.

5.11 Consent

When reporting information that directly concerns the safety of an adult at risk of harm, consent from the Client is not required. However, informing the Client of your concerns and your referral is good practice unless it would put you or your colleagues at risk or it would put the adult at further risk. When reporting allegations or concerns about an adult at risk of harm to the Local Authority, the Local Authority must be informed whether or not the Client is aware of the report.

In reporting all suspected or confirmed cases of harm, an employee has a responsibility to act in the best interest of the Client but still operate within the relevant legislation and the parameters of the codes and standards of their practice.

5.12 Referral to the The Local Authority for the client Safeguarding Adults Team

The Good Care Group must ensure that the Local Authority for the client safeguarding adult referral process is followed and must collect the following information to assist with the referral. The referral process must be clearly visible with contact numbers, including out-of-hours, where staff can access the information.

Where the Integrated Care Board is the commissioner they must also be informed.

The referral information will also be required for some of the CQC notification of abuse documentation. The Good Care Group must use any up-to-date Care Plan information where possible and have the following information available where possible:

- Contact details for the adult at risk, the person who raised the concern and for any other relevant individual, and next of kin
- Basic facts, focusing on whether or not the Client has care and support needs including communication and ongoing health needs
- Factual details of what the concern is about; what, when, who, where?
- Immediate risks and action taken to address risk
- Preferred method of communication
- If reported as a crime, details of which police station/officer; crime reference number
- Whether the adult at risk has any cognitive impairment which may impede their ability to protect themselves
- Any information on the person alleged to have caused harm
- Wishes and views of the adult at risk, in particular consent
- Advocacy involvement (includes family/friends)
- Information from other relevant organisations, for example, the CQC
- Any recent history (if known) about previous concerns of a similar nature or concerns raised about the same person, or someone within the same household
- Names of any staff involved

5.13 Local Authority Safeguarding Enquiry

The Local Authority for the client may well be reassured by the response of The Good Care Group so that no further action is required. However, the Local Authority for the client would have to satisfy itself that the response of The Good Care Group has been sufficient to deal with the

safeguarding issue and, if not, to undertake any enquiry of its own. This will identify if action needs to be taken and who needs to take that action.

The enquiry:

- Could be an informal conversation with the Client at risk
- Could be a more formal multi-agency discussion
- Does not have to follow a formal safeguarding process

The objectives of an enquiry are to:

- Establish facts
- Ascertain the Client's views and wishes
- Assess the needs of the Client for protection, support and redress and how they might be met
- Protect from the abuse and neglect, in accordance with the wishes of the Client
- Make decisions as to what follow-up action should be taken with regard to the person or organisation responsible for the abuse or neglect
- Enable the Client to achieve resolution and recovery

If The Local Authority for the client decides that The Good Care Group should make the enquiry, then The Local Authority for the client should be clear about timescales, the need to know the outcomes of the enquiry and what action will follow if this is not done.

What happens as a result of an enquiry should reflect the Client's wishes wherever possible, as stated by them or by their representative or advocate. If they lack capacity, it should be in their best interests if they are not able to make the decision, and be proportionate to the level of concern. The Client should always be involved from the beginning of the enquiry.

Strategy Meeting/Case Conference:

- Following the investigation or at any time during the process, a case conference with all relevant agencies may be called to make decisions about future action to address the needs of the Client
- Any agency involved in the case may ask for a case conference to be held but the final decision to hold a conference is with the Local Authority for the client Safeguarding Adults Team Manager
- The Good Care Group must ensure that it attends this meeting when invited and that all relevant information about the incident is available. A timeline of events is a useful document to prepare in complex cases

Safeguarding Adults Reviews:

- Safeguarding adults reviews (SARs) are a statutory requirement for Safeguarding Adults Boards with the purpose of promoting learning and improving safeguarding practice
- A safeguarding adults review must be arranged by a Safeguarding Adults Board if:
 - There is reasonable cause for concern that partner agencies could have worked more effectively to protect an adult and
 - Serious abuse or neglect is known or suspected and

- Certain conditions are met, in line with section 44 of the Care Act 2014 and related statutory guidance

5.14 Involve the Client Concerned Throughout the Enquiry:

- The process must be explained to the Client in a way they will understand and their consent to proceed with the enquiry obtained, if possible
- Arrangements will be made to have a relative, friend or independent advocate present if the Client so desires. The relative, friend or independent advocate must not be a person suspected of being in any way involved or implicated in the abuse
- A review of the Client's Care Plan and risk assessments must be undertaken to ensure individualised support following the incident
- The Client will be supported by The Good Care Group to take part in the safeguarding process to the extent to which they wish, or are able to, having regard for their decisions and opinions. They must be kept informed of progress.

Desired Outcomes Identified by the Client:

- The desired outcome by the Client at risk must be clarified and confirmed:
- To ensure that the outcome is achievable
- To manage any expectations that the Client may have
- To give focus to the enquiry
- The Registered Manager will support Clients at risk to think in terms of realistic outcomes but must not restrict or unduly influence the outcome that the Client would like
- Outcomes must make a difference to risk and, at the same time, satisfy the Client's desire for justice and enhance their wellbeing
- The Client's views, wishes and desired outcomes may change throughout the course of the enquiry process
- There must be an ongoing dialogue and conversation with the Client to ensure that their views and wishes are gained as the process continues and enquiries re-planned if the Client changes their views
- The Client will be informed of the outcome of any investigation, but guidance will be sought from the Local Authority for the client Safeguarding Adults Team before any outcome is shared

5.15 After An Enquiry

Once an initial enquiry has been undertaken, discussions should be had with the Client as to whether a further enquiry is needed and what further action could be taken.

That action could include disciplinary, complaints or criminal investigations or work by contracts managers and CQC to improve care standards.

The Local Authority for the client must determine what further action is necessary. One outcome may be the formulation of agreed action or a safeguarding plan for the Client which should be recorded in their Care Plan. This will be the responsibility of the relevant agencies to implement.

This will entail joint discussion, decision taking and planning with the Client for their future safety and wellbeing.

In relation to the Client, this could set out:

- What steps are to be taken to assure their safety in future
- The provision of any support, treatment or therapy including ongoing advocacy
- The need for fuller assessments by health and social care agencies
- Any modifications needed in the way services are provided (for example, same gender care or placement; appointment of an OPG deputy)
- How best to support the Client through any action they take to seek justice or redress
- Any ongoing risk management strategy as appropriate
- Any action to be taken in relation to the person or organisation that has caused the concern

5.16 If a Safeguarding Concern is not agreed

If The Local Authority for the client decides not to investigate, staff must ensure the continual safety of Clients.

Staff should:

- Evaluate existing risk assessments and Care Plans. Ensure that there is clear, documented evidence that this has occurred
- If the existing risk assessments and Care Plans do not cover the current risk(s), staff must implement new ones to ensure measures have been put in place to reduce future risk
- Staff can consider other referral options (this list is not exhaustive):
 - Human resources (capability/disciplinary routes)
 - Health and safety
 - Complaints
 - The Local Authority for the client care management, request review of current Care Plan, request for a case conference
 - NHS continuing care team, request a review
 - Request for a best interest meeting

5.17 Informing the Relevant Inspectorate

- By law, The Good Care Group must notify the Care Quality Commission without delay of incidents of abuse and allegations of abuse, as well as any incident which is reported to, or investigated by, the police
- The Good Care Group must notify CQC about abuse or alleged abuse involving a person(s) using the service, whether the person(s) is/are the victim(s), the abuser(s), or both
- The Good Care Group must also alert the relevant local safeguarding authority when notification is made to CQC about abuse or alleged abuse
- The forms are available on CQC's website
- If a concern is received via the whistleblowing procedure, The Good Care Group must inform the the Local Authority for the client Safeguarding Team and CQC

5.18 Support and Supervision

The Good Care Group will recognise that dealing with situations involving abuse and neglect can be stressful and distressing for staff and workplace support should be available.

During safeguarding enquiries, the Registered Manager should:

- Be aware of how safeguarding allegations can affect the way other staff and Clients view the Client subject to a safeguarding enquiry
- If staff are concerned about working with the Client who has made allegations, the Registered Manager should provide support, additional training and supervision to address these concerns and ensure that the Client is not victimised by staff
- Acknowledge that enquiries are stressful and that morale may be low
- Think of ways to support staff (such as one-to-one supervision and team meetings)
- Provide extra support to cover absences as part of the enquiry, and to help staff continue providing consistent and high-quality care
- Direct staff to sources of external support or advice if needed

Regular face-to-face supervision and reflective practice from skilled line managers is essential to support staff, and to enable staff to work confidently and competently with difficult and sensitive situations.

The Registered Manager has a central role in ensuring high standards of practice at The Good Care Group and that staff are properly equipped and supported.

5.19 Confidentiality and Information Sharing

In seeking to share information for the purposes of protecting adults at risk, The Good Care Group is committed to the following principles:

- Personal information will be shared in a manner that is compliant with the statutory responsibilities of The Good Care Group
- Adults at risk will be fully informed about information that is recorded about them and, as a general rule, be asked for their permission before information about them is shared with colleagues or another agency. However, there may be justifications to override this principle if the adult or others are at risk
- Staff will receive appropriate training on Client confidentiality and secure data sharing
- The principles of confidentiality designed to protect the management interests of The Good Care Group must never be allowed to conflict with those designed to promote the interests of the adult at risk
- Staff will follow policies at The Good Care Group on UK GDPR, data protection, confidentiality and comply with the Caldicott principles

5.20 Staff Alleged to be Responsible for Abuse or Neglect

The Good Care Group does not only have a duty to the Client, but also a responsibility to take action in relation to the employee when allegations of abuse are made against them. The Good

Care Group should ensure that their disciplinary procedures are compatible with the responsibility to protect adults at risk of abuse or neglect.

When a member of staff is subject to a safeguarding enquiry, the Registered Manager should:

- Tell them about any available Employee Assistance Programme
- Tell them about professional counselling and occupational health services (if available)
- Make them aware of their rights under employment legislation and any internal disciplinary procedures
- Nominate someone to keep in touch with them throughout the enquiry (if they are suspended from work)
 - They should be able to request that the nominated person be replaced, if they think there is a conflict of interest
 - The nominated person should not be directly involved with the enquiry
- If the police are involved, tell them who the nominated person is
- For members of staff who return to work after being suspended, the Registered Manager should:
 - Arrange a return-to-work meeting when the enquiry is finished, to give them a chance to discuss and resolve any problems
 - Agree a programme of guidance and support with them

Where appropriate, The Good Care Group should report staff to the statutory and other bodies responsible for professional regulation such as the Nursing and Midwifery Council.

If the Registered Manager is subject to a safeguarding enquiry, The Good Care Group should put an acting manager in their place if required.

5.21 Disclosure and Barring Service (DBS) Referral

There is a statutory requirement for providers of Care to refer workers to the DBS for inclusion on the DBS Vetting and Barring scheme list if they consider that the person is guilty of misconduct such that an adult at risk was harmed or placed at risk of harm. The legal duty to refer to the Disclosure and Barring Service also applies where a staff member leaves their role to avoid a disciplinary hearing following a safeguarding incident and The Good Care Group feels they would have dismissed the person based on the information they hold.

Please see the DBS/Disclosure Policy and Procedure for further procedures regarding initial employment and referral.

5.22 Abuse by Another Adult at Risk

The Good Care Group recognises that they may also have responsibilities towards the person causing the harm, and certainly will have if they are both in a care setting or have contact because they attend the same place (for example, a day centre). The person causing the harm may themselves be eligible to receive an assessment. In this situation, it is important that the needs of the Client at risk who is the alleged victim are addressed separately from the needs of the person causing the harm. It will be necessary to reassess the adult allegedly causing the harm.

Under the Mental Capacity Act 2005, people who lack capacity and are alleged to be responsible for abuse, are entitled to the help of an Independent Mental Capacity Advocate to support and represent them in the enquiries that are taking place. This is separate from the decision whether or not to provide the victim of abuse with an independent advocate under the Care Act.

5.23 Management of Allegations Against People in Positions of Trust (PiPoT)

A relationship of trust is one in which one person is in a position of power or influence over the other person because of their work or the nature of their activity. Any allegation against a person who works with adults with care and support needs must be reported immediately to the Registered Manager..

When an allegation is made against a PiPoT, The Good Care Group will refer this to The Local Authority for the client as part of the safeguarding process.

Where the person alleged to have caused the harm or neglect is a volunteer or a member of a community group, The Good Care Group must work with adult social services to support any action under this policy.

Where the person alleged to have caused the harm is a neighbour, a member of the public, a stranger or a person who deliberately targets vulnerable people, the Client at risk should receive the services and support that they may need. In all cases, issues of consent, confidentiality and information sharing must be considered.

5.24 Safeguarding Concerns about the Registered Manager and/or Safeguarding Lead

If staff at The Good Care Group have safeguarding concerns about the Registered Manager, they can report their concerns to the Safeguarding Lead in confidence. You can also report your concerns in the following routes:

- Follow the Raising Concerns, Freedom to Speak Up, Whistleblowing Policy and Procedure at The Good Care Group

Alternatively you may wish to contact:

- Local Authority Safeguarding Team: the Local Authority for the client
 - Contact: For the contact details of each client's local authority Safeguarding Adults Team, please refer to the client's care plan.
 - Telephone: For the contact details of each client's local authority Safeguarding Adults Team, please refer to the client's care plan.
- The Care Quality Commission (CQC):
 - Address: Citygate, Gallowgate, Newcastle upon Tyne NE1 4PA
 - Email: enquiries@cqc.org.uk
 - Telephone: 03000 616161
 - Report online: <https://www.cqc.org.uk/give-feedback-on-care>

- The Police
 - If your safeguarding concerns involve criminal activity, such as physical or sexual abuse or if someone is in immediate danger, you should report the matter to the police. They can investigate and take immediate action if needed

5.25 Allegations Against People who are Relatives or Friends

There is a clear difference between unintentional harm caused inadvertently by a relative or friend and a deliberate act of either harm or omission, in which case the same principles and responsibilities for reporting to the police apply. In cases where unintentional harm has occurred, this may be due to lack of knowledge or due to the fact that the relative's own physical or mental needs make them unable to care adequately for the adult at risk. The relative may also be an adult at risk. In this situation, the aim is to protect the adult from harm, work to support the relative to provide support and to help make changes in their behaviour in order to decrease the risk of further harm to the person they are caring for. A carer's assessment will take into account a number of factors and a referral to The Local Authority for the client will be made as part of the safeguarding process.

5.26 Pressure Ulcers

The Good Care Group must follow local safeguarding reporting requirements and the Department of Health and Social Care (DHSC) guidance 'Pressure Ulcers: How to Safeguard Adults' (a link can be found in the Underpinning Knowledge section of this policy) with regards to pressure ulcers.

The aim of the DHSC guidance is to provide a national framework, identifying pressure ulcers as primarily an issue for clinical investigation rather than a safeguarding enquiry led by the local authority. Indicators to help decide when a pressure ulcer case may additionally need a safeguarding enquiry are included.

'It is the responsibility of the designated safeguarding lead in each setting to appropriately triage any safeguarding concerns and ensure that referrals to the local authority for consideration of a section 42 (2) enquiry are appropriate.' (GOV.UK 2024)

The DHSC guidance contains the following appendices that are used in the decision making:

- Appendix 1: Adult safeguarding decision guide
- Appendix 2: Body map
- Appendix 3: Adult safeguarding concern proforma regarding pressure ulceration

Safeguarding Concern Assessment Guidance:

- A history of the development of the skin damage should first be obtained by a clinician, usually a nurse
- Where there is concern from the clinician assessing the pressure ulcer that there has been abuse or neglect that can be directly associated with the pressure ulcer, there is a need to raise it as a safeguarding concern within The Good Care Group

- In some cases it may warrant raising a safeguarding concern with the Local Authority for the client
- If the Client's care has recently been transferred, this may require contact being made with former care providers for information to seek clarification about the cause and timing of the skin damage. This is the responsibility of The Good Care Group and a concern should not be raised with the Local Authority for the client until this has been done
- If a concern is raised that the Client has severe damage, the Registered Manager should:
 - Complete the adult safeguarding decision guide
 - Raise an incident immediately as per the policy of The Good Care Group
 - (Severe damage in the case of pressure ulcers may be indicated in some cases by multiple category 2 or single category 3 or 4 ulcers, but could also be indicated by the impact the pressure damage has on the Client affected (for example, pain)

Adult Safeguarding Decision Guide:

- The decision guide should be completed by a qualified member of staff who is a practising registered nurse (RN) with experience in wound management and not directly involved in the provision of care to the Client at the time the pressure ulcer developed
- The adult safeguarding decision guide should be completed immediately or within 48 hours of identifying the pressure ulcer of concern. In exceptional circumstances this timescale may be extended but the reasons for extension should be recorded
- The outcome of the assessment should be documented on the adult safeguarding decision guide. If further advice or support is needed with regards to making the decision to raise a concern to the Local Authority for the client, the Registered Manager or the Safeguarding Lead should be involved
- Where the Client has been transferred into the care of The Good Care Group it may not be possible to complete the decision guide. Contact should be made with the transferring organisation to ascertain if the decision guide has been completed or any other action taken
- Following this, a decision should be made whether to raise a safeguarding adults concern with the Local Authority for the client, in line with agreed local arrangements
- The decision as to whether there should be a Section 42 enquiry will be taken by the local authority, informed by a clinical view. A summary of the decision should be recorded and shared with all agencies involved
- Where an internal investigation is required, this should be completed by the organisation that is, or was, taking care of the Client when the pressure ulcer developed, in line with the local policies
- The local authority needs to decide or agree after completion of the internal investigation if a full multi-agency meeting (virtual or face to face) needs to be convened to agree findings, decide on safeguarding outcomes and any actions
- The safeguarding decision guide assessment considers 6 important questions that together indicate a safeguarding decision guide score. This score should be used to help inform decision making regarding escalation of safeguarding concerns related to the pressure ulceration. It is not a tool to risk assess for the development of pressure damage
- The threshold for raising a concern is 15 or above in most instances. However, this should not replace professional judgement

- Photographic evidence to support the report should be provided wherever possible. Consent for this should be sought as per local policy but great sensitivity and care must be taken to protect the identity of the individual
- A body map should be used to record skin damage and can be used as evidence, if necessary, at a later date. If 2 workers observed the skin damage, they should both sign the body map where possible
- Documentation of the pressure ulcer should include as a minimum:
 - Site
 - Size (including its maximum length, width and depth in centimetres)
 - Tissue type
 - Category
- Where the decision guide score is 15 or higher, or where professional judgement determines safeguarding concerns, copies of the completed decision guide and safeguarding concern proforma should then be sent to the adult safeguarding team within The Local Authority for the client. Copies of both should also be retained in the Client's Care Plan
- Where there is no indication that a safeguarding concern needs to be raised, the completed decision guide should be retained in the Client's Care Plan

5.27 Medication Errors

The Good Care Group must follow local safeguarding reporting procedures for medication errors and ensure that notifications are made to the CQC in line with statutory requirements. The Good Care Group will have an open and transparent approach to medication incidents, ensure that staff follow the Medication Policy and Procedure at The Good Care Group and understand their duty of candour responsibilities.

5.28 Exploitation by Radicalisers who Promote Violence

Individuals may be susceptible to exploitation into violent extremism by radicalisers. Staff will be expected to follow the Protecting Adults at Risk from Radicalisation Policy and Procedure in place at The Good Care Group.

5.29 Self-neglect and Refusal of Care

The Good Care Group must ensure that staff understand the importance of delivering care as detailed in the Care Plan. Where the Client refuses Care, this must always be documented. Where refusal occurs repeatedly, it must be escalated by The Good Care Group as a safeguarding concern and a request for a review of the Client's Care will be instigated.

5.30 Abuse and Sexual Safety

We recognise that culture, environment and processes support the Client's sexuality and keep them and staff safe from sexual harm. As such, The Good Care Group will ensure that sexuality is discussed as part of the Care Plan process and is addressed positively to support people to raise concerns where necessary.

The CQC publication on sexuality and sexual safety can be referred to for further guidance in this area.

5.31 Criminal offences

Everyone is entitled to the protection of the law and access to justice. Behaviour which amounts to abuse and neglect, for example physical or sexual assault or rape, psychological abuse or hate crime, wilful neglect, unlawful imprisonment, theft and fraud and certain forms of discrimination also often constitute specific criminal offences under various pieces of legislation.

The Local Authority for the client has the lead role in making enquiries. However, where criminal activity is suspected, the early involvement of the police should take place.

5.32 Risk Assessment and Management

Achieving a balance between the right of the Client to control their Care package and ensuring that adequate protections are in place to safeguard wellbeing is a very challenging task. The assessment of the risk of abuse, neglect and exploitation of Clients will be integral in all assessment and planning processes. Assessment of risk is dynamic and ongoing, especially during the adult safeguarding process, and must be reviewed throughout so that adjustments can be made in response to changes in the levels and nature of risk.

5.33 Training and Competencies

Staff at The Good Care Group, are trained in recognising the symptoms of abuse or neglect, how to respond and where to go for advice and assistance.

Training should take place at all levels in The Good Care Group and be updated regularly to reflect current best practice. To ensure that practice is consistent, no staff group should be excluded. Induction and refresher training for Professional Carers is level 2.

The Good Care Group will ensure that staff receive training in recognising and responding to incidents, allegations or concerns of abuse or harm as part of their induction programme. The Good Care Group will benchmark its training and competencies within the service with the framework outlined in 'Adult Safeguarding: Roles and Competencies for Health Care Staff', which it recognises applies to social care staff also and does not replace any local or contractual requirements but acts as a minimum benchmark.

The Good Care Group will also refer to the 'NHS Prevent Training and Competencies Framework' for more specific training requirements in relation to the Prevent strategy, and The Royal College of Nursing's Adult Safeguarding: Roles and Competencies for Healthcare Staff.

Specialist training (Designated Safeguarding Lead Training) will be provided for those who will be undertaking enquiries, the Registered Manager and the Safeguarding Lead at The Good Care Group.

Training needs to make a difference to the understanding, confidence and competence of staff. Assess what changes it has prompted through regular supervision sessions as well as annually during appraisals. Arrange refresher training if the annual check indicates this is needed.

5.34 Audit and Compliance

It is essential that the implementation of this policy and associated procedures is audited to ensure that The Good Care Group is doing all it can to safeguard those receiving its services. The audit of this policy will be completed through a systematic audit of:

- Recruitment procedures and disclosure and barring checks
- Incident reporting, frequency and severity
- Training processes, including reviews of uptake of training and evaluations

Safeguarding concerns and incidents will be reviewed by the senior management team as part of a root cause analysis with the following terms of reference:

- Review incident themes
- Reports from the lead responsible for safeguarding within The Good Care Group
- Look in detail at specific cases to determine learning or organisational learning
- Ensure implementation of the Safeguarding Adults Policy and Procedure

The Good Care Group should maintain and regularly audit care records (in addition to external checks, such as audits or Care Quality Commission inspections) and ensure that they are complete and available in case they are needed if a safeguarding concern is raised.

5.35 Sharing of Information

The Good Care Group acknowledges that the sharing of information may be required when dealing with Safeguarding concerns.

Information will be made accessible to health professionals, advocates, families, legal representatives acting on behalf of Clients, and those close to them. The process for sharing information will follow the steps set out within the Data Protection and UK GDPR Policies and Procedures at The Good Care Group.

DEFINITIONS

6.1 A Person with Care and Support Needs

- According to the Care Act 2014: an older person, a person with a physical disability, a learning difficulty or a sensory impairment, someone with mental health needs, including dementia or a personality disorder, a person with a long-term health condition, someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living

6.2 Investigation

- Investigation is a process that focuses on gathering 'good evidence' that can be used as a basis for the decision as to whether or not abuse has occurred

It must be a rigorous process and the evidence must be capable of withstanding close scrutiny as it may later be required for formal proceedings

6.3 Referral

- Referral is when information regarding a possible safeguarding incident is passed on to another person for their direction. In the case of this policy, from the Provider to the Adult Social Care Team
- Sometimes this may be referred to as 'reporting'

6.4 Multi-agency

- More than one agency coming together to work for a common purpose
- This could include partners of the local authority such as: Integrated Care Boards (ICBs), NHS trusts and NHS foundation trusts, Department for Work and Pensions, the police, prisons, probation services, and/or other agencies such as general practitioners, dentists, pharmacists, NHS hospitals, housing, health and care providers

6.5 Caldicott Principles

- The Caldicott Principles were developed in 1997 following a review of how patient information is protected and only used when it is appropriate to do so
- Since then, when deciding whether they needed to use information that would identify an individual, an organisation must use the Principles as a test
- The Principles were extended to adult social care records in 2000
- The Principles were revised in 2013

6.6 Adults at Risk

- Adults at risk means adults who need community care services because of mental or other disability, age or illness, and who are, or may be, unable to take care of themselves against significant harm or exploitation
- The term replaces 'vulnerable adult'

6.7 Making Safeguarding Personal

- Making Safeguarding Personal is about person-centred and outcome-focused practice
- It is how professionals are assured by adults at risk that they have made a difference to people by taking action on what matters to people and is personal and meaningful to them

6.8 Honour-based Violence

- The terms 'honour crime', 'honour-based violence', and 'izzat' embrace a variety of crimes of violence (mainly but not exclusively against women), including physical abuse, sexual violence, abduction, forced marriage, imprisonment and murder where the person is being punished by their family or their community
- They are punished for actually, or allegedly, 'undermining' what the family or community believes to be the correct code of behaviour
- In transgressing this, the person shows that they have not been properly controlled to conform by their family and this is to the 'shame' or 'dishonour' of the family
- 'Honour crime' may be considered by the perpetrator(s) as justified to protect or restore the 'honour' of a family

6.9 Forced Marriage

- The Anti-Social Behaviour, Crime and Policing Act 2014 protects people from being forced to marry without their free and full consent as well as people who have already been forced to do so
- We will ensure that staff are reminded of the one chance rule: i.e. our employees may only have one chance to speak to a potential victim of forced marriage and, therefore, only one chance to save a life
- Forced marriage can involve physical, psychological, emotional, financial and sexual abuse including being held unlawfully captive, assaulted and raped
- Law enforcement agencies will also be able to pursue perpetrators in other countries where a UK national is involved under powers defined in legislation

6.10 Independent Mental Capacity Advocate (IMCA)

- An advocate appointed to act on a person's behalf if they lack capacity to make certain decision
- Refer to the Mental Capacity Act (MCA) 2005 Policy and Procedure

6.11 Female Genital Mutilation (FGM)

- Mandatory Reporting of Female Genital Mutilation (FGM)
- Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act 2003 ('the 2003 Act')
- The Good Care Group has a mandatory duty to report known cases of FGM in under 18-year-olds to the police via the non-emergency number 101. 'Known' means that you have either visually identified that FGM has been carried out, or you have had direct verbal disclosure from the person affected
- Other ways to report FGM include:
 - The national FGM helpline on 0800 028 3550
 - The social care team at your local council
 - Crimestoppers, confidentially and anonymously

6.12 Safeguarding Adults Board

- The Care Act 2014 required each local authority to set up a Safeguarding Adults Board
- This includes the local authority, the NHS and the police. They should meet regularly to discuss and act upon local safeguarding issues
- They develop shared plans for safeguarding, working with local people to decide how best to protect adults in vulnerable situations

6.13 Whistleblowing

- The act of reporting a concern about safety, malpractice or wrongdoing within an organisation to formal authorities

Appendix: Client Guide Information for Clients

Adult Abuse	
What is adult abuse?	Abuse is always wrong
A single act or repeated physical, verbal or psychological acts that violate an individual's human and civil rights.	Adult abuse can happen to anyone. You need to know what to do if it happens to you or someone you know Abuse can happen anywhere, and be caused by anyone including partners/relatives; friends/neighbours; paid or volunteer carers; people in a position of trust or strangers.
Examples of abuse	
Physical abuse	Neglect
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 (e.g. opening a window and removing blankets) Involuntary isolation or confinement Misuse of medication (e.g. over-sedation) Forcible feeding or withholding food or drinks Restricting movement	When a person does not get the help they need from someone providing their care. It might include not getting help with medication, personal care, or not giving enough food or drinks.
Sexual abuse	Discriminatory abuse
Sexual assault happens when someone either touches another person in a sexual manner without consent or makes another person touch them in a sexual manner without consent. It includes unwanted kissing and the touching of someone's genitals, breasts or bottom. It is also when someone talks to a person about sex when the person does not want them to.	When someone treats another person badly because they are different to them. This is sometimes called 'Hate Crime' This could be because of age or gender; sexuality or disability; race or religious belief.
Financial/material abuse	Organisational abuse
Money or possessions being stolen or misused; fraud; exploiting someone's financial affairs; restricting someone's access to money or possessions; using someone else's bank or credit cards or online or shop accounts without consent.	If abuse is caused by an organisation, it is often called 'Organisational Abuse'. This is when a person is not being cared for properly and their own choices are ignored.
Domestic violence and abuse	Emotional/psychological abuse
Domestic abuse (sometimes called 'domestic violence' or 'intimate partner violence') is an incident or a pattern of behaviour that is used by someone to control or obtain power over their partner or ex-partner.	When someone tries to control or hurt another person emotionally with what they say or do It could be name calling, threats, silence, humiliation, bullying.
Modern slavery	Self-neglect
Modern slavery in the UK encompasses	Self-neglect is a broad term describing an

various forms of exploitation, including slavery, servitude, forced or compulsory labor, and human trafficking. It involves the recruitment, movement, harboring, or receiving of people through force, coercion, deception, or abuse of vulnerability for exploitation.

individual's failure or inability to care for their own basic needs, including personal hygiene, health, and living conditions. It can manifest as neglecting personal hygiene, failing to maintain a safe and clean living environment, or refusing necessary medical care.