

ADULT SUPPORT AND PROTECTION - SCOTLAND
Policy Number QG12

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INTRODUCTION

Prestige Nursing & Care is committed to promoting that clients are free from harm and abuse. All colleagues have a duty of care to protect those in their care. Adult support and protection is everybody’s business and is a fundamental part of client safety and wellbeing and an expected outcome in health care. Health and social care colleagues have a key role in protecting vulnerable adults, firstly in the identification of abuse, harm, and neglect, and secondly responding appropriately to it.

This policy sets out the:

- Principles and values underlying Prestige Nursing & Care’s approach to the support and protection of clients.
- Prestige Nursing & Care’s legal duty under the relevant Scottish legislation relating to adult support and protection.
- Types of harm clients may be at risk from.
- Actions taken to deal with cases where clients have been harmed or are at risk of harm.

SCOPE

This policy applies to **all** adults aged 16 and over in Scotland whether the person is a client or not that Prestige Nursing & Care colleagues may encounter.

This policy applies to all colleagues working for Prestige Nursing & Care regardless of their role or place within the organisation. Reference is made here to the child protection policy that provides guidance in relation to the protection of

children. Reference is also made to Prestige Nursing & Care domestic and sexual abuse/violence policy. Colleagues need to be aware of how to access these policies and be familiar with them.

This policy must be read and used in association with the relevant local authority adult support and protection of vulnerable people policies, procedures and guidance (as will usually be available on the local authority website).

The policy should also be used in relation to the range of policies designed to make sure that all clients are kept safe from harm and the risks of their coming to avoidable harm are kept to the minimum and well managed.

Colleagues must be mindful of their duties to protect vulnerable people as stated in their Code of Practice for Social Services Workers and to meet their registration requirements.

POLICY OBJECTIVE

Protecting adults from harm is a core priority for Prestige Nursing & Care and this policy provides guidance to ensure that the principles of protecting adults from abuse are embedded in all aspects Prestige Nursing & Care practice.

- The policy aims to set out clearly the roles, duties and responsibilities relating to adults for all colleagues working within Prestige Nursing & Care.
- The policy addresses key aspects surrounding the protection from abuse of adults providing clear, consistent, and safe practice standards which are aligned with best practice guidance and relevant legislation.
- Colleagues are equipped with the information, knowledge, support and guidance to keep adults at risk, safe and protected.
- Prestige Nursing & Care take account of local guidelines and each local authority's legal obligation to safeguard and protect any group at risk, including adults.
- To ensure all colleagues understand information sharing process so that appropriate information is shared in a timely manner and, understand the need to discuss concerns about an adult with colleagues and social care as appropriate.

The aim of this policy is to ensure that Prestige Nursing & Care complies with the requirements of the Adult Support and Protection (Scotland) Act 2007 and the national health and care standards, *My Support, My Life*. These standards emphasize that people using services should be confident that Prestige Nursing & Care colleagues providing their care and support will fully protect them from harm in line with their duty of care.

POLICY

Prestige Nursing & Care has a statutory duty to protect and promote the welfare of vulnerable adults; therefore this policy outlines corporate and individual responsibilities in accordance with legislation, guidance, and standards.

Adult Support and Protection (Scotland) Act 2007

Prestige Nursing & Care applies the principles underpinning the Adult Support and Protection (Scotland) Act 2007, ie due regard must be given to:

- The wishes of the adult.
- The views of others, eg nearest relative or guardian.
- The importance of the adult participating as fully as possible.
- That the adult is not treated less favourably than someone not considered to be an "adult at risk."
- The adult's abilities, background and characteristics, for example, sexual orientation or religious persuasion.

Prestige Nursing & Care has regard for the overarching principle of the Act, "any intervention in an individual's affairs should provide **benefit** to the individual and should be the **least restrictive** option of those that are available."

In applying these principles, Prestige Nursing & Care works in line with local authority support and protection policies and procedures and Care Inspectorate guidance.

An adult at risk of harm is a person (aged 16 years or over) who:

1. Is unable to safeguard their own well-being, property, rights or other interests **and**
2. Is at risk of harm **and**
3. Is more vulnerable because they are affected by disability, mental disorder, illness or physical or mental infirmity.

It is important to stress that all three elements of this definition must be met. The presence of a particular condition does not automatically mean an adult is an 'adult at risk'. Someone could have a disability but be able to safeguard their well-being etc.

The Adult Support and Protection (Scotland) Act 2007 is designed to protect those adults who are unable to safeguard their own interests and are at risk of harm.

Definitions of harm.

Harm is defined as including all harmful conduct and, in particular, includes:

- Conduct which causes physical harm.
- Conduct which causes psychological harm (for example, by causing fear, alarm or distress).

- Unlawful conduct which appropriates or adversely affects property, rights or interests (for example, theft, fraud, embezzlement or extortion).
- Conduct which causes self-harm.

This list is not exhaustive. In general terms, behaviours that constitute “harm” to others can be physical (including neglect), emotional, financial, sexual or a combination of these.

The Adults With Incapacity (Scotland) Act 2000

Capacity is the ability to understand information relevant to a decision or action and to appreciate the reasonably foreseeable consequences of taking or not taking that action or decision. The Adults with Incapacity (Scotland) Act 2000 was introduced to protect individuals (aged 16 and over) who lack capacity.

Prestige Nursing & Care recognises that adults with incapacity are particularly vulnerable to abuse, harm and exploitation. It is accordingly mindful of the need to follow the principles and practice guidance that has accompanied the Adults with Incapacity (Scotland) Act 2000. These apply particularly to investigations of possible harm in which it is important to seek means of ascertaining the experiences and views of any victim or indeed alleged perpetrator who might lack capacity, eg by seeking the services of independent advocates.

Scottish Social Services Council Code of Practice:

Prestige Nursing & Care will adhere to the Scottish Social Services Council Codes of Practice for Social Service Workers and Employers and where it applies, The Code of Practice for Nursing, Midwifery and Nursing Associates.

Code of practice for social service workers:

1. I must protect and promote the rights and interests of individuals and carers.
2. I must build and maintain the trust and confidence of individuals and carers.
3. I must promote the wellbeing and independence of individuals and carers while protecting them, as far as possible, from harm.
4. I must recognise that individuals have the right to take risks and will work with them to understand and manage those risks.
5. I must be accountable for the quality of my work and take responsibility for maintaining and improving my knowledge and skills.
6. I must uphold public trust and confidence.

Code of practice for social service employers:

1. Make sure people you recruit are suitable to be social service workers and that they understand their roles and responsibilities.
2. Maintain a culture and have systems in place to support social service workers to meet their Code of Practice.
3. Provide learning and development opportunities to enable workers to strengthen and maintain their skills, knowledge and practice.
4. Maintain a culture that supports safety and protection while respecting the rights of individuals to take risks.

5. Publicise and promote the Code of Practice for Social Service Employers and the Code of Practice for Social Service Workers to individuals and carers and cooperate with SSSC proceedings.

Safe Recruitment and Employment

Prestige Nursing & Care conducts professional referencing and enhanced Disclosure Scotland checks (PVG) of all Carer Colleagues and Branch Colleagues (including Registered Nurses) and will cooperate fully with all government initiatives regarding the sharing of information on Colleagues who are found to be unsuitable to work with vulnerable people. All PVG checks are renewed in line with government guidance.

All job descriptions must reflect the requirements for all Colleagues to have a PVG in regard to adult protection. All Colleagues are required to conduct themselves in a professional manner, adhering to their professional code of conduct (for colleagues always covered by a code of conduct) and Prestige Nursing & Care policies.

For further information see Prestige Nursing & Care Recruitment policy.

Duties Roles And Responsibilities

Prestige Nursing & Care will ensure that there is a named individual responsible for Adult Support and Protection. The named person within the Branch, is the Branch Manager who must have as sufficient knowledge and expertise to deal with any concerns raised.

Prestige Nursing & Care will work collaboratively with other agencies to ensure high standards of support and protection for adults at risk of harm, including liaison in relation to the investigation of allegations and will ensure that its procedures dovetail with local multi-agency procedures.

Prestige Nursing & Care will use incident reporting, root cause analysis, lessons learnt and auditing to determine themes to improve care practice.

Prestige Nursing & Care will ensure that any action that is taken is assessed, proportionate, and reflective of the risk presented to the Clients.

Prestige Nursing & Care will report any incidents in line with its regulatory requirements stipulated by the Care Inspectorate.

Adult protection is everyone's responsibility. All colleagues are expected to follow the general principles below:

- Be alert to signs of abuse and neglect and always retain professional curiosity.
- Any member of Colleagues who knows or believes that harm is occurring must report it to their line manager as quickly as possible, or if they believe they are compromised, they must use the whistleblowing process.

- Act appropriately and escalate concerns if they are not fully satisfied with the response of their concern. There is a professional and ethical duty to protect the individual from harm.
- Access appropriate training to enable them to recognise safeguarding concerns, particularly abuse and neglect.
- All safeguarding concerns must be fully recorded contemporaneously and in detail in the child's record. Entries must be legible and must be timed, dated, and signed in accordance with good health record keeping practice.
- To refer on to the relevant investigating agencies which are the Local Authorities' Social Care departments and the police.

Head of Risk Management.

Is the Designated Protection Officer (DPO) for Prestige Nursing & Care and has overarching responsibility for adult protection. The role of the DPO includes:

- Advising and supporting the Senior Leadership Team in developing and establishing Prestige Nursing & Care's approach to adult protection.
- Maintaining and reviewing Prestige Nursing & Care's plan for adult protection, including policies.
- Coordinating the distribution of policies, procedures and adult protection resources throughout Prestige Nursing & Care.
- Working in partnership with the operational leads to ensure that colleagues are aware of how to make referrals to the statutory authorities in each individual locality, and that this information is accessible and shared.
- Supporting registered nurses and branch colleagues in co-operating with and participating in multi-agency forums to protect adults at risk of harm.
- Ensuring all serious incidents relating to adult protection and any organisational or reputational risk related to protection cases are reported and investigated.
- Ensuring the necessary systems and processes are in place so that adult protection concerns are reported to the relevant authorities (eg social services, police, Care Inspectorate), without delay.
- Providing a strategic lead for adult protection across the company in conjunction with Operational leads and Registered Managers/Branch Managers, to provide strategic and professional leadership and to ensure that:
 - Colleagues are aware of how to recognise and respond to adult protection concerns in a timely manner.
 - Colleagues can access and receive the appropriate level of training and know how to access professional advice and support.
 - That all colleagues are informed of Prestige Nursing & Care protection policies - for adults and children.
 - That a yearly company audit is undertaken to review protection policies and procedures in all teams.
- Working in partnership with the Training Manager to advise on training needs and development.
- Providing adult protection advice and support to colleagues.

- Chairing Prestige Nursing & Care's Safeguarding & Protection & Support Committee.
- Ensuring lessons learnt from protection incidents are shared across the organisation.

Senior Leadership Team

Must ensure that there is:

- A clear line of accountability and governance within the organisation designed to promote and protect the welfare of vulnerable adults.
- Effective training of all colleagues in adult protection and undertake the correct level for their role.
- That there are effective supervision arrangements for colleagues working with children/families or adults at risk of abuse or neglect
- Effective arrangements for engaging and working in partnership with other agencies.
- Identify a named Registered Nurse/Lead, for protection relating to Children and Adults, which is currently the Head of Risk Management for adults and the Clinical Quality Assurance Manager for children. Named professionals have a key role in promoting good professional practice within the organisation, supporting the local safeguarding system and processes, providing advice and expertise for fellow professionals, support colleagues and carers, and ensuring safeguarding training is in place.
- Develop an organisational culture such that all Colleagues are aware of their personal responsibility to report concerns and to ensure that any poor practice is identified and tackled.
- Policies, arrangements, and records to ensure consent to care is obtained in line with legislation and guidance.
- Robust governance arrangements and structure which provides assurance that:
 - The health and social care contribution to adult protection and promotion of the welfare of children and vulnerable adults is discharged safely and effectively across Prestige Nursing & Care.
 - Compliance audits are conducted in a timely manner. Results are reviewed and any learning is shared and disseminated across the organisation.
 - Any necessary actions required to address compliance and/or improve the quality of adult protection are identified, implemented, and evaluated in a timely manner.
- Lead the organisation to understand and embed learning from both internal and external case reviews, including multi-agency serious case reviews.

Head of Quality

Is responsible for ensuring that the implementation of this policy and associated procedures is audited to ensure that Prestige Nursing & Care is doing all that it can to protect those people using its services.

The audit of this policy will be completed through a systematic audit of:

- Recruitment procedures and PVG Checks
- Right to Work and reference checking.
- Incident reporting, frequency, and severity
- Training processes, including reviews of uptake of training and evaluations
- Adult Protection reports will be reviewed by the DPO as part of a root cause analysis with the following terms of reference:
 - Review incident themes.
 - Reports from the Managers
 - Look in detail at specific cases to determine learning or organisational learning.
 - Ensure implementation of the protection and support policy.

Chief Operating Officer

Is required to ensure.

- There is 'Safe' recruitment practice and all colleagues involved in recruitment are 'Safer Recruitment' trained (NSPCC).
- That the Recruitment policy includes 'safer recruitment and compliance', and it is updated as required.
- That there are robust arrangements for appropriate employment checks on new Colleagues and the adoption of best practice in the recruitment of new colleagues.
- That there is a robust system in place for all colleagues to have a PVG check appropriate to their job role and that it is checked on a 3 yearly basis.
- That all job descriptions include responsibilities regarding safeguarding
- That there is a professional Code of Conduct for all colleagues which outlines duty of care in relation to safeguarding.
- Any allegations against people who work with children or vulnerable adults are appropriately managed and escalated to Disclosure Scotland if the criteria are met. document.
- That all colleagues have access to the Employee Assistance Programme (EAP).

Registered Managers

Are responsible for:

- The Registered Manager must report all allegations of abuse to the local authority and to the Care Inspectorate.
- Ensuring that the adult protection contact details for their local authority is displayed, up to date and visible in Branch.
- Ensuring that all colleagues are made aware of how to raise concerns through induction, safeguarding training, and refresher training.
- Escalating any adult protection concerns in a timely manner to the Registered Manager and Nominated Individual (or appointed deputy) and to the appropriate external organisation.
- Completing adult protection training to the level required for their role and attending any additional training that may be required.

- Ensuring that all colleagues are made aware of their roles and responsibilities in relation to this policy.
- Ensuring that all colleagues have read the policy and are aware of what actions they need to take.
- Line managers must ensure that all colleagues are compliant with their required level of adult protection training.
- To identify any additional training and support needs required by their colleagues to enable them to perform their duties as defined in this policy.
- Monitoring periodically colleague awareness of their roles in relation to this policy. Ensuring there are thorough and robust risk assessments for all clients and any adult protection concerns are clearly identified and the escalation processes clearly defined.
- Ensuring documentation in relation to adult protection e.g., body maps are in clients' files and being completed when required.
- Following other appropriate organisational procedures, simultaneously where necessary e.g., disciplinary procedures, complaints, and incident reporting.
- Ensuring all colleagues receive adequate adult protection supervision considering the vulnerabilities and risks for vulnerable adults.
- Supporting all aspects of internal audit relating to adult protection.
- Providing a vital source of professional advice on adult protection matters to all colleagues.
- Ensuring any adult protection concerns are uploaded to the incident management system and that they are reviewed at a minimum weekly, with any updates recorded.

All colleagues are responsible for:

- Actively protecting and promoting the welfare of children, young people, and vulnerable adults.
- Reporting any protection concerns to their line manager immediately.
- Understanding the principles of adult protection including procedures and requirements as set out in this policy including timely escalation of any concerns to enable appropriate intervention, as necessary.
- Understanding their role in identifying emerging problems and sharing information with line manager/branch and/or regional nurses to support early identification and assessment.
- Engaging in protection supervisions.
- Completing protection training as required.
- To ensure that excellent documentation is completed, including body maps to record any injuries.

How to raise concerns

Prestige Nursing & Care understands that in the event of having to make a referral we can use the online referral form on the local authority website.

Colleagues can raise concerns directly with their line manager, the Designated Protection Officer or Registered Manager, this can be done over the telephone,

face to face or in writing (including via email). Colleagues have access to this policy on their Team Portal.

Clients, their relatives, advocates, or those lawfully acting on behalf of clients can raise concerns directly with the Designated Protection Officer or Registered Manager, this can be done over the telephone, face to face or in writing (including via email).

We make available to clients and their relatives the company’s Child Protection’s Policy, along with how to raise any concern directly with the local child protection team. Information is in several languages and formats.

For advice or to raise concern we will use the above contacts, and all colleagues will have this information or access to it.

In an emergency we should dial 999 and ask for the appropriate emergency service.

Accessibility

Prestige Nursing & Care will ensure that reporting processes will be accessible to colleagues, clients, advocates, those lawfully acting on behalf of a client, and those close to them in the following ways:

Colleagues	Discussed in team meetings (standing agenda item). Discussed in supervisions. Policy available on the Team Portal (accessible to colleagues). Displayed in office.
Clients, advocates, those lawfully acting on behalf of a client, and those close to them	Details of Child Protection policy within Service User Guide. Policy discussed at scheduled reviews.

Information Sharing

Prestige Nursing & Care has policies and procedures for the sharing of Child protection information amongst other forms of information that might be shared with other agencies and professionals. These are written to comply with confidentiality principles and data protection laws.

Other Contacts and Sources of Assistance

In addition to notifying the local authority, people can make contact with the following, which forms part of our protection network. Examples:

Care Inspectorate Scotland
Telephone: 0345 600 9527

Email: enquiries@careinspectorate.gov.scot

National resources:

[Welcome to Hourglass Scotland | Hourglass](#) 0808 808 8141

Definitions

The Adult Support and Protection Act (2007) states that "harm" includes all harmful conduct and gives the following examples:

- Conduct which causes physical harm.
- Conduct which causes psychological harm (for example by causing fear, alarm or distress).
- Unlawful conduct which appropriates or adversely affects property, rights or interests (for example theft, fraud, embezzlement or extortion).
- Conduct which causes self-harm.

The Adult Support and Protection (Scotland) Act 2007 Code of Practice states that the list is not exhaustive, and no category of harm is excluded simply because it is not explicitly listed. In general terms, behaviours that constitute harm to a person can be physical, sexual, psychological, financial, or a combination of these. The harm can be accidental or intentional, as a result of self-neglect, neglect by a carer or caused by self-harm and/or attempted suicide. Other forms of harm can include domestic abuse, gender-based violence, forced marriage, female genital mutilation (FGM), human trafficking, stalking, scam trading and hate crime. Some such cases will result in adults being identified as at risk of harm under the terms of the Act, but this will not always be the case.

1. **Discriminatory** - Discrimination is abuse that centres on a difference or perceived difference, particularly with respect to race, gender, disability, or any of the protected characteristics of the Equality Act.
2. **Sexual** - This includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault, or sexual acts to which the adult has not consented or was pressured into consenting.
3. **Financial or Material** - This includes theft, fraud, internet scamming, and coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance, or financial transactions. It can also include the misuse or misappropriation of property, possessions, or benefits.
4. **Physical** - including hitting, slapping, pushing, kicking, misuse of medication, misuse of restraint, or inappropriate sanctions.
5. **Emotional or Psychological** - This includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation, or withdrawal from services or supportive networks.
6. **Neglect or acts of omission** - including acts of omission, commission, discharging too early, 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, food, drink, and heating.

7. **Self-Neglect** - This can cover a wide range of behaviours, but it can be broadly defined as the inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of the self-neglecters and perhaps even to their community. neglecting to care for one's personal hygiene, health, or surroundings, including hoarding.
8. **Institutional or Organisational** - This includes neglect and poor care within an organisation or specific care setting, such as a hospital or care setting, or in relation to care provided in one's own home. Organisational harm can range from one off incidents to ongoing ill treatment. It can be through neglect or poor professional practice as a result of structure, policies, processes, and practices within an organisation.
9. **Modern Slavery** - This includes slavery, human trafficking, and forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive, and force individuals into a life of abuse, servitude, and inhumane treatment.
10. **Domestic Violence** - Any incident or pattern of incidents of controlling, coercive, threatening violence, or abuse between those aged sixteen or over who are, or have been, intimate partners or family members regardless of gender or sexual orientation. The abuse can encompass, but is not limited to psychological, physical, sexual, economic, and emotional forms of abuse (Domestic Abuse Act 2021).

Other types of harm that are also relevant to adult protection:

Forced marriage - this is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties' consent to the assistance of a third party in identifying a spouse. The Forced Marriage etc. (Protection and Jurisdiction) (Scotland) Act 2011 makes it a criminal offence to force someone to marry.

So-called honour-based abuse - Honour-based abuse is "an incident or crime involving violence, threats of violence, intimidation coercion or abuse (including psychological, physical, sexual, financial or emotional abuse) which has or may have been committed to protect or defend the honour of an individual, family and/ or community for alleged or perceived breaches of the family and/or community's code of behaviour." If a person's family or community think they've shamed or embarrassed them by behaving in a certain way, they may punish the person for breaking their 'honour' code.

Examples of this include:

- Having a relationship or marry someone outside their community or someone within their community that their family don't approve of.
- Separation or divorce.
- Talking to certain people.
- Having sex before marriage.
- Becoming pregnant or give birth outside of marriage.
- Wearing clothes their family or community think are inappropriate.
- Using drugs or alcohol.
- Accessing higher education.
- Challenging what their family or community expects of them.
- Disagreeing with the religion of their family or community.

There isn't one specific crime of honour-based abuse. It can involve a range of crimes and behaviours.

Hate (Mate) crime - this is a crime committed against a person or property that is motivated by "malice or ill will towards an identifiable social group.

Radicalisation- The aim of radicalisation is to inspire new recruits, embed extreme views and persuade vulnerable individuals to the legitimacy of a course. This may be direct through a relationship or by social media. Prestige Nursing & Care has a statutory duty to ensure that it makes arrangements to protect, safeguard and promote the welfare of children, young people and adults at risk and support the Home Office Counter Terrorism strategy CONTEST. This includes a specific focus on Prevent (preventing violent extremism / radicalisation).

Anyone can be at risk of being radicalised regardless of their age. Extremists know how to capitalise on feelings of insecurity, and they convince the person they can help by providing a solution.

With the convenience and accessibility of social networks, social games, and encrypted communication platforms the internet is being used by extremists to target vulnerable groups.

Groups at risk of radicalisation

Anyone can be radicalised but there are some factors which may make someone vulnerable:

- Being easily influenced or impressionable
- Having low self-esteem or being isolated
- Feeling that rejection, discrimination or injustice is taking place in society.
- Experiencing community tension amongst different groups
- Being disrespectful or angry towards family and peers
- Having a strong need for acceptance or belonging
- Experiencing grief such as loss of a loved one.

Indicators of radicalisation

- Spending increasing amounts of time talking to people with extreme views (this includes online and offline communication change in their style of dress or personal appearance.
- Lose interest in friends and activities that are not associated with the extremist ideology, group, or cause.
- Have material or symbols associated with an extreme cause.
- Try to recruit others to join the cause.

[Online Radicalisation - Get Safe Online](#) Expert tips on keeping everyone safe online.

[Radicalisation on the internet | ACT Early](#) Tips for safe use of the internet and talking to someone about safe internet usage.

[Parenting, Media, and Everything in Between | Common Sense Media](#) website reviews games, books, films and music and all sorts of digital content. Children and young people adopt new games and social media platforms rapidly, and this resource is a fantastic way to keep up to date.

Reporting any concern about radicalisation

- If there are any immediate concerns about the welfare of anyone, contact the police, call 999.
- To make a referral to Prevent, [National Prevent referral form \(publishing.service.gov.uk\)](#)
- To contact the police call 101 or contact the Anti-Terrorist Hotline on 0800 789 321 to report suspicious activity.
- [Action Counters Terrorism \(ACT\): Report suspicious activity | ProtectUK](#)
- [Report online material promoting terrorism or extremism - GOV.UK \(www.gov.uk\)](#)

Female Genital Mutilation- Female Genital Mutilation (FGM) is a collective term for procedures, which include the removal of part or all of the external female genitalia for non-medical purposes, for example, pricking, piercing, incising, scraping and cauterization for cultural or other non-therapeutic reasons. It is illegal in the United Kingdom, even if someone is taken overseas to undergo FGM it is still a crime. Failure to protect a girl from FGM can also result in prosecution. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is conducted and in later life. The procedure is typically performed on girls aged between 4 and 13, but in some cases, it is performed on new-born infants or on young women before marriage or pregnancy. Further information can be found at [Female Genital Mutilation \(FGM\): support - mygov.scot](#) .

If someone discloses that they have been forced to have this procedure or if a colleague sees this has been done on a female, then they must report it and follow safeguarding procedure.

Indicators of abuse

Evidence of any one indicator from the following lists should not be taken on its own as proof that abuse is occurring. However, it should alert Colleagues to make further assessments and to consider other associated factors. The lists of possible indicators and examples of behaviour are not exhaustive, and people may be subject to several abuse types at the same time.

Abuse Type	Examples	Possible indicators
Physical	<p>Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing.</p> <p>Rough handling.</p> <p>Scalding and burning.</p> <p>Physical punishments.</p> <p>Inappropriate or unlawful use of restraint.</p> <p>Making someone purposefully uncomfortable (e.g. opening a window and removing blankets).</p> <p>Involuntary isolation or confinement.</p> <p>Misuse of medication (e.g. over-sedation).</p> <p>Forcible feeding or withholding food.</p> <p>Unauthorized restraint, restricting movement (e.g. tying someone to a chair).</p>	<p>No explanation for injuries or inconsistency with the account of what happened.</p> <p>Injuries are inconsistent with the person's lifestyle.</p> <p>Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps.</p> <p>Frequent injuries.</p> <p>Unexplained falls.</p> <p>Subdued or changed behaviour in the presence of a particular person.</p> <p>Signs of malnutrition.</p> <p>Failure to seek medical treatment or frequent changes of GP.</p>
Domestic violence	<p>Acts of assault, threats, humiliation, and intimidation</p> <p>Harming, punishing, or frightening the person.</p> <p>Isolating the person from sources of support.</p> <p>Exploitation of resources or money.</p>	<p>Low self-esteem.</p> <p>Feeling that the abuse is their fault when it is not.</p> <p>Physical evidence of violence such as bruising, cuts, broken bones.</p> <p>Verbal abuse and humiliation in front of others.</p>

Abuse Type	Examples	Possible indicators
	<p>Preventing the person from escaping abuse</p> <p>Regulating everyday behaviour.</p>	<p>Fear of outside intervention.</p> <p>Damage to home or property.</p> <p>Isolation - not seeing friends and family.</p> <p>Limited access to money.</p>
Sexual	<p>Rape, attempted rape, or sexual assault.</p> <p>Inappropriate touch anywhere.</p> <p>Non- consensual masturbation of either or both persons.</p> <p>Non- consensual sexual penetration or attempted penetration of the vagina, anus, or mouth.</p> <p>Any sexual activity that the person lacks the capacity to consent to.</p> <p>Inappropriate looking, sexual teasing or innuendo or sexual harassment.</p> <p>Sexual photography or forced use of pornography or witnessing of sexual acts.</p> <p>Indecent exposure.</p>	<p>Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck.</p> <p>Torn, stained or bloody underclothing.</p> <p>Bleeding, pain or itching in the genital area.</p> <p>Unusual difficulty in walking or sitting.</p> <p>Foreign bodies in genital or rectal openings.</p> <p>Infections, unexplained genital discharge, or sexually transmitted diseases.</p> <p>Pregnancy in a woman who is unable to consent to sexual intercourse.</p> <p>The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude</p> <p>Incontinence not related to any medical diagnosis.</p> <p>Self-harming.</p> <p>Poor concentration, withdrawal, sleep disturbance.</p> <p>Excessive fear/apprehension of, or withdrawal from, relationships.</p>

Abuse Type	Examples	Possible indicators
		<p>Fear of receiving help with personal care.</p> <p>Reluctance to be alone with a particular person.</p>
Psychological or emotional	<p>Enforced social isolation - preventing someone accessing services, educational and social opportunities and seeing friends.</p> <p>Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance.</p> <p>Preventing someone from meeting their religious and cultural needs.</p> <p>Preventing the expression of choice and opinion.</p> <p>Failure to respect privacy.</p> <p>Preventing stimulation, meaningful occupation, or activities.</p> <p>Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse.</p> <p>Addressing a person in a patronising or infantilising way.</p> <p>Threats of harm or abandonment.</p> <p>Cyber bullying.</p>	<p>An air of silence when a particular person is present.</p> <p>Withdrawal or change in the psychological state of the person.</p> <p>Insomnia.</p> <p>Low self-esteem.</p> <p>Uncooperative and aggressive behaviour.</p> <p>A change of appetite, weight loss/gain</p> <p>Signs of distress: tearfulness, anger.</p> <p>Apparent false claims, by someone involved with the person, to attract unnecessary treatment.</p>
Financial or material	Theft of money or possessions.	Misuse of personal allowance in a care home.

Abuse Type	Examples	Possible indicators
	<p>Fraud, scamming.</p> <p>Preventing a person from accessing their own money, benefits, or assets.</p> <p>Colleagues taking a loan from a person using the service.</p> <p>Undue pressure, duress, threat, or undue influence put on the person in connection with loans, wills, property, inheritance, or financial transactions.</p> <p>Arranging less care than is needed to save money to maximise inheritance.</p> <p>Denying assistance to manage/monitor financial affairs.</p> <p>Denying assistance to access benefits.</p>	<p>Misuse of benefits or direct payments in a family home.</p> <p>Someone moving into a person's home and living rent free without agreement or under duress.</p> <p>False representation, using another person's bank account, cards, or documents.</p> <p>Exploitation of a person's money or assets, e.g. unauthorised use of a car</p> <p>Misuse of a power of attorney, deputy, appointeeship or other legal authority.</p> <p>Rogue trading - e.g. unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship.</p> <p>Missing personal possessions</p> <p>Unexplained lack of money or inability to maintain lifestyle.</p> <p>Unexplained withdrawal of funds from accounts.</p> <p>Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity.</p> <p>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.</p>

Abuse Type	Examples	Possible indicators
		<p>The person allocated to manage financial affairs is evasive or uncooperative.</p> <p>The family or others show unusual interest in the assets of the person.</p> <p>Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney, or LPA.</p> <p>Recent changes in deeds or title to property.</p> <p>Rent arrears and eviction notices.</p> <p>A lack of clear financial accounts held by a care home or service.</p> <p>Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person.</p> <p>Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house.</p>
Modern slavery	<p>Human trafficking.</p> <p>Forced labour.</p> <p>Domestic servitude.</p> <p>Sexual exploitation, such as escort work, prostitution, and pornography.</p> <p>Debt bondage - being forced to work to pay off debts that realistically they never will be able to.</p>	<p>Signs of physical or emotional abuse.</p> <p>Appearing to be malnourished, unkempt or withdrawn.</p> <p>Isolation from the community, seeming under the control or influence of others.</p> <p>Living in dirty, cramped, or overcrowded accommodation</p>

Abuse Type	Examples	Possible indicators
		<p>and or living and working at the same address.</p> <p>Lack of personal effects or identification documents.</p> <p>Always wearing the same clothes.</p> <p>Avoidance of eye contact, appearing frightened or hesitant to talk to strangers.</p> <p>Fear of law enforcers.</p>
Discriminatory	<p>Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, or sexual orientation (known as 'protected characteristics' under the Equality Act 2010.</p> <p>Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic.</p> <p>Denying basic rights to healthcare, education, employment, and criminal justice relating to a protected characteristic.</p> <p>Denying access to communication aids, not allowing access to an interpreter, signer, or lip-reader</p> <p>Harassment or deliberate exclusion on the grounds of a protected characteristic.</p>	<p>The person appears withdrawn and isolated.</p> <p>Expressions of anger, frustration, fear, or anxiety.</p> <p>The support on offer does not take account of the person's individual needs in terms of a protected characteristic.</p>

Abuse Type	Examples	Possible indicators
Organisational or institutional	<p>Discouraging visits or the involvement of relatives or friends.</p> <p>Run-down or overcrowded establishment.</p> <p>Authoritarian management or rigid regimes.</p> <p>Lack of leadership and supervision.</p> <p>Insufficient Colleagues or high turnover resulting in poor quality care.</p> <p>Abusive and disrespectful attitudes towards people using the service.</p> <p>Inappropriate use of restraints.</p> <p>Lack of respect for dignity and privacy.</p> <p>Failure to manage clients with abusive behaviour.</p> <p>Not providing adequate food and drink, or assistance with eating.</p> <p>Not offering choice or promoting independence.</p> <p>Misuse of medication.</p> <p>Failure to provide care with dentures, spectacles, or hearing aids.</p> <p>Not taking account of individuals' cultural, religious, or ethnic needs</p> <p>Failure to respond to abuse appropriately.</p>	<p>Lack of flexibility and choice for people using the service.</p> <p>Inadequate staffing levels.</p> <p>People being hungry or dehydrated.</p> <p>Poor standards of care.</p> <p>Lack of personal clothing and possessions and communal use of personal items.</p> <p>Lack of adequate procedures.</p> <p>Poor record-keeping and missing documents.</p> <p>Absence of visitors.</p> <p>Few social, recreational, and educational activities.</p> <p>Public discussion of personal matters.</p> <p>Unnecessary exposure during bathing or using the toilet.</p> <p>Absence of individual care plans.</p> <p>Lack of management overview and support.</p>

Abuse Type	Examples	Possible indicators
	<p>Interference with personal correspondence or communication.</p> <p>Failure to respond to complaints.</p>	
Neglect and acts of omission	<p>Failure to provide or allow access to food, shelter, clothing, heating, stimulation, and activity, personal or medical care.</p> <p>Providing care in a way that the person dislikes.</p> <p>Failure to administer medication as prescribed.</p> <p>Refusal of access to visitors.</p> <p>Not taking account of individuals' cultural, religious, or ethnic needs</p> <p>Not taking account of educational, social, and recreational needs.</p> <p>Ignoring or isolating the person.</p> <p>Preventing the person from making their own decisions.</p> <p>Preventing access to glasses, hearing aids, dentures, etc.</p> <p>Failure to ensure privacy and dignity.</p>	<p>Poor environment - dirty or unhygienic.</p> <p>Poor physical condition and/or personal hygiene.</p> <p>Pressure sores or ulcers.</p> <p>Malnutrition or unexplained weight loss.</p> <p>Untreated injuries and medical problems.</p> <p>Inconsistent or reluctant contact with medical and social care organisations.</p> <p>Accumulation of untaken medication.</p> <p>Uncharacteristic failure to engage in social interaction.</p> <p>Inappropriate or inadequate clothing.</p>
Self-neglect	<p>Lack of self-care to an extent that it threatens personal health and safety.</p> <p>Neglecting to care for one's personal hygiene, health, or surroundings.</p>	<p>Very poor personal hygiene.</p> <p>Unkempt appearance.</p> <p>Lack of essential food, clothing, or shelter.</p>

Abuse Type	Examples	Possible indicators
	<p>Inability to avoid self-harm.</p> <p>Failure to seek help or access services to meet health and social care needs.</p> <p>Inability or unwillingness to manage one's personal affairs.</p>	<p>Malnutrition and/or dehydration.</p> <p>Living in squalid or unsanitary conditions.</p> <p>Neglecting household maintenance.</p> <p>Hoarding.</p> <p>Collecting many animals in inappropriate conditions.</p> <p>Non-compliance with health or care services.</p> <p>Inability or unwillingness to take medication or treat illness or injury.</p>

PROCEDURE

The local authority contact details for adult support and protection are:

Branch Manager to complete

Care colleagues are in a key position to prevent abuse occurring and to empower the person at risk to take action where concerns arise. Your role is to:

- **Recognise** when there is a safeguarding concern.
- **Reassure** the individual and make sure that they are in no immediate danger.
- **Report** the concerns in a timely manner.
- **Record** what has happened.

Recognise

Always.

- Be alert whilst not jumping to any conclusions.
- Always be vigilant for signs of abuse/maintain professional curiosity.
- Repeated instances of poor care may be an indication of more serious problems (institutional abuse).
- Look beyond first impressions.
- Help clients express what is happening to them.
- Recognise patterns of concern
- Help clients to voice what they want to happen.

- Report any concerns about care provided by other individuals and/or agencies external to Prestige Nursing & Care.
- Consider the possibility of a safeguarding matter from something that has been observed such as bruises, marks, or a change in behaviour.
- Listen to a person who makes a direct allegation or makes a comment that may suggest they are being abused.
- Consider that there is something about an adult's behaviour that suggests that they may not be a suitable person to care for the vulnerable adult.
- Listen to Information from another professional such as a district nurse. Perhaps a friend, neighbour or relative of the individual.
- If a Colleague has concerns but are unsure whether they are adult protection related, always report to a line manager to seek advice and guidance.

Reassure

- If someone makes an allegation of abuse, be sensitive and supportive so that they feel safe to tell their concerns. It is usually very difficult for someone to disclose that they are being or have been abused.
- Re-assure the individual that they are being taken seriously and that they have done the right thing in sharing their concerns.
- Listen carefully to what they are saying. Remember, someone may not have the vocabulary to clearly explain what is distressing them.
- Stay calm and get a clear and factual picture of their concerns.
- Do not be judgmental and try to keep an open mind.
- Allow the person to speak for as long as they want to.
- Only ask questions for clarification. If it is clear that the individual is alleging abuse, do not ask further questions. (**Never ask leading questions or try and investigate the matter. This is the responsibility of the local authority and the police**).
- **Never promise to keep allegations a secret.** Explain that there may be a need to tell others. Do not make assurances that are not able to be kept.
- Tell the person what the next steps are and with whom the information will be shared with.
- Make sure that they are comfortable and is in no immediate danger.
- If a Colleague hears about an incident of abuse from a third party (from someone else) encourage them to report it themselves or help them to report their facts.
- Preserve any evidence.
- Do not discourage from disclosure and use active listening skills. Give reassurance but do not press for more detail or make promises that cannot be kept. Remain sympathetic and attentive.
- Clarify main facts, summarising what has been disclosed to you.
- Seek the person's consent to share this information.

- Consider issues of capacity, consent, best interests, and public protection
- Offer future support from yourself or others - consider advocate.

Report

- If a colleague sees or hears something that suggests that a person has been, or may be at risk of abuse, **they must report this to their line manager** or if out of hours the on-call manager immediately.
- The allegation must be escalated to the Operations Manager.
- Seek advice from the Operations Manager or DPO if required.
- If the allegations relate to a line manager, then report to their manager. If it relates to their manager or if unable to contact a senior colleague, report the matter directly to the local authority social care team.
- If the situation indicates the need for urgent medical attention, dial 999 and contact an ambulance immediately. Or if there is a risk of immediate harm contact the police.
- If a colleague believes that a criminal offence may have been committed, and are unable to speak to a manager immediately, contact the police. Be careful not to disturb any evidence. The police will be able to advise what action should be taken to preserve evidence.
- Colleagues who report safeguarding concerns are protected under the Public Interest Disclosure Act 1998 (see Prestige Nursing & Care Whistleblowing policy).
- Any concerns about radicalisation must be reported.
- Never discuss the concerns with the alleged perpetrator or others (except for those noted above).
- Inform the proxy decision makers (guardian or Power of Attorney) if there is one appointed and they are not the alleged perpetrator of the abuse.
- The Registered Manager must report the concern to the relevant local authority and follow their process.
- The report will either be via a form or over the phone and you must ensure you include the following information:
 - Details of the person completing the referral.
 - Details of the person subject to the referral, including name, date of birth, address.
 - The primary user group or client category of the patient, if known (e.g. learning disability, mental health, dementia, substance misuse, acquired brain injury, physical disability).
 - Any communication needs of the adult at risk.
 - Harm type(s) suspected.
 - Whether the adult at risk is aware of the referral.
 - Details of the concern, including as much information as possible about the incident(s), dates, alleged harmer(s), previous concerns, any safeguarding activity undertaken.
 - An overview of the “three-point criteria”:

- In your opinion, is the adult able to safeguard their own wellbeing, property, rights or other interests?
 - In your opinion, is the adult at risk of harm?
 - In your opinion, is the adult affected by disability, mental disorder, illness or physical or mental infirmity, making them more vulnerable to harm?
- Confirmation of whether police have been contacted if a crime is suspected.
- Any relevant relationships, proxy decision makers (guardian or Power of Attorney), and/or caring responsibilities of the adult.
- The registered Manager must report the concern to the Care Inspectorate.

While councils have the lead role in adult protection, effective intervention will only come about as a result of productive co-operation and communication between a range of agencies and professionals. Regardless of whether you consider the adult is aware of and understands the risk to themselves, you must report your concern and where possible and appropriate to do so, discuss the risk with the adult.

An Initial Referral Discussion (IRD) may take place between social work, police and an NHS practitioner in relation to the adult at risk. The IRD will consider the adult's capacity and Advocacy will be offered for the adult.

There are 6 situations where further action must be taken by the local authority:

- Where there is an imminent threat to the adult.
- Where there is an issue of public safety.
- The alleged perpetrator is a service provider.
- When the person's level of capacity is in question.
- Where it is believed that the adult at risk has been unduly pressurised.
- Where it appears that a crime may have been committed.

Duty toward children and vulnerable adults who are not Prestige Nursing & Care clients.

- The very nature of care at home means that care colleagues have privileged access to clients, their family, friends, and acquaintances. There may be occasions where a colleague suspects or witnesses abuse against a child or another adult visiting/occupying the client's home. Prestige Nursing & Care believes, to protect individuals who are at greater risk of abuse and neglect, professional vigilance must be extended, and to meet moral obligations, by alerting the local authority to safeguarding matters concerning those that Prestige Nursing & Care do not serve. These concerns should be immediately reported to a line manager who will alert the relevant authority.
- Colleagues are expected to co-operate with any enquiries conducted by the police or the local social care team. They may be asked to contribute to their investigation at any time.

Consent

Where possible and appropriate to do so, discuss the risk with the adult and your duty to report these, and where possible gain their consent and seek their views. Where consent cannot be gained, whilst best practice to do so, you must report your concerns as you are duty bound to do so. Do not seek consent if you believe that you will increase the risk to the adult.

Where appropriate, ensure communication is ongoing, informing the adult of any actions to be taken to ensure their support and protection.

For further information around incapacity see Adults with Incapacity policy

What to do if a client has capacity but does not give consent

Prestige Nursing & Care colleagues must always share protection concerns with their line manager and must explain to the client their responsibility to share the concern with their manager.

If a person refuses intervention to support them with a protection concern, or requests that information about them is not shared with other protection partners, their wishes should be respected. However, there are a number of circumstances where the practitioner can reasonably override such a decision, including:

- Where Prestige Nursing & Care colleagues are implicated in the alleged abuse.
- The person has been assessed as an adult with incapacity.
- Other people are, or may be, at risk, including children.
- Sharing the information could prevent a crime.
- A serious crime has been committed.
- The person has the mental capacity to make that decision, but they may be under duress or being coerced.
- It is in the public interest.
- A court order or other legal authority has requested the information.

Information Sharing

Information sharing is essential for the effective protection of adults. In many serious-case reviews, poor information sharing has been identified as a key factor resulting in poor care and missed opportunities to act.

7 Golden rules of Information Sharing

1. Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.
2. Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or

could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

3. Seek advice if you are in any doubt, without disclosing the identity of the person where possible.
4. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
6. Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely.
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

The Caldicott Principles

The sharing of information in Health and Social Care is guided by the Caldicott Principles. These

principles are reflected in the General Data Protection Regulation (GDPR), see supporting documents.

- Justify the purpose.
- Don't use personal confidential data unless absolutely necessary.
- Use the minimum necessary personal confidential data.
- Access to personal data should be on a strict need to know basis.
- Everyone with access to personal confidential data should be aware of their responsibilities.
- Comply with the law.
- The duty to share information can be as important as the duty to protect. Patient confidentiality.

How to escalate any adult support & protection concerns which are not being addressed by Prestige Nursing & Care

In the first instance all adult support & protection concerns must be raised with the Prestige Nursing & Care colleague's Line Manager, which for carer colleagues would be with the Branch/Registered Manager.

Should the colleague raising the concern think that the adult support & protection concern is not being addressed, then they should raise it with their line manager's

line manager. In the case of Branch/Registered Managers, this would be to the Operations Manager.

Should further escalation be required then the concern can be raised with the DPO for Prestige Nursing & Care, which is the Head of Risk Management.

Once a colleague has exhausted all of these options and they still think that Prestige Nursing & Care has not addressed their safeguarding concerns, then the colleague should use the Speak Up service via email at speakup.ecibrands.com or freephone on **0808 189 1053**. "Speak Up", a system that enables employees to report misconduct in confidence via a website or by phone. The Speak Up service is available 24/7, 365 days a year.

If an Adult support & Protection Concern is not agreed by the local authority adult protection team

The local authority adult protection team will take all concerns seriously. In some incidents, they may decide not to investigate. The local authority adult support & protection team will feed back to the referrer the reason and rationale why they have come to this decision, if Prestige Nursing & Care still are not happy with this decision, then the following process should be followed:

Make initial attempts to resolve the matter through discussion with the other professional involved. Seek help and guidance from the named professional.

If the disagreement remains unresolved speak with your line manager who should then speak their equivalent manager and seek to resolve the matter. Line managers now consider whether a professionals meeting is required.

If the disagreement remains unresolved- the line managers escalate further, another professional meeting should be called.

Even in these circumstances, colleagues must ensure the continual safety of those in our care and protection. Colleagues can consider other referral options (this list is not exhaustive):

- Care Inspectorate
- Case Manager
- Raising a complaint to the social care senior management
- General Practitioner
- Any other relevant members of the client's multi-Disciplinary team (MDT)
- Local Authority step guidance on challenging a decision.

Record

All adult support & protection concerns must be uploaded on the incident management system (IMS) to the applicable category, an exception to this is the

disclosure of domestic abuse by a colleague in this instance the HR department need to record actions taken.

- The Branch / Registered Manager must ensure an entry is recorded on the IMS, and regularly updated with any actions, outcome and lessons learnt.
- Access on IMS should be restricted by the Operations Manager to only those colleagues who need to know; this must include Head of Risk Management and the Clinical Quality Assurance Nurse.
- The adult support & protection referral form and Care Inspectorate notification forms must be uploaded on the main page of IMS.
- The log should be updated at a minimum of weekly and any actions clearly recorded. The IMS number and a brief summary of the concern raised should also be recorded in the notes section on webroster.
- Ensure that the individual's care plan(s) and any risk assessments are immediately updated or introduce new ones to reduce any further occurrence.
- The alleged abuser should not be contacted at this step Information must always be shared on a need-to-know basis. If unsure seek guidance.
- Make sure there is a clear audit trail of all actions taken and decisions made. Including the degree of harm, type of harm, source of harm, did the actions constitute a safeguarding risk, is it an isolated event or is there evidence of a sequence of events, is it an act of intent or omission, what measures can be put in place to reduce or stop the risk.

For further information see Prestige Nursing & Care Accident and incident policy for IMS guidance on the Intranet.

Adult Support & Protection Investigations

Section 4 of the Act places a duty on councils to make inquiries about a person's wellbeing, property or financial affairs where the council knows or believes intervention may be necessary to protect the adult. A council may be assisted in its duty to inquire through various sources, for example, independent and third sector providers and statutory bodies. If information is requested by the council from Prestige Nursing & Care agree, the Branch Manager must agree who the most appropriate colleague is to inform the inquiry. This may require discussion with their line manager.

Inter-Agency Referral Discussion (IRD)

An IRD may take place between social work and the police, along with other statutory services in relation to the adult at risk. Prestige & Nursing & Care may be required to be part of the IRD.

Social Work, Police and Health are responsible for recording an Inter-agency Referral Discussion (IRD); it may be initiated by any of the statutory agencies in line with the local Adult Support and Protection Procedures.

The purpose of the IRD is to:

- Agree what protective measures may be required immediately to protect the individual at risk.
- To gather and share information about the adult involved to be able to assess risk, take protective actions and formulate a safety plan.
- To ensure a multi-agency approach to risk management and decision making.
- To establish whether there is a need to use legislative measures.
- To determine whether a criminal investigation may be required. • To establish the need for an Adult Support and Protection Case Conference.
- To decide what non-ASP support and protective measures are required.
- Decide whether a large-scale investigation is needed because more than one adult is at risk of harm.

The IRD provides a shared record of discussion and decisions reached including an interim safety plan. The IRD will also consider the possible need to use the Appropriate Adult Scheme for supporting interviews with victims, witnesses or suspects of crime /suspected crime.

Suspension from duty

In cases which appear to involve gross misconduct, or where the Company reasonably considers it necessary, an employee may be suspended from work on full pay whilst the case is being investigated. Suspension may take place before, during or after the investigation meeting, depending on what evidence is available at what time. Suspension will be a matter for consideration by the investigating manager in conjunction with the HR representative. See Prestige Nursing & Care's Managing Investigations and Suspension Guidelines for further guidance.

A decision to suspend may be taken where:

- A regulatory authority has requested that the Company remove the colleague from the premises.
- The matter is so serious that dismissal for gross misconduct is a real possibility.
- An unhindered investigation needs to take place and it is reasonably considered that the colleague's presence in the workplace would prevent this, for example where there is a reasonable concern that evidence has been or may be tampered with.
- There is any risk to the business and or other employees, customers or clients if the employee remains in work.
- It is considered reasonably necessary in order to protect people or property, including to prevent witnesses from being pressured.

Before a decision to suspend the employee is taken, consideration should be given to alternative options, for example, whether it is possible to temporarily move the colleague to work at another site location.

Wilful Neglect

The offence of wilful neglect created under the Health (Tobacco, Nicotine etc and Care) (Scotland) Act 2016 and corporate homicide, which was created under the Corporate Manslaughter and Corporate Homicide Act 2007.

Wilful neglect is defined as:

1. Any person employed by a care provider, including a senior staff member, would be committing a criminal offence if they wilfully neglected or ill-treated an adult receiving health and/or social care.
2. The care provider will also be committing an offence of wilful neglect if:
 - a. A care worker employed by the care provider wilfully neglects or ill-treats a person receiving care.
 - b. The care provider has failed to exercise their duty of care, so allowing the wilful neglect to happen.
 - c. The wilful neglect would not have occurred (or would have been less likely to occur) had the care provider exercised their duty of care properly.
3. "Wilful neglect" is not defined in law, but in its ordinary sense "wilful" means behaviour that is obstinately self-willed, headstrong or perverse.

Examples of the Offence of Wilful Neglect:

- A care worker who deliberately failed to follow a protocol or care plan or deliberately failed to meet a person's care needs for a person because they thought they knew better, which then caused serious harm to the individual.
- A care worker who withheld food from someone when they had a responsibility to ensure they were well fed; or who failed to help a person wash and dress as was expected of them.
- A care worker who abused their position to bully, mistreat and harm a vulnerable person receiving care physically and emotionally.
- A care manager who persistently ignored the concerns of staff or others that a person using the services was seriously ill, say because the manager thought the user might be "faking" their symptoms, which was later shown medically not to be the case, and resulting in serious illness or even death.
- A care provider who ignored reports that items of equipment / parts of buildings might be unsafe, as a result of which people using a care service or staff were seriously injured or died from their injuries.

Corporate Homicide

A care provider as any other organisation can be found guilty of corporate homicide where it is proved that a person receiving care or employee has died because of gross failure on its part.

Wilful neglect that leads to the death of a person receiving care could result in a charge of corporate homicide but there could be other causes resulting from the care provider's failure to exercise their duty of care.

For example someone might die from failures to maintain buildings and equipment or from other breaches of health and safety law. In such cases the provider's management and organisation will have fallen well below the standards that could be reasonably expected and it therefore might be charged with Corporate Homicide.

Organisational Responsibilities

Prestige Nursing & Care recognises that we must:

- Report incidents of evident wilful neglect to the police.
- Notify the Care Inspectorate using its notification form.
- Notify any professional regulator as required.
- Where necessary, exercise our duty of candour by issuing an apology etc. to the harmed person and representatives in line with duty of candour protocols.
- Fully cooperate with any authorities investigating possible offences of wilful neglect or corporate homicide.

Person In a position of trust (PIPOT)

People in Positions of Trust (PIPOT) refers to a person, whether an employee, volunteer or student, paid or unpaid who works with or cares for adults with care and support needs.

A relationship of trust is one in which one person is in a position of power or influence over someone because of their work or the nature of their activity. If the person who is in the position of power, then uses their position to the detriment of the health and wellbeing of a person at risk e.g. a colleague who tells a client with a learning difficulty to steal from a shop for them.

A PIPOT allegation may also be triggered by concerns in an individual's personal life. For example, they may have committed a criminal offence against an adult with care and support needs or there may be other concerns such as domestic abuse or child protection.

Prestige Nursing & Care must follow the local PIPOT process of the relevant local authority's safeguarding board where the branch is based. Prestige Nursing &

Care is committed to ensuring that any such allegations will be investigated, and where substantiated it will be managed through the disciplinary process.

Prestige Nursing & Care will act under any relevant code for the profession and take any action, accordingly.

Referrals to Disclosure Scotland PVA Barred List

Prestige Nursing & Care will always comply with its legal requirement to refer a care worker, where it has evidence that the colleague in question has been guilty of misconduct by harming or putting at risk of harm a person at risk, during the course of their work, to the PVA barred lists following the procedures issued by Disclosure Scotland. For further guidance on the referral process [How to make a referral - mygov.scot](https://www.mygov.scot)

Nurse & Midwifery Council (NMC) referral

Where the allegations of abuse are against a Registered Nurse, following an investigation, if the allegations are upheld a referral to the NMC should be considered if the concerns included:

- Deliberate harm or prolonged neglect of people who use services.
- Exploiting people who use services for financial or personal gain or engaging in relationships with patients in breach of guidance on clear sexual boundaries.
- Serious dishonesty, such as covering up mistakes, deliberately falsifying records, deliberately obstructing investigations, bullying colleagues who want to raise a concern, or otherwise engaging in activity that is intended to suppress openness about the safety of care.
- Deliberately using false qualifications or a false picture of employment history which hides patient safety incidents or restrictions on practice.
- Serious criminal activity, even when not related to care, such as sexual assault, child abuse, or using child pornography.
- Being directly responsible (such as through managing a service or setting) for exposing patients or people who use services to harm or neglect – especially where the evidence shows the individual put their own priorities, or those of the organisation they work for, before the safety and dignity of people who use services.

All referrals to the NMC must be agreed by Prestige Nursing & Care's Managing Director and Chief Operating Officer.

TRAINING

It is a mandatory requirement for all colleagues working for Prestige Nursing & Care to undertake protection training, in line with SCCC guidance. The frequency and the different levels will depend on job role and can be found in the Learning & Development policy.

Adult Support & Protection Supervision

Prestige Nursing & Care is committed to ensuring all colleagues receive adult support & protection supervision. Adult support & protection supervision is an opportunity for support, challenge and learning around safeguarding cases. This is in addition to their supervision.

Adult support & protection supervision is complementary to, but separate from, managerial supervision, which is about monitoring and appraising the performance of colleagues.

These are examples of where adult support & protection supervision takes place:

- One-to-ones.
- Case discussions.
- Work reviews.

Effective supervision can help to:

- Promote and develop competence and skill in adult support & protection practice.
- Maintain a focus on the client.
- Avoid the potential for 'drift'/delay.
- Provide an opportunity for exploring professional difference and challenging fixed views.
- Review the evidence-base for agreed actions and decisions.
- Address the emotional impact of the work.

Prestige Nursing & Care will ensure therefore that:

- Adult support & protection supervision will be provided by an experienced supervisor who has undertaken appropriate training.
- There is protected time.
- That a written record of supervision is kept
- That any concerns raised at supervision will be escalated if required.

ASSOCIATED DOCUMENTS & LEGISLATION

Supporting Document 01 HM Government Information Sharing - 7 Golden Rules
Supporting Document 02 The Eight Caldicott Principles

Prestige Nursing & Care Accident and Incident policy

Prestige Nursing & Care Domestic Violence and Sexual abuse policy.

Prestige Nursing & Care Child Protection.

Prestige Nursing & Care Onboarding Policy.

Prestige Nursing & Care Whistleblowing policy.

Prestige Nursing & Care Adults with Incapacity Policy.

Prestige Nursing & Care's Learning & Development Policy.

Prestige Nursing & Care's Serious Incident policy.

Prestige Nursing & care recruitment policy

Adult Support and Protection (Scotland) Act 2007

The Adults with Incapacity (Scotland) Act 2000

[adult support and protection policy - 12 jan 09.pdf](#)
[SSSC Codes of Practice - Scottish Social Services Council](#)
[Chapter 8: Assessing and managing the risk of harm - Adult Support and Protection \(Scotland\) Act 2007: code of practice - gov.scot](#)
[Types and indicators of abuse: Safeguarding adults - SCIE](#)
[Raise a concern as an employer - The Nursing and Midwifery Council \(nmc.org.uk\)](#)
[Ann Craft Trust: Safeguarding Adults](#)
[Action Counters Terrorism \(ACT\): Report suspicious activity | ProtectUK](#)
[Get help for radicalisation concerns - GOV.UK \(www.gov.uk\)](#)
[Online Radicalisation - Get Safe Online](#) Expert tips on keeping everyone safe online.
[Radicalisation on the internet | ACT Early](#) Tips for safe use of the internet and talking to someone about safe internet usage.
[UK GDPR guidance and resources | ICO](#)
[Karma Nirvana](#) - Honour based abuse charity.
[Scottish Domestic Abuse and Forced Marriage Helpline](#) on 0800 027 1234 (24 hour helpline) for guidance and support
[Prevent in Scotland - Q&A Briefing - Police Scotland](#)
[Human Trafficking and Exploitation \(Scotland\) Act 2015](#)
[Adult Support and Protection \(Scotland\) Act 2007: Code of Practice gov.scot](#)
[Adult support and protection - Social care - gov.scot](#)
[9. Appendices - Supplementary Guidance and Advice - NHSScotland Caldicott Guardians: Principles into Practice - gov.scot](#)
[Tell Someone - Scottish Care](#)

REVIEW SCHEDULE

This policy will be reviewed annually.

Version	Date	Changes by	Approved by	Updated from previous Version
V2	09/01/2025	SG	KM	More detail around Adult Support & Protection. Expansion of types of harm
V3	31/01/2026	SG	LO	CI Scotland details added. Information on how to raise concerns, accessibility and information sharing added.