

ADULTS SAFEGUARDING ENGLAND
Policy number QG13

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INTRODUCTION

This policy shows how Prestige Nursing & Care protects people at risk of abuse/harm in line with our legal requirements and best- practice safeguarding guidance. We are committed to empowering and protecting adults who are at risk of abuse and neglect, as defined in legislation and statutory guidance.

This policy includes statements reflecting current best-practice requirements on:

- What is abuse.
- The different types of abuse.
- How to prevent abuse.
- Overview of the safeguarding procedures, with reference to current legislation.
- How colleagues and clients using our service should raise concerns
- Description of the role and responsibilities of the Designated Safeguarding Lead (DSL).
- How Prestige Nursing & Care enquires into and follows up allegations of abuse/harm.
- How Prestige Nursing & Care works in partnership with the local authority safeguarding team.

We make our policy available and provide information to everyone in forms that they can understand so that they know how to raise any safeguarding concern to us, to the local safeguarding board or to the Care Quality Commission (CQC).

All colleagues receive comprehensive training in the policy and its implementation. We keep our colleagues well informed about our speaking up/whistleblowing policy and their rights and responsibilities to voice their

concerns about people's safety and wellbeing to the company's management, or failing that, to escalate them directly to the local safeguarding authority or to the CQC.

Our policy covers all the sections recommended by the Local Authority Adults Safeguarding Board guidance. This shows how the local partnership discharges its safeguarding duties under s.14 of the Care Act 2014 and the updated statutory guidance to the Act.

We are committed to promoting that clients are free from harm and abuse and all colleagues have a duty of care to safeguard those in their care.

Safeguarding is **everybody's business** and is a fundamental part of client safety and wellbeing and an expected outcome in health care. Health and care colleagues have a key role in safeguarding vulnerable adults, firstly in the identification of abuse, harm, and neglect, and secondly responding appropriately to it.

SCOPE

For the purposes of the policy should be taken to mean a person 18 years of age and over who resides in England.

This policy applies to **all** adults aged 18 in England and over 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.

POLICY OBJECTIVE

The central purpose of our safeguarding policy is to set out for all relevant parties the:

- Principles and values underlying our approach to the safeguarding of the clients who use our service.
- Ways in which we do this.
- The steps we take to avoid abuse/harm taking place.
- The actions we take to deal with abuse/harm if it occurs.
- How we learn from incidents of abuse to prevent reoccurrence.

We are committed as an organisation to support colleagues by ensuring all colleagues have access to expert advice, support, safeguarding supervision, and training in relation to safeguarding vulnerable adults.

The Care Quality Commission (CQC) guidance in identifying and responding to Closed Cultures is embedded throughout our safeguarding processes, noting how to identify, recognise and manage concerns within settings.

https://www.cqc.org.uk/sites/default/files/20200623_closedcultures_guidance.pdf

Safeguarding adults is a multi-agency activity and is dependent upon partnership working with other statutory and non-statutory agency. It is essential therefore that this policy is read in conjunction with:

- Prestige Nursing & Care Safeguarding Children and Young People policy.
- Prestige Nursing & Care Serious Incident policy.
- The local authority safeguarding adult protection procedures and arrangements in the local authority area where the client permanently resides.

POLICY

The Care Act 2014 states that safeguarding is everyone’s responsibility. The act specifies that safeguarding adults is, “as anyone over the age of 18 who:

a) Has needs for care or support.

b) Is experiencing or is at risk of abuse or neglect.

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

The following six principles (Care Act 2015 14.13) apply to all sectors and settings including care and support services and underpin all adult safeguarding work.

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. Communications have a part to play in preventing, detecting, and reporting neglect and abuse.
Accountability	Accountability and transparency in safeguarding practice.

Approach to Safeguarding

Prestige Nursing & Care works on the principle that it is the right of clients receiving care to be kept safe from all forms of abuse or harm. Being and feeling safe will contribute a great deal to their wellbeing and quality of life. It therefore recognises that it must always protect clients and identify and deal with specific instances of abuse or harm if they occur, following the required procedures and best-practice guidance.

Prestige Nursing & Care is always aiming for the very best quality of care and will not be satisfied with anything that falls short of this. It takes every possible action to prevent abuse or harm and associated risks and to deal with the issues as promptly and effectively as possible when they arise.

We seek to work in line with local safeguarding adults' authority policies and procedures and guidance from the CQC. We recognise the importance of government and national guidance and seek to comply in all respects with current safeguarding legislation and regulations.

The company has all required systems in place to track and monitor incidents, accidents, disciplinary action, complaints and safeguarding concerns, and to identify patterns of potential abuse/harm to people receiving its care.

People Who Might Lack Mental Capacity

Prestige Nursing & Care recognises that any clients who lack mental capacity are particularly exposed to abuse, harm and exploitation. We are accordingly mindful of the need to follow the principles and practice guidance that has accompanied the Mental Capacity Act 2005. These apply particularly to investigations of possible abuse or 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, e.g. through the services of independent advocates.

Prestige Nursing & Care recognises that anyone who might need the help of an independent advocate when engaged in safeguarding enquiries and plans is entitled to one (as legislated for by the Care Act 2014). We will always support a client to have advocacy help where required in line with its (separate) advocacy policy.

Prestige Nursing & Care also has separate policies on mental capacity act and deprivation of liberty safeguards procedures.

Making Safeguarding Personal

"Making Safeguarding Personal is a shift in culture and practice in response to what we now know about what makes safeguarding more or less effective from the perspective of the person being safeguarded. It is about having conversations with people about how we might respond in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing, and safety. It is about seeing people as experts in their own lives and working alongside them. It is about collecting information about the extent to which this shift has a positive impact on people's lives. It is a shift from a process supported by conversations to a series of conversations supported by a process." (local government association, 2014)

The full guide including the recommended toolkit can be found at [Making Safeguarding Personal - Guide 2014.pdf \(local.gov.uk\)](#)

Key Legislation

We recognise the safeguarding duties of the local authority under the Care Act 2014, which apply to an adult who:

- a) Has needs for care and support (whether or not the authority is meeting any of those needs)
- b) Is experiencing, or is at risk of, abuse or neglect
- c) As a result of those needs is unable to protect themselves against the abuse or neglect or the risk of it.

This policy shows how we protect people receiving care from abuse or harm in line with these local authority responsibilities by complying with all legal requirements and best-practice safeguarding guidance, including the National Institute for Clinical and Health Excellence: N189, *Safeguarding Adults in Care Services* (NICE, 2021).

It reflects in particular:

- Regulation 13: Safeguarding Service Users from Abuse and Improper Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- CQC's benchmark quality statement on safeguarding, which it refers to in its assessment of service provision, ie:

"We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately."

- The statutory guidance for the Care Act 2014 (Chapter 14: Safeguarding), which details the duties and responsibilities of local authorities and its partner organisations to protect adults with care and support needs from abuse, neglect and other sources of harm, and to make enquiries if they suspect or have evidence of people being abused.
- The relevant sections of the Mental Capacity Act 2005 as set out in its Code of Practice, which provides the basis for a care service's responsibilities to safeguard anyone receiving its service, who currently might be subject to Court of Protection judgment that could restrict or deprive them of their liberty.
- The Equality Act 2010, which legally protects people by way of age, disability, gender, assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation from discrimination in the workplace and in wider society. Working to the Equality Act will help to enable an adult at risk to understand and take part in the safeguarding process.

Prestige Nursing & Care recognises that its safeguarding practice should be in line with the Human Rights Act 1998, which means protecting an adult's right to live in safety, free from abuse and neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

We will also remind our colleagues of their duties to protect vulnerable people, which are included in their job descriptions and the Code of Practice for Social Care Workers.

The company follows all Local Authority Adults Safeguarding Board guidance and recommendations.

Think Family and Working Together (2018)

The Think Family agenda recognises and promotes the importance of a whole-family approach which is built on the principles of "Reaching out: Think Family." The principles are:

- No wrong door- contact with any service office and open door into a system of joined up support. This is based on more coordination between adult and children services.
- Looking at the whole family-services working with both adults and children taking into account family circumstances and responsibilities. For example, alcohol treatment service combines treatment with parenting classes while supervised childcare is provided for the children.
- Providing support tailored to need- working with families to agree a package of support best suited to their particular situation.
- Building on family strengths- practitioners work in partnerships with families recognising and promoting resilience and helping them to build their capabilities. For example, family group conferencing is used to empower the family to negotiate their own solution to a problem.

Multi-Agency Public Protection Arrangements

Multi-Agency Public Protection Arrangements (MAPPA) are the statutory arrangements for managing sexual and violent offenders. Responsible Authorities (including Police, National Probation Service and Prisons) have a duty to ensure that the risks posed by these offenders are assessed and managed appropriately. Agencies (including health organisations) have a duty to co-operate and work with the Responsible Authority and have a crucial role to play in reducing risk and protecting the public.

It is within this remit that the Prestige Nursing & Care has a professional duty to share information and notify the relevant local authority of eligible offenders. Public

protection does not rest with any single agency, and as such, MAPPA exists to promote joint working and the sharing of appropriate information. The collaborative nature of MAPPA should not, however, undermine the role of the lead agency in managing the offender/patient in the community, but should assist in ensuring a robust risk management plan designed to protect the public.

This procedure takes into consideration the guidance issued in December 2013 by the Royal College of Psychiatrists. Although there is a statutory duty to cooperate with MAPPA, health professionals remain bound by patient confidentiality and by their own statutory body's guidelines.

Safe Recruitment and Employment

Prestige Nursing & Care conducts professional referencing and enhanced Disclosure Barring Service (DBS) checks 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 DBS checks are renewed in line with government guidance.

All job descriptions reflect the requirements for all Colleagues to have a DBS in regard to safeguarding. 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

Safeguarding is **everyone's responsibility**. All colleagues and members are expected to follow the general principles below:

- Be alert to signs of abuse and neglect and always retain professional curiosity.
- If they have any concerns about the welfare of a vulnerable adult, they must seek appropriate advice in a timely manner.
- 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, where necessary and indicated, the police.

Head of Risk Management.

Is the designated professional Safeguarding Lead for Prestige Nursing & Care and has overarching responsibility for Safeguarding. The role of the Safeguarding lead includes:

- Advising and supporting the Senior Leadership Team in developing and establishing Prestige Nursing & Care's approach to safeguarding.
- Maintaining and reviewing Prestige Nursing & Care's plan for safeguarding, including Safeguarding policies.
- Coordinating the distribution of policies, procedures and safeguarding 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 safeguarding 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 abuse.
- Ensuring all serious incidents relating to safeguarding and any organisational or reputational risk related to safeguarding cases are reported and investigated.
- Ensuring the necessary systems and processes are in place so that safeguarding concerns are reported to the relevant authorities (eg social services, police, Care Quality Commission), without delay.
- Promoting, influencing, and delivering the safeguarding strategy.
- Complying with all appropriate requests for information from any healthcare Trust and Local Safeguarding Boards who are reviewing processes regarding health or interagency working relating to significant safeguarding adverse incidents.
- Providing a strategic lead for safeguarding 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 safeguarding 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 safeguarding policies - for adults and children.
 - That a yearly company audit is undertaken to review safeguarding policies and procedures in all teams.
- Working in partnership with the Training Manager to advise on training needs and development.
- Providing safeguarding advice and support to colleagues.
- Chairing Prestige Nursing & Care's Safeguarding Committee.

- Ensuring lessons learnt from Safeguarding incidents are shared across the organisation.

Chief Operating Officer

Is the designated professional Safeguarding Lead for children and has overarching responsibility for Child Protection. The role of the Safeguarding Lead for children includes:

- Taking a lead role in developing and reviewing Prestige Nursing & Care's child safeguarding and protection policies and procedures.
- Taking a lead role in implementing Prestige Nursing & Care's child safeguarding and protection policies and procedures: ensuring all safeguarding and child protection issues concerning children and young people are responded to appropriately.
- Providing safeguarding advice and support to colleagues in relation to children and young people.
- Working in partnership with the operational leads to ensure that colleagues are aware of how to make children and young people referrals to the statutory safeguarding 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 children at risk of abuse.
- Ensuring all serious incidents relating to child safeguarding and any organisational or reputational risk related to safeguarding cases are reported and investigated.
- Ensuring the necessary systems and processes are in place so that child safeguarding concerns are reported to the relevant authorities (eg social services, police, Care Quality Commission), without delay.
- Promoting, influencing, and delivering the safeguarding strategy.
- Ensuring lessons learnt from children and young people Safeguarding incidents are shared across the organisation.
- 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 DBS 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 the DBS if the criteria are met, see supporting document.

- That all colleagues have access to the Employee Assistance Programme (EAP).

Senior Leadership Team

Must ensure that there is:

- A clear line of accountability and governance within the organisation designed to promote and safeguard the welfare of vulnerable adults.
- Effective training of all colleagues in safeguarding 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 Safeguarding 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.
- Appoint a Mental Capacity Act (MCA) lead, which is currently the Head of Risk Management.
- 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 Safeguarding 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 Safeguarding 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 safeguard those people using its services.

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

- Recruitment procedures and DBS Checks
- Right to Work and reference checking.
- Incident reporting, frequency, and severity
- Training processes, including reviews of uptake of training and evaluations
- Safeguarding reports will be reviewed by the Safeguarding Lead 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 Safeguarding adults' policy

Registered Managers/Branch Managers /Care Coordinators/Field Care Managers/Supervisors and Regional Nurses.

Are responsible for:

- The Registered Manager must report all allegations of abuse to local authority safeguarding teams and where the client is in receipt of regulated activity to CQC.
- Ensuring that the Safeguarding contact details for their local authority is displayed, up to date and visible in Branch.
- Ensuring that all Colleagues are made aware of the allegation of abuse flow chart, see supporting document through induction, safeguarding training, and refresher training.
- Escalating any safeguarding concerns in a timely manner to the Registered Manager and Nominated Individual (or appointed deputy) and to the appropriate external organisation.
- Completing safeguarding 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 safeguarding 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 safeguarding concerns are clearly identified and the escalation processes clearly defined.
- Ensuring documentation in relation to safeguarding e.g., body maps are in clients' files and being completed when required *please note in some instances safeguarding documentation may need to be separate from the clients file, always ensure colleagues are aware of what process's they are following*
- Following other appropriate organisational procedures, simultaneously where necessary e.g., disciplinary procedures, complaints, and incident reporting.
- Ensuring all colleagues receive adequate safeguarding supervision considering the vulnerabilities and risks for vulnerable adults,
- Supporting all aspects of internal audit relating to safeguarding
- Ensuring that they are familiar with local safeguarding referral procedures, including contact details:
- Promoting, influencing, and delivering the safeguarding training strategy
- Providing a vital source of professional advice on safeguarding matters to all colleagues and, where relevant, developing and maintaining links with partner agencies e.g., ICB, Local Authorities, and the Local Safeguarding Board(s) across the geographic boundaries of the region.
- Attendance if required at any safeguarding committee meetings and disseminating any agreed actions.
- Ensuring any safeguarding 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 safeguarding and promoting the welfare of children, young people, and vulnerable adults.
- Reporting any safeguarding concerns to their line manager immediately.
- Understanding the principles of safeguarding 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 safeguarding supervisions.
- Completing safeguarding 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 Safeguarding Lead 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 Safeguarding Lead 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 Safeguarding Policy, as well as the local safeguarding board's information leaflets and means by which they can obtain full information from their website, along with how to raise any concern directly with the local safeguarding 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 safeguarding policy within Service User Guide. Policy discussed at scheduled reviews.

Information Sharing

Prestige Nursing & Care has policies and procedures for the sharing of safeguarding 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 safeguarding authority, people can make contact with the following, which forms part of our safeguarding network. Examples:

Name of service Details

The Care Quality Commission (CQC) Email: enquiries@cqc.org.uk

Telephone: 03000 616161

Local advocacy services

Local Domestic Abuse Services

National resources:

Hourglass (formerly Action for Elder Abuse) <https://wearehourglass.org>

24-hour Helpline: 0808 808 8141

Definitions of abuse

The following are categories of harm as outlined in the Care Act 2014. Colleagues should be mindful that there are many different forms of abuse, colleagues are therefore advised that discretion is required when deciding what action is taken to safeguard an 'Adult at Risk.'

1. **Organisational** - This includes neglect and poor care within an organization or specific care setting, such as a hospital or care setting, or in relation to care provided in one's own home. Organisational abuse 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.
2. **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.
3. **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.
4. **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.

5. **Physical** - including hitting, slapping, pushing, kicking, misuse of medication, misuse of restraint, or inappropriate sanctions.
6. **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.
7. **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.
8. **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.
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 safeguarding adults:

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 Anti-Social Behaviour, Crime

and Policing Act 2014 and the (protection and Jurisdiction) (Scotland) Act 2011 make 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: resource pack - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

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	<ul style="list-style-type: none"> 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. Unauthorised restraint, restricting movement (e.g. tying someone to a chair). 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Acts of assault, threats, humiliation, and intimidation Harming, punishing, or frightening the person. 	<ul style="list-style-type: none"> Low self-esteem. Feeling that the abuse is their fault when it is not.

Abuse Type	Examples	Possible indicators
	<p>Isolating the person from sources of support.</p> <p>Exploitation of resources or money.</p> <p>Preventing the person from escaping abuse</p> <p>Regulating everyday behaviour.</p>	<p>Physical evidence of violence such as bruising, cuts, broken bones.</p> <p>Verbal abuse and humiliation in front of others.</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> <p>Fear of receiving help with personal care.</p> <p>Reluctance to be alone with a particular person.</p>

Abuse Type	Examples	Possible indicators
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	<p>Theft of money or possessions.</p> <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,</p>	<p>Misuse of personal allowance in a care home.</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>

Abuse Type	Examples	Possible indicators
	<p>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 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> <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>

Abuse Type	Examples	Possible indicators
		Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house.
Modern slavery	Human trafficking. Forced labour. Domestic servitude. Sexual exploitation, such as escort work, prostitution, and pornography. Debt bondage - being forced to work to pay off debts that realistically they never will be able to.	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	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). Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic. Denying basic rights to healthcare, education, employment, and criminal justice relating to a protected characteristic. Denying access to communication aids, not allowing access to an	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.

Abuse Type	Examples	Possible indicators
	<p>interpreter, signer, or lip-reader</p> <p>Harassment or deliberate exclusion on the grounds of a protected characteristic.</p>	
<p>Organisational or institutional</p>	<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>Interference with personal correspondence or communication.</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
Neglect and acts of omission	<p>Failure to respond to complaints.</p> <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>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>Very poor personal hygiene.</p> <p>Unkempt appearance.</p> <p>Lack of essential food, clothing, or shelter.</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>

Law relating to Safeguarding.

Prior to the Mid-Staffordshire enquiry, conducted by Sir Robert Francis in 2015, there was only legislation to prosecute for the offences of ill-treating or neglecting an adult without mental capacity (MCA act 2005) and neglect of a child in some circumstances (children and young person's act 1993)

In response to the enquiry Sections 20-205 of the criminal and courts Act 2015 were amended and saw the gap closed in existing legislation to include **all** individuals who may be the victim of ill-treatment or neglect.

Wilful Neglect and ill-treatment is a criminal offence:

- If a Carer wilfully neglects or ill-treats an adult receiving health and or social care, then they are committing a criminal offence.
- Care providers commit an offence if all three of the following things happen:

1) An individual is wilfully neglected or ill-treated by someone providing health or social care on behalf of the care provider, and

2) The care providers activities are organised in such a way as to be a gross breach of the duty of care owed to the individual (that is, the conduct falls far below what would reasonably be expected), and

3) If not for that gross breach, the wilful neglect would not have occurred (or would have been less likely to occur).

Signs of Wilful Neglect or ill-treatment

- A client who has not had a meal prepared that was bought for them.
- Not washing a client who requires assistance.
- Verbally abusing a client
- Hitting a client
- Not giving a client medication

Reporting Wilful Neglect or Ill-Treatment

Anyone providing care to a client must provide safe and effective care. Professional standards and code of conduct/s must be always maintained and adhered to. Any breach of these, and anyone who causes harm, exploits, are abusive, are discriminatory or who are dangerous towards a client, then this must be reported.

Corporate Homicide

The corporate manslaughter and corporate homicide act 2007 created the offence of corporate homicide. Organisations can be found guilty of corporate homicide where gross failure in the way activities are managed organised results in a person's death. Organisations can be prosecuted when the activities of the business cause the death through a gross breach of duty of care owed to the deceased. The focus is on how the activities were organised by senior management when supplying goods and services.

An organisation has a duty of care for:

- Work systems and equipment.
- Condition of premises and worksites.
- Where products or services are supplied to customers.

A gross breach of duty is where the alleged conduct "falls far below what can be reasonably be expected of the organisation in the circumstances."

Identifying Perpetrators of Abuse/Harm

Prestige Nursing & Care accepts that abuse or harm can be committed by a range of possible people. It therefore accepts its responsibility to protect clients from possible abuse from all sources. Potential perpetrators include:

- Colleagues.
- Visiting health and social care practitioners and other official visitors to the client's home
- Relatives and friends of clients.
- People who have contact with clients in the community.
- Neighbours, people on their social network or living in the community at large.
- Total strangers, including those who engage in random attacks on other people.
- People who set out to exploit and abuse a vulnerable person.

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. See supporting document 02 PIPOt flowchart for further information.

Prestige Nursing & Care will act under any relevant code for the profession and take any action, accordingly, see supporting document. Please note- if any colleague is accused of abusing an adult, then consideration must be taken into account whether they work also with children and whether the Local authority designated officer (LADO) needs to be informed.

PROCEDURE

FLOWCHART FOR REPORTING ALLEGATIONS OF ABUSE

If the matter is urgent because a child or adult at risk of harm is in immediate danger phone 999 for emergency services, e.g Police, Ambulance.

Recognise it.

Abuse or neglect discovered or suspected. Are they safe?

If you are concerned about a child or adult at risk of harm you could help stop abuse by taking action.

It is not your responsibility to decide if abuse has happened. It IS your responsibility to report it to the Registered Manager and / or Designated Safeguarding Lead.



Report it.

Share your concerns/ information with the Registered Manager and / or Designated Safeguarding Lead (DSL). If there is immediate danger to the child or adult call 999 for the Police or a crime has been committed, then call the Police.



Report it

If you cannot contact the Registered Manager and / or Designated Safeguarding Lead (DSL) and have concern about a child or an adult and need to make a safeguarding referral, please contact the local authority safeguarding team.

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 safeguarding related, always report to a line manager to seek advice and guidance.

Reassure

1. 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 social care team or 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 Head of Operations or Operations Manager.
- Seek advice from the Head of Operations, Operations Manager or Safeguarding Lead 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 safeguarding concerns with the alleged perpetrator or others (except for those noted above).
- Inform the Lasting Power of Attorney (LPA) or guardian, if there is one appointed and they are not the alleged perpetrator of the abuse.
- Always report to the relevant local authority where the abuse is alleged to have occurred. If it is not known when and where the alleged abuse took place, then report it to the local authority where the client permanently resides. If the client is funded by a different local authority to where they permanently reside or where the alleged abuse occurred, the allegation must also be reported to the funding local authority.

Where a client is in receipt of regulated activity, all safeguarding referrals reported to safeguarding **MUST** be reported to CQC for England using the Allegation of Abuse notification.

For Registered Managers with access to the portal this should be completed, for those Registered Managers without access, then the notification form must be downloaded [20190213 100099 SN18\(2\)\(e\) allegation of abuse about a person who uses the service with additional questions v6.doc \(live.com\)](#) and sent via email to HSCA_notifications@cqc.org.uk. (See Prestige Nursing & Care CQC policy)

www.cqc.org.uk/organisations-we-regulate/registered-services/notifications/notifications

Decision to Raise a Concern with the Local Authority/ Social care partnership.

The decision to raise a concern is a key step in the safeguarding referral process.

When considering if a safeguarding concern needs to be completed, colleagues must consider Section 42 (1) Care Act 2014:

- a) Does the person have needs for care and support (whether the authority is meeting any of those needs)
- b) Are they experiencing, or at risk of, abuse or neglect, and;
- c) As a result of those needs are they unable to protect himself or herself against the abuse or neglect or the risk of it. Colleagues need to document their decision-making process, if they require support or advice, they should contact the Local Authority Safeguarding Adults team or internally the local Safeguarding team.

It is extremely important in all situations to recognise that the victim might consider the behaviour or action to be a form of abuse. There must be clear concise evidence that safeguarding was considered.

When using professional judgement to determine whether an incident is reportable to the local authority safeguarding adults team/ Police, it may be useful to 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

Prestige Nursing & Care **must** refer the concern to safeguarding if:

- 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.
- Led to believe that there is a deliberate attempt to cause harm or distress.
- Incidents are repetitive and targeted to either the adult or others.
- The action resulted in a physical injury.
- A crime has been committed.
- The incident involves a colleague.

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

When a decision has been made to refer a concern to the local authority the consent of the individual to share the information must be gained.

All colleagues should assume a person has capacity unless proven otherwise (section 7 - Mental Capacity Act 2005) (MCA) and where there are concerns that the client lacks capacity to make this decision this must be properly explored and recorded in line with the Mental Capacity Act.

Adults with capacity do have the right to make their own choices, irrespective of how unwise their decision is. If an individual with capacity makes an unwise decision, it must be clearly documented evidence of the advice and any recommendations made, or actions taken to reduce future risk(s).

For further information around MCA see Prestige Nursing & Care MCA policy

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

Prestige Nursing & Care colleagues must always share safeguarding 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 safeguarding concern, or requests that information about them is not shared with other safeguarding 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 lacks the mental capacity to make that decision – this must be properly explored and recorded in line with the Mental Capacity Act.
- Other people are, or may be, at risk, including children.
- Sharing the information could prevent a crime.
- The alleged abuser has care and support needs and may also be at risk.
- 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.
- The risk is unreasonably high and meets the criteria for a multi-agency risk assessment conference referral.
- A court order or other legal authority has requested the information.

If none of the above apply for a client with capacity and the decision is not to share safeguarding information with other safeguarding partners, or not to intervene to safeguard the person the Branch Manager must evidence they have:

- Supported the person to weigh up the risks and benefits of different options.
- Ensured that client is aware of the level of risk and possible outcomes.
- Offered to arrange for them to have an advocate or peer supporter.
- Offered support for them to build confidence and self-esteem if necessary.
- Agree on and record the level of risk the person is taking.
- Recorded the reasons for not intervening or sharing information.
- Regularly review the situation.
- Tried to build trust and use gentle persuasion to enable the person to better protect themselves.

If it is necessary to share information outside the organisation, the Branch Manager must evidence that they have:

- Explored the reasons for the person's objections – what are they worried about?
- Explained the concern and why you think it is important to share the information.
- Told the person who you would like to share the information with and why.

- Explained the benefits, to them or others, of sharing information - could they access better help and support?
- Discussed the consequences of not sharing the information - could someone come to harm?
- Reassured them that the information will not be shared with anyone who does not need to know.
- Reassured them that they are not alone and that support is available to them.

If the person cannot be persuaded to give their consent then, unless it is considered dangerous to do so, it should be explained to them that the information will be shared without consent. The reasons should be given and recorded. The safeguarding principle of proportionality should underpin decisions about sharing information without consent, and decisions should be on a case-by-case basis.

If it is not clear whether the information should be shared outside the organisation, a conversation can be had with safeguarding partners in the police or local authority without disclosing the identity of the person in the first instance. They can then advise on whether full disclosure is necessary without the consent of the person concerned.

It is very important that the risk of sharing information is also considered. In some cases, such as domestic violence or hate crime, it is possible that sharing information could increase the risk to the individual. Again, a conversation can be had with safeguarding partners in the police or local authority without disclosing the identity of the person in the first instance. They can then advise on whether full disclosure is necessary without the consent of the person concerned.

Prestige Nursing & Care Safeguarding Leads are also available to provide support and guidance on consent.

Information Sharing

Information sharing is essential for the effective safeguarding of adults and children. 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 safeguarding concerns which are not being addressed by Prestige Nursing & Care

In the first instance all safeguarding 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 safeguarding 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 Head of Operations or Operations Manager.

Should further escalation be required then the concern can be raised with the Safeguarding Leads, which are the Head of Risk Management and the Clinical Quality Assurance Manager.

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 a Safeguarding Concern is not agreed by the local authority safeguarding team

The local authority safeguarding adult team will take all concerns seriously. In some incidents, they may decide not to investigate. The local authority safeguarding adult 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:

Stage 1 - Make initial attempts to resolve the matter through discussion with the other professional involved. Seek help and guidance from the named professional.

Stage 2 - 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.

Stage 3 - If the disagreement remains unresolved- the line managers escalate further, another professional meeting should be called. If no resolution found, then notify the safeguarding board chair (see local authority website for contact details).

Stage 4 - The chair of the local safeguarding board now facilitates a resolution with each agency's senior managers either directly or through a resolution panel. The chair now considers whether a learning and improvement activity/briefing needs to be undertaken with lessons learnt.

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 Quality Commission (CQC)
- NHS continuing healthcare team (CHC)
- 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 safeguarding 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 Head of Operations or Operations Manager to only those colleagues who need to know; this must include Head of Risk Management and the Clinical Quality Assurance Nurse (as they are the Safeguarding Leads for Prestige Nursing & Care).
- The safeguarding referral form and CQC 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 IMS guidance on the Intranet.

Safeguarding Investigations

Prestige Nursing & Care must not proceed with any investigation until they have authorisation from the local authority safeguarding team and the Police (where allegations of abuse have been reported to the Police). In some instances, the safeguarding local authority team may decide they will conduct the investigation themselves, so it is imperative that we do not commence the process without authorisation.

The Registered Manager is responsible for ensuring a thorough investigation takes place and should refer to Prestige Nursing & Care's Managing Investigations and Suspension Guidelines.

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.

Safeguarding Investigations

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Enquiries are based on a person-centred approach in which the wellbeing of the victim or alleged victim is the central focus of all the activities involved. In many cases, enquiries will be carried out or led by a member of an external agency in line with the action plan determined by the initial strategy meeting convened by the local SAB or Safeguarding Children Authority.

If a colleague is expected to carry out an enquiry of its own, it will proceed as follows:

1. The appointed investigating officer will usually consult or “have a conversation” with the client who may have been abused/harmed to hear their account of what has occurred and their views about what action should be taken. We will involve the client’s relatives, friends or representatives if that is appropriate and in line with the wishes of the client.
2. In carrying out these enquiries we recognise that we must take into account:
 - a) The fears and sensitivity of the abused or harmed person.
 - b) Any risks of intimidation or reprisals.
 - c) The need to protect and support witnesses.
 - d) Any confidentiality or data protection issues.
 - e) The possible involvement of other agencies, including the police, local safeguarding team and the CQC.
 - f) The obligation to keep the abused/harmed person and in specific instances the alleged perpetrator informed on the progress of the enquiries
 - g) The mental capacity of the client and any need or wish for them to have support from an independent advocate.
3. The appointed investigating officer will assure the client who may have been abused or harmed that they will be taken seriously, that the comments will as far as possible be treated confidentially within any information sharing protocol, that they will be protected from reprisals and intimidation, and that they will be kept informed of actions taken and of the outcome.
4. The appointed investigating officer will consider if the client needs independent help or representation, including the services of an independent advocate, in presenting their evidence, which we will help to arrange if possible.
5. If the abused or harmed client expressly states a wish that no further action should be taken, the enquirer will consider if:
 - A danger to others exists from not investigating further, for example is the alleged perpetrator is a colleague, then further action will be required.
 - In the light of that assessment, it is possible to follow the person’s wishes.
 - In any case precautionary measures should be taken to protect others from the possibility of abuse from the same source.
 - The person will be informed of what is to happen.
6. If it is decided to proceed, the will, as discreetly and confidentially as possible, look into all aspects of the situation. This will take into account how diversity, beliefs and values of people can influence the identification, prevention and response to safeguarding concerns.
7. The enquiry will include interviewing the colleagues involved in the incident or circumstances up to that point, hearing and assessing evidence from any

others who might be in a position to supply information, exploring every other possible source of evidence, maintaining appropriate contact with any other agencies involved, and if necessary seeking expert advice on any technical aspects of the situation which are outside the knowledge or expertise available within the organisation.

8. Any colleagues from whom evidence is taken will be assured that they will be dealt with in a fair and equitable manner and informed of their employment, legal and procedural rights.
9. The alleged victim of the abuse or harm, and where appropriate their relatives, friends or representatives, will at all times be kept as fully informed as possible of what is happening regarding the suspected abuse/harm.

If part of an agreed plan the enquiries should be carried out as quickly as possible and in an agreed timescale and the findings presented to the local safeguarding adults' team, which will then decide what further action to take, e.g. that a safeguarding plan should be developed and implemented.

Following the enquiry

For this stage of the safeguarding process the company will apply the following principles and procedures:

1. If it seems from the enquiries that on the balance of probabilities abuse or harm did indeed take place, the manager will, if the abuser is a colleague, initiate and carry through proceedings according to the company's disciplinary policy or, if the abuser is not a colleague, take action to involve other responsible bodies.
2. If abuse or harm is proved against a colleague, the Registered Manager will initiate appropriate action, which most likely will be dismissal and referral to the DBS to prevent them from being employed further in regulated activity.
3. Other employment sanctions could apply depending on whether there might have been mitigating or extenuating circumstances. In some cases, retraining could be appropriate.
4. The client receiving care or representatives will be informed of the outcome of the investigation and any further action and will be consulted about whether any redress or apology would be appropriate and helpful to them in line with the company's duty of candour.
5. The Registered manager, in conjunction with HR, will take appropriate steps to inform the DBS for possible inclusion of the person on its barring lists as someone who is unsuitable to work again in regulated activity with at-risk adults and/or children. As well as reporting to any other professional bodies where required, i.e. NMC.
6. At all stages of the process, a careful record will be kept of all actions taken, paying particular attention to the sensitivity of the abused or harmed client.

7. Where relevant to the resolution of the situation, a plan will be drawn up to address the issues with the alleged or known perpetrator(s), particularly if they will be continuing to form part of the victim's life, directly or indirectly.

DBS referral

Any safeguarding concern that is investigated and where there is belief that a colleague has caused harm or poses a future risk of harm to vulnerable groups then a referral to the DBS must be made, see supporting document supporting document 03 Disclosure and Barring Service (DBS) referral criteria for further information.

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.

Local authority designated officer (LADO) referral

All allegations of abuse of a child, where a colleague is the alleged perpetrator must be reported to the relevant local authority's LADO. See Prestige Nursing & Care Safeguarding children and young people for further information.

TRAINING

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

Safeguarding Supervision

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

Safeguarding supervision is complementary to, but separate from, managerial supervision, which is about monitoring and appraising the performance of Colleagues.

These are examples of where safeguarding supervision takes place:

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

Effective supervision can help to:

- Promote and develop competence and skill in safeguarding 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:

- Safeguarding 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

Prestige Nursing & Care IMS Guidance

Prestige Nursing & Care CQC policy.

Prestige Nursing & Care Domestic Violence and Sexual abuse policy.

Prestige Nursing & Care Safeguarding children and young people.

Prestige Nursing & Care Onboarding Policy.

Prestige Nursing & Care Whistleblowing policy.

Prestige Nursing & Care Mental Capacity Policy.

Prestige Nursing & Care DBS policy.

Prestige Nursing & Care's Managing Investigations and Suspension Guidelines.

Prestige Nursing & Care's Learning & Development Policy

SOURCES OF FURTHER INFORMATION

[Allegations of abuse \(safeguarding\) - notification form - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk)

[Regulation 13: Safeguarding service users from abuse and improper treatment - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk)

Ann Craft Trust “types of harm “ [Types of Harm - ACT \(anncrafttrust.org\)](https://www.anncrafttrust.org)

How the CQC identifies and responds to closed cultures [How CQC identifies and responds to closed cultures - Care Quality Commission](https://www.cqc.org.uk)

Government Association (2014) [Making Safeguarding Personal - Guide 2014.pdf \(local.gov.uk\)](https://www.local.gov.uk)

[Raise a concern as an employer - The Nursing and Midwifery Council \(nmc.org.uk\)](https://www.nmc.org.uk)
[Safeguarding \(skillsforcare.org.uk\)](https://www.skillsforcare.org.uk)

[Safeguarding - SCIE](https://www.scie.nhs.uk)

[Action Counters Terrorism \(ACT\): Report suspicious activity | ProtectUK](https://www.protectuk.org)

[Get help for radicalisation concerns - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

[Online Radicalisation - Get Safe Online](https://www.getsafeonline.org) Expert tips on keeping everyone safe online.

[Radicalisation on the internet | ACT Early](https://www.actearly.org) Tips for safe use of the internet and talking to someone about safe internet usage.

[UK GDPR guidance and resources | ICO](https://ico.org.uk)

[Karma Nirvana](https://www.karnirvana.org) - Honour based abuse charity.

SUPPORTING DOCUMENTS

Supporting Document 01 Allegation of abuse flowchart

Supporting Document 02 PIPOT flowchart

Supporting Document 03 Disclosure and Barring Service (DBS) referral criteria.

Supporting Document 04 HM Government Information Sharing - 7 Golden Rules

Supporting Document 05 The Eight Caldicott Principles

REVIEW SCHEDULE

This policy will be reviewed yearly.

Version	Date	Changes by	Approved by	Updated from previous Version
V3	27/11/2024	SG	SH	
V4	30/11/2025	SG	SH	How clients and their representatives raise concerns. How policy is shared. Safeguarding enquires and investigations. Child protection lead changed to COO.

