



SAFEGUARDING POLICY FOR ADULTS WITH CARE AND SUPPORT NEEDS

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SIGNED

A handwritten signature in black ink, appearing to be 'M. Hall', is written over a light blue rectangular background.

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Safeguarding Policy for Adults



SAFEGUARDING POLICY

SAFEGUARDING STATEMENT

In producing this guidance Spectrum Days wishes to acknowledge the work undertaken by Worcestershire County Council Adult Safeguarding – Recognising, Responding to and Reporting the Abuse or Neglect of Adults with care and Support Needs.

Spectrum Days is committed to safeguarding the wholeness and the wellbeing of every person in our community, of whatever age. It is the responsibility of each one of us to prevent Physical abuse, Domestic violence, Sexual abuse, Psychological abuse, Financial or material abuse, Modern slavery, Discriminatory abuse, Organisational abuse, Neglect and acts of omission or Self-neglect of every member of our community, and particularly the abuse of those most vulnerable among us including vulnerable adults. The welfare of the client group is paramount. All Service Users without exception have the right to protection from abuse regardless of gender, ethnicity, disability, sexuality or belief. All of the organisation's activities, including a multi-agency approach, policies and procedures will contribute to these objectives.

Spectrum Days will ensure that all vulnerable people with whom it works will have a secure identity and a safe base from which they will be able to flourish throughout their lives. Spectrum Days will take all reasonable steps to protect its Service Users from physical, sexual or emotional abuse and neglect, regardless of their age, gender, ethnicity, disability, belief, nationality or country of origin.

All those who come into contact with Service Users and families in their everyday work, including people who do not have a specific role in relation to adult protection, have a duty to safeguard and promote the welfare of vulnerable people.

Spectrum Days Safeguarding Policy ensures that there is a designated member of the senior management team with lead responsibility for adult protection, that person being the DASM. Who is the person responsible for ensuring that any safeguarding issues are responded to appropriately.

Recognising abuse or neglect - Definitions

1.1 Adults with care & support needs

This describes adults aged 18 or over who need extra help to manage their lives and be independent. This may include:

- people with a learning disability or physical disability;
- people with mental health needs;
- people with sensory needs;
- people with cognitive needs, e.g. acquired brain injury;
- people who are experiencing short or long term illness.

The Care Act guidance 2014 describes “care & support” as-

“The mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent – including older people, people with a disability or long-term illness, people with mental health problems, and carers. Care and support includes assessment of people’s needs, provision of services and the allocation of funds to enable a person to purchase their own care and support. It could include care home, home care, personal assistants, day services, or the provision of aids and adaptations.”

People who cannot consent

This would include individuals who may be unable to protect themselves from significant harm or serious exploitation, including sexual exploitation. This may be because of a physical or mental disability, age or illness, with some people’s level of learning difficulty being so severe that they could not be regarded as able to consent to sexual activity in any circumstances. They may be unable to understand what was being asked of them or to communicate their consent, or lack of it, in any way. A specifically defined offence that relates to sexual abuse of a person with no capacity to consent is a ‘necessary legal safeguard’ and is deemed necessary because of the need to protect the interests of vulnerable individuals. Those who cannot understand the nature or potential consequences of sexual activity should not be judged to have been able to consent.

The following statements would be true of this intended population:

- Dependent on care staff and care services over long periods
- Lack the capacity to consent to sexual relations, as is the case for some people with a severe learning difficulty
- Unable to recognise after the event that abuse has taken place
- Communication difficulties may restrict the ability for someone to tell others if they are unhappy, hurt or afraid.

As an organisation the core Service Users are those with profound and multiple learning difficulties (PMLD) As such they are in the category of people who cannot consent.

The people we support have an “impairment” or disturbance of mind/brain that is affecting their ability to make any decision under consideration. Therefore Days follows the guidance provided by Worcestershire Safeguarding Adults Board (WSAB) in relation to Mental Capacity Act 2005. Using:

- The Capacity Assessment
- Best Interest Assessment and Record of Actions.

A Definition of PMLD

People with profound intellectual and multiple disabilities are among the most disabled individuals in our community. They have a profound intellectual disability, which means that their intelligence quotient is estimated to be under 20 and therefore that they have severely limited understanding. In addition, they have multiple disabilities, which may include impairments of vision, hearing and movement as well as other problems like epilepsy and autism. Most people in this group are unable to walk unaided and many people have complex health needs requiring extensive help. People with

profound intellectual and multiple disabilities have great difficulty communicating; they typically have very limited understanding and express themselves through non-verbal means, or at most through using a few words or symbols. They often show limited evidence of intention.

Some people have, in addition, problems of challenging behaviour such as self-injury. This means that people with profound intellectual and multiple disabilities need high levels of support from others with most aspects of daily living: help to eat, to wash, to dress, to use the toilet, to move about and to participate in any aspect of everyday life. Despite such serious impairments, people with profound intellectual and multiple disabilities can form relationships, make choices and enjoy activities. The people who love and care for them can often understand their personality, their mood and their preferences.

Raising our sights: services for adults with profound intellectual and multiple disabilities. A report by Professor Jim Mansell (2010) Page 3.

http://www.mencap.org.uk/search/apachesolr_search/Raising%20Our%20Sights

Concerns are therefore most likely to be raised by any connected parties including members of staff, professionals, members of the public or parent/carer or significant other. For the purpose of the policy the person at risk is referred to as the "individual".

Communication with Parents

Good communication with parents is crucial in order to safeguard and promote the welfare of service users effectively we would always undertake appropriate discussion with parents prior to involvement of another agency unless to do so would place the service user at further risk of harm or would impede a criminal investigation. We ensure that parents have an understanding of the responsibilities placed on the setting and staff to safeguard service users and their duty to co-operate with other agencies in this respect. This is communicated through the service user's handbook, issued prior to attendance and the parents file available in the reception area.

Spectrum Days works towards a proactive service to mitigate the occurrence of safeguarding issues. To support this communication underpins the safe delivery of services for our service users including the following:

1. A daily Diary that works between the family and Day's listing activities, medical/physical concerns and information about changes to family circumstances or routine.
2. An open door policy where families have a direct response to any queries.
3. A simple and accessible questionnaire for the clients completed on a three monthly basis.
4. A more detailed questionnaire on the quality and efficiency of the service for parents/carers on an annual basis. The questionnaire will cover
 - Satisfaction levels on the key objectives,
 - The quality and flexibility of the service,
 - The variety of activities,
 - The comfort level associated with care.

The following guidance supports staff to operate safely in high risk activities:

SAFE WORKING PRACTICE

The principles of Safeguarding Policy will be embedded in the ethos and the working practice of Spectrum Days. There will be a high level of feedback between staff to monitor the medical, physical and psychological well-being of Service Users. Staffing levels will be commensurate with the needs of the Service Users.

- Staff meetings will take place on a regular basis for a more formal exchange of information
- Safeguarding is a standard agenda item at monthly trustee meetings.
- It is the duty of everyone working at Spectrum Days, whether paid or voluntary staff, to protect the people with whom we come into contact.
- Spectrum Days is committed to the careful and safe planning of all activities which take place to ensure that everyone using the equipment is properly trained to do so.
- Parents, carers and other professionals will be made aware that Spectrum Days have effective

- policies to protect vulnerable people who use the service and that we will uphold their rights.
- Relationships between all personnel will be based on mutual respect with all employees and volunteers being expected to contribute and take responsibility to ensure a positive working environment.
- On-going safeguarding training will be promoted, a record of attendance and results maintained

RESPECT AND DIGNITY

The individual dignity of Service Users will be of paramount importance with the following points being adhered to:

- For intimate care routines staff will work in accordance with the individual's care / support plan
- Appropriate equipment and resources will be available to enable staff to undertake intimate care routines in a safe and secure manner
- There are no time constraints on personal care, the paramount importance is the dignity and comfort of our Service Users.
- Management supervision takes place on a six monthly basis,
- Spot checks take place on a regular basis covering all aspects of personal care.
- Cultural differences will be respected and reflected in the support given.
- Cleanliness will be of a high standard and staff will follow hygiene procedures as outlined in their training programme
- Staff will not work unsupervised until they have been assessed and deemed competent in all aspects of personal care.

Definition of Abuse

Abuse is a violation of an individual's human and civil rights by another person. It is any mistreatment which results in harm and it includes neglect, where a person fails to take action needed to keep another person safe and well or where an adult with care and support needs is persuaded to enter into a financial or sexual transaction to which they have not, or cannot consent.

Abuse can take different forms and different types may occur simultaneously. Abuse may be a 'one off' or it might be repeated. Abuse may involve more than one victim and may be an ongoing pattern of behaviour on the part of the abuser. Any form of proven abuse will lead to disciplinary procedures, dismissal and the possibility of legal action.

The Care Act 2014 guidance identifies the following types of abuse or neglect:

Physical abuse – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

Domestic violence – including psychological, physical, sexual, financial or emotional abuse; so called 'honour' based violence.

Sexual abuse – including 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.

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

Financial or material abuse – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial

transactions, or the misuse or misappropriation of property, possessions or benefits.

Modern slavery – encompasses slavery, human trafficking, 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.

Discriminatory abuse – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

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

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

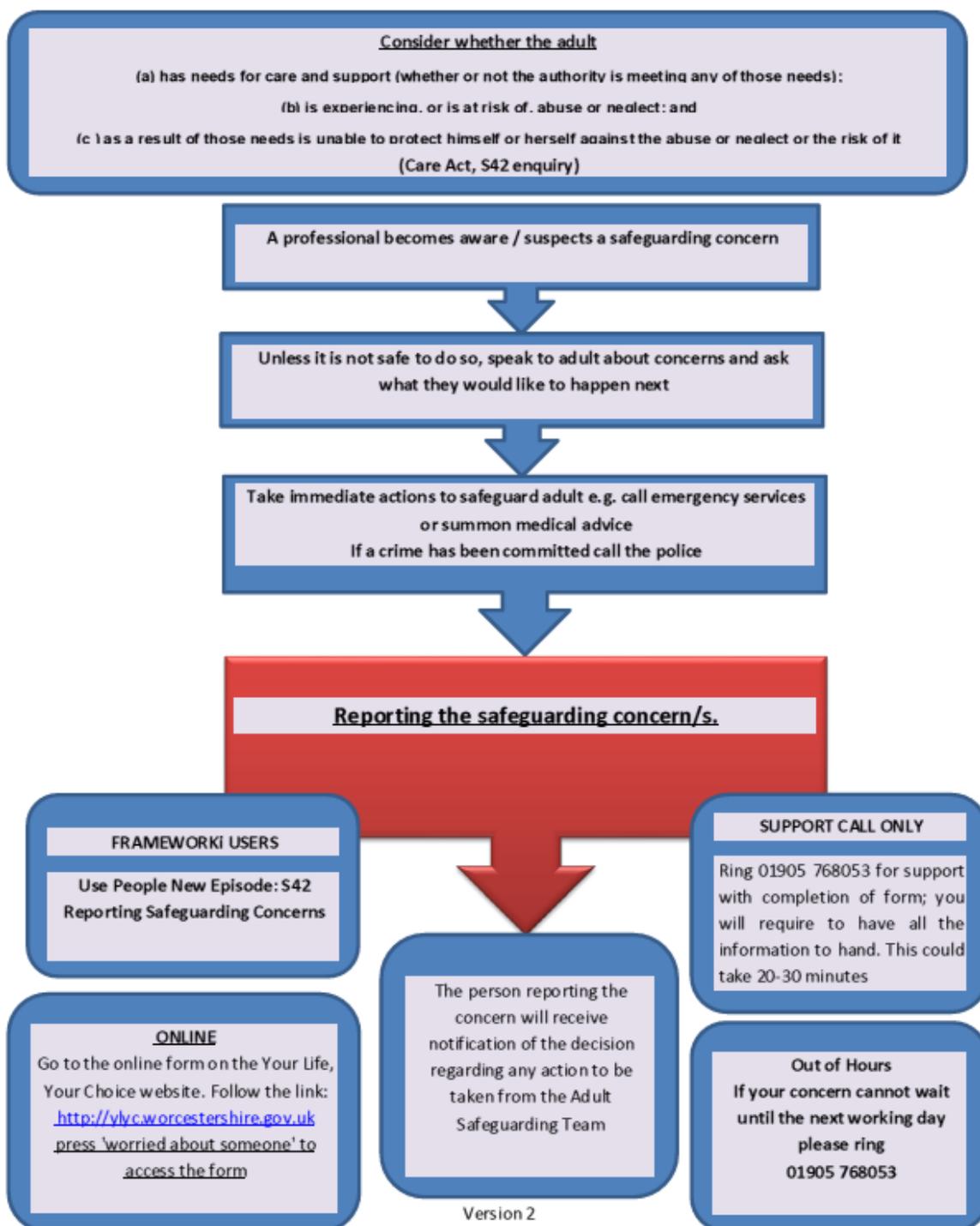
Self-neglect – this covers a wide range of behaviour. Neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

This list is not exhaustive.

When considering whether a concern meets the threshold to be addressed as a safeguarding issue under Section 42 of the Care Act 2014, you need to consider whether the situation meets each point in the three stage test:



Professional pathway for reporting safeguarding concerns that meet the criteria for S42 Enquiry



Responding to abuse or neglect-what to do.

1. IMMEDIATE PROTECTION

Make an immediate evaluation of the risk and take steps to ensure that the adult is in no immediate danger. Where appropriate, call 999 for emergency services if there is a medical emergency, other danger to life or risk of imminent injury, or if a crime is in progress. Where you suspect a crime has been committed, leave things as they are wherever possible.

- Summon urgent medical assistance from the GP, or other primary healthcare service if there is a concern about the adult's need for medical assistance or advice. You can call the NHS 111 service for urgent medical help or advice when it's not a life-threatening situation.
- The adult may feel frightened, so you can ascertain whether they want you to arrange for someone they feel comfortable with to stay with them.
- Consider if there are other adults with care & support needs who are at risk of harm, and take appropriate steps to protect them.
- Consider supporting and encouraging the adult to contact the Police if a crime has been or may have been committed.
- Take steps to preserve any physical evidence if a crime may have been committed, and preserve evidence through recording.

Taken from: Recognising, Responding to & Reporting the Abuse or Neglect of Adults with Care & Support Needs by Worcestershire County Council

Dealing with disclosures.

- Abuse can happen anywhere and by anyone, including relatives, friends, neighbours, paid care workers, volunteers, professional staff, other Service Users and strangers.
- The possibility of abuse can come to light in various ways, for example: an active disclosure of abuse by the adult; a passive disclosure of abuse where someone's attention is drawn to the
- symptoms of the abuse;
- a growing awareness that "something is not right";
- an allegation of abuse by a third party,
- a complaint or concern raised by an adult or a third party who doesn't perceive that it is abuse.

2. SPEAK TO THE ADULT/ADULT REPRESENTATIVE

From the very first stages of concerns being identified, the views of the individual should be gained. This will enable the person to give their perspectives about the potential abuse or neglect concerns that have been raised, and what outcomes they would like to achieve. It may be helpful to talk with the staff team, to see if these concerns are shared. These views should directly inform what happens next.

Although our Service Users have communication difficulties there are indicators in their demeanour that are recognised by those who know them well. Our communication policy and approach of using intensive interaction support our understanding. These indicators can lead to concerns over welfare.

Our Service Users lack the capacity to engage with the process and are unable to consent to proceed with raising a safeguarding concern. Any decisions made must be in their best interest and be a proportionate response to the concern. If there are concerns about a carer in this situation who may require support, then they will be discussed this with them and if required, refer this to Adult Social Care. There will be occasions where disclosure could put the adult in increased risk of harm. This could be, for example, due to retaliation, or a risk of fleeing or removal of the adult from the local area, or an increase in threatening or controlling behaviour if the person causing the risk of harm were to know that the individual had told someone about the abuse or neglect, or that someone else was aware of it.

The safety of the adult and the potential for increasing the risk should always be considered when planning to share information. Any such situations where there is the potential for endangering safety or increasing risk should be assessed carefully and advice taken from your management, or from an

external agency as appropriate.

When speaking to the individual/s or representative-

- Discuss the concerns in a private and safe place. The person alleged to be the source of the risk should not be present.
- Get the individual/s or representatives views on the concern and what they want done about it,
- Give the individual /s or representatives information about the adult safeguarding process and how that could help to make the adult safer,
- Explain confidentiality issues, how they will be kept informed and how the individual will be supported,
- Identify communication needs, personal care arrangements and access requests,
- Discuss what could be done to protect the individual concerned.

RESPONDING TO DISCLOSURES

Receive from the individual and/or adult representative

- Listen calmly to what they are saying, if they are able to share this information with you. Give them as much time as they need. Try to remember what the person is saying in their own words so that you can record it later.
- If you are shocked by what they are saying or what you observe try not to show it
- Accept what the adult/ or adult representative says and take what they say or you observe seriously
- Ask open questions to establish the facts but DO NOT repeat questions, ask leading questions or ask for (other) information.

Reassure the individual and/or adult representative

- Stay calm and reassure the that they have done the right thing in talking to you
- Be honest so that you do not make promises you can't keep
- Do not promise confidentiality – you have a duty to refer those at risk
- Acknowledge how hard it must have been for them to tell you what happened

React to the individual and/or adult representative

- React only as far as is necessary for you to establish whether or not you need to refer this matter, but do not interrogate them for details
- Do not ask leading questions
- Use clear communication avoiding words or jargon that may be out of their experience
- Do not pursue the discussion once they feel they have had enough.
- Understand that what is important to them may not be what is important to you.
- Do not threaten or try to negotiate.
- Explain what you have to do next and to whom you have to talk
- Explain and if possible seek agreement that you will have to discuss the situation with someone else and will do so on a 'need to know' basis.

3. DETECTION AND PREVENTION

Discuss the matter with the DASM immediately.

Contact an independent advocacy organisation.

Role of the designated Adult Safeguarding Manager (DASM): the person within an organisation who is responsible for the management and oversight of individual complex cases and the coordination of activity when concerns are raised about an staff member, volunteer or any other person,

paid or unpaid (collectively known as people in a position of trust). The DASM for Spectrum Days is: Maggie Allen Chair of Trustees Telephone 07972704378, 236 Hylton Road, Worcester WR2 5LA mallen@spectrumdays.co.uk

The trustee with safeguarding responsibility is Jane Roberts. Jane is chief officer for Snoezelen and has the role of responsible officer within that organisation. Snoezelen, Turnpike Close, St Johns Worcester WR2 6AB Telephone 01905 542378

Sandra Wilkinson is Team Leader responsible for Service Delivery- Deputy Designated Adult Safeguarding Manager D DASM Spectrum Days, Old Coach Road, Droitwich Spa Worcestershire WR9 8BB Telephone 01905 773725

The Team Leader Nicky Doughty supports investigations through the role of having responsibility for the daily management of Days services. Spectrum Days, Old Coach Road, Droitwich Spa Worcestershire WR9 8BB Telephone 01905 773725

These person(s) will take on the responsibility for:

- Ensuring the policy is being put into practice
- Being the first point of contact for safeguarding issues
- When a safeguarding issue requires investigation ensures the internal reporting procedure is followed.
- Keeping a record (separate to the ordinary file in a secure place) of any concern expressed about safeguarding issues
- Where necessary, taking further steps, such as referring concerns to other agencies
- Bringing any safeguarding concerns to the notice of the Board of Trustees.
- Ensuring that paid staff and volunteers are given appropriate training, support and supervision on safeguarding.
- Ensuring that everyone involved with the organisations is aware of the identity of the DASM/D DASM
- Will ensure that the Service Users, families/carers, staff and volunteers using Spectrum Days are aware of all its policies and how to implement them
- All staff must have been and applied for annual checks through the Disclosure and Barring Service (DBS) and disclose the contents to the service manager.
- Will ensure that there is an environment in which all staff and volunteers have every opportunity to raise any safeguarding issues without fear of retribution

If you have concerns about an adult's welfare and the situation has not been adequately dealt with, through the normal supervisory channels, pass on this information as soon as is reasonably possible, directly to the DASM/D DASM. If the DASM/D DASM is not available or they need further advice and guidance regarding the potential abuse of a vulnerable person, they can contact Worcestershire's Access Centre on 0845 607 2000. The RO has the right to refer the complaint back to management if he/she feels that the management without any conflict of interest can more appropriately investigate the situation.

If Service Users (or their families, carers) are concerned about possible abuse by a staff member or volunteer, in the first instance, they can talk to a member of staff they feel most comfortable with or they can contact:

Maggie Allen: DASM Designated Adult Safeguarding Manager -07972704378

Sandra Wilkinson: Team Leader responsible for Service Delivery Deputy Designated Adult Safeguarding Manager (D DASM) 01905 773725

Jane Roberts: 01905 542378

They will be reassured that the complaint will be investigated fully and if necessary the whistleblowing policy will be instigated.

4. RECORD AND PRESERVE

Make some brief notes at the time and write them up more fully as soon as possible (before the end of the working day) – use the RECORDING PROFORMA FOR ADULTS WITH CARE AND SUPPORT NEEDS

- Take care to record timing, setting and personnel as well as what was said and observed in as much detail as possible.
- Be objective in your recording – include statements and observable things rather than your interpretations or assumptions
- Make sure the report is legible and can be photocopied.
- Keep the record in locked cabinet with access limited to the DASM.

What to do?

In cases of physical or sexual abuse, **contact the Police immediately**. Ask their advice about what to do to preserve physical evidence.

As a guide-

- Where possible leave things as and where they are. If anything has to be handled, keep this to an absolute minimum;
- Do not clean up.
- Do not touch anything you do not have to.
- Do not throw anything away which could be evidence;
- Do not wash anything or in any way remove fibres, blood etc;
- Preserve the clothing and footwear of the victim;
- Preserve anything used to comfort or warm the victim, e.g. a blanket;
- Note in writing the state of the clothing of both the victim and alleged perpetrator.
- Note injuries in writing. As soon as possible, make full written notes on the conditions and attitudes of the people involved in the incident;
- Take steps to secure the room or area where the incident took place.
- Do not allow anyone to enter until the Police arrive.
- In addition, in cases of sexual assault –
- Preserve bedding and clothing where appropriate, do not wash;
- Try not to have any personal or physical contact with either the victim or the alleged perpetrator.
- Offer reassurance and comfort as needed, but be aware that anyone touching the victim or alleged perpetrator can cross contaminate evidence.

Reporting Adult Safeguarding Concerns

All abuse or neglect concerns relating to adults with care & support needs should be reported to Worcestershire County Council Adult Social Care via the online form on the Your Life, Your Choice website. Follow the link: <http://ylyc.worcestershire.gov.uk> and press 'Worried About Someone' to access the form.

In exceptional circumstances, if you require help to complete the form then the Access Service will assist. They can be contacted on 0845 607 2000

If the abuse or neglect is very serious, or a criminal offence has occurred or may occur, contact the Police immediately-

West Mercia Police:

To report abuse or raise a concern about a crime, dial non-emergency - **101**.

If a crime is in progress or life is at risk, dial emergency - **999**.

A written report must be submitted to WCC within 24 hours.

Advocacy

Contact an independent advocacy organisation such as Onside

Responding to Adult Safeguarding Concerns – a summary of what to do.

Spectrum Days, Old Coach Road, Droitwich Spa, Worcestershire WR9 8BB Telephone 01905 773725
email:spectrumdayscic@gmail.com web site: www.spectrumdays.co.uk Charity number 1151711
Safeguarding Policy for Adults

There are some key responsibilities and actions for anyone who identifies possibility of abuse or neglect. These responsibilities must be addressed on the same day as the concern recognised.

i. Immediate protection.

Take any immediate actions to safeguard anyone at immediate risk harm, including summoning medical assistance.

ii. Speak to the individual/s wherever it is safe to do so. Get the views of the individual/s on the concern or incident, and see what they would like to happen next. Listen to what they have to say, and ensure the adults concerned are given the support they need.

iii. Detection & Prevention of crime.

Where there is evidence a criminal offence has taken place, or a crime may be about to be committed, contact the Police immediately.

iv. Record & Preserve evidence.

Preserve evidence through recording, and take steps to preserve any physical evidence (see Good Practice Guides on next page). Follow the internal reporting procedure

v. Report & Inform.

- REPORT TO ADULT SOCIAL CARE AS SOON AS POSSIBLE, AND IN CIRCUMSTANCES ON THE SAME DAY AS THE CONCERN IS RECOGNISED

- REPORT TO CHILDREN'S SERVICES AS SOON AS POSSIBLE IF A CHILD IS IDENTIFIED BEING AT RISK OF HARM.

Report the matter through our internal reporting procedure (e.g. incident serious untoward incident reporting procedures).

- Our service is registered with the Care Quality Commission, and if the incident constitutes a notifiable event, we complete and send notification to CQC.
- All staff are required to register with the DBS scheme.
- Make a RIDDOR report if the incident falls under the criteria for reportable accident, dangerous occurrence or case of disease under the RIDDOR Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.(See www.riddor.gov.uk).