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<b>Safeguarding Adults Policy</b>		

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## Introduction

This policy has been devised following the guidance of the Care Act 2014 and the Social Services and Well-Being (Wales) Act 2014 and relevant Regulations.

Safeguarding is a term to describe how adults (and children) are protected from abuse or neglect. The Office of the Public Guardian state “**safeguarding is about protecting certain people who may be in vulnerable circumstances. These people may be a risk of abuse or neglect due to the actions (or lack of action) of another person. In these cases, it is vital that public services work together to identify people at risk, and put steps in place to help prevent abuse or neglect**”.

Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or 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. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

## Policy Statement

Radis is committed to working in accordance with relevant legislation, national guidance and local authority guidelines for adults at risk.

This policy applies to all employees so they are aware of adults at risk, what this means in their working practices and how to deal with suspected, disclosed or discovered incidents.

Managers will report any concerns of whistle-blowing in relation to adults at risk that has been brought to their attention or that they are aware of to the Local Authority Adult Social Care Commissioners and the Care Quality Commission (CQC) or Care Inspectorate Wales (CIW).

The way local authorities work varies, however, each adult social service’s responds within a framework based on the Care Act or Social Services Well-Being (Wales) Act.

All branches and services must work within, and refer to, their local authority safeguarding policy and procedures and be fully aware of, and keep up to date with, local information and reporting requirements.

Everyone has a role to play in safeguarding and Radis commits to working within local authority multi-agency approaches to safeguard adults at risk and will co-operate fully at all times.

Radis’ Board of Directors provides governance and strategic over-sight for the company’s safeguarding work and appoints the Group Operations Director to act as the company’s over-arching safeguarding lead.

Radis operates a zero tolerance towards all kinds of abuse.

## The Six Key Principles of Safeguarding

The following six key principles underpin Radis' approach to safeguarding:

- **Empowerment:** People being supported and encouraged to make their own decisions and informed consent. *"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."*
- **Prevention:** It is better to take action before harm occurs. *"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."*
- **Proportionality:** The least intrusive response appropriate to the risk presented. *"I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."*
- **Protection:** Support and representation for those in greatest need. *"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."*
- **Partnership:** Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. *"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."*
- **Accountability:** Accountability and transparency in delivering safeguarding. *"I understand the role of everyone involved in my life and so do they."*

## Definition of Safeguarding Duties

An adult might be considered at risk if they are aged 18 years or over and:

- has needs for care and support (whether or not the local council is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect

An adult at risk may be a person who:

- is elderly and frail due to ill health
- has a learning disability
- has a physical disability and/or a sensory impairment
- has mental health needs including dementia or personality disorder
- has a long -term illness/or condition
- misuses substances or alcohol
- is unable to make their own decisions and is in need of care and support
- is a young adult, over the age of 18, who has care and support needs and is 'in transition' from childrens' to adults' services
- is a carer (looking after another person with care and support needs)

This list is not exhaustive, other people might also be considered to be adults at risk.

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## Making Safeguarding Personal (MSP)

'Making Safeguarding Personal' aims to promote a shift in culture away from process driven interventions to a person-centred response. It's about focusing on the personalised outcomes identified as important by the individual with care and support needs, supporting them in making choices, having control in how they choose to live their lives and collaboratively assessing and managing risk.

Radis is committed to the principles of 'Making Safeguarding Personal' and each Radis branch or service will familiarise themselves with the approaches adopted by their local authority.

All individuals will be supported to participate as fully as possible in decisions about themselves, be given information and support as needed to enable them to consider options and make decisions, rather than being excluded from decisions.

Radis will comply with the Accessible Information Standards providing accessible, easy to understand information on what abuse is and signs to look for.

All service users will receive a copy of the Service User's guide and have access to the Complaints policy and procedure and are given information on how they can escalate concerns to Adult Social Care Commissioner's, Advocacy Services, Local Government and Ombudsman should they not be satisfied with the service.

## Legislation and Regulations

Each of Radis' branches or services will work within the relevant legislation, regulations and guidance.

### England

- The Care Act 2014
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Care Quality Commission (Registration) Regulations 2009

Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20 Duty of Candour**, all communication with Service Users, or another person acting lawfully on their behalf, must be open, transparent and honest in relation the services they receive from Radis, There are also specific requirements that Radis must follow if there are any safety incidents, or if something goes wrong while care is being provided and how we should inform people about the incident and what we need to do, including when we need to notify a safety incident to the Care Quality Commission (CQC). Radis promote an open and honest culture at all levels in how incidents should be dealt with and how staff should behave in dealing with such incidents. Further information can be found at: <https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-20-duty-candour#full-regulation>  
Also refer to Radis' **Duty of Candour Protocol**.

### Wales

- Social Services and Well-Being (Wales) Act 2014
- Regulation and Inspection of Social Care (Wales) Act 2016
- The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017

Under **The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017: Regulation 13 Duty of Candour**, providers will promote a culture of candour that includes being open, honest, and engaging with individuals and their representatives when things go wrong, providing individuals and their representatives with information about what has happened and the outcome of any investigations, offering an apology for what has happened where it is appropriate to do so. Radis is expected to take action to prevent and appropriately address bullying, victimisation and/or harassment in relation to the duty of candour, and investigate any instances. Radis will identify and deal with possible breaches of the professional duty of candour by staff. Radis promotes an open and honest culture at all levels in how incidents should be dealt with and how staff should behave in dealing with such incidents. Also refer to Radis' **Duty of Candour Protocol**.

Under the **Human Rights Act 1998**, in particular Article 5 (Right to liberty and security) and Article 8 (Respect for your private and family life, home and correspondence), everyone has fundamental rights and freedoms which means basic important rights and choices. An individual has a right to be treated equally, with fairness, dignity and respect and live their life free from abuse. Further information on Human Rights can be found at: <http://www.equalityhumanrights.com>

The **Public Interest and Disclosure Act (PIDA) 1998**, relates to when a worker undertakes whistle blowing or makes a 'protected disclosure' in the public interest. Whistle blowing is the term used when an employee raises a concern about malpractice, risk or wrong-doing which may cause harm, or create a risk of harm, to service users', other employees or the wider public. It is normally used if management have not dealt with those concerns raised or does not feel confident that management will deal with those concerns properly, and instead they can make a disclosure to another key agency, i.e., CQC. A worker has the right not to be subjected to any detriment under PIDA, or based on the employer deliberately failing to act, on the grounds of making a protected disclosure which they believe to be genuine. Further information can be found within Radis' **Whistleblowing Policy**.

Under the **Data Protection Act 2018**, information can be shared lawfully within the parameter of DPA 2018 and the General Data Protection Regulation (GDPR). Further information on Data Protection can be found at: <http://www.ico.org.uk>

- The law does not prevent the sharing of sensitive, personal information **within** organisations. If the information is confidential, but there is a safeguarding concern, sharing it may be justified.
- The law does not prevent the sharing of sensitive, personal information **between** organisations where the public interest served outweighs the public interest served by protecting confidentiality – for example, where a serious crime may be prevented.

Local agreements or information sharing protocols should be in place setting out the process and principles for sharing information between organisations. Decisions on sharing such information must be justifiable and proportionate and based on the potential or actual harm to adults (or children) at risk and the rationale for decision making should always be recorded.

Under the **Health and Safety at Work etc. Act 1974**, Radis must provide and maintain safety equipment and safe systems of working for all employees, i.e. safe use of equipment for moving and handling. Should a serious accident or fatality occur through unsafe working practices, it may be necessary to contact the Health and Safety Executive and/or the relevant local authority health and safety representative for advice about whether they should be involved in a safeguarding investigation. It may also be necessary for the Registered Manager of branches and services to submit a RIDDOR report. This is known as Reporting of Injuries, Diseases and Dangerous Occurrences under RIDDOR Regulations 2013. Further information can be found at: <https://www.hse.gov.uk/> and <https://www.hse.gov.uk/welsh>

## Existing Policies

Radis has existing policies that relate to, and should be read in conjunction with Safeguarding Adults:

- Complaints
- Confidentiality
- Data Protection
- Duty of Candour (Being Open/Incident Reporting)
- Equality and Diversity
- E-Safety
- Human Rights
- Mental Capacity Act
- Recruitment
- Safeguarding Children
- Whistle Blowing

## Roles and Duties of Safeguarding Adults Boards

The overarching purpose of Safeguarding Adults Boards in England and Wales is to help and safeguard adults with care and support needs by making sure that:

- local safeguarding arrangements are in place as defined by law and statutory guidance
- safeguarding practice is person-centred and outcome focused
- agencies work collaboratively to prevent abuse and neglect where possible
- agencies and individuals give timely and proportionate responses when abuse or neglect have occurred
- safeguarding practice is continuously improving and enhancing the quality of life of adults in its (local authority) area

## Safer Recruitment

The safety and well-being of the adults (children or young people) that Radis works with is a top priority. All reasonable and sensible measures are taken to ensure they are kept safe from harm.

Safer recruitment is to help deter, reject or identify people who might cause harm to adults at risk or who are unsuitable to be working with them. Having appropriate procedures in place for appointing staff is paramount to safeguarding adults at risk.

The recruitment and selection of employees is conducted in a professional, timely and responsive manner and in accordance with current employment legislation and relevant safeguarding legislation and statutory guidance.

Radis' undertakes all appropriate and required checks on employees before they are offered employment with the company and appointed to post.

As a minimum, Radis ensures that:

- job adverts, job descriptions and personal specifications reflect the role and commitment to safeguarding completion of job application forms
- employment history and any gaps in employment are checked (recorded and discussed at interview)

- face to face interviewing is undertaken
- recording of interviews is undertaken
- right to work checks and identity is verified
- original qualification certificates are verified
- professional and character references are obtained (minimum of two) and verified
- disclosure and barring checks are undertaken (including referrals for barring if required)
- a contract of employment is provided to employees
- regular supervision and annual appraisal is undertaken

Radis has a culture of ensuring that quality assurance is embedded into its people management practices and related policies and procedures are reviewed on a regular basis to ensure they remain relevant and work within best practice approaches.

## Training

All employees will be made aware of this policy and the local authority policy and procedures as part of the induction process and existing employees through team meetings and regular update/refresher training.

Key areas of training include the principles of safeguarding adults at risk. A knowledge-based assessment is completed as part of an employee's induction.

**England** - Any member of staff new to care who is employed by the business and will deliver front line care to service users will be expected to achieve the Skills for Care - Care Certificate within their first 12 weeks of employment, this includes Standard 10 Safeguarding Adults and Standard 11 Safeguarding Children.

**Wales** - Any member of staff who is new to care employed by the business and will deliver front line care to service users will be expected to achieve the Social Care Wales All Wales Induction Framework within their first 6 months of employment, this includes Section 6 : Safeguarding Individuals.

Additional internal and external training, including local authority safeguarding courses and e-learning, may also be undertaken to enhance employee knowledge and competency.

All employees are expected to renew mandatory safeguarding training on an annual basis.

## Roles and Responsibilities of Employees

Safeguarding matters and is everyone's responsibility.

All employees who come into contact with service users have the following responsibilities:

- to provide care and support that promotes a service user's choice and autonomy
- to work in compliance with national, local and Radis' policies and procedures that promote the safety and well-being of the people who use Radis' services, i.e. moving and handling, medication etc.)
- to work in compliance with the principles of the Mental Capacity Act and Best Interest Decisions
- to be aware of how to recognise and report possible abuse
- to report all instances of suspected and actual abuse immediately
- to contribute to, and co-operate with, adult safeguarding investigations where necessary and required
- to be aware of Radis' Whistleblowing Policy and Procedures and use them where appropriate to do so



## Types of Abuse

Abuse refers to various forms of force, threats and fraud against someone. Abuse is any behaviour towards a person that deliberately or unknowingly causes them harm, endangers or violates their life.

Abuse could occur as a single or repeated act. It can happen in any relationship and may result in significant harm to, or exploitations of, the individual.

There are **10** categories of abuse:

### Physical Abuse

Types of physical abuse	Possible indicators of physical abuse
<ul style="list-style-type: none"> <li>• Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing</li> <li>• Rough handling</li> <li>• Scalding and burning</li> <li>• Physical punishments</li> <li>• Inappropriate or unlawful use of restraint</li> <li>• Making someone purposefully uncomfortable (e.g. opening a window and removing blankets)</li> <li>• Involuntary isolation or confinement</li> <li>• Misuse of medication</li> <li>• Forcible feeding or withholding food</li> <li>• Unauthorised restraint, restricting movement (i.e. tying someone to a chair)</li> </ul>	<ul style="list-style-type: none"> <li>• No explanation for injuries or inconsistency with the account of what happened</li> <li>• Injuries are inconsistent with the person's lifestyle</li> <li>• Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps</li> <li>• Frequent injuries</li> <li>• Unexplained falls</li> <li>• Subdued or changed behaviour in the presence of a particular person</li> <li>• Signs of malnutrition</li> <li>• Failure to seek medical treatment or frequent changes of GP</li> </ul>

### Domestic Violence or Abuse

Types of domestic violence or abuse	Possible indicators of domestic violence or abuse
<p>Domestic violence or abuse can be characterised by any of the indicators of abuse outlined below.</p> <ul style="list-style-type: none"> <li>• psychological</li> <li>• physical</li> <li>• sexual</li> <li>• financial</li> <li>• emotional</li> </ul> <p>Domestic violence and abuse includes any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been, intimate partners or family members regardless of gender or sexuality. It also includes so called 'honour' -based violence, female genital mutilation and forced marriage.</p> <p>Coercive or controlling behaviour is a core part of domestic violence. Coercive behaviour can include:</p> <ul style="list-style-type: none"> <li>• acts of assault, threats, humiliation and intimidation</li> <li>• harming, punishing, or frightening the</li> </ul>	<ul style="list-style-type: none"> <li>• Low self-esteem</li> <li>• Feeling that the abuse is their fault when it is not</li> <li>• Physical evidence of violence such as bruising, cuts, broken bones</li> <li>• Verbal abuse and humiliation in front of others</li> <li>• Fear of outside intervention</li> <li>• Damage to home or property</li> <li>• Isolation – not seeing friends and family</li> <li>• Limited access to money</li> </ul>



person <ul style="list-style-type: none"> <li>• isolating the person from sources of support</li> <li>• exploitation of resources or money</li> <li>• preventing the person from escaping abuse</li> <li>• regulating everyday behaviour</li> </ul>	
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### Sexual Abuse

Types of sexual abuse	Possible indicators of sexual abuse
<ul style="list-style-type: none"> <li>• Rape, attempted rape or sexual assault</li> <li>• Inappropriate touch anywhere</li> <li>• Non- consensual masturbation of either or both persons</li> <li>• Non- consensual sexual penetration or attempted penetration of the vagina, anus or mouth</li> <li>• Any sexual activity that the person lacks the capacity to consent to</li> <li>• Inappropriate looking, sexual teasing or innuendo or sexual harassment</li> <li>• Sexual photography or forced use of pornography or witnessing of sexual acts</li> <li>• Indecent exposure</li> </ul>	<ul style="list-style-type: none"> <li>• Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck</li> <li>• Torn, stained or bloody underclothing</li> <li>• Bleeding, pain or itching in the genital area</li> <li>• Unusual difficulty in walking or sitting</li> <li>• Foreign bodies in genital or rectal openings</li> <li>• Infections, unexplained genital discharge, or sexually transmitted diseases</li> <li>• Pregnancy in a woman who is unable to consent to sexual intercourse</li> <li>• The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude</li> <li>• Incontinence not related to any medical diagnosis</li> <li>• Self-harming</li> <li>• Poor concentration, withdrawal, sleep disturbance</li> <li>• Excessive fear/apprehension of, or withdrawal from, relationships</li> <li>• Fear of receiving help with personal care</li> <li>• Reluctance to be alone with a particular person</li> </ul>

**Adult Sexual Exploitation** - anyone could be a victim of sexual exploitation, rape or sexual abuse. Both men and women can be victims. There is normally a degree of grooming involved before the exploitation takes place. Grooming is a deliberate process that is undertaken to befriend someone, make an emotional association with them and/or lower their inhibitions with a view to preparing them for abuse or exploitation.

### Psychological or Emotional Abuse

Types of psychological or emotional abuse	Possible indicators of psychological or emotional abuse
<ul style="list-style-type: none"> <li>• Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends</li> <li>• Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance</li> <li>• Preventing someone from meeting their religious and cultural needs</li> </ul>	<ul style="list-style-type: none"> <li>• An air of silence when a particular person is present</li> <li>• Withdrawal or change in the psychological state of the person</li> <li>• Insomnia</li> <li>• Low self-esteem</li> <li>• Uncooperative and aggressive behaviour</li> <li>• A change of appetite, weight loss/gain</li> </ul>

<ul style="list-style-type: none"> <li>• Preventing the expression of choice and opinion</li> <li>• Failure to respect privacy</li> <li>• Preventing stimulation, meaningful occupation or activities</li> <li>• Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse</li> <li>• Addressing a person in a patronising or infantilising way</li> <li>• Threats of harm or abandonment</li> <li>• Cyber bullying</li> </ul>	<ul style="list-style-type: none"> <li>• Signs of distress: tearfulness, anger</li> <li>• Apparent false claims, by someone involved with the person, to attract unnecessary treatment</li> </ul>
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**Financial or Material Abuse**

Types of financial or material abuse	Possible indicators of financial or material abuse
<ul style="list-style-type: none"> <li>• Theft of money or possessions</li> <li>• Fraud, scamming</li> <li>• Preventing a person from accessing their own money, benefits or assets</li> <li>• Employees taking a loan from a person using the service</li> <li>• Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions</li> <li>• Arranging less care than is needed to save money to maximise inheritance</li> <li>• Denying assistance to manage/monitor financial affairs</li> <li>• Denying assistance to access benefits</li> <li>• Misuse of personal allowance in a care home</li> <li>• Misuse of benefits or direct payments in a family home</li> <li>• Someone moving into a person's home and living rent free without agreement or under duress</li> <li>• False representation, using another person's bank account, cards or documents</li> <li>• Exploitation of a person's money or assets, i.e. unauthorised use of a car</li> <li>• Misuse of a power of attorney, deputy, appointeeship or other legal authority</li> <li>• Rogue trading, i.e. unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship</li> </ul>	<ul style="list-style-type: none"> <li>• Missing personal possessions</li> <li>• Unexplained lack of money or inability to maintain lifestyle</li> <li>• Unexplained withdrawal of funds from accounts</li> <li>• Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity</li> <li>• 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</li> <li>• The person allocated to manage financial affairs is evasive or uncooperative</li> <li>• The family or others show unusual interest in the assets of the person</li> <li>• Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA</li> <li>• Recent changes in deeds or title to property</li> <li>• Rent arrears and eviction notices</li> <li>• A lack of clear financial accounts held by a care home or service</li> <li>• Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person</li> <li>• Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house</li> <li>• Unnecessary property repairs</li> </ul>

### Modern Slavery

Types of modern slavery	Possible indicators of modern slavery
<ul style="list-style-type: none"> <li>• Human trafficking - this involves an act of recruiting, transporting, transferring, harbouring or receiving a person through a use of force, coercion or other means, for the purpose of exploiting them</li> <li>• Forced labour</li> <li>• Domestic servitude</li> <li>• Sexual exploitation, such as escort work, prostitution and pornography</li> <li>• Debt bondage – being forced to work to pay off debts that realistically they never will be able to</li> </ul>	<ul style="list-style-type: none"> <li>• Signs of physical or emotional abuse</li> <li>• Appearing to be malnourished, unkempt or withdrawn</li> <li>• Isolation from the community, seeming under the control or influence of others</li> <li>• Living in dirty, cramped or overcrowded accommodation and or living and working at the same address</li> <li>• Lack of personal effects or identification documents</li> <li>• Always wearing the same clothes</li> <li>• Avoidance of eye contact, appearing frightened or hesitant to talk to strangers</li> <li>• Fear of law enforcers</li> </ul>
<p><b>Radis' Modern Slavery Protocol should be referred to.</b></p>	

### Discriminatory Abuse

Types of discriminatory abuse	Possible indicators of discriminatory abuse
<ul style="list-style-type: none"> <li>• 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)</li> <li>• Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic</li> <li>• Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader</li> <li>• Harassment or deliberate exclusion on the grounds of a protected characteristic</li> <li>• Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic</li> <li>• Substandard service provision relating to a protected characteristic</li> </ul>	<ul style="list-style-type: none"> <li>• The person appears withdrawn and isolated</li> <li>• Expressions of anger, frustration, fear or anxiety</li> <li>• The support on offer does not take account of the person's individual needs in terms of a protected characteristic</li> </ul>

### Organisational or Institutional Abuse

Types of organisational or institutional abuse	Possible indicators of organisational or institutional abuse
<ul style="list-style-type: none"> <li>• Discouraging visits or the involvement of relatives or friends</li> <li>• Run-down or overcrowded establishment</li> <li>• Authoritarian management or rigid regimes</li> <li>• Lack of leadership and supervision</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of flexibility and choice for people using the service</li> <li>• Inadequate staffing levels</li> <li>• People being hungry or dehydrated</li> <li>• Poor standards of care</li> </ul>

<ul style="list-style-type: none"> <li>• Insufficient staff or high turnover resulting in poor quality care</li> <li>• Abusive and disrespectful attitudes towards people using the service</li> <li>• Inappropriate use of restraints</li> <li>• Lack of respect for dignity and privacy</li> <li>• Failure to manage service users with abusive behaviour</li> <li>• Not providing adequate food and drink, or assistance with eating</li> <li>• Not offering choice or promoting independence</li> <li>• Misuse of medication</li> <li>• Failure to provide care with dentures, spectacles or hearing aids</li> <li>• Not taking account of individuals' cultural, religious or ethnic needs</li> <li>• Failure to respond to abuse appropriately</li> <li>• Interference with personal correspondence or communication</li> <li>• Failure to respond to complaints</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of personal clothing and possessions and communal use of personal items</li> <li>• Lack of adequate procedures</li> <li>• Poor record-keeping and missing documents</li> <li>• Absence of visitors</li> <li>• Few social, recreational and educational activities</li> <li>• Public discussion of personal matters</li> <li>• Unnecessary exposure during bathing or using the toilet</li> <li>• Absence of individual care plans</li> <li>• Lack of management overview and support</li> </ul>
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### Neglect or Acts of Omission

Types of neglect or acts of omission	Possible indicators of neglect or acts of omission
<ul style="list-style-type: none"> <li>• Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care</li> <li>• Providing care in a way that the person dislikes</li> <li>• Failure to administer medication as prescribed</li> <li>• Refusal of access to visitors</li> <li>• Not taking account of individuals' cultural, religious or ethnic needs</li> <li>• Not taking account of educational, social and recreational needs</li> <li>• Ignoring or isolating the person</li> <li>• Preventing the person from making their own decisions</li> <li>• Preventing access to glasses, hearing aids, dentures, etc.</li> <li>• Failure to ensure privacy and dignity</li> </ul>	<ul style="list-style-type: none"> <li>• Poor environment – dirty or unhygienic</li> <li>• Poor physical condition and/or personal hygiene</li> <li>• Pressure sores or ulcers</li> <li>• Malnutrition or unexplained weight loss</li> <li>• Untreated injuries and medical problems</li> <li>• Inconsistent or reluctant contact with medical and social care organisations</li> <li>• Accumulation of untaken medication</li> <li>• Uncharacteristic failure to engage in social interaction</li> <li>• Inappropriate or inadequate clothing</li> </ul>

### Self Neglect

Types of self neglect	Indicators of self neglect
<ul style="list-style-type: none"> <li>• Lack of self-care to an extent that it threatens personal health and safety</li> <li>• Neglecting to care for one's personal hygiene, health or surroundings</li> <li>• Inability to avoid self-harm</li> </ul>	<ul style="list-style-type: none"> <li>• Very poor personal hygiene</li> <li>• Unkempt appearance</li> <li>• Lack of essential food, clothing or shelter</li> <li>• Malnutrition and/or dehydration</li> <li>• Living in squalid or unsanitary conditions</li> </ul>

<ul style="list-style-type: none"> <li>• Failure to seek help or access services to meet health and social care needs</li> <li>• Inability or unwillingness to manage one's personal affairs</li> </ul>	<ul style="list-style-type: none"> <li>• Neglecting household maintenance</li> <li>• Hoarding</li> <li>• Collecting a large number of animals in inappropriate conditions</li> <li>• Non-compliance with health or care services</li> <li>• Inability or unwillingness to take medication or treat illness or injury</li> </ul>
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The above examples are not an exhaustive list of actions or behaviours that will constitute abuse.

## Other Types of Abuse

**County Lines** - is a term used when drug gangs from big cities expand their operations to smaller towns, often using violence to drive out local dealers. These dealers will use dedicated mobile phone lines, known as 'deal lines', to take orders from drug users. Heroin, cocaine and crack cocaine are the most common drugs being supplied and ordered. The dealers will frequently target children and adults - often with mental health or addiction problems - to act as drug runners or move cash so they can stay under the radar of law enforcement. People exploited in this way will quite often be exposed to physical, mental and sexual abuse, and in some instances will be trafficked to areas a long way from home as part of the network's drug dealing business.

Potential indicators of county lines involvement include:

- persistently going missing from school or home and / or being found out-of-area
- unexplained acquisition of money, clothes, or mobile phones
- excessive receipt of texts / phone calls and/or having multiple handsets
- relationships with controlling / older individuals or groups
- leaving home / care without explanation
- suspicion of physical assault / unexplained injuries
- carrying weapons
- significant decline in school results / performance
- gang association or isolation from peers or social networks
- self-harm or significant changes in emotional well-being

The Home Office has issued guidance for frontline staff who work with children, young people and potentially vulnerable adults. This is available from:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/741194/HOCountyLinesGuidanceSept2018.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/741194/HOCountyLinesGuidanceSept2018.pdf)

**'Cuckooing'** - is when professional criminals target the homes of vulnerable adults so they can use the property for drug-dealing and other criminal activities. Victims of 'cuckooing' can include older people, those suffering from mental or physical health problems, adults with addictions, single mums and those living in poverty.

Signs of 'cuckooing' include:

- increase in the number of coming and goings /people entering and leaving
- increase in cars or bikes outside
- possible increase in anti-social activity in and around the property
- disengagement with support services
- exchanges of cash or packages, outside their home
- professionals visiting may be aware of new unidentified persons in the property
- the property may become to appear almost sparse of valuable possessions inside and go into a state of disrepair.

Any employee working with a vulnerable person who they think may be at risk of county lines exploitation or 'cuckooing' should follow their local safeguarding guidance and share this information with local authority social services. If you believe a person is in immediate risk of harm, you should contact the police

**Door Step Crime** - is a term that describes rogue traders who call at the homes of service users offering to undertake work, i.e. roofing, resurfacing drives etc., and demand cash in hand and apply pressure to the householder. It also applies to distraction burglars who call at an individuals' homes offering services or seeking to distract the householder while an accomplice enters the home to burgle or rob. Doorstep crime is rarely spontaneous and often well organised between criminals who share information with each other and become aware of large amounts of cash that is kept in the individuals' home. Victims are often elderly women who live alone. It is important that incidents are reported to the Police and to local Trading Standards.

**Elder Abuse** - refers to intentional or negligent acts by a caregiver or trusted individual that causes harm to an older person. Elder abuse takes many forms, including financial exploitation, physical abuse and emotional abuse. Those at risk may be socially isolated or withdrawn, in poor physical health, have un-explained bruising, un-explained money withdrawals from their bank accounts, be unresponsive emotionally and have fatigue.

**Female Genital Mutilation** - or FGM is a procedure where the female genitals are deliberately cut, injured or changed but there is no medical reason for this to be done. It is also known as female circumcision or cutting and by various other terms. It is usually carried out on young girls between infancy and the age of 15 and commonly before puberty starts. It is illegal and is child abuse. It is very painful and can seriously harm the health of women and young girls and can cause long terms problems with sex, childbirth and mental health. The Female Genital Mutilation Act 2003 legislation requires regulated health and social care professionals in England and Wales to make a report to the police where, in the course of their professional duties, they either:

- are informed by a girl under 18 that an act of FGM has been carried out on her; or
- observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth.

There is no requirement for automatic referral for adult women with FGM to adult social services or the police, however, it must be noted that if a disclosure of FGM is made, it may be appropriate to seek advice and support on how to deal with the disclosure as this is abuse that the woman has experienced. The wishes of the woman must be respected at all times.

**Forced Marriage** - is illegal in England and Wales and includes taking someone overseas to force them to marry, whether or not the forced marriage takes place and marrying someone who lacks the mental capacity to consent to the marriage, whether or not they are pressured to or not. Forced marriage is when an individual faces physical pressure to marry, i.e. threats, physical violence or sexual violence, or emotional and psychological pressure, for example, being made to feel like you are bringing shame on your family. Forced marriages are carried out without the consent of both people and it is very different to an arranged marriage which both people will have agreed to. There is no religion that says it is right to force people into a marriage and they are not betraying their faith by refusing such a marriage.

**Hate Crime** - are any crimes that are targeted at a person because of hostility or prejudice towards that person's disability, race or ethnicity, religion or belief, sexual orientation or transgender identify. Hate crimes can include threatening behaviour, assault, robbery, damage to property, inciting other to commit hate crimes and harassment.

**Honour Based Violence** - is a violent crime or incident which may have been committed to defend the honour of the family or community. Women and girls are often the most common victims although it can also affect men and



boys. It is often linked to family members or acquaintances who mistakenly believe someone has brought shame to their family or community by doing something that is not in keeping with the traditional beliefs of their culture, i.e. becoming involved with a boyfriend or girlfriend from a different religion, wanting to get out of an arranged marriage or a forced marriage, wearing clothes or taking part in activities that might not be considered traditional within a traditional culture. Crimes committed in the name of 'honour' might include domestic abuse, threats of violence, sexual or psychological abuse, forced marriage, being held against the person's will or being taken someone they do not want to go and assault.

**Hoarding** – is the excessive collection and retention of any materials, i.e., clothes, newspapers, books, DVD's, letters, food/packaging, animals and data. There are many reasons why a person may hoard including feeling an item is of sentimental value or may be useful or valuable in the future. They may also have a disorder or condition such as obsessive-compulsive disorder (OCD). Hoarding may affect a person's day to day functioning if their home and environment becomes severely cluttered that it presents a risk to that person and/or their health. It can be considered as a form of self-neglect.

**Loan Sharks** – are illegal lenders who normally target some of the most vulnerable people in our communities often charging exorbitant rates of interest. They often refuse to tell the person how much they owe, when the repayments will finish, they may increase the debt or add additional amounts and make take items such as passports, bank card or driving licences. They leave people trapped in spiraling debt and then resort to extreme methods to enforce repayment of the debt, i.e., violence, threats and intimidation.

**Mate Crime** – is when someone pretends to be a person's friend but they do things to take advantage of that person, i.e., they may ask them for money or gifts frequently, take or steal their money or ask them to pay for lots of things. A true friend would not ask for money or gifts or make the person feel uncomfortable in any way or make the person do something that they do not want to do.

## Radicalisation and Terrorism

This happens when a person's thinking and behaviour become significantly different from how most members of their society and community view social issues and participate politically. Only small numbers of people radicalise and they can be from a diverse range of ethnic, national, political and religious groups.

As a person radicalises, they may begin to seek to change significantly the nature of society and government. However, if someone decides that using fear, terror or violence is justified to achieve ideological, political or social change - this is violent extremism.

This is not the same as someone just expressing their point of view. Everyone has the right to express their beliefs and group interests openly. However, it becomes a concern to everybody, including families, communities and law enforcement, if a person begins to advocate or use violence to achieve a political, religious or ideological goal.

Those who radicalise and display threatening behaviour, incite hatred or promote the use of violence for their cause require some form of intervention. This may come from family, religious or community leaders, or law enforcement.

### Prevent Duty

Prevent is part of the Counter-Terrorism and Security Act 2015, and it means that providers have a part to play in helping to prevent adults at risk, and children and young people, from being drawn into extremism and terrorism. Further information on Prevent Duty can be found at: <https://www.gov.uk/government/publications/prevent-duty-guidance>



## Perpetrators

Anyone could be a perpetrator and commit abuse. They could be a:

- relative
- friend or neighbour
- service user
- professional worker, i.e. member of staff or manager
- volunteer worker or student
- stranger or visitor who takes advantage of a person's vulnerability

This is not an exhaustive list, other people might be perpetrators.

## Scene of Abuse

Abuse can happen anywhere and take place:

- when a person lives alone or with a relative
- in nursing, residential or day care settings
- in hospital
- while in police custody or prison
- in a person's own home by people coming in to provide care services
- in a public place

This list is not exhaustive, abuse might happen at other places.

## Safer Places

This is a voluntary scheme co-ordinated by the local authority for organisations and businesses to join to provide a network of designated safer places in their local area for vulnerable people. The scheme provides a temporary and safe place to go if individual's feel distressed, worried or scared while they are out in the community. There are normally a number of local organisations/businesses that join the scheme and they can be identified by a Safer Places sticker that they display in a prominent position at their door entrance or on the window. The vulnerable people who join this scheme are provided with a Keep Safe Card. This card has the contact details of next of kin (relatives or friends) that can be contacted if the person needs help. The person will need to show this card in the establishment they are in to be able to get help their help. A register of those organisation/businesses that participate in this scheme can normally be found at the local authority website.

## Confidentiality, Consent and Information Sharing

The protection of all confidential information is recognised as good practice, but public interest can override the duty of confidentiality. It is difficult for a single agency to know if an adult may be at risk. The alleged perpetrator may have been involved in other cases, etc. and staff may decide to discuss concerns with relevant "others" such as the safeguarding adults teams in the local area or possibly the Public Protection Police Unit (MAPPA or MARAC) to determine if safeguarding action is required.

The principles of confidentiality are:

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- Information should only be shared on a “need to know” basis when it is to protect the vital interests of the service user. However, it may be appropriate to discuss concerns with Adult Social Care and possibly identify a serial abuser.
- Confidentiality should not be confused with secrecy.
- Assurances of absolute confidentiality should not be given to any service user as it is never guaranteed that abuse will not occur. In circumstances where abuse is a criminal act or other vulnerable people are at risk, the information must be disclosed to the relevant authorities.
- Informed consent should be obtained wherever possible. Care should be taken to check that each vulnerable person has the capacity to make decisions about sharing confidential information and the consequences of not doing so.

In some cases, concerns must be shared against the wishes of the individual concerned. This is when there is an immediate and/or clear risk to either the individual themselves or another person, and failure to share concerns will likely lead to further abuse taking place. In all of these cases, staff should endeavour to speak with their line manager or a member of the management team first; however, in some circumstances this may not be possible and the safety of individuals is the first priority.

### **MAPPA and MARAC**

MAPPA is Multi-Agency Public Protection Arrangements. It is the name given to ‘responsible authorities’ tasked with the management of registered sex offenders, violent and other types of sexual offenders who pose a serious risk of harm to the public. This is also known as managing MOSOVO offenders - Managing Sexual Offenders and Violent Offenders.

MARAC is Multi-Agency Risk Assessment Conference. It is a domestic violence meeting where agencies talk about the risk of future harm to people experiencing domestic abuse and if necessary, their children, and draw up an action plan to help manage that risk. Victims are at high risk of murder or serious harm.

## **Capacity, Consent and Decision Making**

The **Mental Capacity Act 2005** governs decision making on behalf of adults where they lose mental capacity at some point in their lives or where the incapacitating condition has been present since birth.

The **Mental Capacity (Amendment) Act 2019** received Royal Assent in on 16<sup>th</sup> May 2019. The Act introduces the Liberty Protection Safeguards which will replace the current Deprivation of Liberty Safeguards systems and is expected to come into force on 1<sup>st</sup> October 2020. Radis will ensure that all of its branches and services within England and Wales works within the Code of Practice once this is fully developed and implemented by the Government.

Staff should adhere to the following principles where concerns arise regarding capacity:

The consideration of capacity is crucial at all stages of Safeguarding Adults Procedures. For example, determining the ability of an adult at risk to make lifestyle choices, such as choosing to remain in a situation where they risk abuse; determining whether a particular act or transaction is abusive or consensual; or determining how much an adult at risk can be involved in making decisions in a given situation.

The Mental Capacity Act 2005 (and subsequent amendments) provides a statutory framework to empower and protect adults at risk who may not be able to make their own decisions. It makes it clear who can take decisions in which situations and how they should go about this. It enables people to plan ahead for a time when they may lose capacity.

The whole Act is underpinned by a set of five key principles:

1. A presumption of capacity - every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise;
2. The right for individuals to be supported to make their own decisions - people must be given all appropriate help before anyone concludes that they cannot make their own decisions;
3. That individuals must retain the right to make what might be seen as eccentric or unwise decisions;
4. Best interests - anything done for or on behalf of people without capacity must be in their best interests; and
5. Least restrictive intervention - anything done for or on behalf of people without capacity should be the least restrictive of their basic rights and freedoms.

## Independent Mental Capacity Advocate (IMCA)

The purpose of the Independent Mental Capacity Advocacy Service is to help particularly vulnerable people who lack the capacity to make important decisions about serious medical treatment and changes of accommodation, and who have no family or friends that it would be appropriate to consult about those decisions.

The role of the Independent Mental Capacity Advocate (IMCA) is to work with and support people who lack capacity and represent their views to those who are working out their best interests.

The Department of Health has extended the Act through Regulations to cover circumstances where a Safeguarding Adults allegation has been made. The Regulations specify that Local Authorities and the NHS have powers to instruct an IMCA if the following requirements are met:

- where safeguarding measures are being put in place in relation to the protection of adults at risk from abuse; and
- where the person lacks capacity

## Vulnerable Adult Risk Management – VARM's

VARM is a process that provides professionals with a framework to facilitate effective multiagency working with adults at risk who are deemed to have mental capacity and who are at risk of serious harm or death through self-neglect, risk taking behaviour or refusal of services. In cases such as self-neglect, risk taking behaviour and refusal of services there is no abuse perpetrated by a third party, so the referrals do not meet the threshold for the Safeguarding Adults process; however, they do need to be considered and risk assessed via another process.

The VARM does not replace established processes such as MAPPA or MARAC; these will take priority.

In order to consider a person for a VARM meeting all the following criteria should apply:

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- A person must have capacity to make decisions and choices regarding their life
- There is a risk of serious harm or death by self-neglect, fire, deteriorating health condition, non-engagement with services or where an adult is targeted by the local community, is the victim of Hate Crime or Anti-Social Behaviour or the victim of sexual violence and they do not meet the criteria for Safeguarding
- There is a public safety interest
- There are a high level of concerns from partner agencies

Serious harm means death or injury (either physical or psychological) which is life threatening and/or traumatic and which is viewed to be imminent or very likely to occur.

Any agency can initiate a VARM meeting. The expectation is that the appointed VARM champion will exercise professional judgement when referring a case to this process.

## Inherent Jurisdiction

This term, in the context of working with adults at risk, refers to someone who is deemed to have capacity (and is outside the jurisdiction of MCA 2005) but requires protection for whatever reason. The High Court has 'inherent jurisdiction' to make orders that will protect that individual even if it is against their wishes. However, the balance needs to be struck between protection of a person on grounds of vulnerability and respect for their autonomy.

For example, the case of ***Southend-on-Sea Borough Council v Meyers [2019] EWHC 399 (Fam)***. The court held that the adult at risk (Meyers) did not lack capacity under MCA 2005 but that he was a vulnerable adult within the scope of the jurisdiction. The evidence was that his life would be at risk if he continued to share his home with his son whose behaviour prevented care from being delivered to him. The court ruled that orders should be made that prevented the adult at risk from living with his son and restricting the son's contact with him. The son was to be evicted from the home or Meyers would be unable to go home at all.

It is important to be aware of inherent jurisdiction when working with adults at risk if the statutory services deem a person to have capacity but you feel there is clear evidence that a certain behaviour or situation is detrimental to their welfare.

## Transitions (Care Leavers)

Under the Care Act, young people with long-term or on-going health and social care needs may be required to transition in a purposeful and planned way from children to adult services whereby they are eligible to do so. Those young people who are deemed to fall into the transition are those with multiple and complex needs, child and adolescent mental health service users, those with palliative care needs and life limiting conditions and those leaving residential care. Where a person is over 18 years of age but still receiving children's services and a safeguarding concern is raised, this should be dealt with through the Adults Safeguarding Procedures.

## Record Keeping

Keeping health and social care records play an important role in responding to abuse and they can also be used in:

- criminal proceedings if a perpetrator faces charges
- obtaining an injunction or court order against a perpetrator
- housing provision

- civil procedure in family courts to assess the risks associated with granting an abusive parent contact with children
- statutory meetings, i.e. safeguarding case conferences

All recording keeping notes must be clear and concise, factual, recorded timely and handwriting **must** be legible. Refer to **Appendix 1** for Radis' Internal Safeguarding Form.

In addition if the employee observes evidence of physical injuries such as bruising, when carrying out care, a body map (see below) should be completed to show the location and size of the injury.

## Body Maps

As part of good practice in reporting abuse, where possible, body maps should be used to record the location, size and number of injuries which may have been caused as a result of the abuse or inappropriate care. These are used to record pressure ulcers, bruising, cuts and wounds, excoriation (red areas), scalds/burns and any other injuries which should be specified.

## Safeguarding Reporting Procedures

All branches and services must follow their local authority safeguarding reporting procedures for adults at risk (and children if needed) should they need to make a referral, or emergency/out of office hours referral.

Safeguarding and other useful local and national contact details are completed by the local branch/service and can be found at **Appendix 2/3**.

1. Employees must remain vigilant at all times to detect possible signs of abuse. This will include any sign of abuse from Radis's employees, other professionals involved in the care of an individual, family, friends or strangers etc.
2. If abuse is suspected, this must be immediately reported to the Registered Manager who will immediately inform the local authority safeguarding team, relevant emergency services (if required) and key stakeholders. Employees should assess the situation to make sure that the service user is safe. If it is felt that the service user is in immediate danger, or requires urgent medical attention, this should be dealt with immediately and the relevant statutory services contacted, i.e. Police or Ambulance.
3. The local authority safeguarding team must be contacted immediately to report the abuse. This is to ensure the safety, welfare and protection of the adult at risk and the environment surrounding the incident.
4. If reporting is required outside of office hours, the local authority emergency/duty team must be contacted for advice and direction on how to proceed.
5. The employee should not leave the service user alone unless it is felt that their own safety will be compromised. If they do need to leave, the local authority safeguarding team (or the emergency/duty team) must be informed immediately to make sure that the safety of the service user can be maintained.
6. Care/support workers must report all suspicions of abuse, and suspected abuse, to their line manager.
7. If they suspect their line manager of being involved, they should follow the **Whistleblowing Policy and Procedures**.
8. The Registered Manager must make a record of the allegation and report the matter to the local authority safeguarding team. The referral must be made following the relevant local authority reporting route. This may be through telephone/verbal conversation, using an on-line portal/form, using secure email and/or sending Radis' internal reporting form or by another preferred method.
9. Registered Managers must report safeguarding to CQC through using a notification form (England).
10. Registered Managers must report safeguarding to CIW through CIW Online (Wales).

11. Radis' will make sure that all advice from the relevant local authority safeguarding team is undertaken and actioned. If the matter appears to be a criminal offence, this may also be referred to the Police. The local authority safeguarding team will make the decision as to who is to be informed and the course of action to be followed by Radis in handling the matter. The local authority safeguarding team have lead responsibility and co-ordinate any investigations, discussions/meetings and/or conferences in line with local multi-agency procedures.

## Employee Perpetrators

12. If it is suspected that any employee of Radis' is the perpetrator of abuse to a service user advice will be sought immediately from the Group Operations Director and HR Manager on how to proceed. Additional advice will also be sought immediately from the local authority safeguarding team on how to proceed.
13. Due to the sensitive nature of ensuing investigations, the employee/perpetrator may jeopardise the investigation if they became aware of or were alerted to the reporting and/or investigation. Suspension of an employee does not imply guilt until proven otherwise. Suspension can be undertaken for reasons of protecting the service user and/or employee and to protect the investigation. Disclosure and Barring Service (see below) must be notified as soon as there is sufficient evidence of a risk of harm to children or adults at risk with details of any management action taken such as restriction of practice or exclusion. A referral may also be required to the professional body of the staff member concerned i.e. NMC, Social Care Wales. The Registered Manager will need to refer to guidance available through the Disclosure and Barring Service (DBS) and understand their legal duty when an employee, or other worker, has harmed or poses a risk of harm to an adult or child. This information can be found at:  
<https://www.gov.uk/government/publications/dbs-referrals-form-and-guidance>.  
 Registered Managers must inform the Group Operations Director and their Senior/Area Manager before submitting this form.

## Concerns about a Lasting Power of Attorney or Deputy

14. If the safeguarding allegation is about someone who has lasting power of attorney or is a court appointed deputy under the Mental Capacity Act 2005, the registered manager will inform the Office of the Public Guardian (OPG). They manage the registers of lasting powers of attorney, of enduring powers of attorney and of court-appointed deputies. They will investigate reported safeguarding concerns on behalf of the Public Guardian.

## Investigation Responsibilities

At no time should any employee attempt to investigate an allegation of abuse, without the specific advice of the local authority safeguarding team. If such advice is given, the Branch or Service Manager must personally supervise these matters. Such contact may include an initial fact-finding process, prior to reporting and allegation. It must be remembered that the fact-finding process is **not** an investigation and only serves the purpose of gathering enough information to substantiate the allegation of abuse.

### Risk Assessment

Measuring the level of risk is crucial to determining an appropriate response to the service users needs

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and assessing the level of risk. The local authority safeguarding team will undertake this as this will assist with their decision making. The risk assessment may be revised to take account of new information and inform any interim protection plan. The effectiveness of the protection plan will inform the risk assessment and should be revised accordingly. This in turn will inform any on-going protective measures.

The local branch or service must also make sure that they update and regularly review internal risk assessments to take account of any allegations of abuse, or suspected abuse, as this will inform how they provide care and support and work with the service user.

As part of the investigation and working in partnership with the relevant local authority safeguarding team, employees, and particularly Registered Managers, may be involved with strategy meetings/discussions and case conferences.

## Pressure Ulcers

The absence of pressure damage is often seen as an indicator of quality care and the development of a pressure ulcer recognised as a potential indicator of neglect within a safeguarding context. All Radis staff will be made aware of the local safeguarding procedures in relation to pressure ulcers. Staff should read and follow **Safeguarding Adults Protocol: Pressure Ulcers and the interface with a Safeguarding Inquiry** and seek advice and guidance where required.

Pressure damage grade 3 and 4 will be reported to local safeguarding teams and the Regulator notified.

If Radis, as the receiving care provider have any concerns about a service user's skin condition, i.e. Grade 3 or 4 Pressure Ulcers identified on discharge from hospital/transfer, relevant documentation will be completed immediately including body maps and the service user referred to the GP and a concern raised in accordance with the local safeguarding procedures.

## Medication Errors

Radis will follow local safeguarding reporting procedures for medication errors and ensure that notifications are made to the appropriate regulatory body (CQC or CIW) in line with statutory requirements.

## Lessons Learned

Radis is committed to learning from all incidents of safeguarding and making improvements whereby abuse, or suspected abuse, has occurred with its service users' and/or whereby employees have been involved. The Registered Manager for the local branch or service is responsible for making sure that internal lessons learned meetings is undertaken at the earliest opportunity following an incident, or suspected incident, and embedded within their service delivery. Such practices will help to review the way that care support is delivered to service users' and help to inform future training delivery. Radis' employees, and in particular Registered Managers, may also be involved with local authority safeguarding teams lessons learned and may be requested to provide an action plan to evidence improvements.

## Radis Contacts and Local and National Contact Resources

All branches and services will display an up to date list of the internal Radis safeguarding contacts and local authority safeguarding adults (and children) contact numbers for referrals and for out of office hours emergency/duty team contacts and other contact details that may be useful sources. **Refer to Appendix 2/3.**

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In addition, local authority safeguarding posters will be displayed in branches and services to help promote safeguarding and to make sure that this remains visible to all employees.

## Review of Policy

This policy is reviewed on an annual basis, or as and when there are changes in relevant legislation, regulations and statutory guidance.

## Radis' Internal Safeguarding Form

This form is for internal purposes only and should be completed and retained in the local branch or service safeguarding folder for each service user.

Details of Adult at Risk			
Name of Adult		Date of Birth	
Address			
GP Name		GP Tel. No.	
Has consent been given for disclosure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the person have capacity? Yes <input type="checkbox"/> No <input type="checkbox"/>

Category of Abuse (one or more boxes can be 'ticked')			
Physical		Modern Slavery	
Domestic Violence or Abuse		Discriminatory	
Sexual		Organisational/Institutional	
Psychological/Emotional		Neglect/Acts of Omission	
Financial/Material		Self-Neglect	
Other.....		Other.....	
<b>Over-view of concern and action taken</b> (attach any relevant reports or documents):			
<b>Date risk assessment/risk management plan updated</b> .....			

Person(s) Reporting Concern			
Name/Position		Signature	
Name of manager abuse reported to		Date and time abuse reported internally	
Name of external agencies abuse reported to		Date and time abuse reported to external agencies	
Local authority safeguarding team contacted for advice	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Method of reporting, ie, phone, online, secure email etc
Name of person reporting concern to agencies		Signature	

CQC/CIW Statutory Notification Completed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date Submitted	
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## Contact Resources Guide

### Radis Contacts

The contact details of the Registered Manager, On-Call/Out of Office Hours Emergencies and Area Manager numbers must be completed in Appendix 3. The Group Operations Director is the overall nominated safeguarding lead.

### Adult Referrals

Refer to the local authority area you are working within for non emergency referrals and emergency referrals/duty teams out of office hours for contact numbers and correct reporting methods.

### Children's Referrals

Refer to the local authority area you are working within for non emergency referrals and emergency referrals/duty teams out of office hours for contact numbers and correct reporting methods.

### Local Authority Adult Social Care Commissioners

As part of the contract, the local branch or service has with commissioners, you will be required to report incidents of safeguarding (or serious incidents, to them. Refer to the Service Specification and KPI's (if relevant) within your contract that you need to report on.

### Care Quality Commission

CQC must be notified in all instances of safeguarding, serious incidents and whistleblowing.

### Care Inspectorate Wales

CIW must be notified in all instances of safeguarding, serious incidents and whistleblowing.

### Office of the Public Guardian

The Office of the Public Guardian should be notified if there are concerns about an attorney or a deputy.

### Other Agencies

Other agencies that can be useful contacts for sources of information through their helplines can be found at **Appendix 3** which must be completed by the local branch/service to reflect the local agencies.

Local and national contact details, i.e. helplines and web-sites can be obtained from web searches.

This is not an exhaustive list and there may be other agencies that can provide support and direction in the relevant local authority area.

**All contacts must be completed by the local branch/service as required.**

<b>Radis Safeguarding Contacts</b>		
	<b>Telephone No.</b>	<b>Email</b>
Registered Manager		
On-Call/Out of Office Hours Emergencies		-
Area Manager		
Paula Hoggarth Group Operations Director <b>(Nominated Lead)</b>	0330 100 8150	Paula.hoggarth@radis.co.uk

<b>Safeguarding Contacts</b>		
<b>Agency</b>	<b>Telephone No.</b>	<b>Email/Website</b>
Local Authority Adult Social Care Referrals  Emergency/Duty Team		
Local Authority Safeguarding Partnership Board		
Local Authority Children's Referrals  Emergency/Duty Team		
Local Authority Safeguarding Children Board		
Police		<u>Emergencies only</u>  Non-emergencies

<b>Local Authority and CQC/CIW Contacts</b>		
<b>Agency</b>	<b>Telephone No.</b>	<b>Email/Website</b>
<b>Local Authority Social Care Commissioners</b>		
<b>CQC/CIW Inspector</b>		
<b>Care Quality Commission</b>	03000 616161	<a href="https://www.cqc.org.uk/contact-us">https://www.cqc.org.uk/contact-us</a>
<b>Statutory Notifications</b>	-	Email: <a href="mailto:HSCA_notifications@cqc.org.uk">HSCA_notifications@cqc.org.uk</a>
<b>Care Inspectorate Wales</b>	0300 7900 126	<a href="https://careinspectorate.wales/">https://careinspectorate.wales/</a>
<b>Statutory Notifications</b>	-	Notifications must be submitted via the on-line portal.

<b>Other Local Contacts</b>		
<b>Advocacy Services</b>		
<b>Citizens Advice</b>		
<b>Clinical Commissioning Group (England)</b>		
<b>Local Health Board (Wales)</b>		
<b>Healthwatch</b>		
<b>Housing</b>		
<b>MIND</b>		
<b>Safer Places Scheme</b>		
<b>Sexual Assault Scheme</b>		
<b>Women's Aid (Domestic Violence)</b>		

<b>National Contacts</b>		
<b>Action on Elder Abuse</b>	0808 808 8141	<a href="https://www.elderabuse.org.uk/helpline">https://www.elderabuse.org.uk/helpline</a>
<b>Crimestoppers</b>	0800 555 111	<a href="https://crimestoppers-uk.org/">https://crimestoppers-uk.org/</a>
<b>Disclosure and Barring Service</b>	03000 200 190.	<a href="https://www.gov.uk/government/organisations/disclosure-and-barring-service/about">https://www.gov.uk/government/organisations/disclosure-and-barring-service/about</a>
<b>Health and Safety Executive</b>	0300 003 1647	<a href="https://www.hse.gov.uk/">https://www.hse.gov.uk/</a>

<b>Information Commissioners Office</b> (Data Protection)	0303 123 1113	<a href="https://ico.org.uk/">https://ico.org.uk/</a>
<b>Job Centre Plus</b>	-	<a href="https://www.gov.uk/contact-jobcentre-plus">https://www.gov.uk/contact-jobcentre-plus</a> <a href="https://find-your-nearest-jobcentre.dwp.gov.uk/">https://find-your-nearest-jobcentre.dwp.gov.uk/</a>
<b>Karma Nirvana</b> (Supporting victims of honour-based abuse and forced marriage)	0800 5999 247 M-F 9am-5pm	Email: <a href="mailto:info@karmanirvana.org.uk">info@karmanirvana.org.uk</a>  <a href="https://karmanirvana.org.uk/">https://karmanirvana.org.uk/</a>
<b>MIND – mental health support</b>	0300 123 3393 Text 86463	<a href="https://www.mind.org.uk/information-support/guides-to-support-and-services/crisis-services/useful-contacts/">https://www.mind.org.uk/information-support/guides-to-support-and-services/crisis-services/useful-contacts/</a>
<b>Modern Slavery</b>	0800 121 700	<a href="https://www.modernslaveryhelpline.org/report">https://www.modernslaveryhelpline.org/report</a>
<b>National Domestic Violence Helpline</b>	0808 2000 247	<a href="http://www.nationaldomesticviolencehelpline.org.uk/">http://www.nationaldomesticviolencehelpline.org.uk/</a>
<b>NHS</b> (Urgent medical help on-line or on the phone)	111 (24 hour helpline)  Textphone: 18001 111	<a href="https://www.nhs.uk/using-the-nhs/nhs-services/urgent-and-emergency-care/nhs-111/">https://www.nhs.uk/using-the-nhs/nhs-services/urgent-and-emergency-care/nhs-111/</a>  <b>NHS British Sign Language (BSL) Interpreter Service</b> <a href="http://www.interpreternow.co.uk/nhs111/">http://www.interpreternow.co.uk/nhs111/</a>
<b>NHS England Safeguarding App</b>		<a href="http://www.myguideapps.com/projects/safeguarding/default/">http://www.myguideapps.com/projects/safeguarding/default/</a>
<b>Office of the Public Guardian</b>	0115 934 2777	<a href="mailto:opg.safeguardingunit@publicguardian.gov.uk">mailto:opg.safeguardingunit@publicguardian.gov.uk</a>
<b>Radicalisation and Terrorism</b>	0800 789 321	<a href="https://www.gov.uk/government/publications/prevent-duty-guidance">https://www.gov.uk/government/publications/prevent-duty-guidance</a>
<b>Stop Loan Sharks</b> (England Illegal Money Lending Team)	0300 555 2222	Email: <a href="mailto:reportaloanshark@stoploansharks.gov.uk">reportaloanshark@stoploansharks.gov.uk</a> <a href="http://www.stoploansharks.co.uk/">http://www.stoploansharks.co.uk/</a>