

B05b

Safeguarding adults - procedure for managers (England)

This document is provided to Carers Trust Mid Yorkshire (now referred to as ‘the organisation’) as a Network Partner of Carers Trust.

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1.0 SCOPE

1.1 See policy [B05a](#) for details.

1.2 In this procedure, where reference is made to:

- ‘service users’, the associated text refers to carers as well as to people with care needs
- ‘staff’, the term includes volunteers.

2.0 INFORMATION

2.1 The accompanying guidance documents ([B05c](#), [B05d](#)) provide the following information:

- definitions of terms relating to safeguarding
- practical guidance regarding the provision of intimate care and support
- contact numbers to use when reporting safeguarding concerns
- details of the telephone counselling service for staff.

2.2 In addition, there is a separate document ([B05e](#)), detailing:

- the factors making abuse more likely to occur
- the different types and indicators of abuse that can affect adults at risk.

3.0 WORKING WITH ADULTS AT RISK OF HARM

3.1 Adult safeguarding means protecting a person's right to live in safety, free from neglect and abuse. The Care Act 2014 emphasises the need for organisations to adopt a person-led approach to safeguarding, which is outcome-focussed and based on a community approach from all partners and providers. Adult safeguarding policies therefore need to support people to maintain their independence and to have choice and control over their lives wherever possible.

3.2 All staff have a responsibility to safeguard and promote the well-being of adults who may be at risk of harm, by being responsible for the quality, efficiency and effectiveness of their work.

3.3 Managers responsible for the planning / provision of regulated services, see Appendix 1 for information about the provision of intimate personal care and support.

4.0 RECOGNISING ABUSE

4.1 The services provided by the organisation can play an important part in the lives of people who may be experiencing a range of problems and stresses. These services may be delivered in a variety of settings (including in a service user's own home, in day centres, at clubs / classes / events for both those with care and support needs and for carers) and place staff in a position to recognise the early signs of abuse that may escalate or lead to harm if ignored.

4.2 Managers need to ensure that staff involved in service planning or provision are trained to:

- recognise the signs of abuse in relation to adults at risk (see [B05e](#))
- be vigilant for the welfare of all adults with whom their work brings them into contact.

4.3 It is important to recognise that both carers and those with care needs may be either the subject or the perpetrator of abuse.

5.0 STAFF REPORTING CONCERNS

5.1 Managers need to build a culture in which reporting concerns about abuse is understood to be a marker of good care and not a negative outcome of poor care.

5.2 It is imperative that staff at all levels of the organisation are made aware of the need to report safeguarding concerns without delay and that everyone is clear whom to report them to (both in and out of office hours) and how.

5.3 The reporting line will be specific to each organisation, depending on its management structure and job titles. It is crucial that an adequately trained senior staff member with the necessary knowledge and authority to take informed decisions about safeguarding issues is available at all times when staff are on duty. For the purposes of this procedure, staff are directed to report safeguarding concerns to the organisation's designated safeguarding adults officer OR their line manager OR the person on call. **Staff must also be trained that if a senior manager is not available, they have a responsibility to personally report their concerns to the Adult Social Care Safeguarding or Duty Team.**

5.4 Staff therefore must be given contact details (including emergency telephone numbers) for:

- the organisation's designated safeguarding adults officer
- their line manager
- the person on call when working out of office hours
- the Adult Social Care Safeguarding or Duty Team (in and out of hours numbers)
- the police.

5.5 Front line workers need to feel able to discuss their safeguarding concerns and to know they will be listened to, as reporting a minor incident may prevent escalation into something more serious. They must also be trained that if, after reporting a concern to a senior staff member, they feel the matter has not been taken seriously or dealt with properly, they need to raise it again, using the organisation's whistleblowing policy.

5.6 Staff must also be made aware that they have a duty to escalate their concerns directly to the Adult Social Care Safeguarding or Duty Team without delay if:

- they are unable to locate a senior manager within the organisation (see 5.3 above)
- their concerns involve the actions of senior managers within the organisation
- senior managers in the organisation fail to respond appropriately to their concerns.

5.7 Please note: a model quick reference guide ([DT13](#)) of action required by staff in a safeguarding emergency, is available for organisations to adopt / adapt to suit local safeguarding protocols.

5.8 Staff need to be informed that if they observe any marks, bruises or injuries on a service user, these are to be recorded on a body map chart (for example [BT07](#)). STAFF MUST NEVER TAKE PHOTOGRAPHS to record marks, injuries or bruises.

6.0 RESPONSIBILITIES OF THE SAFEGUARDING ADULTS OFFICER

6.1 The designated safeguarding adults officer (and other managers as appropriate to the organisation's management structure) is required to:

- know the content of the safeguarding adults policy, procedure, guidance for staff and guidance for volunteers ([B05](#))
- be conversant with local Safeguarding Adults Board (SAB) requirements regarding inter-agency working – there may be more than one SAB operating in the area covered by the organisation and the safeguarding adults officer needs to be conversant with the requirements of each of them
- develop protocols that are compliant with local SAB requirements, including for example attendance at safeguarding planning meetings and conferences, co-operation with other agencies, and escalation of safeguarding concerns, in line with the Care Act 2014
- ensure all such local protocols are kept for the length of time required by their organisation's insurers¹
- establish and maintain effective working relationships with Adult Social Care and other agencies delivering services to adults at risk
- report safeguarding concerns to Adult Social Care (see 7.0 below).
- contribute to safeguarding enquiry processes and safeguarding adults reviews if asked to do so by the statutory authorities
- inform the chair / nominated safeguarding officer of the board about safeguarding issues arising in the organisation, ensuring the anonymity of those involved so that members can objectively hear appeals under the complaints, grievance or disciplinary procedures

6.2 The safeguarding adults officer will have robust systems in place to ensure staff working with adults at risk:

- understand and comply with the adults' safeguarding policy, procedure, guidance

¹ For organisations insured by Ecclesiastical Insurance, this is for a minimum of 50 years.

- receive effective, timely supervision and support, the frequency of which is determined by the severity of the person's circumstances and the individual needs of the staff member/s concerned, with detailed records kept
- are given additional support and supervision if involved in a safeguarding incident and are assisted to reflect and learn from it.

7.0 RAISING SAFEGUARDING CONCERNS

7.1 When a staff member reports a safeguarding concern, the safeguarding adults officer will determine what action to take in accordance with the relevant local authority requirements.

7.2, If the member of staff reporting the incident has not already done so, the safeguarding adults officer will discuss the situation with the adult concerned to gain their agreement to making a referral, **unless** such a discussion would place the adult or others at risk of significant harm. See 7.7 below.

7.3 The safeguarding adults officer will report the incident to:

- Adult Social Care Safeguarding or Duty Team immediately by telephone
- police if a crime has or is suspected of having been committed
- purchasing or commissioning authority
- Care Quality Commission (CQC) (for services regulated by them)
- the organisation's insurers²
- board of trustees (details anonymised).

7.4 The safeguarding adults officer will also:

- obtain a record from the staff member reporting the incident, stating the facts (either typed or written in black ink, signed and dated), as soon as possible after the incident occurred and within 24 hours at the latest
- follow up the referral to Adult Social Care within 48 hours with a written report of the incident, using the locally agreed referral form and including details of the person's mental capacity to make decisions.

7.5 The safeguarding adults officer must ensure they receive confirmation of their referral from the Adults Social Care Safeguarding or Duty Team within one working day of making it, and contact them again if no response within three working days. If it appears that a referral to Adult Social Care is not being followed up, or the staff member making the referral still has concerns, they are required to escalate the matter to their line manager within the organisation who will then escalate it to the next line of management within Adult Social Care.

See Appendix 2 for further information on how the local authority is required to respond.

7.6 The safeguarding adults officer will:

- keep detailed records of discussions with staff, Adult Social Care or other agencies involved, including contacts made, advice sought, advice received and action taken
- ensure records are stored securely and confidentially

² Organisations insured by Ecclesiastical Insurance will report safeguarding incidents to Watson Laurie insurance brokers using the incident report form ([DT03](#))

- ensure there is a process in place to retain documents relating to safeguarding incidents as required by the organisation's insurers.³

7.7 CONSENT OF THE ADULT CONCERNED

7.7.1 There may be circumstances where the person at risk does not wish any action to be taken regarding a particular safeguarding incident and does not agree to a referral being made on their behalf (**please note: this does not apply to children**).

7.7.2 In such cases the safeguarding adults officer will consider whether there is a legitimate reason to override the person's wishes, for example:

- because it is in the public interest
- to prevent further harm to the person themselves or to others
- because a crime has been or is about to be committed.

7.7.3 Managers are advised to seek guidance on the correct action to take in such circumstances, (ensuring they anonymise the service user's identity), from the local SAB / Adult Social Care Safeguarding or Duty Team.

7.7.4 Where there is evidence that an individual lacks the capacity to decide for themselves what to do, any decisions taken on their behalf must be made in accordance with the best interest principles as described within the Mental Capacity Act Code of Practice 2005.

For those organisations providing regulated care and support services, see the Autonomy and Independence policy [D08](#) for further details.

8.0 ALLEGATIONS OF ABUSE AGAINST STAFF

8.1 The safeguarding adults officer will notify Adult Social Care Safeguarding or Duty Team of allegations of abuse against staff. They will also inform:

- the purchasing or commissioning authority
- the organisation's insurers²
- CQC (for services regulated by them)
- the board of trustees (details anonymised)
- the police if a crime has or may have been committed.

8.2 The safeguarding adults officer is also required to:

- establish the requirements of and limitations set by any formal investigation being carried out by the police or other statutory authority
- seek HR advice about whether to suspend the staff member pending an inquiry
- within these limitations, carry out a thorough investigation in accordance with the organisation's disciplinary policy.

Please note: It is important to remember that suspension of a member of staff for alleged abuse is a neutral act, without prejudice, intended to protect them from further allegations and the service user from further risk of harm, and to ensure that a fair investigation can be carried out.

³ Where there has been an incident / allegation of abuse, assault or molestation of or by a service user receiving services from an organisation covered by Ecclesiastical Insurance, there is a requirement on the organisation to retain all relevant records (including for example, care plans, assessments, correspondence, notifications to authorities, action taken) for a period of **50 years**.

8.3 When such an allegation is made, confidentiality is paramount and staff must be informed they are not allowed to discuss either the allegation or the staff member concerned unless as part of a formal investigation. If they are found to be doing so it may result in disciplinary proceedings.

8.4 The safeguarding adults officer will also consider whether the person against whom the allegations have been made needs to be referred to the Disclosure and Barring Service (DBS). Details are available from the [DBS website](#) or helpline (telephone number 0300 0200 190).

9.0 LEARNING AND DEVELOPMENT

9.1 Managers are responsible for assessing the roles undertaken by:

- staff **not** directly involved in the provision of care and support to people with care needs
- volunteers within their organisation

to determine the level of briefing / induction / training they require in relation to safeguarding.

9.2 For staff who are involved in the provision of regulated care and support services, general learning and development requirements relating to safeguarding adults are contained in the learning and development policy documents ([E13](#)).

9.3 Staff involved in the planning and provision of services will need mandatory induction and ongoing training in safeguarding adults. This must comply with local authority requirements and be delivered by the relevant local authority where possible or by trainers who hold a recognised qualification in safeguarding adults.

9.4 Safeguarding adults training will be updated at least **annually** (as recommended by [Skills for Care](#)) or sooner if necessary to comply with local authority requirements or to address any change in policy or reporting requirements.⁴

9.5 Training needs to be at the level appropriate to the staff member's role and position within their organisation, including for example:

- basic foundation course
- managers' course.

9.6 Staff working only with adults may still come in contact with children or young people. Therefore all staff involved in the planning or provision of services require training in safeguarding children as well as adults.⁴ There is also a statutory duty to consider the needs of any children and young people in a household where adult safeguarding issues have been raised.

10.0 ACCEPTANCE

10.1 Safeguarding adults officers, managers, planners, assessors and other staff members involved in the implementation of this procedure are required to evidence that they have received, read and understood its contents. Evidence required:

- title and reference number of the document
- name and signature of the staff member
- job title and date.

10.2 Responsibility for following this procedure rests with the individual staff member. Failure to do so may result in disciplinary proceedings.

⁴ This is a requirement for organisations insured by Ecclesiastical Insurance

APPENDIX 1 REGULATED PROVIDERS OF INTIMATE PERSONAL CARE AND SUPPORT

Intimate personal care and support refers to any procedure involving physical care or treatment that is an invasion of bodily privacy and that may be a potential source of exposure or embarrassment to the individual concerned.

Details concerning care and support planning in relation to intimate personal care tasks are provided in the adults' personal care procedure ([B01b](#)). This includes the need to ensure the necessary consent has been obtained prior to providing the service.

Managers will ensure that staff involved in the provision of intimate care and support are aware of and adhere to the good practice guidelines listed below.

Each person will be treated with dignity and respect and given privacy.

This involves balancing the rights and needs of staff with those of the person receiving care and support by carefully considering the appropriate deployment of staff required to carry out the task safely (for example who, when, where and how many).

The individual will be involved as far as possible in their own intimate care.

Staff will be trained to avoid carrying out tasks the person with care and support needs is able to do for themselves. If a person is completely dependent, staff will talk to them, tell them what they are doing and offer choices wherever possible.

Staff will be responsive to the reactions of the person with care needs.

The manager will ensure staff are familiar with how each person expresses discomfort, unease or unhappiness in relation to the task being undertaken and be trained to respond appropriately.

Managers will also ensure that staff involved in the provision of intimate personal care and support are aware of the need to report to their line manager / the person on call if the person:

- is accidentally injured or hurt during the provision of personal care
- appears to be unusually sore or has marks or injuries
- displays an extreme emotional reaction without apparent cause.

Staff need also to be directed to report if:

- they feel they are being placed in a vulnerable situation or have concerns when they are involved in the provision of intimate personal care and support
- any concerns they have about the conduct of others (for example colleagues, other professionals, family members) when they observe or are given information about how they carry out intimate care and support.

APPENDIX 2

HOW THE LOCAL AUTHORITY WILL RESPOND

Under Section 42 of the Care Act 2014 the Local Authority Safeguarding Adults Manager has the responsibility for coordinating an “enquiry” about safeguarding, (which might be undertaken by someone not within the Local Authority), and for reviewing the thoroughness of the work and making decisions about whether a multi-agency planning group should be convened.

There is a statutory duty of cooperation for all local agencies, and enquiries should be proportionate and outcome focussed, involving the adult as far as possible.

Even if the abused or at-risk adult is reluctant for an enquiry to take place, the Local Authority and involved agencies have a duty to pursue an enquiry if it is in the public interest or the person’s “vital interest” for their protection.