

## Safeguarding policy – version 8.1

Date approved for use: 5<sup>th</sup> June 2019

### Scope

- 1.1 This policy is a Dimensions Group policy. This means it applies to all Dimensions (UK) Limited, Outreach 3 Way, Waymarks and Discovery employees.
- 1.2 We have this policy to help make sure we are all aware of our responsibility to promote the human rights and wellbeing of people we support. Its main focus is to help stop people coming to harm through abuse. Also to make sure we all know what to do when concerned somebody may come to harm or has been harmed.
- 1.3 The policy is addressed to all colleagues, including trustees and volunteers. However, the procedures it describes are especially relevant to direct support colleagues.
- 1.4 To go straight to the policy content click on the hyperlink section title below or go to the page:

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### Policy statement

- 2.1 We will do all we can to help colleagues promote the human rights of people we support and stop them being harmed, abused and coerced. This means we

will give them all the training and information they need to understand human rights and to identify abuse and respond to it when they suspect it's happening.

- 2.2 We will deal with all allegations and concerns appropriately. This means, we will:
  - report allegations and concerns to the right people and agencies;
  - investigate them when we need to;
  - learn from them, and share what we learn with the wider organisation. We will also share what we learn with external colleagues where appropriate.
- 2.3 When a colleague harms a person we support we will take disciplinary action as appropriate.
- 2.4 We will support anyone we are concerned about as well as we can. This includes involving them as fully as possible in all safeguarding procedures. We will also involve their family or other representatives as appropriate.

## The impact of not implementing this policy

- 3.1 If you don't follow this policy, people we support may suffer a breach of their human rights or be abused. Or they may come to some other kind of harm.
- 3.2 They and their representatives may lose confidence in us as their support provider and you personally. They might not want us to support them anymore.
- 3.3 You could also get us in trouble with our regulators. That's:
  - the person's local authority (LA);
  - in England, the Care Quality Commission (CQC);
  - in Wales, the Care Inspectorate Wales (CIW); and
  - the Charities Commission (CC).
- 3.4 If you don't report a crime that's been committed, you might even get in trouble with the police.
- 3.5 So to help keep the people we support and the organisation safe, we might take action against any colleague who goes against this policy. That might be performance management action or disciplinary action.

# Policy content

## What the law says

- 4.1 In England, The Care Act 2014 sets out the legal framework that we and the local authorities work to when it comes to safeguarding. In Wales, it's the Social Services and Well-being (Wales) Act 2014. The Department of Health and National Assembly of Wales' guidance differs in detail. But their aims and language are similar. So in this section, we have borrowed from these to give an overview of safeguarding.
- 4.2 Safeguarding duties apply to any adult who:
- has care and support needs;
  - is experiencing, or at risk of, abuse or neglect; and,
  - as a result of their needs, can't protect themselves.
- 4.3 It's the LAs responsibility to investigate, or to get someone else to investigate, safeguarding concerns and to decide whether to take action. In England, this is called a section 42 enquiry. (See Enquiries & investigations.)
- 4.3 Six key principles underpin adult safeguarding work:
- **Empowerment** – People being supported and encouraged to make their own decisions and informed consent.
  - **Prevention** – It is better to take action before harm occurs.
  - **Proportionality** – The least intrusive response appropriate to the risk presented.
  - **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detection and reporting neglect and abuse.
  - **Accountability** – Accountability & transparency in delivering safeguarding.
- 4.4 The safeguarding process should be personal. This means everybody involved must do all they can to make sure it's person-led and outcome-focussed.
- 4.5 All public bodies must work together to make sure that care and support is joined up. 'Public bodies' include – but this isn't a list of all of them:

- All Multi-agency Public Protection Arrangements (MAPPA) representatives
- The police
- The Probation service
- Health-related agencies
- Housing services
- Support providers – that is, organisations like us.

## Types of abuse

5.1 The Care Act's statutory guidance defines ten types of abuse. We have listed these below along with possible indicators for each.

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

### Possible indicators

- No explanation for injuries or inconsistency with the account of what happened.
- Injuries are inconsistent with the person's lifestyle.
- Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps.
- Frequent injuries.
- Unexplained falls.
- Subdued or changed behaviour in the presence of a particular person.
- Signs of malnutrition.
- Failure to seek medical treatment or frequent changes of GP.

**Domestic abuse** – including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence, female genital mutilation and forced marriage (age range in England extended to 16 and includes relationships between all family members, not just intimate partners).

### Possible indicators

- Low self-esteem.
- Feeling that the abuse is their fault when it is not.

- Physical evidence of violence such as bruising, cuts, broken bones.
- Verbal abuse and humiliation in front of others.
- Fear of outside intervention.
- Damage to home or property.
- Isolation – not seeing friends and family.
- Limited access to money.

**Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

#### Possible indicators

- Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck.
- Torn, stained or bloody underclothing.
- Bleeding, pain or itching in the genital area.
- Unusual difficulty in walking or sitting.
- Foreign bodies in genital or rectal openings.
- Infections, unexplained genital discharge, or sexually transmitted diseases.
- Pregnancy in a woman who is unable to consent to sexual intercourse.
- The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude.
- Incontinence not related to any medical diagnosis.
- Self-harming.
- Poor concentration, withdrawal, sleep disturbance.
- Excessive fear/apprehension of, or withdrawal from, relationships.
- Fear of receiving help with personal care.
- Reluctance to be alone with a particular person.

**Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling

intimidation, coercion harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

#### Possible indicators

- An air of silence when a particular person is present.
- Withdrawal or change in the psychological state of the person.
- Insomnia.
- Low self-esteem.
- Uncooperative and aggressive behaviour.
- A change of appetite, weight loss/gain.
- Signs of distress: tearfulness, anger.
- Apparent false claims, by someone involved with the person, to attract unnecessary treatment.

**Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

#### Possible indicators

- Missing personal possessions.
- Unexplained lack of money or inability to maintain lifestyle.
- Unexplained withdrawal of funds from accounts.
- Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity.
- 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.
- The person allocated to manage financial affairs is evasive or uncooperative.
- The family or others show unusual interest in the assets of the person.
- Signs of financial hardship in cases where the person’s financial affairs are being managed by a court appointed deputy, attorney or LPA.
- Recent changes in deeds or title to property.
- Rent arrears and eviction notices.

- A lack of clear financial accounts held by a care home or service.
- Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person.
- Disparity between the person's living conditions and their financial resources – for example insufficient food in the house.
- Unnecessary property repairs.

**Modern slavery** – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

#### Possible indicators

- Signs of physical or emotional abuse.
- Appearing to be malnourished, unkempt or withdrawn.
- Isolation from the community, seeming under the control or influence of others.
- Living in dirty, cramped or overcrowded accommodation and or living and working at the same address.
- Lack of personal effects or identification documents.
- Always wearing the same clothes.
- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers.
- Fear of law enforcers.

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

#### Possible indicators

- The person appears withdrawn and isolated.
- Expressions of anger, frustration, fear or anxiety.
- The support on offer does not take account of the person's individual needs in terms of a protected characteristic.

**Organisational abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example,

or in relation to care provided in one's own home. This may range from one off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

#### Possible indicators

- Lack of flexibility and choice for people using the service.
- Inadequate staffing levels.
- People being hungry or dehydrated.
- Poor standards of care.
- Lack of personal clothing and possessions and communal use of personal items.
- Lack of adequate procedures.
- Poor record-keeping and missing documents.
- Absence of visitors.
- Few social, recreational and educational activities.
- Public discussion of personal matters.
- Unnecessary exposure during bathing or using the toilet.
- Absence of individual care plans.
- Lack of management overview and support.

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

#### Possible indicators

- Poor environment – dirty or unhygienic.
- Poor physical condition and/or personal hygiene.
- Pressure sores or ulcers.
- Malnutrition or unexplained weight loss.
- Untreated injuries and medical problems.
- Inconsistent or reluctant contact with medical and social care organisations.



- Accumulation of untaken medication.
- Uncharacteristic failure to engage in social interaction.
- Inappropriate or inadequate clothing.

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

#### Possible indicators

- Very poor personal hygiene.
- Unkempt appearance.
- Lack of essential food, clothing or shelter.
- Malnutrition and/or dehydration.
- Living in squalid or unsanitary conditions.
- Neglecting household maintenance.
- Hoarding.
- Collecting a large number of animals in inappropriate conditions.
- Non-compliance with health or care services.
- Inability or unwillingness to take medication or treat illness or injury.

#### 5.2 Anyone can carry out abuse. This includes:

- Spouses or partners
- Other family members
- Neighbours
- Co-tenants
- Friends
- Acquaintances
- Local residents
- People who deliberately exploit adults they perceive as vulnerable to abuse
- Paid staff or professionals
- Volunteers;

- Strangers;
- On-line contacts.

And abuse can happen anywhere – for example, in:

- Someone's own home
- The workplace
- A public place
- A hospital
- A care home
- A college
- On line.

### **Cyber bullying & grooming**

5.3 Another type of abuse you should be aware of is cyber or online bullying. It might fall into any one of the categories listed above. But specifically, it happens through:

- text messages;
- emails; or
- on social media platforms.

5.4 There are seven typical types of cyber bullying:

- **Harassment** – this is when someone sends offensive, rude or insulting messages again and again.
- **Denigration** – this is when someone spreads information about a person that's fake and damaging.
- **Flaming** – this is when someone uses extreme and offensive language in order to distress a person.
- **Impersonation** – this is when someone hacks into a person's email or social networking account to use their online identify to post nasty or embarrassing material.
- **Outing & trickery** – this is when someone shares personal information about a person or tricks them into telling secrets and forwards it to others.

- **Cyber stalking** – this is when someone sends messages to a person again and again that include threats or harassment or intimidating messages.
- **Exclusion** – this is when someone deliberately leaves a person out of group messages, online apps, gaming sites and so on.

5.5 Grooming is when someone pretends to be friendly but in order to use or harm their victim. For example, financially or sexually. It might happen over a long period of time. So the victim often isn't even aware that it's happening.

Online grooming is very common because it's easier to deceive someone online than in real life. A person with a learning disability is especially vulnerable because groomers may think they will be even more easily deceived than other people.

## The Prevent strategy & Channel programme

6.1 'Prevent' is a key part of the government's overall counter-terrorism strategy CONTEST. The 'Channel' programme is a key part of Prevent. It uses a multi-agency approach to protect young and vulnerable people from radicalisation. Radicalisation means being drawn into a group with extreme beliefs that could be dangerous. For example, because they encourage terrorism.

The programme aims to protect by:

- identifying people at risk;
- assessing that risk; and
- developing a support plan for the person.

6.2 Its purpose is to protect people from *all* forms of ideological radicalisation. That's by home-grown extreme right groups as well as terrorist organisations based, for example, in Syria and Iraq, and Al Qa'ida associated groups.

6.3 The Counter-Terrorism & Security Act says that certain kinds of organisation should help keep people from getting involved in terrorism. And Home Office guidance identifies people with learning disabilities as a vulnerable group. This means, we need to watch out for people we support being groomed for terrorism.

If you have any suspicions, report them. Your local authority and/or police force will have a Prevent lead and a reporting process. You can include their details on [appendix 1: Safeguarding contacts & protocols grab-sheet](#).

Or you can contact our Policies, Compliance & Safeguarding manager for advice.

- 6.4 We give an overview of Prevent in our online Safeguarding adults course (see [Training & prevention](#)). But if you work with people who have been identified as at risk, also do the Radicalisation module.

## Raising & responding to a safeguarding concern

- 7.1 The safeguarding referral procedure differs from LA to LA and is different in Wales to England. But generally, there are four key stages.

### Four key stages of the safeguarding adults process

| Stage                                   | Actions for consideration   | Responsibility   | Suggested timescale   |
|---|---|--|---|
| <b>Stage one – Safeguarding concern</b> | <p>Protect adult and deal with risk.</p> <p>Report to relevant line manager who will take any immediate action required. (See Safeguarding reporting procedure flowchart.)</p> <p>Consider:</p> <ul style="list-style-type: none"> <li>the person’s desired outcome</li> <li>issues of consent</li> <li>issues of capacity.</li> </ul> <p>Fact find.</p> <p>Consider reporting to police if a crime.</p> <p>Record information.</p> <p>Notify CQC/CIW, if necessary.</p> <p>Report to local authority (probably, the Learning Disability Team)</p> <p>Refer concern to Safeguarding Team</p>  | <p>Everyone</p> <p>LA</p>  | <p>Immediately if emergency or within 24 hours</p>  |
| <b>Stage two - Enquiry</b>              | <p>Decide whether person has care &amp; support needs, is experiencing or at risk of abuse or neglect and is unable to protect themselves.</p> <p>(In Wales, an Authorised Officer may be appointed and apply for an Adult Protection Support Order that enables them and an accompanying person to speak in private to the person the concern is about to ascertain the above.)</p> <p>Consider:</p> <ul style="list-style-type: none"> <li>the person’s desired outcome</li> <li>issues of consent</li> <li>issues of capacity.</li> </ul> <p>Consider whether person needs independent advocate to support them through the enquiry.</p> | <p>Safeguarding Adults Team, supported by relevant partner organisations</p> | <p>Within five working days where possible (recognising that it may take longer to determine the person’s desired outcome).</p> |

| Stage   | Actions for consideration  | Responsibility   | Suggested timescale  |
|---|--|--|--|
|   | <p>Inform person who raised concern of the decision.</p> <p>If progressing, begin enquiry or instruct another agency to begin enquiry,</p> <p>Based on enquiry, decide on appropriate referral pathway.</p> <p>Discuss decision with person or their representative.</p>   |  |  |
| <p><b>Stage three – Safeguarding planning meeting</b></p> <p>Usually applicable only when:</p> <ul style="list-style-type: none"> <li>• significant or critical harm has occurred or is likely to occur</li> <li>• there is no clear referral pathway</li> <li>• multi-agency interventions are required</li> </ul> | <p><b>Step A</b></p> <p>Review information from the enquiry, and undertake further investigation if necessary.</p> <p>Review</p> <ul style="list-style-type: none"> <li>• the person’s desired outcome</li> <li>• issues of consent</li> <li>• issues of capacity.</li> </ul> <p>and whether person needs independent advocate to represent them through the planning meeting.</p> <p>Evaluate risk.</p> <p>Consider most appropriate way of obtaining views of alleged perpetrator if appropriate.</p> <p><b>Step B</b></p> <p>Decide whether Safeguarding planning meeting is required.</p> <p>In meeting, decide what actions are needed, who should undertake them and by when in order to facilitate investigation and manage risk.</p> <p>Schedule further review meetings.</p> <p><b>Step C</b></p> <p>Discuss outcomes and closure of procedure with person/representatives.</p> <p>Consider whether case meets requirement for Safeguarding Adult Review and whether partnership lessons learned.</p> | <p>Safeguarding Adults Team, supported by relevant partner organisations</p> | <p>Safeguarding planning meeting within five working days.</p> <p>Review meetings at least every three months.</p> |
| <p><b>Stage four – Quality assurance</b></p>  | <p>Quality assure the enquiries and planning meetings to ensure:</p> <ul style="list-style-type: none"> <li>• views of person have been central to process</li> <li>• appropriateness of decision-making</li> <li>• data recording is of suitable standard</li> <li>• partnership lessons learned have been captured</li> </ul>  | <p>LA senior management</p>  | <p>Within one month of case closure</p>  |

- 7.2 Make sure everyone who might need them knows where to find the LA's procedures and protocols for raising a safeguarding concern. This includes relief and agency colleagues. Use [appendix I: Safeguarding contacts & protocols grab-sheet](#).
- 7.3 As a direct support colleague, you're most likely to be involved at stage 1. That is, in actually **raising** a safeguarding concern. (For our internal reporting procedure, see [Recording & monitoring safeguarding concerns](#).) If you're finding it hard to decide whether you should raise your concern with the LA, ask yourself these questions:

- is someone responsible for doing or not doing something that has put the person at risk? (You might not know who that responsible person is at this stage. That's OK.)
- Is your concern due to a:
  - failure in care;
  - breach of a professional code of practice; or
  - breach of policy or procedure?

If the answer to either question is yes, tell the LA straight away – and within 24 hours at most.

When deciding, bear in mind that abuse carried out through negligence or ignorance is still abuse. Also bear in mind that under the Care Act, self-neglect is a safeguarding concern (see paragraph [5.1 Self-neglect](#)).

- 7.4 If you're still not sure whether to raise a concern, talk to a senior manager, the on-call manager or the Group Safeguarding manager as soon as possible.
- 7.5 Bear in mind, it's always better to over-report than under-report, and that raising a concern may stop harm coming to a person.
- 7.6 If someone tells you they have been abused:
- take it seriously, but keep calm;
  - write down what the person says as accurately and as soon as possible, so you don't forget what they've said;
  - decide whether to involve the emergency services; and
  - keep safe any evidence you have.

Don't:

- ask leading question;
- make promises you can't keep – for example, that you won't tell anybody else; or
- keep any evidence you find.

7.7 Some forms of abuse are criminal acts. For example:

- Physical assault
- Psychological assault
- Sexual assault
- Rape
- Theft
- Fraud and other kinds of financial exploitation
- Certain kinds of discrimination.

If someone has committed a criminal act against a person we support, encourage them to report it to the police. You might need to report it for them.

7.8 Put the person's safety first. Assess the risk of further harm. For example, ask yourself if the person at risk is likely to see the alleged source of risk again. Do all you can to reduce the risk. (See Risk management policy.)

7.9 When anybody raises a safeguarding concern, tell the person at risk. To help tell them, you can use [appendix 2: Somebody is worried about you](#). Whether you use this form or not, find out what the person wants to happen. We call what they want to happen their 'desired outcome'. Report this to your operations director or the person they've chosen to help log concerns. For example, their administrator.

7.10 If the person at risk doesn't want you to raise a safeguarding concern or to tell the police, you'll need to decide whether you should. But bear in mind that you have a duty of care. This means that failing to raise a concern might leave you open to an allegation of neglect. So you must be able to show that you made your decision in the person's best interests. (See Mental capacity & DOLS policy.)

No matter what the person at risk wants, if you think other people are at risk, you **must** raise a concern.

You **must** also raise a concern if you suspect a colleague or other professional has abused someone.

- 7.11 When someone has raised a concern about a person we support, tell their closest relative or representative. Do this sensitively in person or on the phone (see paragraph [10.4-10.5](#)). [Appendix 3: Somebody is worried about your friend or relative](#) will be your proof you've done this. Use it to record the relative's 'desired outcome'.

If you want to share the form with them, you can. But don't share it without explaining what it is and why you're sharing it. It's designed to help you have a conversation with them and for sharing the information with your operations director, not for them to fill out and return.

- 7.12 If the person at risk doesn't want you to tell their representative, record how and when they told you this. Use [appendix 2: Somebody is worried about you](#). This includes the question, 'Do you want us to tell your family or a friend that somebody is worried about you?' Even if the person themselves cannot sign this document, **you** should.

Keep this document somewhere the person's representative won't find it. But remember, you might need it later. For example, if anyone accuses you of withholding information.

- 7.13 If the person at risk can't decide whether to tell their representative, you might find it helpful to look at [appendix 4: Supported decision making: a guide for supporters](#) document in the Document Library's Families folder. Or you might want to do a mental capacity assessment or get the LA to do one. (See the Mental capacity & DOLS policy.)

- 7.14 If you think a colleague is harming a person we support, tell your line manager straight away. If you can't tell them or another manager, for example because they or the organisation is the source of risk, whistle-blow.

Our whistle-blowing hotline phone number is: 0800 915 1571.

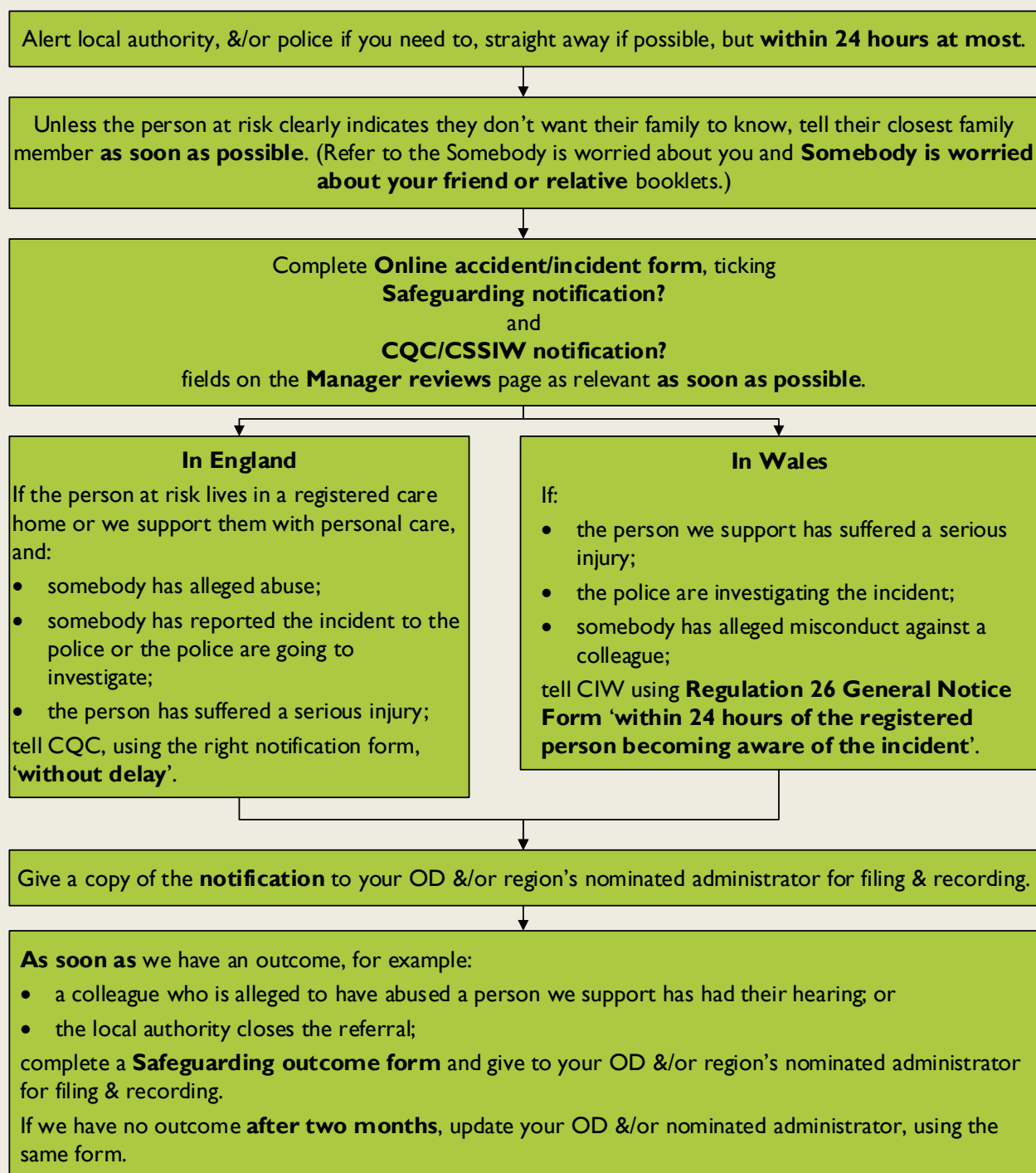
This is an independent service that's available 24 hours a day, 365 days a year.

## Recording & monitoring safeguarding concerns

- 8.1 For reporting and recording procedures, see the [Safeguarding reporting procedure flowchart](#).



## Safeguarding reporting procedure flowchart



8.2 When anyone raises a safeguarding concern about a person we support or colleague, report it internally. Do this as soon as possible. Use the Online accident/incident system. This applies to **all** safeguarding concerns, so includes:

- concerns that the LA tell you about;
- concerns that arise from a complaint;
- suspicions aroused by a person's changing behaviour; and

- concerns that are part of an LA's large scale enquiry.
- 8.3 If the concern is a serious incident as defined in the Accident & incident reporting policy, also report it to the [incident@dimensions-uk.org](mailto:incident@dimensions-uk.org) email address.
- 8.4 Tick the 'Safeguarding notification?' field on the 'Manager reviews' page to alert the Group Safeguarding Team.
- 8.5 And if you need to notify the Care Quality Commission (CQC) or Care Inspectorate Wales (CIW), tick the CQC/CIW box.
- 8.6 If you raise a concern following a complaint, also record the complaint as described in the Concerns, complaints & compliments policy.
- 8.7 In England, as a registered manager, decide whether a concern falls under the Duty of Candour regulation. If it does, apologise and investigate as we describe in the Duty of Candour policy. As an operations director, record it on the safeguarding register.

In brief, accidents and incidents that fall under the Duty of Candour are those that appear to have resulted in:

- the death of a person we support;
  - an impairment to the person's sensory, motor or intellectual functions lasting 28 days or more;
  - changes to the structure of the person's body;
  - the person experiencing prolonged pain or prolonged psychological harm;
  - shortened life expectancy; or
  - treatment by a health professional to prevent any of the above.
- 8.8 When a safeguarding concern is resolved, complete [appendix 5: Safeguarding outcome form](#). Send it to your operations director or nominated administrator. They will update the safeguarding register. If two months have passed since you raised the concern and we still don't have an outcome, update them using the same form.
- 8.9 In England, you don't need to tell the CQC about safeguarding concerns in and of themselves. But you do need to tell them about all:

- allegations of abuse;
- serious injuries; and
- incidents reported to the police;

to do with anyone who lives in a registered care home and anyone we support with personal care.

So, you may well need to tell CQC about a safeguarding concern. When you do, do it **‘without delay’**. Use the right form:

- [Appendix 6: CQC’s ‘Abuse or allegation of abuse concerning a person who uses the service’ notification form](#)
- [Appendix 7: CQC’s ‘Serious injury to a person who uses the service’ notification form](#)
- [Appendix 8: CQC’s ‘Incidents reported to or investigated by the police’ notification form](#)

Give a copy to your operations director and/or nominated administrator so they can file and log on the safeguarding register. As a registered manager, keep a copy for your own records, too.

8.10 You only need to tell the CQC about a medication error when it results in:

- death;
- serious injury; or
- is clearly abusive.

Some LAs want us to report all medication errors to their Safeguarding Team because they consider it neglect. Even when they do, you don’t need to tell CQC. **Do tell CQC**, however, when the LA treats an error as abuse or are so concerned that they want it investigated.

8.11 Similarly, you don’t need to tell the CQC about unexplained minor injuries. However, bear in mind that injuries may indicate abuse. So if a person we support suffers a:

- bruise;
- cut;
- graze; or
- similar other injury that no one can explain;

investigate it.

If your investigation shows that abuse isn't the cause, record your reasons in your Online accident & incident report.

However, if you have any doubts, **do** tell, the CQC. Use [appendix 6: CQC's 'Abuse or allegation of abuse concerning a person who uses the service' notification form](#). Just explain that nobody has actually alleged abuse and that you're telling them only because you can't rule out abuse.

8.12 In Wales, you don't need to tell CIW about safeguarding concerns in and of themselves. But you do need to tell them about:

- any serious injury to a person we support;
- incidents reported to the police; and
- any allegation of misconduct against a colleague.

Do this within 24 hours. Use [appendix 9: CIW's 'Regulation 26 – General Notice Form'](#).

Give a copy to your operations director and/or nominated administrator so they can file and log on the safeguarding register.

8.13 Some of our Group subsidiary entities are registered charities. So:

- we need to tell the Charity Commission about certain safeguarding concerns (the Group Safeguarding Team will do this); and
- we have processes in place for these entities to keep trustees informed of certain safeguarding concerns in real time.

8.14 As an operations director, if you dismiss a colleague because you believe they've abused a person, refer them to the Disclosure & Barring Service. Record this on your safeguarding register.

8.15 The Group's Safeguarding Panel meets quarterly. The Panel monitors and reviews performance in the following areas:

- systems and processes, including training, policy requirements and legal responsibilities;
- the safeguarding register;
- lessons learnt – sharing information where appropriate and making recommendations;
- report quarterly to the Board via the Quality & Practice Committee;

- advise the Risk Panel of organisational risks;
- regional learning;
- deprivations of liberty; and
- physical interventions.

8.16 Treat all electronic and hardcopy information about safeguarding concerns as confidential. Share information with others on a need-to-know basis only. Bear in mind that the police and the local authority's right to this information will have a legal basis.

## Enquiries & investigations

9.1 LAs might ask us to investigate a concern before deciding whether to take action. When they do, it will be the registered manager's responsibility to investigate. As a registered manager, you can delegate the investigation to a colleague. But before you do, assure yourself of that colleague's competence and confidence to do the job well.

9.2 When the LA asks us to investigate, agree timescales with them.

Also bear in mind the person at risk's mental capacity to understand the concern. Involve them and/or their representative as much as possible. But the person's capacity and the nature of the concern will influence what you share with who. So it's a good idea also to agree what's appropriate with the LA.

9.3 Cooperate fully with any investigation. Knowing what information to share with who and when is important but can be tricky. As a guiding principle, always be open and honest.

However, if you have any doubts about what to share, the Social Care Institute for Excellence (SCIE) offers guidance on its website. You can link to it here: [Safeguarding adults: sharing information](#).

9.4 It's important that no one affects an investigation unduly. It's even more important that we remove any risk of harm to people we support.

So, if someone raises a concern about you, your line manager may limit your responsibilities or change your workplace. For example, suspend you from personal care duties or have you work only in the regional office. They may suspend you altogether.

This is not a presumption of guilt or punishment. It's just to keep everybody, including you, safe until we have a better idea of what happened.

- 9.5 Police investigations usually take priority over all other lines of enquiry. So, if you're conducting a disciplinary investigation that's also with the police, check with them that you're ok to carry on.

When the police investigate a concern, record the crime number and the name of the officer leading the investigation.

## Supporting people involved in a safeguarding concern

- 10.1 When a person has been harmed or abused, their behaviour might change. It might change dramatically or you may only notice if you know the person really well. Their behaviour might not change until long after the event. But look out for these changes, and be supportive.
- 10.2 Update the person's support plan to reflect any changing needs. Involve other agencies as appropriate. For example, our own Behaviour Support Team or clinical practitioner, psychologists, other health professionals. Do this as soon as possible.
- 10.3 We must make safeguarding personal. So when anyone raises a safeguarding concern about a person we support, involve the person as fully as possible or as fully as they want to be involved.
- 10.4 Also tell their closest relative or representative and keep them updated. If you think it will reassure their relative, give them a copy of **appendix 10: Safeguarding – facts for families**. Only **don't** tell their relative when the person is clear they don't want you to or the LA's Safeguarding Team tell you not to.
- 10.5 Think carefully about which colleague should tell the person's family. If possible, make it someone who has a good strong relationship with them. Whatever your relationship with the family, be supportive.
- 10.6 If English is the person's or their relative's second language, decide whether best to call in an interpreter.
- 10.7 People who have been abused and their relatives might want help from support groups. Offer help in finding appropriate groups.

Two national organisations you can recommend are:

- Respond, who ‘exist to lessen the effect of trauma and abuse on people with learning disabilities, their families and supporters’. Website: [www.respond.org.uk](http://www.respond.org.uk)
- Victim Support, who ‘provide victims and witnesses with high quality emotional and practical support’. Website: [www.victimsupport.org.uk](http://www.victimsupport.org.uk)

10.8 As a colleague, you might find your involvement in a safeguarding concern difficult or upsetting. Just raising a concern can be difficult – for example, if the concern is about a colleague. It might even be the case that somebody makes an allegation against you, which means somebody will have to investigate.

For any number of reasons, might need support.

Dimensions’ Employee Assistance Programme (EAP) is a free and confidential service run by the independent organisation Health Assured. You can call this service on Freephone 0800 030 5182, 24 hours a day, 7 days a week (including bank holidays) or use their website: [www.healthassuredeap.co.uk](http://www.healthassuredeap.co.uk) (user name: Dimensions; password: Dimensions).

## Training & prevention

- 11.1 Prevention is one of the key principles underpinning safeguarding work. And this is best achieved through training and education. That’s for people working with vulnerable adults and vulnerable adults themselves.
- 11.2 For people we support, we offer easy read information. We also offer awareness workshops on keeping safe. We sometimes focus on particular topics. For example, bullying. With the involvement of Dimensions Council and Quality Consultants we will keep developing and adding to these publications and workshops.
- 11.3 As an Operations colleague, you’ll work toward getting your Skills for Care Care Certificate within twelve weeks of starting with us. Standard 10 covers Safeguarding adults. Standard 11 covers safeguarding children.

You’ll achieve these standards by doing our Learning Connect e-learning courses on Safeguarding and Safeguarding children. You will also need to attend any training we or your LA provide locally.

- 11.4 Refresh your online Safeguarding adults training and your Safeguarding children training at least every two years, and whenever your line manager or LA tells you to.
- 11.5 Also do the Radicalisation module when you or your manager spots the need (see [The Prevent strategy & Channel programme](#)).

## Relevant legislation, guidance & related policies & templates

### Legislation

- 12.1 Health & Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015
- 12.2 The Care Act 2014
- 12.3 Social Services and Well-being (Wales) Act 2014
- 12.4 Regulation and Inspection of Social Care (Wales) 2016
- 12.5 Mental Capacity Act 2005
- 12.6 Human Rights Act 1998

### Guidance

- 13.1 *Guidance for providers on meeting the regulations* (Care Quality Commission, 2015)
- 13.2 *Care and Support Statutory Guidance Care issued under Care Act 2014*, Department of Health, 2014
- 13.3 *Statutory guidance in relation to part 7 (Safeguarding) of Social Services & Well-being (Wales) Act, 2014*
- 13.4 *Domiciliary Care Standards*
- 13.5 *Channel Duty Guidance: Protecting Vulnerable People from being drawn into terrorism* (HM Government 2015)
- 13.6 *Adult safeguarding: sharing information*, Social Care Institute of Excellence
- 13.7 [How to report a serious incident in your charity](#)

### Group policies

- 14.1 Accident/incident reporting
- 14.2 Concerns, complaints & compliments
- 14.3 Confidentiality



- 14.4 Data handling & protection
- 14.5 Duty of Candour
- 14.5 General conditions of use of computing & network facilities
- 14.6 Managing people's monies
- 14.7 Mental capacity & DOLS
- 14.8 Safeguarding children
- 14.9 Whistleblowing

### Related procedures, decision flowcharts, forms and so on

- 15.1 [Appendix 1: Safeguarding contacts & protocols grab-sheet](#)
- 15.2 [Appendix 2: Somebody is worried about you](#)
- 15.3 [Appendix 3: Somebody is worried about your friend or relative](#)
- 15.4 [Appendix 4: Supported decision making: a guide for supporters](#)
- 15.5 [Appendix 5: Safeguarding outcome form](#)
- 15.6 [Appendix 6: CQC's 'Abuse or allegation of abuse concerning a person who uses the service' notification form](#)
- 15.7 [Appendix 7: CQC's 'Serious injury to a person who uses the service' notification form](#)
- 15.8 [Appendix 8: CQC's 'Incidents reported to or investigated by the police' notification form](#)
- 15.9 [Appendix 9: CIW's 'Regulation 26 – General Notice Form'](#)
- 15.10 **Appendix 10: Safeguarding – facts for families**
- 15.11 [Appendix 9: Modern slavery & human trafficking statement](#)

### Equality statement

- 16.1 This policy promotes equality, diversity and human rights by recognising that vulnerable people are more likely to be victims of abuse than most other people, and directing colleagues to:
  - look out for abuse and respond to it appropriately whatever the person at risk's race, age, gender, ethnicity, religion, disability or sexual orientation; and
  - consider discrimination and harassment on grounds of age, gender, ethnicity, faith, disability, sexual orientation, marital status as abuse.

16.2 The equality impact analysis (EIA) is in the intranet's Document library. You can link to it from here: [Safeguarding - version 8 - EIA](#).

## Data protection statement

17.1 This policy involves handling personal data. So when you carry out any procedures this policy describes, you should also think about what our Data handling & protection policy says.

17.2 Our Data handling & protection policy is our promise to handle personal data correctly under the General Data Protection Regulation (GDPR). It tells you how to keep that promise. It balances everyone's rights to data privacy with the work we do.

## Review

18.1 We will review this policy annually. But if changes in legislation, regulation or best practice mean we need to, we will review sooner.

18.2 If the changes are big, we will equality impact analyse (EIA) the policy again and send out to consultation in line with our Policy development & consultation policy.

18.3 For smaller changes, we will update this same version. We will record this in the Version control section below.

## Glossary

19.1 Not all these words and terms appear in this policy. However, you may come across them in a safeguarding context.

| Term   | Definition  |
|--|---|
| <b>Abuse</b>                                       | Includes physical; sexual; emotional; psychological; financial or material; neglect or acts of omission; discriminatory & organisational; domestic; modern slavery; self-neglect. It may consist of a single act or repeated acts. It can occur in any relationship and may result in harm to or exploitation of, the person subjected to it. |
| <b>Association of Chief Police Officers (ACPO)</b> | This the organisation that leads development of police policy in England, Wales & Northern Ireland.   |

| Term   | Definition   |
|--|--|
| <b>Association of Directors of Adult Social Care (ADASS)</b> | The national leadership association for directors of local authority adult social care services.   |
| <b>Adults with care &amp; support needs</b>                  | This is a person who is over 18 years old and has needs for care & support. Where safeguarding enquiries are concerned it doesn't matter when it isn't clear whether the person is entitled to these services.         |
| <b>Advocacy</b>  | Taking actions to help people <ul style="list-style-type: none"> <li>● say what they want;</li> <li>● secure their rights;</li> <li>● represent their interests; and</li> <li>● get the services they need.</li> </ul> |
| <b>Best interests</b>  | Anything done or decision made on behalf of a person who lacks mental capacity must be done in their best interest and in the least restrictive way.   |
| <b>Care management</b>                                       | This is the process of assessment of need, planning & co-ordinating of care to meet their long-term care needs, improve their quality of life and maintain their independence for as long as possible.                 |
| <b>Carer</b>   | Generally, this term refers to unpaid carers – relatives, friends, and so on.  |
| <b>Case conference</b>                                       | This is a multi-agency meeting held to discuss the outcome of a safeguarding (section 42) enquiry or assessment and to put in place a protection of safety plan.   |
| <b>Consent</b>   | This is the person at risk's voluntary and continuing permission for all other concerned parties to intervene on their behalf. They must understand the reasons and likely consequences of the intervention.           |
| <b>Disclosure &amp; Barring Service (DBS)</b>                | This the organisation responsible for barring unsuitable staff from the children's and adult's workforce.  |
| <b>Emergency duty team</b>                                   | This is what local authorities usually call the team that responds to out-of-hours safeguarding concerns.  |
| <b>Enquiry review meeting</b>                                | This is the meeting that brings together people involved in the enquiry process to:  |

| Term   | Definition  |
|--|---|
|  | <ul style="list-style-type: none"> <li>● review the safeguarding plan;</li> <li>● review progress of the investigation;</li> <li>● share information; and</li> <li>● agree further action.</li> </ul>             |
| <b>Enhanced provider monitoring (EPM)</b>                  | This is another term for 'large scale enquiry'.   |
| <b>Evidence</b>  | <p>Any information in the form of:</p> <ul style="list-style-type: none"> <li>● statements from anybody involved;</li> <li>● documents;</li> <li>● pictures; or</li> <li>● records.</li> </ul>                    |
| <b>Female genital mutilation (FGM)</b>                     | All procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.  |
| <b>Large scale enquiry (LSE)</b>                           | The process that a LA follows when it's concerned about institutional abuse or provider failure. It offers a framework for multi-agency engagement with the provider to help improve the service or manage risks. |
| <b>Multi-agency public protection arrangements (MAPPA)</b> | These are the statutory arrangements for managing sexual and violent offenders.   |
| <b>Multi-agency risk assessment conference (MARAC)</b>     | This is a multi-agency forum of organisations that manage high-risk cases of domestic abuse, stalking and 'honour'-based violence.  |
| <b>Multi-agency safeguarding hub (MASH)</b>                | This is a multi-agency forum of organisations created to share information about and make decisions on specific safeguarding concerns.  |
| <b>Person at risk</b>                                      | This the person we are concerned about.   |
| <b>Person in position of trust (PIPOT)</b>                 | This is someone who works with or cares for adults with care and support needs in a paid or voluntary capacity.   |

| Term   | Definition   |
|--|--|
| <b>Planning discussion</b>                       | <p>This is the initial discussion between the investigating agency and relevant others to:</p> <ul style="list-style-type: none"> <li>● clarify concerns;</li> <li>● identify the harm &amp; the current risk;</li> <li>● agree an interim protection plan; and</li> <li>● plan the enquiry.</li> </ul>  |
| <b>Potential source of risk</b>                  | <p>This is anyone who we believe to be responsible for or implicated in the abuse of an adult.</p>   |
| <b>Review</b>                                    | <p>The process of re-examining a safeguarding plan for its effectiveness.</p>  |
| <b>Safeguarding Adults Board (SAB)</b>           | <p>This is the board made up of the various organisations in a local authority involved in safeguarding adults.</p>  |
| <b>Safeguarding enquiry (section 42 enquiry)</b> | <p>This is the process a local authority undertakes to:</p> <ul style="list-style-type: none"> <li>● establish the facts of the case;</li> <li>● ascertain the person at risk's views and wishes;</li> <li>● assess their need for protection and support;</li> <li>● protect them if needed;</li> <li>● decide what follow-up action is needed; and</li> <li>● enable them to achieve resolution &amp; recovery.</li> </ul> <p>The duty to make an enquiry lies with the LA, but they can ask another agency to make the enquiry on their behalf.</p> |
| <b>Safeguarding plan</b>                         | <p>This is the written plan that outlines the measures in place to protect and support the person at risk.</p>   |
| <b>Safeguarding adults review</b>                | <p>This is a review of the practices of agencies involved in a safeguarding matter. The SAB will commission it. Its aim is to learn lessons and improve the way we work.</p>   |
| <b>Wilful neglect</b>                            | <p>This is a deliberate omission or failure to carry out an act of care by someone who has care of a person who lacks capacity to care for themselves.</p>   |

## People & groups involved in writing & approving this policy

|                                       |   |
|---------------------------------------|---|
| <b>Policy owner:</b>                  | Jackie Fletcher, Group Director of Quality, Public Affairs & Policy                               |
| <b>Policy author/reviewer:</b>        | Clay Lister, Policies, Compliance & Safeguarding Manager  |
| <b>People &amp; groups consulted:</b> | Diversity Matters; Waymarks Diversity Champions; Staff Forum Policy Subgroup; Policy Review Group |

## Version control

| <b>Version number</b> | <b>Approved date:</b>          | <b>Communication date:</b>    | <b>Summary of minor changes</b>  |
|-----------------------|--------------------------------|-------------------------------|--|
| 8                     | 5 <sup>th</sup> June 2019      | 7 <sup>th</sup> June 2019     |  |
| 8.1                   | 18 <sup>th</sup> November 2019 | 6 <sup>th</sup> December 2019 | Human rights aspect newly emphasised in Scope, Policy statement & The impact of not implementing this policy sections.<br>Paragraph 10.8 introduced. |

**Next review due: June 2020**