

Safeguarding Adults at Risk Policy and Procedure

1. Objectives

The **wish centre** will not tolerate the abuse of adults at risk and this policy demonstrates and supports our commitment to the protection of adults at risk in our care.

- All adults at risk have a right to be protected and their decisions respected even if that decision involves risk.
- Services will be provided in a manner that respects the rights, dignity, privacy and beliefs of all
 individuals concerned and will not discriminate on the basis of race, culture, religion, language,
 gender, disability, age or sexual orientation.
- The best interests of the adult at risk are of prime concern at all times.
- The responsibility to refer and take appropriate action to safeguard an adult thought to be at risk rests with the person who has the concern.
- Staff and others involved in allegations of abuse will be treated sensitively and professionally at all stages of the investigation.
- The importance of partnership working with other professionals is recognised and supported throughout the process. This includes the rights of adults at risk to have an independent advocate.

Counselling staff and the wider team at the **wish centre** have a critical role to play in safeguarding adults at risk and in the prevention, detection and the management of abuse. This policy defines staff responsibilities regarding safeguarding of adults at risk and sets out clear systems and processes for reporting and managing allegations of abuse.

The policy supports **The Care Act 2014** which sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect.

The Care Act 2014 sets out the following principles that underpin the safeguarding of adults.

- **Empowerment -** People being supported and encouraged to make their own decisions and informed consent.
- Prevention It is better to take action before harm occurs.
- **Proportionality** The least intrusive response appropriate to the risk presented.
- Protection Support and representation for those in greatest need.
- **Partnership** Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- Accountability Accountability and transparency in safeguarding practice.

2. Definitions

Adult at Risk

An adult at risk is a person aged 18 or over who is in need of care and support regardless of whether they are receiving them, and because of those needs are unable to protect themselves against abuse or neglect.

Abuse

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Abuse is a violation of an individual's human and civil rights by any other person or persons. Abuse can happen through a single act or a sequence of incidents and is often perpetrated by someone using power or authority in ways that are detrimental to health, safety, welfare and general wellbeing of the person at risk. Abuse may be physical, verbal or psychological, it may be an act of negligence or an omission to act or it may occur where a person at risk is persuaded to enter into a financial or sexual transaction to which they have not consented or cannot consent.

Capacity

Loss of the capacity to make decisions (as defined in law) can be temporary or permanent. The Mental Capacity Act 2005 (MCA) aims to empower people who lack "capacity" to remain at the centre of the decision-making process and to safeguard them and the professionals who work with them. It sets out a clear legal framework and clarifies who can make decisions in which situations and how they should go about it.

3. Types of Abuse

3.1 Physical

- The non-accidental infliction of physical force that results (or could result) in bodily injury, pain or impairment.
- This includes hitting, slapping, pushing, burning, physical restraint, enforced sedation, inappropriate use of medication, forced feeding and catheterisation for management ease.

3.2 Sexual

- The direct or indirect involvement in sexual activity without consent.
- This includes non-contact: looking, photography, indecent exposure, sexual teasing or innuendo. Contact: inappropriate touching by staff, coercion to touch, masturbation of self or others, attempted penetration of vagina, anus, mouth with or by penis, fingers or other object.

3.3 Psychological and emotional

- That which impinges on the emotional health and development of individuals.
- This includes shouting, swearing, insulting, ignoring, threats, intimidation, harassment, humiliation, depriving an individual of the right of choice and privacy.

3.4 Financial or material

- The unauthorised, fraudulent obtaining and funds, property or any resources belonging to a vulnerable person.
- This includes misappropriating money, valuables or property, forcing changes to a will, denying access to personal funds.

3.5 By neglect and act of omission

- Ignoring or withholding physical or medical care needs.
- This includes failure to provide appropriate food, shelter, heating, clothing, medical care, personal care, withholding or inappropriate use of medication or over medication.

3.6 By discrimination

 Abuse constitutes of derisory attitudes or behaviour based on a person's religion, political persuasion, sex, sexuality, ethnic origin, race, culture, age or disability or any of the protected characteristics of the Equality Act.

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3.7 Organisational / Professional abuse

- The misuse of therapeutic power and abuse of trust by professionals. Poor care practice or neglect in services, resource shortfall or service pressures that lead to service failure as a result of poor management systems and structures.
- This includes poor, ill-informed or outmoded care practice, failure to support adults at risk to access health care/treatment, denying access to professional support, punitive responses to challenging behaviour, failure to report poor practice/whistleblowing.
- Abuse can take place in any setting or situation and the abuser may be anyone including a
 member of the family, friend, partner, health care worker, another service user or any other
 person who comes into contact with the adult at risk.

3.8 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.

3.9 Domestic Abuse

• Including psychological, physical, sexual, financial and emotional abuse. It also includes so called 'honour' based violence.

3.10 Self-neglect

• This covers a wide range of behaviour: neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

4. Responsibilities

4.1 The Organisation

The wish centre has a responsibility to safeguard and promote the welfare of all service users and employees. They do this by ensuring that appropriate support systems including training and information are in place. The organisation will ensure that learning takes place following Safeguarding Adults at Risk investigations and that lessons are disseminated across the organisation to enable improvement in services.

4.2 Safeguarding Officer

The named Safeguarding Officer at the **wish centre** will provide guidance and support to counsellors and staff involved in cases where suspension or disciplinary action is to be taken.

The Nominated Safeguarding Person for the wish centre is

Name: Rowena Jaber

Job/role title: Centre Director

Contact tel.: 07834 477979 Email: info@thewishcentre.org.uk

The Deputy Nominated Safeguarding Person for the wish centre is

Name: Kaira Hunjan

Job/role title: Lead Psychotherapist

Contact tel.: 07527 187177 Email: kaira@thewishcentre.org.uk

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Safeguarding Lead from the Board of Trustees

Name: Clare Kiely Job/role title: Trustee

Contact Tel: Email: clare.kiely@thewishcentre.org.uk

The Finance and Administration Manager will ensure that the **wish centre** HR policies are adhered to.

4.3 Centre Director

The Centre Director must:

- Act promptly to address any suspected abuse and ensure all investigation and
- reporting procedures are correctly adhered to, and time frames noted.
- Ensure that the wish centre policies and best practice guidelines are made readily available and are understood and adhered to fully by all staff.
- Ensure through the provision of training that staff are able to recognise and understand signs and symptoms of abuse and know how to report cases of suspected abuse.

4.4 Staff and Volunteers

Staff as part of ongoing development must ensure they are up to date in training and procedures pertaining to Safeguarding Adults at Risk. This will include the following.

- Recognition of signs of abuse
- Understand the various types of abuse
- To listen and believe those who say they have been abused
- Understand the procedures for reporting suspected abuse

5. Procedure

5.1 Reporting abuse

Ignoring abuse is not an option. Any person or organisation with knowledge of abuse, or suspicion that an adult may be at risk of abuse **must** report their concerns.

All staff and volunteers have a responsibility to report suspected abuse.

- In the first instance to their line manager. Staff should refer cases where they suspect that the line manager or Centre Director are the abuser, or are complicit in the abuse, to the Chair of the Trustee Board.
- Initial reports may be verbal or in writing. Reporting suspected incidents of abuse must be made as soon as possible so that measures can be instigated to safeguard the person/s at risk.
- Reports must be precise and accurate. It is important that information is first hand and not hearsay.
- Service user's records must be completed and updated at all stages to reflect concerns and actions taken by staff.
- Written statements must be accurate, legible, signed and dated.

5.2 Other organisations/individuals reporting abuse

Other organisations and individuals may make allegations of abuse relating to care at the **wish centre**. They may report their concerns to the Safeguarding Officer or a staff member, who then has a duty to investigate and progress the allegation appropriately; or they may report directly to the



police, Social Services, CQC (Care Quality Commission), a health professional or health organisation.

The **wish centre** must co-operate and respond to all such allegations as required by the Local Safeguarding Adults Board.

5.3 Investigation

The line manager will assess the seriousness or the allegation and report upwards as appropriate in line with their local safeguarding adults' protocol.

5.4 Process

Immediate action:

- Ensure the immediate safety of service users. Including calling for medical assistance if required.
- Review concerns with relevant members of staff to assess seriousness of the allegation.
- If a crime is suspected contact the police ensuring immediate communication with the Centre Director or Chair of the Trustee Board.
- Report incident:
- Social Services/Regulatory authority, Adult Protection Team
- Care Manager / Duty Social Worker
- CQC Notification (Reg 18)

Care should be taken when recording sensitive or personal information relating to staff on the electronic database system, as this may be accessible to other members of staff. Information of a sensitive nature should be held in a confidential file in a secure location. A note should be made on the accident or incident form to demonstrate that further information is available.

Subsequent action:

The Safeguarding Adults team will lead the investigation which must only be commenced with the full agreement of the lead investigator. The Centre Director or a senior manager within the **wish centre** may be asked to conduct the investigation or this may be undertaken by another body e.g. police or Social Services.

An investigation will include

- Obtaining statements from relevant individuals including residents/relatives where appropriate and able.
- Show empathy to the suspected abused
- Let them speak without interruption
- Reassure them
- Be an active listener
- Do not question except to clarify
- Do not ask leading questions; this may undermine any legal proceedings later on.
- Ask the alleged victim what they would like to do or see happen regarding their complaint.
- Make a written record of all verbal statements and conversations relating to the allegation. Written statements must be dated and signed.
- Ensure that all records are held securely so that confidentiality is maintained.
- Comply with process as determined by the local Safeguarding Adults Team

Suspension of staff

Suspension of staff must only take place for the following reasons:

The member of staff poses an immediate danger to the service user(s)

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- The member of staff poses an immediate danger to other staff
- There is a high level of suspicion that service users, relatives or staff are at risk from the member of staff
- When instructed by the Safeguarding Vulnerable Adults investigating team.

Suspension will be on full pay and be for the minimum period necessary in accordance with disciplinary policy.

If there is any doubt regarding the need to suspend a member of staff, guidance must be sought from the Chair of the **wish centre** Trustee Board.

5.5 Staff support

Staff who become involved in alleged abuse cases whether they be a witness or part of the team, will require support. It is paramount that in line with the **wish centre**'s Whistleblowing Policy, staff support is offered from the beginning, throughout and after any investigation.

The Finance and Administration Manager will provide specific advice regarding suspension, disciplinary action and return to work.

6. Record keeping

Record all relevant information under the specified fields in the Client file on the electronic database system. All records will be kept in line with the organisation's Record Management and Lifecycle Policy and the GDPR 2018

- Sign and date records and keep in safe place.
- Record any injury/physical signs by using a body map/photograph. Sign and date.
 (Consent must be obtained prior to photographs being taken)
- Preserve any evidence and ensure this is not tampered with by others.
- Keep a log of progress with time, date and name of agency/person contacted.

6.1 Next of Kin/Advocate

The Service User's next of kin or advocate must be kept informed at all stages of the investigation, in line with government information sharing guidelines and the GDPR 2018

Accurate records must be maintained of all communications. This will include:

- name of family member spoken to
- name of staff member making contact
- date
- time
- information shared

6.2 Care Quality Commission (CQC)

The decision about which agency to refer to will depend on the individual circumstances of the situation.

A Notification form (Reg 18) must be completed and sent to CQC.

6.3 Police

Where a criminal act is suspected, the police must be informed, and the crime number recorded.

6.4 The wish centre Trustee Board

The Centre Director will ensure that the Trustee Board are informed of all relevant Safeguarding Adults at Risk cases as they are reported. The Centre Director will make contact with the Chair of the Trustee Board to discuss any issues relating to staff suspension, disciplinary action or return to work.

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7. References

The Care Act 2014

The Human Rights Act 1998

The Equality Act 2010

The General Data Protection Regulation (GDPR) 2018

Consent to Examination Treatment and Photography NR-BPG-4

Care Quality Commission: Guidance about compliance "Essential standards of quality and safety" Outcome 7

Department of Health (2006) Dignity in Care

Department of Health (2010) Essence of Care

Department of Health (2001) National Service Framework for Older People.

Department of Health (2006) Protection of Vulnerable Adults Scheme in England and Wales:

A Practical Guide

Disciplinary Policy

Health and Social Care Act 2008 (Regulated Activities) Regulations 2010: Regulation 11

House of Commons Health Committee (2004) Health: Second report

http://www.publications.parliament.uk/pa/cm200304/cmselect/cmhealth/111/11104.htm

Mental Capacity Act 2005

Protecting adults at risk: London multi-agency policy and procedure to safeguard adults from abuse (2011)