ADVANCED

ADVANCED HEALTHCARE CENTRE

ADULT SAFEGUARDING
POLICY AND PROCEDURE

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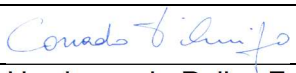
AUTHORISER SIGNATURE	
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Version No	Review Date	Action Taken	Reviewed by	Signature
2	22/10/24	More detail re warning signs of abuse, actions to be taken, contact details for local services and link to local multiagency safeguarding adult protocol. Section added on PREVENT.	Wendy D'Arrigo Safeguarding Lead	WD

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INTRODUCTION

Advanced Healthcare Centre (AHC) is committed to safeguarding adults at risk. This policy outlines the procedures and responsibilities for protecting adults from abuse, neglect, and exploitation. It applies to all staff, volunteers, and contractors. This policy should be read in conjunction with the DSAB Safeguarding Adult Procedures (covers Bournemouth, Christchurch, Poole and Dorset) and is available at https://www.dorsetcouncil.gov.uk/documents/35024/281402/BCP++Dorset+Multiagency+Safeguarding+Adults+P_Karen+Maher+-+accessibility+version.pdf/9e6c9380-8d7b-74ce-01ef-5a18f0f17f83

POLICY STATEMENT

- We are committed to ensuring that all adults at risk who use our services receive the highest level of care and protection.
- We recognise that safeguarding is everyone's responsibility and that all staff, volunteers, and contractors have a role to play in protecting adults at risk.
- We will ensure that all concerns about the welfare of adults at risk are taken seriously and responded to promptly and appropriately.
- We acknowledge our responsibility to our staff who may also experience abuse and be in need of support.

DEFINITIONS

- **Adult at Risk**: Any person aged 18 or over who is in need of care and support, and who is, or may be, unable to take care of themselves, or unable to protect themselves against significant harm or exploitation.
- **Abuse**: A violation of an individual's human and civil rights by any other person or persons. Abuse can be physical, emotional, sexual, financial, or neglectful.

ROLES AND RESPONSIBILITIES

All Staff are responsible for recognising and responding to safeguarding concerns. All staff must complete mandatory safeguarding training.

The Safeguarding Lead is the designated person responsible for overseeing safeguarding within AHC. They ensure compliance with policies and procedures, provide support to staff, and may assist with liaison with external agencies.

Managers ensure that safeguarding policies and procedures are implemented and adhered to in their areas of responsibility and provide support and supervision to staff.

WELLBEING PRINCIPLE

The Care Act 2014 includes a duty to promote wellbeing when carrying out any care and support function in respect of a person – sometimes referred to as “the wellbeing principle”. Wellbeing is a broad concept, applying to adults with care and support needs and their family carers. It includes ensuring people are treated with dignity and respect, considers their physical, mental and emotional wellbeing and their protection from abuse and neglect while ensuring they have autonomy in their day to day life (including with respect to their care and support).

RECOGNISING ABUSE

Abuse and neglect can take many forms. Organisations should not be constrained in their view of what constitutes abuse or neglect, and should always consider the circumstances of the individual case.

The 10 forms of abuse set out in the Care Act 2014 (Chapter 14) are as follows:

Type of abuse	Typical actions	Potential Warning signs
Physical abuse	including assault, hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions	Injuries inconsistent with the history Injuries in unusual sites eg face, lips, mouth, torso, back, buttocks or thighs. Clusters of injuries or injuries with unusual pattern. Injuries at different stages of healing. Individual appears fearful / distressed or emotionally flat.
Domestic violence	Including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence	Low self esteem. Blaming themselves for the things that happen to them. Physical injuries including those that may be related to sexual assault. Verbal abuse and humiliation inflicted in front of others. Fear of outside intervention. Socially isolated. May have limited access to money. Home or property may be damaged
Sexual abuse	including rape and sexual assault or sexual acts to which the adult at risk has not consented, or could not consent or was pressured into consenting, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography, witnessing sexual acts or indecent exposure	Significant change in sexual behaviour / attitude. Pregnancy in a women who lacks capacity to consent. Wetting or soiling. Poor concentration, depression. Difficulty sitting / walking. Torn, bloody, stained underwear. Sexually transmitted infections. Bruising to thighs / upper arms. Self harming behaviour, fear / emotional distress.
Psychological abuse	including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation,	Person is very quiet in the presence of the abuser. Change in psychological

	blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber abuse, isolation or unreasonable and unjustified withdrawal of services or supportive networks	state. Insomnia Low self esteem. Uncooperative or aggressive behaviour. Change of appetite with weight gain or loss. Emotional distress / anger / fear. Apparent false claims by another individual to seek unnecessary treatment for the patient.
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	Change in living conditions. lack of heating, clothing, food. Unexplained shortage of money or difficulty paying bills. Unexplained loss or misplacement of key financial documents. Changes to authorised signatories. Sudden or unexpected changes in a will or other financial documents.
Modern slavery	encompasses slavery, human trafficking, forced labour and domestic servitude	Evidence of physical or psychological abuse. May seem under the control of others, rarely go anywhere alone or seem very unfamiliar with the environment. Living conditions may be poor. May have no ID and few / no personal possessions. May be frightened , hesitant, reluctant to talk.
Discriminatory abuse	including forms of harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation or religion	Person appears withdrawn or isolated. May be anxious, fearful or angry. Lack of respect to the individual. Substandard service offered to the individual. Repeated exclusion from rights afforded to others.
Organisational abuse	including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or in relation to	Misuse of medication / inappropriate restraint. Sensory deprivation eg denial of spectacles or hearing aids.

	care provided in one's own home	Social isolation – denial of visitors. Restricted access to basic needs and own possessions. Controlling relationships between staff and service user. Poor professional practice in relation to their care. lack of respect for the individual. Lack of privacy and personal dignity. lack of flexibility and choice. Lack of consideration of the views of key individuals in the person's social circle. Lots of low level concerns about the provider.
Neglect and acts of omission	including ignoring medical or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating	Poor hygiene, bed sores, ulcers. Clothing in poor condition or inappropriate for the weather. Inadequate physical environment eg cold. Evidence of malnutrition. Inconsistent or reluctant engagement with services. Poor compliance with mediation / other treatments.
Self-neglect	a wide range of behaviour including neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.	Poor living environment, household maintenance neglected, poor diet. Poor engagement with services. Poor hygiene / foot care / dental care.

Abuse is difficult to assess; situations are rarely as tidy or straightforward as these categories suggest. Many situations may involve a combination of abusive elements.

PREVENT DUTY COMPLIANCE

As part of our commitment to safeguarding, we take account of the Prevent Duty, which aims to safeguard individuals from the risk of radicalisation. We ensure that all staff are aware of their responsibilities under the Prevent Duty. Statutory and mandatory training is provided to staff through eLearning for Healthcare, equipping them with the necessary knowledge to identify and respond to any concerns regarding potential radicalisation in a proportionate and appropriate manner.

REPORTING AND RESPONDING TO CONCERNS

Immediate Danger: If an adult at risk is in immediate danger, contact emergency services (999) immediately - police and / or ambulance.

Raising a Concern: Any concerns about the welfare of an adult at risk should be reported to the Safeguarding Lead or your line manager to discuss and agree next steps.

Documenting Concerns: All concerns must be documented accurately using the Safeguarding adult alert form in Appendix 2, including details of the incident, any witnesses, and actions taken. The completed form should be given to the Safeguarding Lead.

Confidentiality: Information should be shared on a need-to-know basis and in line with data protection laws.

PROCEDURE FOR HANDLING SAFEGUARDING CONCERNS

1. **Identify**: Recognise signs of abuse or neglect.
2. **Report**: Immediately inform the Safeguarding Lead or line manager.
3. **Record**: Document the concern in detail.
4. **Refer**: If necessary, a referral will be made to the appropriate external agencies, such as adult social services or the police. The safeguarding lead and the reporting professional will agree who will do this. Contribute to a Section 42 investigation, if required.
5. **Support**: Advise the individual at risk about sources of support and consider their immediate safety.

CONFIDENTIALITY

All staff must be aware of the sensitivity for all concerned in matters of abuse. Strict confidentiality must be adhered to on a 'needs to know' basis, according to the reporting procedures contained herein.

ALL DOCUMENTS STORED OR SENT ELECTRONICALLY MUST BE PASSWORD PROTECTED.

TRAINING

All staff, volunteers, and contractors must undergo mandatory safeguarding training, which will be refreshed annually. Additional training may be provided as needed.

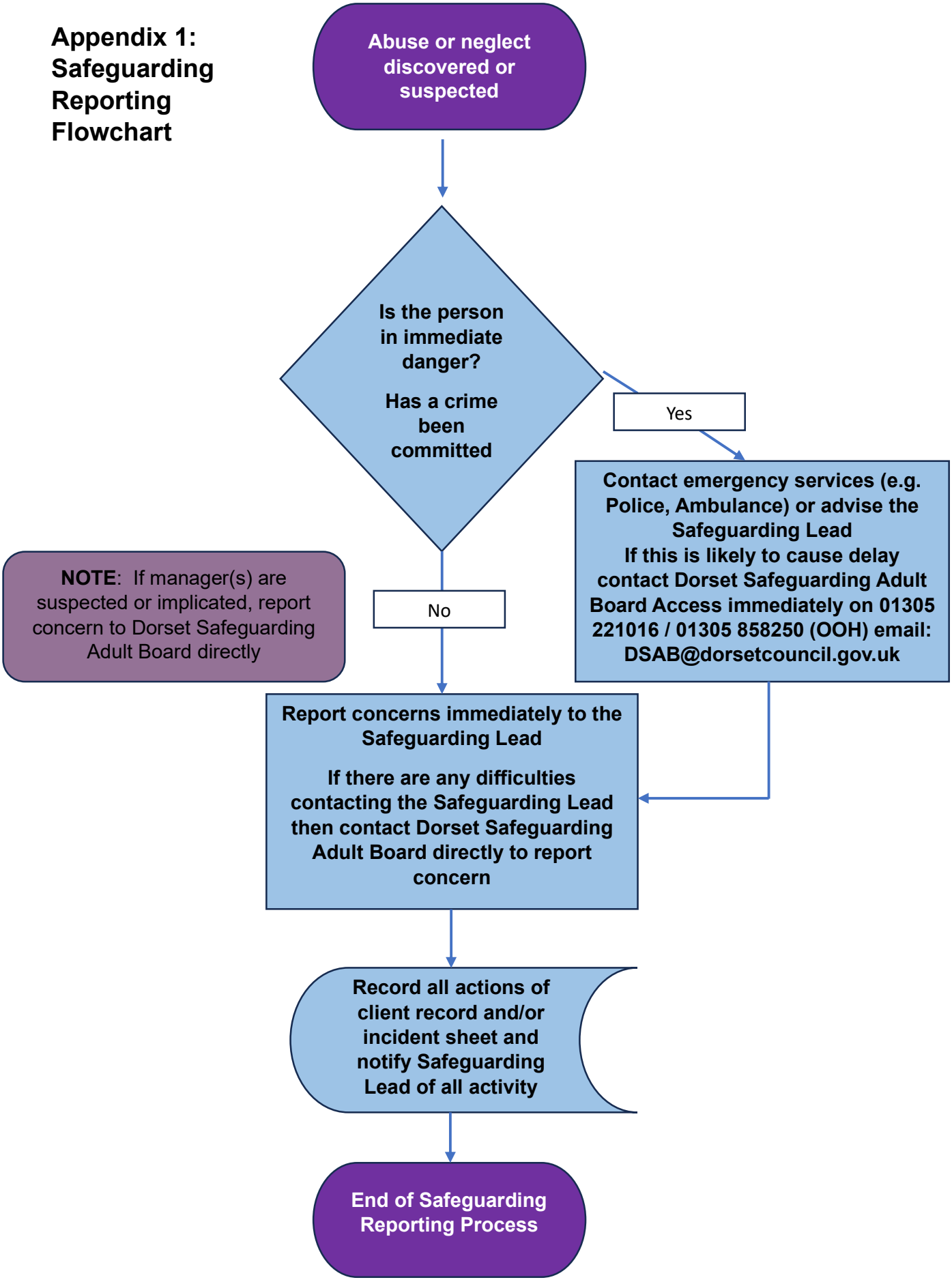
MONITORING AND REVIEW

This policy will be reviewed annually or following any significant incidents or changes in legislation. The Safeguarding Lead will ensure that any updates are communicated to all staff.

CONTACTS

Agency	Emergency	In hours	Out of hours
Advanced health care safeguarding lead	**07432675743** **admin@advanced-hc.org**	**07432675743** **admin@advanced-hc.org**	
Ambulance	**999**		
Police	**999**	**101**	**101**
Dorset adult access (social care)		**01305 221016** **adultaccess@dorsetcouncil.gov.uk**	**01305 858250**
Bournemouth, Christchurch and Poole (BCP) adult social care		**01202 123654** **Asc.contactcentre@bcpcouncil.gov.uk**	**01202 657279**

Appendix 1: Safeguarding Reporting Flowchart



Appendix 2

ADVANCED

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SAFEGUARDING ADULT ALERT FORM

Personal details of adult at risk			
Name:	Mr/Mrs/Ms	DOB:	Gender:

Current Address: Postcode: Tel no:	Home address *(if different):* Postcode: Tel no:	GP: Surgery: Tel no:

NHS no (if known): Police URN: Other ref no:	Ethnic origin: Preferred language/communication needs?

Allegation	
Date alleged abuse took place:	Time (if known):
Where did the abuse happen:	

What type of abuse is suspected?	**Please check all appropriate**		
Physical Abuse		Modern Slavery	
Domestic Violence		Discriminatory abuse	
Sexual Abuse		Organisational abuse	
Psychological/emotional abuse		Neglect and acts of omission	
Financial or material abuse		Self neglect	

Please provide a brief, <u>factual</u> summary of the concerns leading to the referral. This should include what harm/injury or potential harm was caused?

Is anyone else at risk of harm?
Please state

Vulnerability of the adult at risk			
Physical disability		Dementia	
Learning disability		Sensory impairment	
Mental health		Older person, frailty, temp illness	
Substance misuse		Terminal illness	
Other			

Confidentiality and consent	
Has this referral been discussed with the service user? **Yes or No?**	Has the service user given permission to share the concerns with appropriate others **Yes or No?**
If the answer either/both of the above questions is **No**, please state the reasons for proceeding without consent?	
What are the service user's views and what outcome do they expect?	
Does the service user have mental capacity to be involved in the investigation and protection plan? **Yes/No/Unknown** Or, has a diagnosis or presents in such a way that indicates that a capacity assessment is required? **(*please state*)**	
Has a capacity assessment been arranged or taken place? ***(please state)***	

Details of the people involved in the incident	
Name:	DOB:
Address:	Occupation:
	Relationship to service user?

Immediate actions

(Including any emergency medical treatment provided, evidence preserved, actions taken to prevent further abuse)

Protection plan			
Please indicate other agencies alerted			
Health & Community Services		HPFT	
Police		CLDT	
Acute hospital		Dorset Community NHS Trust	
GP		Other	
Details of person completing the referral			
Name:		**Organisation:**	
Contact number:		**Date referral form completed:**	

Confidentiality must be observed.

This report must be sent (password protected) immediately to your line Manager.