

# Ortu Specialised Care Limited

POLICY NO 14



## **SAFEGUARDING ADULTS & ABUSE POLICY**

## What is safeguarding?

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances. (Care and Support Statutory Guidance DH Care Act 2014)

(Please enter your own homes information in designated areas)

### Important contacts

ROLE/ORGANISATION	NAME	CONTACT DETAILS
Directors	Dr Aida Lockton & Mr Dale Mordlock	07940456267
Responsible Individual	Fiona Muddle	07950540595
Home Manager	(insert homes information below)	
Designated safeguarding lead (DSL)		
Deputy DSL		
Local authority designated officer (LADO)		
Channel helpline		020 7340 7264

## **Service Objectives**

Ortu Specialist Care Ltd aims to maintain a high standard of service to all Service Users, keeping all adults at risk of abuse and other individuals safe. The underlying principles of this procedure are based on those published in the Leicester, Leicestershire and Rutland Multi-Agency Policies and Procedures (MAPP).

Ortu Specialist Care Ltd confirms that:

It is every adult's right to live in safety and to be free from abuse or fear of abuse by others

It is every adult's right to live an independent lifestyle based on informed self-determination and personal choice

An independent lifestyle may involve measured risk for adults at risk of abuse. We respect people's choices and will support them in making such decisions in their best interest.

We aim to ensure that:

The needs and interests of adults are always respected and upheld;  
Their human rights are respected and upheld;  
A proportionate, timely, professional and ethical response is made;  
All decisions are taken in line with the Mental Capacity Act 2005 where relevant or applicable.

It is the responsibility of Ortu Specialist Care Ltd to work with all agencies and professionals to help prevent abuse of vulnerable adults. We will achieve this by raising staff awareness, empowering people to make their own decisions and by putting safeguards in place.

When a situation is discovered in which an adult is at risk, or is thought to be at risk of abuse, then will act quickly in a co-ordinated manner with other agencies and professionals to help them overcome the alleged abuse

Ortu Specialist Care Ltd also acknowledges that care and support staff and other carers have a right for their needs to be considered.

## **Staff Roles & Responsibilities:**

Ortu Specialist Care Ltd staff are to:

Be vigilant to the possibility that adults at risk may be the victims of abuse.

Safeguard & promote the interests and wellbeing of service users

Take all reasonable steps to protect service users from harm, abuse & exploitation

Reduce the vulnerability of service users by upholding professional attitudes and practices.

To be supportive if an adult at risk makes an allegation of abuse and ensure that the vulnerable adult is made aware of their duty to report to Social Services and Care Quality Commission (CQC).

If the vulnerable adult is in immediate danger or in need of urgent medical attention then to take necessary action to ensure the person is safe  
To follow Eta Care Solution's internal procedures regarding allegations of abuse.

To report all allegations of abuse of an adult at risk to the Manager Immediately.

To safeguard any evidence regarding possible abuse.

To record all of the above appropriately.

To be available for further action if requested by the duty/investigating officer from Social Services, Care Quality Commission, East Midlands Police or any relevant Authorities.

To inform any case conferences and meetings, and provide written reports if necessary

To contribute to any care and support plans made to protect the vulnerable adult

### **Who is a vulnerable adult or Adult at Risk?**

This is a term used to describe a person who is:

An adult (aged 18 or over)

Who is or may be in need of community care services because of frailty, learning or physical disability or mental health difficulty.

Who is or may be unable to take care of him or herself or take steps to protect him or herself from significant harm or exploitation.

## **What is Abuse?**

Abuse of a vulnerable person is a violation of an individual human and civil rights by any other person or persons. It may consist of a single act or repeated acts and may include one or more of the following:

**Physical Abuse** includes: Hitting, slapping, and pushing, kicking, misuse of medication, restraint or inappropriate sanctions.

**Sexual Abuse** includes: Rape, sexual assault or sexual acts to which the vulnerable person has not, or could not consent and/or was pressured into consenting to.

**Psychological Abuse** includes: Threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, verbal or racial abuse, isolation or withdrawal from services or supportive networks.

**Financial Abuse** includes: Theft, fraud, exploitation, pressure in connection with wills/gifts/property/inheritance/financial transactions or misuse or misappropriation of property possessions or benefits.

**Neglect and/or Self Neglect** includes: Ignoring, medical or physical care needs, failure to provide access to health, social care or educational services, withholding medication, inadequate nutrition, heating, clothing, furnishings and personal hygiene facilities to the extent that these present a risk to the life of the vulnerable person.

## **Organisational (Institutional) Abuse**

### **Modern Day Slavery**

### **Domestic Abuse**

Abuse results in significant harm, or exploitation of, the vulnerable person. It may be perpetrated by anyone who has power over the person whether they are a carer or relative, a paid member of staff or professional, or as a result of persistently poor care or a rigid or oppressive regime.

## **How will staff know if someone is allegedly being abused?**

Information suggesting that abuse may have occurred can come from a variety of sources:

- Allegations made by another person
- A person saying or showing that they have been mis-treated
- An admission from someone who says they are harming an adult
- Someone noticing signs and symptoms of abuse

## **Behavioural Indicators of Abuse**

The following indicators are listed to alert staff and to enable them to consider reasons for a person's behaviour. However, the signs must be looked at together with other information gained from the person or from others in respect of the person's personal and social circumstances.

Behavioural indicators of abuse include:

- Uncharacteristic sexually explicit behaviour
- Overly compliant behaviour
- Acting out aggressive, destructive, irritable or generally hostile behaviour
- Depression or signs of withdrawal or regression
- An air of detachment
- Distrust of everyone
- Complaints of pain or discomfort with no medical explanation
- Eating problems
- Sleep disturbance
- Displays of unhappiness
- Fear, anxiety, or severe agitation
- Increase in or development of obsessive/ritualistic behaviour

### **ORTU's Responsibility:**

To provide staff with training to ensure they can identify and report abuse.

To thoroughly investigate any allegations of abuse.

To notify the appropriate statutory agencies of any allegations or suspicions of abuse.

Take appropriate action against employees who are proven to have committed abuse.

Protect employees who 'whistle blow'.

## **WORKING INSTRUCTION**

### **Reported Abuse**

#### Action by the person receiving the allegation (if not in charge of the workplace)

On receiving the allegation, you should listen to the service user or complainant (or witness if not self-reported), and hear them out. Do not ask leading questions. Check if anyone witnessed the incident

You must tell the person making the allegations that you will have to report what they say to your manager.

You should not at this stage involve any other staff member unless assistance is required on health and safety grounds or an individual wishes to show you intimate injuries

Comfort & reassure the service user, both during the interview and afterwards

In the case of alleged sexual abuse, do not wash the complainant's clothes or allow them to shower, this could destroy vital evidence. Contact the manager or duty senior immediately who will then call the Police.

If the complainant states they have sustained an injury as a result of the abuse, arrangement for examination by a doctor must be made unless the injury was sustained from sexual abuse, in which case the Police will advise you.

Report verbally to the duty senior as soon as possible

Make a written report of exactly what was said by the service user, complainant, or yourself. Submit the report to the duty senior. Record the names of any witnesses. The Police may require the statement, if a Police investigation takes place. You should make the report using the Incident Reporting Form

This written record is strictly confidential and must not be disclosed except to others to whom a report of the allegation is made (Registered Care Manager, Commission for Social Care Inspection, Social Service Officers, the Police)

#### Action by the person in charge of the workplace

Following receipt of an allegation of abuse from a staff member:

Do not question the service user again UNLESS the vulnerable person expressly requests to talk to you (record what is said)

Do not question the person who is alleged to have committed the abuse, even if they are on-site. You are dealing with an allegation of a serious criminal offence

Do not question the witness, but record in detail anything a witness might say to you

Where there is an allegation of abuse against a member of staff, you should inform the Registered Care Manager immediately for guidance. If authorisation is given you will then advise the staff member that a serious complaint has been received about their conduct and that you are placing them on precautionary suspension from work with immediate effect, pending further investigation. This should be followed up in writing.

### Reporting Internally

You must immediately report by telephone or in person, to the Registered Care Manager

A copy of the written record of the allegation(s) as recorded by yourself/the original member of staff, and a report of the action you have taken must be made and forwarded to the Registered Care Manager.

### Reporting to the Care Quality Commission

It is the responsibility of the Registered Manager to make this report. In the absence of the Registered Manager, the person in charge must assume this responsibility at the time.

If there is already a social work team involved with the vulnerable adult they must be contacted. If this is not the case then you should contact the local social work office. If they are not the responsible social services office then they will pass your concerns onto the correct office. Give brief details of the initial complaint and actions taken including persons notified and retain the name of the social worker you spoke to.

### Reporting to the Police

All allegations that may be a criminal offence, i.e., any type of assault, theft, imprisonment, will be reported to the Police. It is the responsibility of the Registered Manager or person in charge to make this report as soon as possible. If you are uncertain as to whether the allegation is a matter for the Police, contact the line manager or the Police for advice.

If, however, the alleged victim or complainant wishes to report the allegation to the Police, they have the absolute right to do so without any need to seek 'permission' from any third party. In this case the alleged victim should be assisted as necessary to make this report.

### **Suspected Abuse**

#### You suspect that someone has been abused

You must write down your suspicions giving the precise and detailed grounds on which your suspicions are based. You must explain exactly what you think has happened and give any evidence you have to support your suspicions

This report is strictly confidential and must not be disclosed except to others to whom a report of the suspicion is made (e.g. Manager and any of the persons listed below)



Another person should not type it for you. It should be typed by you personally or written long hand. You should attach your report to an incident report form

### A Third Party Reports Suspected Abuse

You must write down exactly what that person says in his/her own words. This is a strictly confidential record and must not be disclosed except to others to whom a report of the allegations is made (e.g. Registered Manager any other of the persons listed below)

Anonymous allegations must be investigated but whenever possible you should persuade the person to give their name so that they can be contacted for more information, if necessary

You must state that you are obliged to act on and report this information to the Police

All allegations may be a criminal offence, i.e., any type of assault, theft imprisonment will be reported to the Police. It is the responsibility of the Registered Care Manager or person in charge to make this report as soon as possible. If you are uncertain as to whether the allegation is a matter for the police, contact the Care Manager for police for advice.

Do not question the person who is alleged to have committed the abuse, even if they are on-site. You are dealing with an allegation of a serious criminal offence.

Do not question the witness, but record in detail anything a witness might say to you.

Where there is an allegation of abuse against a member of staff, you should inform the Registered Domiciliary Care Manager immediately for guidance. If authorisation is given you will then advise the staff member that a serious complaint has been received about their conduct and that you are placing them on precautionary suspension from work with immediate effect, pending further investigation. This should be followed up 'in writing.

### **Reporting Internally**

You must immediately report by telephone or in person, to the Registered Domiciliary Care Manager.

## **Reporting to Care Quality Commission**

The person registered shall notify the Care Quality Commission not later than 24 hours from the time of the occurrence of any event in the home which affects the well-being of the service user.

You should not at this stage involve any other staff member unless assistance is required on health and safety grounds or an individual wishes to show you intimate injuries.

Comfort and reassure the service user, both during the interview and afterwards.

In the case of **Alleged Sexual abuse**:

Do not wash the complainant's clothes or allow them to shower, this could destroy vital evidence. Contact the manager or duty senior immediately who will then call the Police.

If the complainant states that they have sustained an injury as a result of the abuse, arrangement for examination by a doctor must be made unless the injury was sustained from sexual abuse, in which case the police will advise you.

Report verbally to the duty senior as soon as possible.

Make a written report of exactly what was said by the service user, complainant, or yourself. Submit the report to the duty senior. Record the names of any witnesses. The police may require the statement, if a police investigation takes place. You should make the report using the Incident Reporting Form.

This written record is strictly confidential and must not be disclosed except to others to whom a report of the allegation is made (Registered Domiciliary Care Manager, Chief Executive, Care Quality Commission Inspectors, Social Services Officers, the Police)

## **Action by the person in charge of the workplace**

Following receipt of an allegation of abuse from a staff member:

Do not question the service user again UNLESS the vulnerable person expressly requests to talk to you (record what is said)

Reporting to the Police

The Registered Domiciliary Care Manager or Chief Executive will report allegations or suspicions to the Police.

If, however, you feel particularly convinced of the validity of your suspicion(s) you are entitled to report as a private citizen. Reporting your suspicions to someone in authority does not release you from your general duty of confidentiality in respect of the details of service user's personal lives.

#### Recording Mechanism

Your written record is strictly confidential and must not be disclosed except to others to whom a report of the allegation is made i.e. Registered Domiciliary Care Manager, Chief Executive, CQC Inspector, Social Services Officer, Police. Make a written report of exactly what was said by the Service User, complainant or yourself. Record the names of any witnesses. You should make your report using the incident reporting form.

#### **Local Contact Details**

For Leicestershire Adult Social Care, Customer Services is the first point of contact for most enquiries.

Phone: 0116 305 0004

Fax: 0116 305 0010

Email: [AdultsandcommunitiesCSC@leics.gov.uk](mailto:AdultsandcommunitiesCSC@leics.gov.uk)

If you know there is already a social worker involved, you should contact them directly.

If you are calling out of hours (outside of 8:30am-5pm Monday to Thursday or 8:30am to 4:30pm on Fridays or bank holidays) the Emergency Duty Team can be reached on 0116 255 1606.

#### Safeguarding Referrals:

Leicester City: 0116 454 1004

Leicestershire: 0116 305 0004

Leicestershire Safeguarding Team Duty: 0116 3054933

Rutland: 01572 722 577

#### Write to the Boards at:

Leicestershire and Rutland Safeguarding Children Board and  
Safeguarding Adults Board,  
The Safeguarding Boards Business Office,  
Room 600, County Hall,  
Glenfield, Leicestershire, LE3 8RA.

Call the Boards on: 0116 305 7130. Contact the Boards online.

**Report to the Police**

If a crime has been committed and the person is in immediate danger, call 999 and ask for the Police / an ambulance.

If the person is not in immediate danger call the Police on 101.

## Safeguarding Adults Process Flowchart

