

North Somerset Multi-Agency Adult Safeguarding Procedures



This is an approved North Somerset Safeguarding Adult Board Document and should not be edited in any way

Reference Number: NSSAB014
Target Audience: Multi-agency
Approved by: NSSAB
Date: December 2018
Date displayed on NSSB web site: January 2019
Date due to be reviewed by responsible person or body: January 2021

INTRODUCTION

This Guidance is based on the Social Care Institute for Excellence (SCIE) Adult safeguarding practice questions, published March 2015 and revised Care and Support Statutory Guidance March 2016.

It is intended for use by staff in all agencies which work with adults in need of care and support. It should be used when staff consider they have identified an issue which may be a Safeguarding Adults concern.

It is intended:

- a) to support them to make appropriate Safeguarding decisions and
- b) to understand the process and their role in the process.

Our commitments:

SAFEGUARDING IS EVERYBODY'S BUSINESS

Safeguarding is the responsibility of everyone including statutory, independent and voluntary agencies as well as every citizen. We will work together to prevent and minimise abuse.

EQUALITY AND DIVERSITY

Each agency and organisation is committed to supporting the right of adults at risk to be safeguarded from abuse and ensuring that all staff and volunteers work together in accordance with this Procedure and act promptly in investigating allegations or suspicions of abuse. It is recognised that people at risk from specific key groups may experience discrimination and less favourable treatment on the grounds of their

age; disability; race; colour; ethnic or national origin; financial or economic status; gender or marital status; HIV status; homelessness or lack of a fixed address; political view or trade union activity; religion or belief; sexuality; or unrelated criminal convictions. We will take positive steps to stop any unfair/unlawful discrimination and carry out positive action where lawful.

DOING NOTHING IS NOT AN OPTION

If we know or suspect that a person at risk is being abused, we will do something about it and ensure our work is properly recorded.

REPORTING A CONCERN

If you need to raise a safeguarding concern the number to contact is:

North Somerset Council

Tel: 01275 88 88 01

COMPLAINTS

If you have reason to believe that concerns about a Safeguarding Adults issue have not been appropriately addressed, you may make a formal complaint by contacting the complaints department in the relevant Local Authority.

North Somerset Council

Tel: 01275 882171

Professional decision-making disagreements can be addressed through the escalation policy.

<http://www.northsomersetsafeguarding.co.uk/userfiles/downloads/181/nssb-019-joint-escalation-policy.pdf>

SAFEGUARDING AND THE LAW

The Care Act 2014

The Care Act 2014 places a duty on Local Authorities to make enquiries or cause others to do so when they reasonably suspect an adult (to whom safeguarding duties apply) is experiencing, or at risk of experiencing abuse or neglect and is unable to protect themselves.

The Act places a duty on all partner agencies to co-operate by sharing information and contributing to these enquiries.

The Act stresses that enquiries should be proportionate to the level of risk and that responses should be personalised and must consider the wishes and views of the adult and their desired outcome.

The Mental Capacity Act 2005

The MCA is central to the involvement of the adult at risk in making Safeguarding decisions. It provides a framework against which an adult's ability to make a specific decision is assessed. If an adult lacks the capacity to make a specific decision the MCA places a duty on others to make decisions in the adult's best interests. The MCA introduced a criminal offence of neglect or ill-treatment of a person who lacks mental capacity.

The offence of 'wilful neglect' is introduced under the Criminal Justice and Courts Act 2015 and applies to individuals or organisations responsible for providing care.

Safeguarding is not a substitute for:

- Providers' responsibilities to deliver safe, high quality care and support;
- Contract & Commissioning Teams to regularly assure themselves of the safety and effectiveness of commissioned services;
- The Care Quality Commission to ensure regulated providers comply with the standards of care or taking enforcement action, and;
- The core duties of the Police to prevent and detect crime, protect life and property.

Safeguarding is everybody's business. Therefore everybody is required to meet essential/ fundamental standards of care and ensure people using services are safeguarded through monitoring by providers and commissioners, regulation and inspection. People's welfare should also be secured by good commissioning, contracts management and, for some people, by care management or other forms of review.

1 Who does safeguarding apply to?

In the context of the legislation, specific adult safeguarding duties apply to any adult who:

- Has care and support needs (whether they are being met or not), and;
- Is experiencing, or is at risk of, abuse or neglect, and;
- Is unable to protect themselves because of their care and support needs.

This applies to people over 18 years of age and young people in the transition from children's to adult services. If a person over 18 is still receiving children's services and a safeguarding concern is raised, the matter is dealt with under safeguarding adults. In these cases, the response must involve the young person's practitioners from children's services as well as any other relevant professional or people who

have a legitimate interest in their welfare (this may include relatives, friends, and carers).

Local authorities also have safeguarding responsibilities toward people who pay for their own care and support services or who may have care and support needs but not be in receipt of services.

Local authorities may decide to make safeguarding enquiries in cases where the above criteria are not met if they deem it to be an appropriate and proportionate response to the risks posed. For example, if a family carer was experiencing abuse.

Examples of people include (this is not exhaustive):

- An older person
- A person with a physical disability, a learning disability or a sensory impairment
- Someone with mental health needs, including dementia or a personality disorder
- A person with a long-term condition
- Someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living.

Safeguarding duties apply to the Local Authority where the alleged abuse has occurred with the exception of prisons and approved premises. These responsibilities remain with the relevant prison institution.

They apply regardless of whether the adult at risk lacks mental capacity or not.

Everybody needs to make sure that those who may be at risk of abuse or neglect are enabled to live as safely and independently as possible, making their own decisions and taking control of their own lives.

Whenever possible a safeguarding response should be influenced by the views and wishes and the desired outcomes of the adult at risk of abuse.

If an adult is at risk of being abused or neglected and is unable to keep themselves safe because of care and support needs then safeguarding duties apply.

Local Authorities are responsible for looking at any safeguarding concerns raised and deciding if it is necessary to carry out an enquiry.

A summary of the roles and responsibilities of different partner agencies are provided in Appendix 1.

2 The experience of, or risk of, abuse or neglect

Concerns may be in relation to any of the types of abuse listed in the Care Act Guidance and Multi-Agency Policy. These are:

- Physical abuse
- Domestic abuse
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational abuse
- Neglect and acts of omission
- Self-neglect

Full details are given in Appendix 2.

The definition of harm used in adult safeguarding comes from a definition given by the Law Commission (Who Decides? Dec 1997) which builds on the definition used in the Children Act 1989:

‘Harm should be taken to include not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in, physical, or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development.’

3 Raising a concern

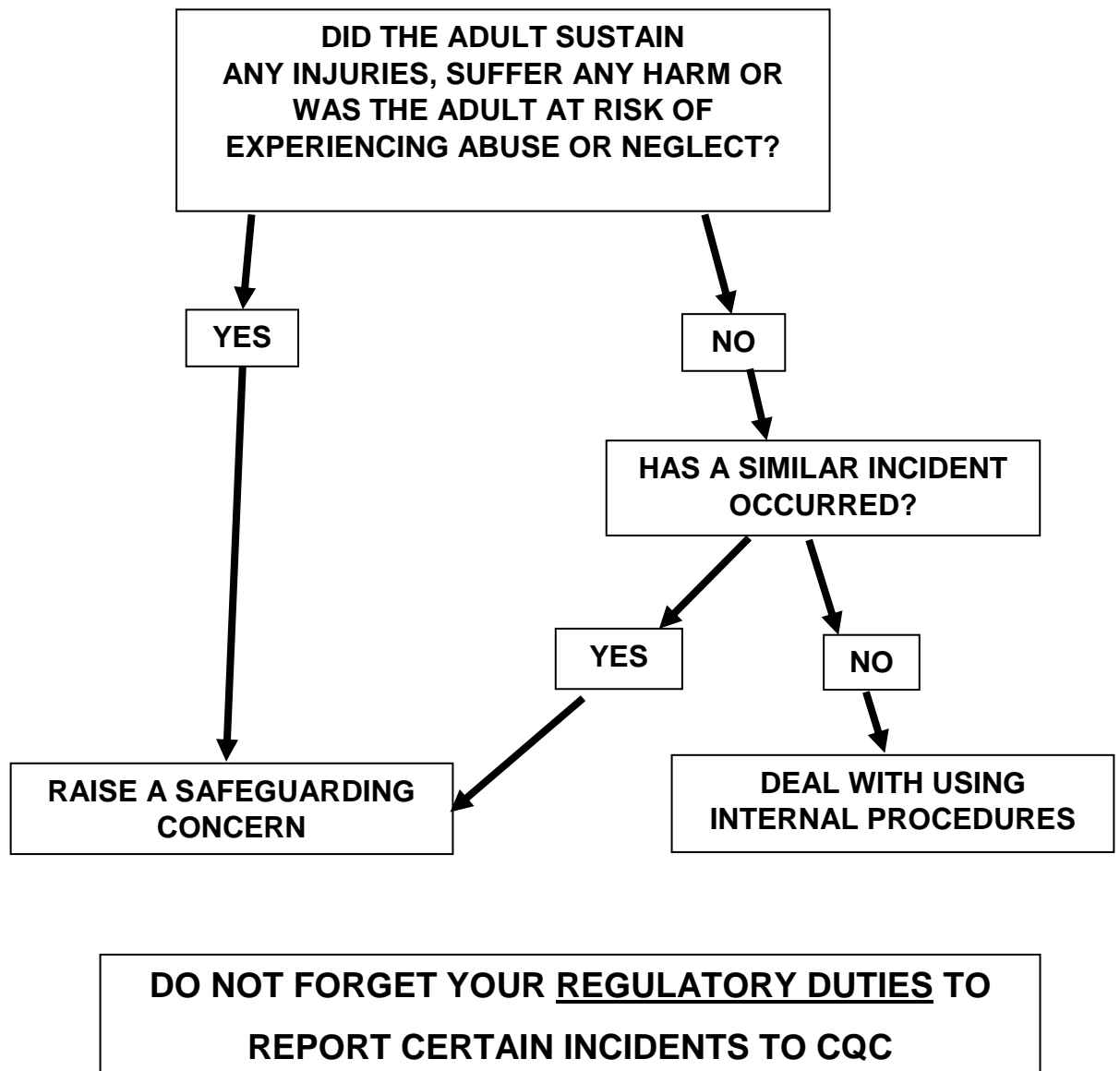
There is no single answer as to when a safeguarding concern should be raised with the Local Authority; professional judgement is required. Therefore, NSC will make the decision as to whether there is a duty to enquire under S.42 of the Care Act.

There is an expectation that all agencies and settings have the capacity to identify the signs and symptoms of neglect and abuse. A flow chart is provided for guidance

If you think that a person may have care and support needs and may be at risk of abuse or neglect, you should raise a concern with NSC by ringing Care Connect on 01275 888 801 at the earliest opportunity.

below in relation to the factors that need to be considered and the types of abuse or neglect that need to be reported. The full Threshold Support Tool can be found in Appendix 3.

THRESHOLD SUPPORT TOOL - FLOW CHART



4 Specific Practice Issues:

4.1 Poor practice and safeguarding

There is evidence that many of the issues raised as safeguarding concerns are rooted not in an intention to cause harm or neglect but in poor practice and poor-quality care. Nonetheless the impact on the adult at risk can be just as great, regardless of whether harm is intended.

It is important to differentiate between the two in order to ensure that the problems are addressed in the right way so that adults receive safe, high-quality care and support. It is also important to avoid making safeguarding enquiries unnecessarily, so that police and adult safeguarding teams are able to focus on potentially criminal acts and malicious behaviour by other mechanisms addressing poor care practices.

Repeated instances of poor care or neglect may indicate an underlying concern in relation to organisational abuse. North Somerset Council may initiate an organisational abuse enquiry where they detect such patterns.

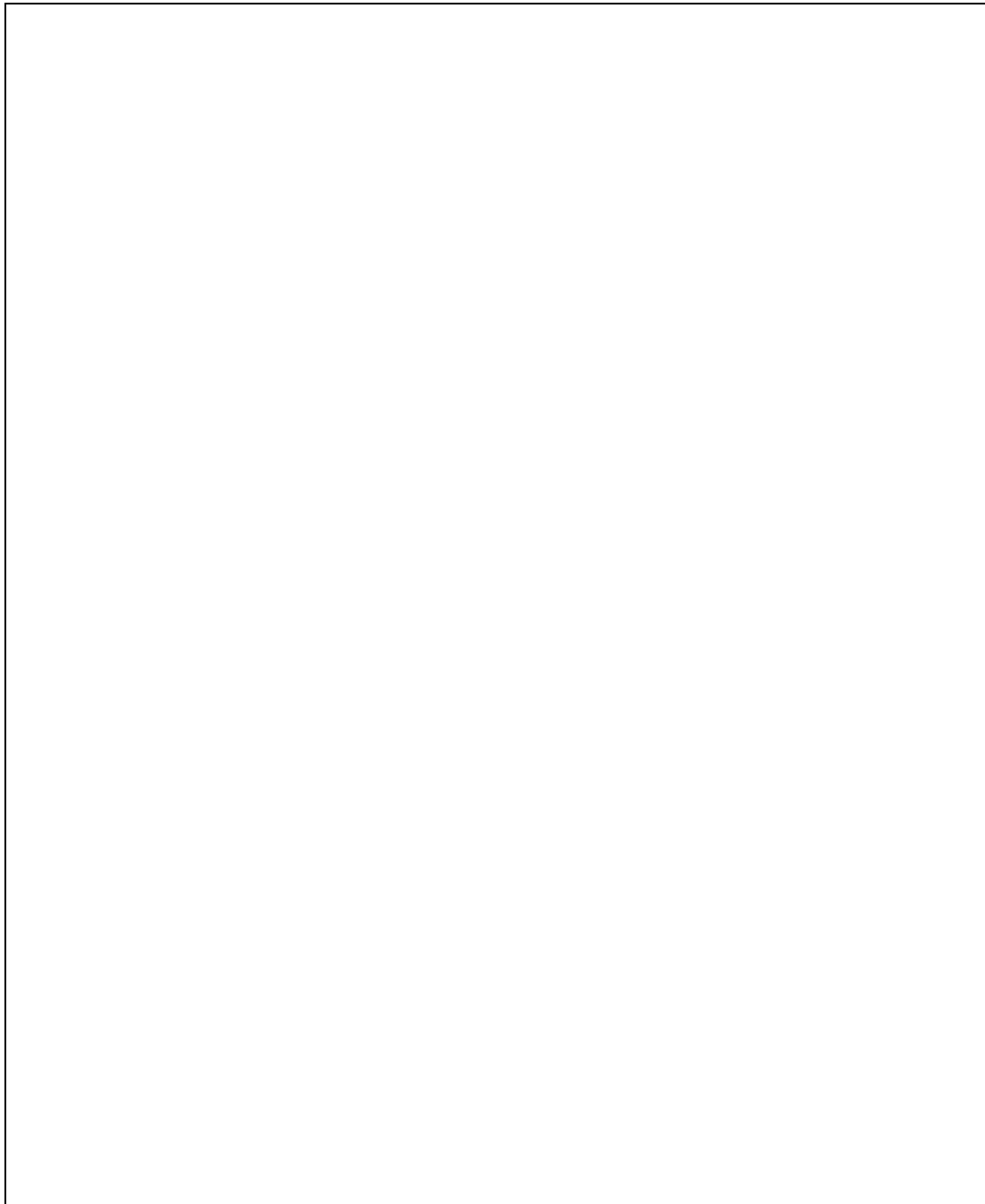
Providers are expected to take quick and effective action in relation to single instances of poor or neglectful care. If these are repeated, clear patterns of harm are identified and / or the risk to adults is increased then this should be raised as a safeguarding concern.

It remains good practice for providers to keep commissioners and regulatory bodies informed when any action is taken.

Below: Examples of poor care and potential concerns (SCIE)

Poor care:	<ul style="list-style-type: none"> • A one-off medication error (unless the consequences were very serious) • An incident of understaffing, resulting in a person's incontinence pad being unchanged all day • Poor-quality, unappetising food • One missed visit by a care worker from a home care agency
Potential causes for concern:	<ul style="list-style-type: none"> • A series of medication errors • An increase in the number of A&E visits, especially if the same injuries happen more than once • Changes in the behaviour and demeanour of an adult with care and support needs • Nutritionally inadequate food • Signs of neglect such as clothes being dirty • Repeated missed visits by a home care agency • An increase in the number of complaints received about the service • An increase in the use of agency or bank staff • A pattern of missed GP or dental appointments • An unusually high or unusually low number of safeguarding concerns

The following are early indicators of concern in residential and nursing homes for older people, identified by University of Hull (Early Indicators of Concern in Residential and Nursing Homes for Older People, University of Hull, 2015):



4.2 Pressure sores

North Somerset has a guidance document on reporting pressure sores (link below). In summary if there is a concern that neglect or abuse has contributed to the development of a pressure sore of any grade then it should be raised with North Somerset as a safeguarding concern.

<http://www.northsomersetsafeguarding.co.uk/adults-safeguarding-board/i-work-with-adults/multi-agency-policies-and-procedures>

4.3 Self-Neglect

The Care Act includes self-neglect as a form of abuse or neglect if the person has care and support needs. However in many cases self-neglect will be appropriately dealt with under other sections of the Care Act (assessment, planning, information and advice and prevention).

It is vital to establish whether a person has capacity to make decisions about their well-being and whether or not they are able or willing to care for themselves. An adult with capacity is able to make choices and may make 'unwise' decisions that others think of as self-neglect.

The concept of self-neglect being a 'lifestyle' choice should be critically analysed and if possible the root cause of the self-neglect established however this is likely to require engagement from the person at risk.

If a person lacks mental capacity with regard to relevant decisions then a best interest process should be followed.

If a person does not want any safeguarding action to be taken, it may be reasonable not to intervene, if:

- No-one else is at risk
- Their 'vital interest' are not compromised (that is, there is no immediate risk of death or major harm)
- All decisions are fully explained and recorded
- Other agencies have been informed and involved as necessary.

If the person is reluctant, carrying out an assessment of their capacity may be difficult. Agencies should record all the steps they have taken to complete an assessment; evidence shows best results are achieved when taking time to gain the person's trust and build a relationship, and at the person's pace.

If it is not possible to complete an assessment then the worker should be able to show that they have tried and that information and advice have been made available on how to access support and how to raise a concern. You should be able to show that whatever your action was, it was reasonable and proportionate.

The North Somerset Self Neglect Protocol (link below) gives further advice; in addition, cases of particular concern can be discussed with the Local Authority for guidance (contact via Care Connect).

<http://www.northsomersetsafeguarding.co.uk/adults-safeguarding-board/i-work-with-adults/multi-agency-policies-and-procedures>

A Safeguarding Adults response to cases of self-neglect may be initiated if it is deemed appropriate and proportionate.

4.4 Domestic abuse

In some situations where there is domestic abuse the duty to make safeguarding enquires may also apply.

North Somerset have provided separate guidance, based on the Adult Safeguarding and Domestic Abuse (SCIE document) on how to respond to domestic abuse when safeguarding duties also apply. If a situation of domestic abuse may impact on the well-being of an adult with care and support needs then a concern should be raised and appropriate action taken; the response will be individual to the person but domestic abuse and adult care services need to communicate effectively and work together. Section 1 of The Care Act 2014 provides a definition of well-being.

There also needs to be awareness that high risk cases of domestic abuse should be referred, via the appropriate agency representative, for discussion at the North Somerset Multi Agency Risk Assessment Conference. Separate guidance on this is available to all Agencies.

<https://saferstrongerns.wordpress.com/what-we-do/community-safety/domestic-abuse/>

4.5 Other types of abuse

This is a non-exhaustive list of other circumstances that may warrant a safeguarding adults response:

- Hate crimes (likely to fall under the category of discriminatory abuse)
- forced marriage,
- honour based violence,
- radicalisation
- Female genital mutilation
- Unauthorised deprivations of liberty

5 What happens if you raise a safeguarding concern about an adult?

North Somerset Council will take the concern seriously and consider what action needs to happen in response, this will include the decision as to whether they have a legal duty to make enquiries, or cause others to do so.

Unless there is an overriding duty of confidentiality, the person who raises the concern will be informed whether a safeguarding enquiry will be undertaken. It will be agreed who will ensure that the adult or their representative is made aware of this decision.

There is always a need to balance the protection of adults with the need to respond to and respect the rights, liberty, wishes and circumstances of individual people. The response to a safeguarding concern will consider the views and wishes of the adult

at risk and will work with them, or their representative to achieve their desired outcomes. If an adult has substantial difficulties in representing themselves and has no other appropriate person to represent them, an independent advocate will be offered.

There will be an open culture for adult safeguarding. There must be partnership working; adults may need support in establishing desired outcomes.

6 Sharing information

Given the duty to cooperate in the Care Act 2014 there are only a limited number of circumstances in which it would be acceptable not to share information pertinent to safeguarding with relevant partners. These would be where the person has capacity to make the decision in question and does not want their information shared, and:

- Their 'vital interests' do not need to be protected
- Nobody else is at risk
- There is no wider public interest
- No serious crime has been or may be committed
- The adult at risk has no care and support needs
- No staff are implicated
- No coercion or duress is suspected
- The risk is not high enough to warrant a referral to a Multi-Agency Risk Assessment Conference (MARAC)
- No other legal authority has requested the information.

If there is continued reluctance from a partner to share information then the matter should be referred to the North Somerset Safeguarding Adults Board. The North Somerset Safeguarding Adults Board will consider the reasons for not sharing the information and decide on the course of action to take.

The North Somerset Safeguarding Adults Board can consider whether the concern warrants a request under section 45 of the Care Act 2014 for the supply of information.

If an organisation needs to hold information on an adult it must have policies and procedures in place regarding the storage and retention of that information. It is the responsibility of each organisation to ensure that they are compliant with GDPR (General Data Protection Regulation).

The seven golden rules for information sharing:

1. General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.
5. Consider safety and well-being: base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely (see principles).
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.'

7 Escalating concerns

If an organisation that has raised a concern considers that the local authority response to a safeguarding concern is not sufficient then the matter should be referred to the North Somerset Safeguarding Adults Board via their agency member for consideration.

<http://www.northsomersetsafeguarding.co.uk/adults-safeguarding-board/i-work-with-adults/multi-agency-policies-and-procedures>

8 Further reading

Department of Health, ADASS & Local Government Association, 2015. *Adult safeguarding practice questions*. Social Care Institute of Excellence, London.

<http://www.scie.org.uk/adults/safeguarding/>

The Care Act, 2014.

The Mental Capacity Act, 2005.

Department of Health, 2016. *Care and Support Guidance*.

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#safeguarding>

University of Hull, 2015, *Early Indicators of Concern in Residential and Nursing Homes for Older People*

NSSAB Safeguarding Adults Multi Agency Policy:

<http://www.northsomersetsafeguarding.co.uk/adults-safeguarding-board/i-work-with-adults/multi-agency-policies-and-procedures>

<https://www.scie.org.uk/care-act-2014/safeguarding-adults/sharing-information/>

Appendix 1: Summary of Partner's Roles & Responsibilities (SCIE, 2015)

Safeguarding Adults Boards			
<ul style="list-style-type: none"> □ Hold partners to account □ Monitor outcomes and effectiveness □ Use data and intelligence to identify risk and act on it □ Co-ordinate activity 		<ul style="list-style-type: none"> □ Uphold the six safeguarding principles □ Co-ordinate Safeguarding adult reviews □ Produce a strategic plan □ Produce an annual report 	
Social Care and Health Providers		Social Care and Health Commissioners	
<ul style="list-style-type: none"> □ Show leadership and routinely monitor activity □ Meet the required service quality standards □ Train staff in safeguarding procedures and ensure they are effectively implemented □ Investigate and respond effectively to incidents, complaints and whistle-blowers □ Take disciplinary action against staff who have abused or neglected people in their care 		<ul style="list-style-type: none"> □ Build safeguarding into commissioning strategies & service contracts □ Review and monitor services regularly □ Intervene (in partnership with the regulator) where services fall below fundamental standards or abuse is taking place 	
Clinicians	Social Workers/Care Managers	Specialist Safeguarding staff	Police
<ul style="list-style-type: none"> □ Apply clinical governance standards for conduct, care & treatment & information sharing □ Report incidents of abuse, neglect or undignified treatment □ Follow up referrals □ Consult patients and take responsibility for ongoing patient care □ Lead and support enquiries into abuse or neglect where there is need for clinical input. 	<ul style="list-style-type: none"> □ Identify and respond to concerns □ Identify with people (or their representatives if they lack capacity) the outcomes they want □ Build managing safeguarding risks and benefits into care planning with people □ Review care plans □ Lead and support enquiries into abuse or neglect 	<ul style="list-style-type: none"> □ Be champions in their organisations □ Provide specialist advice and coordination □ Respond to concerns □ Make enquiries □ Work with the person subject to abuse □ Co-ordinate who will do what – e.g. criminal or disciplinary investigations. 	<ul style="list-style-type: none"> □ Investigate possible crimes □ Conduct joint investigations with partners □ Gather best evidence to maximise the prospects for prosecuting offenders □ Achieve, with partners, the best protection and support for the person suffering abuse or neglect – including victim support
Professional Regulators		Care Quality Commission	
<ul style="list-style-type: none"> □ Set the culture and professional standards □ Apply the Fit to Practise test □ Take action where professionals have abused or neglected people in their care 		<ul style="list-style-type: none"> □ Register, monitor, inspect and regulate services to make sure they provide people with safe, effective, compassionate, high quality care □ Intervene and take regulatory action on breaches □ Publish findings including performance ratings 	

Appendix 2: Types of abuse (Department of Health Statutory Guidance on the Care Act 2014)

This is not intended to be an exhaustive list, but an illustrative guide as to the sort of behaviour which could give rise to a safeguarding concern. What constitutes abuse or neglect can take many forms and the circumstances of the individual case should always be considered. Types of abuse include:

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

Domestic abuse – including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence. Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence of abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality.

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.

Sexual exploitation involves exploitative situations and relationships where people receive ‘something’ (e.g. accommodation, alcohol, affection, money) as a result of them performing, or others performing on them, sexual activities. Key features include coercion and control, disclosures and retractions.

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.

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.

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.

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

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 on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Neglect and acts of omission – including ignoring medical, emotional 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

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.

Appendix 3 – Threshold Support Tool



DETAILS OF ADULT AT RISK:	
NAME:	
ADDRESS:	
DATE OF BIRTH:	
ETHNICITY:	
CLIENT CATEGORY:	
FUNDING AUTHORITY:	
DETAILS OF ALLEGED PERPETRATOR:	
NAME:	
STAFF MEMBER / RESIDENT:	
ADDRESS:	
DATE OF BIRTH:	
ETHNICITY:	
CLIENT CATEGORY:	
FUNDING AUTHORITY:	

DETAILS OF ADVERSE INCIDENT:		
DATE:		
TIME:		
WHAT HAPPENED:		
HAS A CRIMINAL OFFENCE OCCURRED? <i>If yes the police needs to be informed</i>	YES / NO	
DID THE ADULT SUSTAIN ANY INJURIES OR SUFFER ANY HARM? WAS THE ADULT AT RISK OF EXPERIENCING ABUSE OR NEGLECT?	YES / NO	
DOES THE ADULT HAVE CAPACITY IN REGARDS TO THE INCIDENT?	YES / NO	
WHAT OUTCOME DOES THE ADULT / THEIR ADVOCATE WANT?		
HAS A SIMILAR INCIDENT OCCURRED?		
To the Adult at Risk	By the Alleged Perpetrator	Within the Service
YES / NO	YES / NO	YES / NO
HAVING CONSIDERED THE ABOVE. USE THE FLOW CHART TO DETERMINE WHAT ACTION NEEDS TAKING:		
DOES A SAFEGUARDING CONCERN NEED TO BE RAISED?	YES / NO	
DOES THE INCIDENT NEED TO BE DEALT WITH UNDER INTERNAL PROCEDURES?	YES / NO	

WHAT ACTION WAS TAKEN?	
WAS THE ADULT AT RISK / THEIR ADVOCATE SATISFIED WITH THE OUTCOME?	
NAME OF PERSON COMPLETING THE FORM:	
SIGNATURE:	
DATE FORM WAS COMPLETED:	

THRESHOLD SUPPORT TOOL - FLOW CHART

