

safeguarding  
adults



# Multi-Agency Policy and Procedures

2010



# Contents

	<i>Page Number</i>
<b>Chapter 1</b>	<b>Introduction</b> _____ <b>4</b>
<b>Chapter 2</b>	<b>Policy statement</b> _____ <b>5</b>
<b>Chapter 3</b>	<b>Aims and objectives</b> _____ <b>6</b>
<b>Chapter 4</b>	<b>Consent and information sharing</b> _____ <b>8</b>
	4.1 Information Sharing Protocol _____ 8
	4.2 Capacity and consent _____ 9
<b>Chapter 5</b>	<b>Prevention strategies</b> _____ <b>12</b>
<b>Chapter 6</b>	<b>Safeguarding Adults</b> _____ <b>15</b>
	6.1 Signs and symptoms _____ 16
	6.2 Abuse and neglect in institutional settings _____ 21
	6.3 Domestic abuse _____ 24
<b>Chapter 7</b>	<b>Best practice procedures</b> _____ <b>26</b>
<b>Chapter 8</b>	<b>Your responsibilities</b> _____ <b>28</b>
	8.1 Carers, relatives and members of the public _____ 28
	8.2 Residential care / nursing homes _____ 28
	8.3 Domiciliary care agencies _____ 30
	8.4 Day Centres _____ 32
	8.5 Sheltered housing / supported living schemes _____ 34
	8.6 National Health Service Trusts / General Practitioners and surgery staff _____ 36
	8.7 Cumbria Constabulary _____ 37
	8.8 Adult Social Care _____ 37
	8.9 Cumbria Probation Service _____ 37
	8.10 Voluntary organisations _____ 38
<b>Chapter 9</b>	<b>Allegations made against staff</b> _____ <b>39</b>
	9.1 Protection of Vulnerable Adults List (POVA) _____ 40
	9.2 Notifiable occupations _____ 41
	9.3 Out of county placements _____ 42
<b>Chapter 10</b>	<b>The role of the regulator</b> _____ <b>43</b>
<b>Chapter 11</b>	<b>Useful contact numbers, addresses and websites</b> _____ <b>44</b>

# Chapter 1

## Introduction

*“Abuse is a violation of an individual’s human and civil rights by any other person or persons.”*  
*No Secrets (DH 2000)*

All citizens of Cumbria have the right to live their lives free from abuse and neglect. The Cumbria Safeguarding Adults Board is committed to a policy of “zero-tolerance” of the hurt and harm of the most vulnerable people in our society.

Ensuring that vulnerable adults are effectively protected from abuse or neglect is a key priority. Safeguarding is **everyone’s business** and these procedures have been developed to support all those who work with vulnerable adults to safeguard the dignity, quality of life and safety of those they serve – be they working in public, voluntary, community or independent organisations. This is a key document and is part of Cumbria’s multi-agency approach to safeguarding adults who are vulnerable to abuse and neglect.

*M. Le Hy / L. - Oun*

### Independent Chair, Cumbria Safeguarding Adults Board

These procedures and guidelines are designed to ensure that everyone, from whatever setting or situation, is aware of the definition of abuse, what they should do and who they should contact if they have any concerns at all about the welfare or treatment of adults who may be at risk.

This is a key document and forms part of Cumbria’s multi -agency approach to safeguarding vulnerable adults. As such it has been endorsed by all members of the Safeguarding Adults Partnership. It is intended to offer guidance for members of the public and the staff of statutory, voluntary and independent sector agencies throughout Cumbria.

### March 2010

*These procedures were first published in 1993, reviewed and revised in 1998, 2004, 2008, 2010*

# Chapter 2

## Policy statement

It is the policy of all the agencies that have contributed to this document to work in partnership and collaboration to enable all adults who “are or may be eligible for community care services” to retain independence, well being and choice **and** to access their human right to live a life that is free from abuse and neglect.

It is expected that all agencies, settings and residential establishments ensure that staff and/or volunteers are provided with training appropriate to the tasks they perform. This training should cover the recognition of abuse and neglect and the application of these guidelines.

The following agencies have been involved in devising these procedures:

- Cumbria County Council, Adults and Cultural Services Directorate
- Cumbria Probation Service
- Cumbria Constabulary
- Care Quality Commission
- Crown Prosecution Service
- University Hospitals of Morecambe Bay NHS Trust
- NHS Cumbria
- Cumbria Partnership NHS Foundation Trust
- North Cumbria University Hospitals NHS Trust
- North West Ambulance NHS Trust
- Age Concern
- Alzheimers Society
- Glenmore Trust
- Eden Community Alarms
- The Croft Care Trust, Barrow in Furness

# Chapter 3

## Aims and objectives

These guidelines and procedures are designed to:

- Prevent the abuse and neglect of adults who are or may be in need of community care services.
- Promote increased awareness and recognition of the issues surrounding the abuse and neglect.
- Ensure that when abuse is suspected, appropriate action is taken to safeguard the adults concerned from further harm or exploitation.
- Ensure that allegations about abuse or neglect are investigated thoroughly, efficiently and consistently.
- Respect the rights of all people to live their chosen lifestyle with privacy, dignity, independence, choice and fulfilment.

In order to achieve these aims the procedures and guidelines will:

- Offer advice on prevention strategies.
- Establish effective inter-agency communication.
- Standardise referral and response procedures within and across different agencies.
- Provide a framework for agencies to respond to cases of suspected abuse or neglect.
- Give clear definitions of abuse or neglect.
- Define the role of each separate agency or establishment in the investigation of suspected abuse or neglect.
- Describe how to develop an effective safeguarding plan for the effective future protection of the adults concerned.

It should be noted that these procedures are not designed to hinder or obstruct people from pursuing their chosen lifestyle. Normal risk assessments should minimise the risk of accidents during the normal ebb and flow of life. They should not in themselves be used to prevent someone from living a life of independence, choice and fulfilment.

# Chapter 4

## Consent and information sharing

### 4.1 Confidentiality and Information Sharing

There will be no breach of confidence if the person to whom a duty of confidence is owed has the mental capacity to give consent and in fact consents to the disclosure.

- Effective safeguarding adults work is dependent on the exchange of relevant information between professionals
- That information must be treated as confidential at all times and is covered by ethical and statutory codes.
- Disclosure of confidential personal information without the consent of the person providing it may only take place in specific circumstances

#### **When is consent required?**

Anyone receiving information, knowing it to be confidential is subject to a duty of confidence. It is vital therefore when receiving information “in confidence” that there is a clear understanding about how that information may be used or shared. If there is any doubt about whether a disclosure is authorised it is best to obtain express consent. However, there may be occasions when a delay, while seeking consent, would seriously harm a person’s welfare. Additionally, seeking consent may prejudice a police investigation or increase the risk of harm. In cases like these advice should be sought from senior managers. It is inappropriate for agencies to give assurances of absolute confidentiality particularly in cases when other vulnerable people may be at risk.

#### **Absence of consent**

The law recognises that disclosure of confidential information without consent or a court order may be justified in the public interest to prevent harm to others.

The key factor in deciding whether confidential information should be disclosed is **proportionality**:

- Is the proposed disclosure a proportionate response to the need to protect the welfare of the individual?
- Is the amount of information disclosed, and the number of people to whom it is disclosed, no more than is strictly necessary to meet the public interest in protecting the health and well being of the individual?
- Has the information been disclosed on a “need to know” basis? That is:
  - o What is the purpose of the disclosure?
  - o What is the nature and extent of the information to be disclosed?
  - o Is the disclosure to be made to a person who is under a duty to treat the information as confidential?

## 4.2 Capacity and consent

**The Mental Capacity Act 2005** provides a new statutory framework to empower and protect vulnerable people who are not able to make their own decisions. The Act is underpinned by the following key principles which all have a bearing on decision making in adult protection cases:

1. A presumption of capacity - every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise.
2. The right for individuals to be supported to make their own decisions - people must be given all appropriate help before anyone concludes that they cannot make their own decisions.
3. That individuals must retain the right to make what might be seen as eccentric or unwise decisions.
4. Best interests – anything done for or on behalf of people without capacity must be in their best interests.
5. Least restrictive intervention- anything done for or on behalf of people without capacity should be the least restrictive of their basic rights and freedoms.

The Act sets out a single clear test for assessing whether a person lacks capacity to take a particular decision at a particular time. It is a “decision-specific” test. No one can be labelled “incapable” as a result of a particular medical condition or diagnosis. The Act makes it clear that a lack of capacity cannot be established merely by reference to a person’s age, appearance, or any other condition or aspect of a person’s behaviour, which might lead others to make unjustified assumptions about capacity.

Everything that is done for or on behalf of a person who lacks capacity must be in that person’s best interests. The Act provides a checklist of factors that decision-makers must work through in deciding what is in a person’s best interests. A person can put his/her wishes and feelings into a written statement if they so wish, which the person making the determination must consider. Also, the Act gives carers and family members the right to be consulted.

The Act also introduces a new criminal offence of ill treatment or neglect of a person who lacks capacity. A person found guilty of such an offence may be liable to imprisonment for a term of up to five years.

- Information sharing protocol
  - o A Cumbria wide protocol sets out the proper line and level of communication to be adhered to when any partner agency seeks to obtain confidential information about service users from another agency.

## **Independent Mental Capacity Advocacy Service**

This is a new type of statutory advocacy service introduced by the Mental Capacity Act 2005.

Please see ADASS/SCIE Guide 32, Practice guidance on the involvement of Independent Mental Capacity Advocates in safeguarding

Local Authorities and the NHS have powers to instruct an Independent Mental Capacity Advocate (IMCA) to support and represent a person who lacks capacity where:

- It is alleged that the person is or has been abused or neglected by another person.
- It is alleged that the person is abusing or has abused another person.

Local Authorities and the NHS can only instruct an IMCA if they propose to take, or have already taken, protective measures. This is in accordance with the local multi-agency safeguarding adults procedures.

In safeguarding adults cases, access to IMCAs is not restricted to people who have no one else to support or represent them. People who lack capacity who do have family and friends are still entitled to have an IMCA to support them in safeguarding adults procedures.

[scie.org.uk/publications](http://scie.org.uk/publications)

# Chapter 5

## Prevention strategies

These guidelines and procedures have been designed primarily to ensure that everyone understands what abuse is and that allegations are dealt with consistently and systematically by all agencies.

But it is important to remember that the ultimate intention of any safeguarding policy is to **prevent** the abuse and neglect. Everyone has a responsibility to ensure that those at risk of abuse and neglect are made aware of how they can complain about things that concern or worry them.

Aspects of people's lives that can explain increased vulnerability to abuse include:

- Lack of inclusion in protective social networks, including education and employment.
- Dependency on others (who may misuse their position) for vital needs including mobility, access to information and control of finances.
- Lack of access to remedies for abuse and neglect.
- Social acceptability of low standards for care and treatment.
- Social acceptability of domestic abuse.
- Dynamics of power within institutional settings.

### **Prevention of abuse and neglect in the community:**

- The message that it is everyone's right to live a life free from abuse and neglect should be actively promoted to the public by all partner agencies.
- Information about abuse and neglect should be readily available to all members of the public.

- Activities aimed at enhancing personal safety including advocacy schemes should be made available to those who have experienced or are at risk of abuse.
- People who are known to pose a risk to others in the community, including those covered by the Safeguarding Adults Policy, are the subject of a plan drawn up under the Multi-Agency Protection Panel Arrangements (MAPPA).

### **Prevention of abuse and neglect within service delivery:**

- Adults who are receiving community care services can be at risk whilst receiving them, both in care settings and in their own homes.
- Successful prevention of adult abuse and neglect demands that service providers tackle factors which contribute to its occurrence at all levels.
- Commissioners and regulators of community care services play a vital role in ensuring that people receive care services from organisations which implement standards that prevent abuse and neglect.
- Organisations regulated by the Care Quality Commission (CQC), and commissioned through the Primary Care Trust (PCT) and the Local Authority are expected to fulfil the following standards:
  - Each partner agency has a clear, well publicised policy of Zero-Tolerance of abuse.
  - The policy is underpinned by clear procedures that cover all incidents of abuse from any person towards any other.
  - All incidents of abuse are referred to the local authority without delay.
  - All staff, volunteers, service users and carers are aware of safeguarding policy and procedures.
  - Each partner agency has clear policies against discrimination and harassment towards any person on any grounds.
  - Complaints procedures are clear, accessible and well publicised.
  - Each partner agency has a procedure by which staff and volunteers can raise concerns (whistle blowing).

- Each organisation uses current best practice recruitment systems.
- Each organisation ensures that all staff and volunteers are able to identify and report concerns of abuse and neglect.
- That there is a clear process known to staff for action in response to concerns or allegations that a member of staff has perpetrated or contributed to abuse.
- All allegations that a member of staff has committed a crime are reported to the police.
- Managers, staff or volunteers who are dismissed because it is believed that they have harmed “vulnerable adult” (whether or not in the course of their work), or leave/resign when they may have been dismissed on these grounds, are referred to the Independent Safeguarding Authority (ISA).
- Adults who employ support or care workers through Direct Payments or Self Directed Support (SDS) must have access to information about employers rights and responsibilities and be given advice about protecting themselves from abuse or neglect.
- Incidents in which a service user has been at risk of harm, or has been harmed, must be reported to the local Adult Social Care office.

# Chapter 6

## Safeguarding Adults

Safeguarding Adults means all work which enables an adult **“who is or may be eligible for community care services”** to retain their independence, well being and choice **and** access their human right to live a life that is free from abuse and neglect.

Abuse may be a single act or repeated over a period of time. It may be:

- Physical
- Psychological
- Sexual
- Financial
- Neglect/omission
- Discriminatory

It may occur in any relationship and may result in significant harm to, or serious exploitation of, the person concerned.

Significant Harm and Serious Exploitation are defined as:

*Any ill treatment that leads to the impairment of or avoidable deterioration in the individual's physical or mental health, or the impairment of or avoidable deterioration in physical, intellectual emotional social or behavioural development.*

## **6.1 Signs and symptoms**

- The following are useful descriptions of the various forms of abuse. It is important to remember that the presence of one or more indicators does not confirm abuse or neglect.
- A cluster of several signs and indicators **may** suggest a potential for abuse or neglect and may identify the need for further assessment of the situation.
- However, there may be other explanations not related to abuse.
- It should also be noted that many psychological or emotional signs and symptoms may be evident in several types of abuse.

### **6.1.1 Physical abuse**

*Pain or physical injury which is either caused deliberately or through lack of care.*  
It can include:

- Hitting
- Slapping
- Pushing
- Kicking
- Misuse of medication
- Forcible administration of medication
- Force feeding
- The use of inappropriate methods of restraint
- The use of inappropriate sanctions
- The use of inappropriate moving and handling techniques

Indicators may be:

- A history of unexplained falls or minor injuries
- Unexplained bruises of varying ages
- Unexplained fractures or fractures of varying ages
- Injuries reflecting the shape of an implement or object
- Unexplained burns or scalds particularly to feet, back or palms of the hands
- Rope or cigarette burns
- Injuries to head, face or scalp
- Signs of the over or under use of medication
- Excessive or inappropriate use of restraints, confinement or control

### **6.1.2 Psychological abuse**

*Acts or behaviour that can cause emotional distress or anguish.* These can include:

- Threats of harm, abandonment or isolation
- Deprivation of contact with others including denial of access to visitors or care networks
- Humiliation
- Blaming
- Controlling
- Intimidation
- Verbal abuse
- Denial of choice

Indicators may be:

- Appearing withdrawn, agitated or anxious
- Appearing intimidated or subdued in the presence of certain people
- Appearing fearful of making choices or expressing their wishes
- Appearing to be fearful or flinching when approached
- Changes to normal sleep patterns
- Unusually tearful

### **6.1.3 Sexual abuse**

*Sexual acts to which the person has not consented, could not consent or was pressured into consenting.* This may include:

- Rape
- Sexual assault
- Touching or fondling
- Offensive or inappropriate language
- Involving an individual in the making or showing of pornography

Indicators may be:

- A significant change in sexual behaviour
- Sexually implicit/explicit behaviour around certain individuals
- Other unexplained changes in behaviour
- Unusual difficulty in walking or sitting
- Torn, stained or bloody underwear
- Sexually transmitted diseases
- Repeated urinary tract or vaginal infections
- Full or partial disclosure of sexual abuse

### 6.1.4 Financial abuse

This may include:

- Theft
- Fraud
- Exploitation
- Pressure in connection with wills, property or inheritance
- Pressure in connection with other financial transactions
- Misuse or misappropriation of property, possessions or benefits

Indicators may be:

- Unexplained withdrawals from bank or building society accounts
- Unexplained disappearance of financial documents
- A disparity between assets and living conditions
- The individual managing finances is uncooperative
  - failing to account for expenses incurred on behalf of the person concerned

The Public Guardianship Office publish a useful leaflet which may be found on the website: [www.guardianship.gov.uk](http://www.guardianship.gov.uk)

### **6.1.5 Neglect and acts of omission**

This may include:

- Ignoring medical or physical care needs
- Failing to provide access to appropriate health, social or educational services
- Withholding the necessities of life such as food and fluids, heating or medication

Indicators may be:

- Lack of adequate food, fluids, heating or shelter
- Poor physical condition including weight loss, poor hygiene, varicose ulcers, pressure sores, malnutrition
- Clothing in poor condition or wet
- Wet bedding
- Medical advice or support not sought
- Difficulty in gaining access to the person
- Unwarranted and unreasonable risk taking

### **6.1.6 Discriminatory**

Discrimination and harassment that focuses on:

- Culture
- Race
- Gender
- Religion
- Sexual orientation
- Age
- Physical or mental disability
- Mental ill health

## **6.2 Abuse and neglect in institutional settings**

Abuse and neglect in institutional settings may take the form of isolated incidents or may be indicative of pervasive ill treatment or gross misconduct. Indicators may be:

- Lack of privacy when personal care being given
- Lack of personal clothing or possessions
- Lack of a proper complaints procedure
- A history of valid complaints
- Poor communication between staff, service users, managers and visitors
- Breaches in confidentiality
- Excessively rigid routines
  - Everyone getting up and/or going to bed at the same time
  - Fixed, non-negotiable mealtimes
  - Fixed rigid cleaning or laundry times
- Lack of personal possessions
  - Bare bedrooms with no personalisation
  - Everything “owned” by the organisation
- Lack of choice about things like:
  - Mealtimes
  - Bedtimes
  - Activities
  - Visitors
  - Bathing

- Changes in accommodation without agreement such as:
  - Suddenly having to share a room
  - Being moved to another room
  
- Lack of privacy, dignity or respect:
  - Not knocking on bedroom doors or waiting for an answer
  - Not ensuring appropriate privacy when:
    - Toileting
    - Bathing
    - Medical treatment being given
    - GP or other health consultations
  - Being called by a first name or nickname when this is not the person's choice
  
- Deprivation of individual identity:
  - Everyone going out together
  - Regimented toilet regimes
  - Uniform clothing
  - Having to wear someone else's clothes
  - Personal possessions stored away for "safe keeping"
  - Staff talking "over" an individual
  - Threats or bullying behaviour by:
    - Linking behaviour to rights
    - Using threats to gain compliance
  
- Ignoring medical or physical care needs
  - By not noticing a medical or physical need
  - By ignoring requests for medical attention

- Failing to provide access to health, social, or educational service
  - By delaying calling GPs etc
  - By not having repeat prescriptions ordered
  - By not assisting individuals to attend medical appointments
  - By not ensuring sufficient medication is available
  - By not encouraging interaction with the wider community through clubs where this is part of an individual person centred care plan
  - By not encouraging educational opportunities where these are part of an individual person centred care plan
- Withholding the “necessities of life” such as food, fluids, heating or medication
  - By not ensuring drinks are available and taken regularly
  - By not assisting with medications/food
  - By denying heat or warmth
  - By denying food

Abuse is more likely when:

- Staff are working alone without adequate supervision
- There is an overcrowded working environment
- Staff morale is low
- Staff lack motivation
- There is no understanding about the needs of the individuals concerned
- There is confusion about the overriding loyalty being to colleagues rather than to the individuals concerned or to professional standards

### **6.3 Domestic abuse**

Some forms of abuse, and neglect may be classed as domestic abuse. Defined locally as:

*“any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults aged 18 and over who are or have been intimate partners or family members, regardless of gender or sexuality.”*

- Currently claims 150 lives a year
- Can be perpetrated by family or extended family members
- Rarely a one-off incident
  - Should be seen as a pattern of abusive and controlling behaviour through which the abuser seeks power over their victim
- There is a strong connection between domestic abuse and child abuse
- MARAC (Multi-Agency Risk Assessment Conferencing) arrangements are in place in Cumbria
  - A process for sharing information amongst agencies in relation to high risk victims of domestic abuse
  - [www.caada.org.uk](http://www.caada.org.uk)

### **6.4 Who can be an abuser?**

The person responsible for the abuse or neglect may be anyone. However, he or she is most often very well known to the individual concerned.

## **6.5 Where does abuse happen?**

There are no geographical, racial or social class barriers to abuse. It can happen in any context, in the individual's own home or in any care setting.

## **6.6 Risks arising from Self-Neglect or a Person's own behaviour**

- An individual will be covered by these procedures where they are unable to provide adequate care for them selves and one or more of the following applies:
  - He/she is unable to obtain the necessary care to meet their needs
  - He/she is unable to make informed decisions because of their mental health or because they have a learning disability or an acquired brain injury
  - He/she is unable to protect themselves against exploitation or abuse
  - He/she has refused essential services, without which health and safety needs cannot be met
- Situations where an a person refuses help and services, and is seen to be at grave risk as a result often give rise to great concern.
- Where the individual concerned has the capacity to make an informed decision, he/she has the right to refuse services.
- It would be good practice for agencies to discuss their concerns at a Safeguarding Strategy meeting.
  - The person concerned must be involved in any meeting and should only be excluded in exceptional circumstances.
  - If he/she continues to refuse all assistance, this decision must be recorded:
    - Retained on file by Adult Social Care, with a record of all efforts made and actions taken by the agencies concerned.
    - Copy sent to the person concerned

## Best practice procedures

**The aim of Safeguarding Adults procedures is to enable people who are at risk of abuse or neglect to access safety. The process below follows best practice procedure through all of its stages.**

The procedures detail the following stages:	Maximum time frame
<p><b>Stage 1</b> Alert</p> <p>Reporting concerns of abuse or neglect which are received or noticed within a partner organisation. Any immediate protection needs are addressed.</p>	<p>Immediate action to safeguard anyone at immediate risk.</p>
<p><b>Stage 2</b> Referral (to Adult Social Care)</p> <p>Placing the information about that concern into a multi-agency context by referral to Adult Social Care, Customer Advisors.</p>	<p>Within the same working day.</p>
<p><b>Stage 3</b> Decision (by Adult Social Care Team)</p> <p>Deciding whether the Safeguarding Adults Procedures are appropriate to address the concern.</p>	<p>By the end of the same working day.</p>
<p><b>Stage 4</b> Safeguarding assessment strategy (multi-agency)</p> <p>Formulating a multi-agency plan for assessing the risk, addressing any immediate protection needs and agreeing a plan for any further investigation, protection needs.</p>	<p>Within 5 working days.</p>

<p><b>Stage 5</b> Safeguarding assessment (multi-agency)</p>	<p>Co-ordinating the collection of information about abuse or neglect that has occurred or might occur. This may include an investigation that is either a criminal investigation or a disciplinary investigation.</p>	<p>Within 4 weeks of the safeguarding referral.</p>
<p><b>Stage 6</b> Safeguarding plan (multi-agency)</p>	<p>Co-ordinating a multi-agency response to the risk of abuse or neglect that has been identified, agreeing a Safeguarding Plan</p>	<p>Within 4 weeks of the safeguarding assessment being completed.</p>
<p><b>Stage 7</b> Review of Safeguarding Plan (multi-agency)</p>	<p>The review of that plan.</p>	<p>Minutes must be circulated within 10 days of the meeting having taken place.</p>
<p><b>Recording and Monitoring</b> Recording and monitoring the Safeguarding Adults process and its outcomes.</p>		

- All allegations of abuse or neglect must be referred to the local Adult Social Care Office. Adult Social Care responsible for coordinating all assessments and investigations. Relevant phone numbers can be found at the back of this document.

# Chapter 8

## Your responsibilities

### 8.1 Carers, relatives and members of the public

Everyone has a role to play in the detection of the abuse and neglect. Relatives, carers and members of the public are often in a better position than anyone else to notice changes to someone in their own family or a close friend or neighbour and must not hesitate to bring concerns to the attention of someone who is in a position to help.

Every reported incident of abuse or suspected abuse will be taken seriously by all the agencies involved. Concerns should be raised with:

- The management of the service or agency concerned.
- The Local Adult Social Care Office (formerly the Social Services Department), (contact numbers at the back of this booklet.)
- The Public Protection Unit of the Cumbria Police (local contact numbers at the back of this booklet.)

### 8.2 Residential care / nursing homes

Each establishment should identify a senior member of staff who will assume responsibility for the coordination of all measures to safeguard residents. This person should coordinate training and ensure that it is made available, at an appropriate level, for all staff. They should also take a lead in the development and implementation of a suitably robust safeguarding adults procedure, which is clearly written and given to all staff as part of induction.

Policies and procedures must make clear to staff what their responsibilities are in the recognition and reporting of any suspicions they may have about abuse and neglect. As a basic minimum they should tell staff to:

- Immediately report any suspicions to the senior member of staff on duty. If the suspicions are about that senior member of staff the procedure must make clear who else to advise.
- Take seriously any complaints made by individuals, relatives, visitors or other professionals and report them immediately.
- Follow the staff guidelines for recording incidents.
- Ensure that once a concern has been raised the manager has dealt it with appropriately.

Managers must:

- Raise the alert
- Ensure the immediate safety of the individual(s) concerned.
- Prevent the intimidation of witnesses including the individuals concerned and staff.
- Consider the seriousness of the concerns.
- Ensure that appropriate records have been kept both of the concern and the outcome of the initial enquiries.
- Where it is possible that an offence may have been committed the local Public Protection Unit of Cumbria Police should be notified (Contact numbers are at the back of this booklet.)
- Before the end of the day on which the concern is received the manager **must** contact your local Adult Social Care Office to make a referral.
- Where the alleged victim of abuse has been placed by another local authority Cumbria Adult Social Care should be advised who to contact in the placing authority.
- In all cases, the provider must inform the CQC.

Managers must not:

- Interrogate witnesses
- Interfere with or otherwise contaminate evidence
- Initiate internal investigations (eg by auditors or other “independent” people)

Staff, visitors, relatives or other professionals may have concerns about the way in which a home discharges its responsibilities towards the welfare and care of service users. These concerns should be dealt with in exactly the same way as any other allegation of abuse or neglect.

**Remember, decisions by staff regarding whether or not to report concerns of abuse are not a matter of individual conscience but are considered a professional duty.**

### **8.3 Domiciliary care agencies**

Agencies should identify a senior member of staff who will assume responsibility for the coordination of all measures to safeguard service users. This person should coordinate training and ensure that it is made available, at an appropriate level, for **all** staff. They should also take a lead in the development and implementation of a suitably robust safeguarding adults procedure, which is clearly written and given to all staff as part of induction.

Policies and procedures must make clear to staff what their responsibilities are in the recognition and reporting of any suspicions they may have about the welfare of people who may be at risk of abuse or neglect.

Each agency will have policies and procedures which reflect the ethos of that agency. However, as a basic minimum they should tell staff to:

- Immediately report any suspicions to the manager on call. If the suspicions are about that manager the procedure must make clear who else to advise.
- Take seriously any complaints made by service users, relatives, visitors or other professionals and report them immediately.
- Follow the staff guidelines for recording incidents.
- Ensure that once a concern has been raised the manager has dealt it with appropriately.

Managers must:

- Raise the alert
- Take seriously and listen carefully to reports or concerns raised by service users, staff, relatives or other professionals.
- Ensure the safety of the any individual(s) involved.
- Prevent the intimidation of witnesses including service users and staff
- Consider the seriousness of the concern.
- Make initial enquiries about the concerns or suspicions.
- Ensure that appropriate records have been kept both of the concerns and the outcome of the initial enquiries.
- Where it is possible that an offence may have been committed the local Public Protection Unit of Cumbria Police should be notified (Contact numbers are at the back of this booklet.)
- Before the end of the day on which the allegation is received the manager **must** contact the local Adult Social Care Office to make a referral.
- It is good practice for providers to also inform the CQC.

Managers must not:

- Interrogate witnesses
- Interfere with or otherwise contaminate evidence
- Initiate internal investigations (eg by auditors or other 'independent' people)

Staff, service users, relatives or other professionals may have concerns about the way in which an agency discharges its responsibilities towards the welfare and care of service users. These concerns should be dealt with in exactly the same way as any other allegation of abuse or neglect.

**Remember, decisions by staff regarding whether or not to report concerns of abuse are not a matter of individual conscience but are considered a professional duty.**

## **8.4 Day Centres**

Day Centres should identify a senior member of staff who will assume responsibility for the coordination of all measures to safeguard service users. This person should coordinate training and ensure that it is made available, at an appropriate level, for **all** staff and volunteers. They should also take a lead in the development and implementation of a suitably robust safeguarding adults procedure, which is clearly written and given to all staff and volunteers as part of induction.

Policies and procedures must make clear to staff and volunteers what their responsibilities are in the recognition and reporting of **any** concerns they may have about the health, welfare or safety of adults in their care.

Each Day Centre will have policies and procedures which reflect the ethos of that facility. However, as a basic minimum they should tell staff and volunteers to:

- Immediately report any concerns to the manager. If the suspicions are about that manager the procedure must make clear who else to advise.
- Take seriously any complaints made by service users, relatives, visitors or other professionals and report them immediately.
- Follow the staff guidelines for recording incidents.
- Ensure that once a concern has been raised the manager has dealt it with appropriately.

Managers must:

- Raise the alert
- Take seriously and listen carefully to reports or suspicions raised by service users, staff, relatives or other professionals.
- Ensure the safety of the individuals concerned.
- Prevent the intimidation of witnesses including service users and staff or volunteers
- Consider the seriousness of the concern.
- Make initial enquiries about the concerns or suspicions.
- Ensure that appropriate records have been kept both of the allegation and the outcome of the initial enquiries.
- Where it is possible that an offence may have been committed the local Child and Adult Protection Unit of Cumbria Police should be notified (Contact numbers are at the back of this booklet.)
- Before the end of the day on which the concern has been raised the manager **must** contact the local Adult Social Care Office to make a referral.

Managers must not:

- Interrogate witnesses
- Interfere with or otherwise contaminate evidence
- Initiate internal investigations (eg by auditors or other 'independent' people)

Staff, service users, relatives or other professionals may have concerns about the way in which a Day Centre discharges its responsibilities towards the welfare and care of service users. These concerns should be dealt with in exactly the same way as any other allegation of abuse or neglect.

**Remember, decisions by staff regarding whether or not to report concerns of abuse are not a matter of individual conscience but are considered a professional duty.**

## **8.5 Sheltered housing / supported living schemes**

Each Scheme should identify a senior member of staff who will assume responsibility for the coordination of all measures to safeguard tenants. This person should coordinate training and ensure that it is made available, at an appropriate level, for **all** staff and any volunteers. They should also take a lead in the development and implementation of a suitably robust safeguarding adults procedure, which is clearly written and given to all staff and volunteers as part of induction.

Policies and procedures must make clear to staff and volunteers what their responsibilities are in the recognition and reporting of **any concerns** they may have about the welfare of adults in their care.

Each Scheme will have policies and procedures which reflect the ethos of that facility. However, as a basic minimum they should tell staff and volunteers to:

- Immediately report any suspicions to the manager. If the suspicions are about that manager the procedure must make clear who else to advise.
- Take seriously any complaints made by tenants, relatives, visitors or other professionals and report them immediately.
- Follow the staff guidelines for recording incidents.
- Ensure that once a concern has been raised the manager has dealt it with appropriately.

Managers must:

- Raise the alert
- Take seriously and listen carefully to reports or suspicions raised by tenants staff, relatives or other professionals.
- Ensure the safety of the individual(s) concerned.
- Prevent the intimidation of witnesses including tenants and staff or volunteers.
- Consider the seriousness of the concerns.
- Ensure that appropriate records have been kept both of the concern and the outcome of the initial enquiries.
- Where it is possible that an offence may have been committed the local Public protection Unit of Cumbria Police should be notified (Contact numbers are at the back of this booklet.)
- Before the end of the day on which the concern is raised the manager **must** contact the local Adult Social Care Office to make a referral.
- It is good practice for providers of supported living schemes to inform the CQC.

Managers must not:

- Interrogate witnesses
- Interfere with or otherwise contaminate evidence
- Initiate internal investigations (eg by auditors or other 'independent' people)

Staff, tenants, relatives or other professionals may have concerns about the way in which a Sheltered Housing Scheme discharges its responsibilities towards the welfare and care of service users. These concerns should be dealt with in exactly the same way as any other allegation of abuse or neglect.

**Remember, decisions by staff regarding whether or not to report concerns of abuse are not a matter of individual conscience but are considered a professional duty.**

## **8.6 National Health Service Trusts, General Practitioners and surgery staff**

Staff from each of the Trusts will already have policies and procedures in place advising them what to do in the event that they either have concerns or witness abuse or neglect or allegations are made to them by a third party. These Procedures will be closely linked to these multi-agency guidelines.

Trusts will identify senior staff who will be responsible for coordinating all aspects of safeguarding adults work, including training and the monitoring and reviewing of policies and procedures.

All managers must be aware that all allegations of abuse or neglect must be referred to the local Adult Social Care Office.

All managers must also ensure that they also contact the police where they believe that a crime has or may have been committed.

**Managers must raise the alert.**

General Practitioners and surgery staff, Community Pharmacists, dentists and opticians have a vital role to play in highlighting concerns about the possible abuse or neglect of patients. Each practice should have procedures in place so that all staff are aware of what to do should they have concerns or suspicions. Practices should have contact details for staff within the PCT whom they can contact for advice and support.

Primary Care Trusts should offer, and encourage the take up of safeguarding adults training for surgery staff.

**Remember, decisions by staff regarding whether or not to report concerns of abuse are not a matter of individual conscience but are considered a professional duty.**

## **8.7 Cumbria Constabulary**

Cumbria Constabulary staff should consult their Policy relating to Safeguarding Adults for guidance.

## **8.8 Adult Social Care**

The Safeguarding Adults Procedure No. 20030 must be followed when an allegation of abuse or neglect is received. This gives clear advice and guidance in every aspect of investigating and managing an allegation. It is essential that robust protection plans are put into place in order to ensure that adults are safeguarded from abuse and neglect. However, these plans will only be useful and effective if all agencies have been involved in the planning process.

## **8.9 Cumbria Probation Service**

Contact your local Adult Social Care office and inform them of your concerns. Follow Safeguarding Adults Procedures – there is a copy in each office location.

## **8.10 Voluntary organisations**

All voluntary organisations must have policies in place which clearly set out the organisations' commitment to safeguarding adults and which reflect their own individual ethos. Procedures should include the organisations' policy on recruitment and selection, vetting, with clear reference to legal requirements laid down by the Independent Safeguarding Authority (ISA).

As a basic minimum the procedure should tell staff and volunteers:

- What to look for and what should raise their concerns
- What to do and who to tell
- What steps to take to ensure the immediate safety of an individual at risk or abuse or neglect
- All safeguarding concerns must be referred to your local Adult Social Care Office

# Chapter 9

## Advice for employers

*“Employers who are also service providers or service commissioners have not only a duty to the victim of abuse but also a responsibility to take action in relation to the employee when allegations of abuse are made against him or her. Employers should ensure that their disciplinary procedures are compatible with the responsibility to protect vulnerable adults.”*

*(No Secrets, DoH 2000)*

- If a manager becomes aware that a member of staff is or may be responsible for abuse or neglect of someone in their care they should use their own internal safeguarding adults procedures.
- **The Care Quality Commission must be informed of all safeguarding incidents that occur within a regulated service.**
- In all cases the employer must report the matter to the local Police.
  - In all other cases the employer must report their concerns to the local Adult Social Care Office and advise what action they have taken to protect service users.
- If it appears that more information is required then the relevant Team Manager within Adult Social Care will coordinate the enquiry, initially by calling a multi-agency, safeguarding assessment strategy meeting.
- The employer should ensure that they comply with employment legislation at all times.
- They may carry out their own internal enquiry into the issues raised provided this does not interfere with either the Safeguarding Adults assessment or any criminal investigation.

- Where the employer wishes to conduct a disciplinary investigation before the completion of the safeguarding adults assessment/ investigation, this should be discussed with and agreed at the Safeguarding Assessment Strategy or with the officer coordinating the investigation.
- The Care Quality Commission must be informed of all safeguarding incidents that occur within a regulated service.
- Any possible sanctions against the employee are the responsibility of the employer who must abide by employment law at all times.
- **It is advisable for Managers to seek guidance from the Independent Safeguarding Authority at this stage about the possibility of any referral.**
- However as part of the discussion surrounding the ongoing protection of the victim, the Safeguarding Planning meeting should consider what steps the employer might consider taking.

These may include:

- Whether the employee is removed from the area of work or care position on a temporary basis to allow the employer to make a decision about further sanctions.
- Referral to the employer's disciplinary procedures

## **9.1 Independent Safeguarding Authority (ISA)**

[www.isa-gov.org.uk](http://www.isa-gov.org.uk)

The Safeguarding Vulnerable Groups Act is a major element of a wide-ranging and ambitious programme of work established across government to address the systemic failures identified by the Bichard inquiry into the Soham murders. The Act was created in response to recommendation 19 of the Bichard Inquiry Report, which states:

*“new arrangements should be introduced requiring those who wish to work with children, or vulnerable adults, to be registered. The register would confirm that there is no known reason why an individual should not work with these clients.”*

The Safeguarding Vulnerable Groups Act provides the legal framework for the Independent Safeguarding Authority and scheme.

In summary, the Act includes the following provisions:

- Coverage of the scheme defined in terms of regulated and controlled activities
- Two barred lists with four routes to inclusion on one or both of the barred lists
- An independent barring board –known as the Independent Safeguarding Authority (ISA)
- The referral of relevant information
- A right of appeal to the Care Standards Tribunal
- A series of new criminal offences to enforce the scheme
- The Act and the new Vetting and Barring Scheme does not distinguish between paid and unpaid (voluntary) work as this does not have any bearing on the potential for abuse.

## **9.2 Notifiable occupations**

- If a person in a notifiable occupation (for example social care or health staff) is arrested or summoned for a relevant offence (for example, one which includes violence, indecency, dishonesty), the police will consider whether, given the circumstances of the case and available evidence, there is an urgent or pressing need to disclose details relating to the offence and impending prosecution.
- Disclosure may be made (under common law) if it appears that the person is an immediate risk to children or vulnerable people in his role and that the employer should be informed so that appropriate steps may be taken to minimise that risk.
- Disclosure would be limited to the essentials needed for the employer to consider what action to take.

- Should the person subsequently be convicted of the offence the employer would in any event be notified of the conviction.
- It is obvious therefore that any **prior** disclosure would only be done in exceptional circumstances and where an assessment of risk indicates that disclosure is justified because it is believed that an immediate risk may be posed.

**The public protection role of the police is to supply the employer with relevant information for them to consider what action may be appropriate. Decisions about suspension or dismissal always remain with the employer.**

- **It is advisable for Managers to seek guidance from the ISA at this stage about the referral process.**

### **9.3 Out of county placements**

- A local authority from another part of the country may have placed a person in an establishment in Cumbria.
- Any allegations about abuse or neglect of that person remain the responsibility of Cumbria County Council and must be investigated under Cumbria's procedures, with Adult Social Care staff taking the lead in the investigation.
- The placing authority should be made aware of the situation immediately and invited to safeguarding meetings.
- Similarly allegations concerning a person placed by Cumbria in another authority will be investigated and led by that authority.

# Chapter 10

## The role of the regulator

The Care Quality Commission (CQC) has brought together three organisations, The Commission for Social Care Inspection, The Healthcare Commission and The Mental Health Act Commission. It has a statutory responsibility for regulating all health and adult social care provision in England.

In performing its functions the Commission must have regard to the need to protect and promote the health, well-being and safety of people, in particular vulnerable adults and children. The role of the Regulator in safeguarding will be through its three work strands:-

- Registration
- Monitoring of Compliance
- Quality Assessments of Commissioning Organisations

Providers of independent health and adult social care services are required to inform The Commission of any incident of abuse or allegation of abuse in relation to a service user. NHS providers notify The Commission indirectly via the National Patients Safety Agency.

The existing safeguarding protocols of the Commission for Social Care Inspection and the Healthcare Commission which set out the roles will remain in place until they are revised to reflect the merger of these organisations.

Following the completion of a safeguarding investigation, if evidence is found which suggests a regulated service may be at fault, the commission must be informed and has a range of powers available under the Health and Social Care Act 2008 (Regulated Activity) Regulations 2009.

The Care Quality Commission, North West Region, Citygate, Gallowgate, Newcastle upon Tyne NE1 4PA. Tel: 03000 616161

# Chapter II

## Useful contact numbers, addresses and websites

### Adult Social Care offices and work bases

#### Safeguarding Adults Manager

County Offices  
Kendal LA9 4RQ  
Telephone 01539 713398

#### Main offices

##### **Carlisle**

Civic Centre  
Rickergate  
Carlisle CA3 8QG  
Telephone 01228 227000  
carlislessd@cumbriacc.gov.uk

##### **Eden**

Friargate  
Penrith  
CA11 7NX  
Telephone 01768 812242  
penrithssd@cumbriacc.gov.uk

##### **Allerdale**

New Oxford Street  
Workington  
CA14 2LW  
Telephone 01900 706325  
workingtonssd@cumbriacc.gov.uk

##### **Copeland**

Somerset House  
Duke Street  
Whitehaven CA28 7SQ  
Telephone 01946 506353  
whitehavenssd@cumbriacc.gov.uk

##### **South Lakeland**

County Offices  
Kendal LA9 4RQ  
Telephone 01539 713377  
kendalssd@cumbriacc.gov.uk

##### **Barrow-in-Furness**

Market Street  
Barrow-in-Furness LA14 2LH  
Telephone 01229 407894  
barrowssd@cumbriacc.gov.uk

**On-line referrals** for all offices:  
[www.cumbria.gov.uk/socialservices/referrals](http://www.cumbria.gov.uk/socialservices/referrals)

**Emergency Out of Hours Service county wide, telephone only  
01228 526690.**

Sub-offices

**Wigton**

Wiza House, Station Road  
Wigton CA7 9BG  
Telephone 016973 66120

**Egremont**

Town Hall, Main Street  
Egremont CA22 2DB  
Telephone 01946 820270

**Ulverston**

Brogden Street  
Ulverston LA12 7AH  
Telephone 01229 404015

**Adult Community Mental Health Teams****Carlisle**

11 Portland Square  
Carlisle CA1 1PY  
Telephone 01228 603850

**Barrow-in-Furness**

Duddon House  
2 Fairfield Lane  
Barrow LA13 9AZ  
Telephone 01229 407777

**Brampton**

Room 211,  
Warwick Mill Business Centre  
Carlisle CA4 8RR  
Telephone 01228 564504

**Kendal**

Kinta House  
Helme Close  
Kendal LA9 7HY  
Telephone 01539 732059

**Allerdale**

Park Lane Clinic  
Workington CA14 2RR  
Telephone 01900 872122

**Penrith**

The Beacon Unit  
Penrith Hospital  
CA11 8HX  
Telephone 01768 245351

**Copeland**

Richmond House  
Whitehaven  
CA28 7RB  
Telephone 01946 852985

**Wigton**

Brookside Centre  
Birdcage Walk  
Wigton CA7 9AW  
Telephone 016973 66650

## Older Adult Community Mental Health Teams

### **Carlisle**

Carleton Clinic  
Cumwhinton Road  
Carlisle CA1 3SX  
Telephone 01228 602000

### **Barrow-in-Furness**

Dane Garth  
Furness General Hospital  
Barrow LA14 4LF  
Telephone 01229 491348

### **Copeland**

Windermere Day Hospital  
West Cumberland Hospital  
Whitehaven CA28 8JG  
Telephone 01946 693181

### **Eden**

Penrith Hospital  
CA11 8HX  
Telephone 01768 245331

### **Wigton**

Fellwood Unit  
Wigton Hospital  
CA7 9DD  
Telephone 016973 66612

### **Allerdale**

Unit 20, Lillyhall Business Park  
Jubilee road  
Workington CA14 4HA  
Telephone 01900 700131

### **Brampton**

Ella Thompson Centre  
Union Lane  
Brampton CA8 1BX  
Telephone 016977 41781

### **South Copeland**

Jubilee Centre  
2 Lapstone Bungalows  
Millom LA18 4BY  
Telephone 01229 774974

### **South Lakeland**

Kirkstone Unit  
Westmorland General Hospital  
Kendal LA9 7RG  
Telephone 01539 795468

### **Safeguarding Adults Team**

Austin Hall Block  
County Offices  
Kendal LA9 4RQ  
Telephone 01539 713398

### Hospitals with social work teams

#### **Westmorland General Hospital**

Burton Road

#### **Kendal**

Cumbria LA9 7RG

Telephone 01539 732288

#### **Furness General Hospital**

Dalton Lane

#### **Barrow-in-Furness**

Cumbria LA14 4LF

Telephone 01229 870870

### Cumbria Constabulary Public Protection Units

#### **Police Station**

Market Street

#### **Barrow-in-Furness** LA14 2LE

Telephone 0845 3300 247

#### **Police Station**

Durran Hill

#### **Carlisle** CA1 3NQ

Telephone 0845 3300 247

#### **Police Station**

Hall Brow

#### **Workington** CA14 4AP

Telephone 0845 3300 247

#### **Police Station**

Busher Walk

#### **Kendal** LA9 4RJ

Telephone 0845 3300 247

### **Action on Elder Abuse Response Line**

Offers a confidential help line providing information and emotional support  
Telephone 080 8808 8141  
enquiries@elderabuse.org.uk

### **The Ann Craft Trust**

Maintains an information exchange network, raising the general level of awareness of issues relating to the abuse of people with learning disabilities.  
www.anncrafttrust.org.uk

### **Public Concern at Work**

Provides legal advice to individuals concerned about malpractices at work.  
Telephone 0207 4046 609

### **Counsel and Care**

Provides expertise in residential and nursing home care. Runs an advice line for older people, carers and relatives.  
Telephone 0845 300 7585  
advice@conselandcare.org.uk

### **Cumbria People First**

Provides advocacy for and by people with learning disabilities.  
www.peoplefirst.me.uk  
www.peoplefirst.co.uk

### **Alzheimers Society Help Line**

Telephone 0845 300 0366  
info@alzheimers.org.uk

### **Care Quality Commission**

Registers and inspects all care homes and domiciliary care agencies  
Telephone 03000 616161  
www.cqc.org.uk

**Voice UK**

Voluntary organisation supporting and campaigning for victims of abuse.

Telephone 080 8802 8686

[voice@voiceuk.org.uk](mailto:voice@voiceuk.org.uk)

**Department of Health**

[www.dh.gov.uk](http://www.dh.gov.uk)

**Social Care Institute for Excellence**

[www.scie.org.uk](http://www.scie.org.uk)

**Independent Safeguarding Authority**

Telephone 0300 123 1111

[info@vbs-info.org.uk](mailto:info@vbs-info.org.uk)

[www.isa-gov.org.uk](http://www.isa-gov.org.uk)

**Age Concern**

[www.ageconcern.org.uk](http://www.ageconcern.org.uk)



# Safeguarding Adults in Cumbria

