



Safeguarding Policy

Date Written *23rd Mar 2018*

Author(s) *Adetayo Oke*

Version **3**

Date Signed Off *11th Mar 2020*

Reviewed by *Mohamed Yusuf*

*24/32 Murdock Street,
London*

SE15 1LW

Email: services@oasiscareandtraining.org.uk

Phone Number: 020 7639 6192

Review Data

Initial Production

Name	Role/Department	RACI	Date
Mohamud Ahmed	Care Management	R	11 th Mar 19
Mariam Moshood	Quality Manager	C	11 th Mar 19
Amran Mohamed	H&S Officer	C	11 th Mar 19
M Yusuf	Director	RACI	11 th Mar 20

R = Responsible for writing the policy; **A** = Accountable; **C** = Consulted; **I** = Informed

Change History

Version	Date	Details of Change	Author
1	23 rd Mar 2018	New	Adetayo Oke
2	11 Mar 2019	Reviewed and change of managers recorded	Mohamud Ahmed
3	11 Mar 20	Reviewed and updated	M Yusuf

Emergency Contact Details

Name	Email	Mobile
Mohamud Ahmed	mahmed@oasiscareandtraining.org.uk	0207 639 6192
Khalid Khalil	kkhalil@oasiscareandtraining.org.uk	07437 438438
Abdi Ismail	aismail@oasiscareandtraining.org.uk	0207 639 6192
Amran Mohamed	amohamed@oasiscareandtraining.org.uk	020 7639 6192

Regulation Number	Regulation Details
Regulation 11 Regulation 12 Regulation 13	Need for Consent. Safe Care & Treatment. Safeguarding

Key Lines of Enquiry

KLOE	How this applies to Support Planning
Safe	<p>This document is concerned with the protection of vulnerable adults within Oasis Care & Training Agency. This policy is designed to provide working guidelines on how to recognise and respond to cases of abuse involving vulnerable adults.</p> <p>The commitment of Oasis Care & Training Agency is reflected in its procedures for recruitment, induction and training. Registration with the Agency is supported by our policy of vetting and checks with the Disclosure and Barring Service (DBS).</p>

Related Documents

This policy should be read in conjunction with our:

- **Whistle Blowing P&P**
- **Care Planning P&P**
- **Complaints P&P**
- **Health and Safety P&P**
- **Safer Recruitment P&P**

Policy Statement

Policy Aims

Key Points

- These guidelines are in accordance with the Department of Health 'No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse' (March 2000).
- To provide a framework that sets out clearly our responsibilities in protecting vulnerable adults and responding to situations where it is believed a vulnerable adult is suffering abuse.
- To ultimately prevent incidents of abuse occurring. To ensure that the procedures are in place to deal with incidents of abuse.

What is Safeguarding?

The Policy:

INTRODUCTION

1.0 Introduction

- 1.1 This document is concerned with the protection of vulnerable adults within Oasis Care & Training Agency. This policy is designed to provide working guidelines on how to recognise and respond to cases of abuse involving vulnerable adults.
- 1.2 These guidelines are in accordance with the Department of Health 'No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse' (March 2000); Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Care Act 2014 – Regulations updated 2017; Mental Capacity Act 2005 (DOL's Safeguards)
- 1.3 The commitment of Oasis Care & Training Agency is reflected in its procedures for recruitment, induction and training. Registration with the Agency is supported by our policy of vetting and checks with the Disclosure and Barring Service (DBS).

2.0 Aims

- To provide a framework that sets out clearly our responsibilities in protecting vulnerable adults and responding to situations where it is believed a vulnerable adult is suffering abuse.
- To empower all members of staff to feel confident in their practice and in how they react to situations where a vulnerable adult is thought to have been abused.
- To ultimately prevent incidents of abuse occurring. To ensure that the procedures are in place to deal with incidents of abuse.

3.0 Objectives

- 3.1 The prevention of any abuse is the ideal. All staff should make themselves aware of issues that may lead to abuse, such as a person's race, cultural background, disability, age, gender and sexuality.
- 3.2 When implementing this coordinated response to abuse it is important that we work in a way that is both sensitive to the individual and robust in its procedure.
- 3.3 It is essential that we respond to incidents in a way that is in accordance with the guidelines stated in this document. Any action that is taken must be carried out in consideration of your legal duty.

4.0 Responsibilities

- 4.1 All members of staff at Oasis Care & Training Agency have a duty to actively respond to any allegations or suspicions of abuse that they become aware of.
- 4.2 Oasis Care & Training Agency is resolved to adhere to guidelines that are consistent with the 'multi-agency approach', set out by the borough-wide 'Vulnerable Adults Management Committee' or 'PAN London Multi-Agency Adult Safeguarding'. The two main coordinating agencies in an investigation are the Police and local Social Services Department.
- 4.3 Oasis Care & Training Agency is committed to rigorous recruitment practices.
 - All staff will undergo a Criminal Records Bureau check.
 - Oasis Care & Training Agency will provide relevant training for staff.
 - Staff should identify their training needs through managerial and clinical supervision.
 - Record keeping shall be accurate, legible and confidential.
 - Every vulnerable adult will be subject to a comprehensive risk assessment.
 - This policy will be made available to all staff.
- 4.4 It is essential that in any case of alleged or suspected abuse, it is reported and recorded in a way that is both transparent and legible.

5.0 VULNERABLE ADULT PROCEDURES

- 5.1 On receipt of information about safeguarding, RGM should consider:

Urgency – how serious is the issue? Is a person in imminent danger of being abused or neglected? Is this a safeguarding alert or concern? Has another agency (local authority/police) been informed? If information is received from NCSC Concerns team, it will have been allocated a priority level – you will first need to consider whether you agree with this assessment, and take action in line with the KPIs (see below).

Confidentiality – if the person making the alert has not agreed to have their details passed on, record this decision and delete their identity details from the alerter /

informant fields in the safeguarding record. When NCSC generate a referral, information is extracted automatically from the safeguarding record so if any contact details are present they will pull through into the referral document which is sent to the local authority.

In some circumstances it may not be possible to pass on the safeguarding information without identifying the referrer (for example, where only a very limited number of people would have known about the issue or where you consider it imperative for the local authority safeguarding team to know the referrer's identity in order to be able to properly investigate and protect people from harm). In those cases, this decision should be recorded and the referrer should be informed of our decision and reasons, if it is possible to do so. Where the safeguarding referral comes from a professional, you should consider whether they are acting as a 'whistle-blower' and, if so, follow the relevant process and guidance for handling whistle-blowers' concerns. Professionals should understand and follow the appropriate safeguarding processes and, other than in exceptional circumstances, should not expect confidentiality in doing so. Questions to ask – check the factors to consider when making decisions after receiving information about abuse or neglect (Appendix 8) [not an exhaustive list of factors, so be led by the nature of the issue and the evidence you need to gather].

Context – consider the other information and intelligence you have or know about the provider, location or service. What does the new information tell you? Does the sum of the intelligence mean a regulatory response is required? If so, what response is appropriate? Or is the information not serious enough to require an immediate response but something to take into account in the future, adding to the overall picture about a provider/service? Inspector's Handbook: Safeguarding 46 Judgement – use your professional judgement in deciding action to take and how best to respond to the information received [refer to framework of KPIs and mandatory actions] Support – if you are not sure about a specific course of action, or want to check your thinking about a safeguarding issue, ask your manager or buddy for assistance.

A decision will be made as to the most appropriate course of action e.g. strategy meeting.

- 5.4 Any referral to Social Services relating to a vulnerable adult concern needs to be confirmed in writing as soon as possible.
- 5.5 The Registered Manager or those specifically trained in adult protection are available to staff to discuss any vulnerable adult issues/concerns they have.
- 5.6 Matters relating to the accusation of abuse should not be discussed outside of the investigation process. Gossiping about alleged accusations can be damaging to all involved.
- 5.7 A Statutory Notification must be made to Care Quality Commission immediately if there is an allegation of abuse in respect of service-users. The Registered Manager will advise their line Manager of any CQC notification before submission.
- 5.8 No accusation should be deemed insignificant or not worthy of reporting, even if the alleged victim has a history of making unproven accusations.

6.0 Complaints against staff

- 6.1 As with all vulnerable adult's concerns or complaints, members of staff have a duty to report concerns relating to staff members to the Manager, so that the vulnerable adult

procedures can be followed. Any concerns need to be highlighted to the Manager as soon as possible to ensure the safety of the vulnerable adult and to protect the member of staff from further complaints.

- 6.2 Oasis Care & Training Agency acknowledges that this issue is particularly stressful for all parties concerned and will endeavour to ensure staff are treated fairly and honestly throughout any investigation. The Manager will identify a link person within the HR Team to support any member of staff subject to an investigation.
- 6.3 It may be necessary to suspend staff members whilst a vulnerable adult investigation is taking place, depending on the nature and degree of the complaint being made. There should be no inference of guilt upon any member of staff suspended.
- 6.4 All staff should acknowledge that it is particularly difficult for a member of staff to return to work following a period of suspension. Any return should be planned and involve a gradual reintegration into work.

7.0 Definition of a vulnerable adult

- 7.1 An adult at risk (as defined in the “Care Act 2014”) is defined as any person aged 18 years and over who:
- Has needs for care or support (whether or not the Local Authority is meeting those needs; and
 - Is experiencing, or at risk of, abuse and neglect; and
 - As a result of those care and support needs is unable to protect themselves from either, the risk of, or the experience of, abuse or neglect. and is in need of services procured by Local Authorities or Self-Funded from Oasis Care & Training Agency.
- 7.2 The vulnerable adult will have been assessed by a FCS – Field Care Supervisor, and where possible a social worker from the referring authority.
- 7.3 The assessment process should take into consideration the ability of the individual to protect themselves from abuse and make informed decisions if they are a victim of abuse.

8.0 Identifying Abuse

- 8.1 Abuse can be perpetrated by an individual, a group or an institution. Abuse can be deliberate or as a result of ignorance. Institutional abuse is likely to occur when staff are inadequately trained, poorly supervised, mismanaged or staff feel bullied.
- 8.2 A ‘closed culture’ is unacceptable and underlines the importance of all staff be made aware of Oasis Care and Training procedures and the relevant law.
- 8.3 People who abuse vulnerable adults are often well known to that person. Abusers can be relatives, friends/visitors, any member of staff or other vulnerable adults.

9.0 Definition of abuse

- 9.1 Physical Abuse is any intentional act causing injury or trauma to another person or animal by way of bodily contact. In most cases, children are the victims of physical

abuse, but adults can also be victims, as in cases of domestic violence or workplace aggression.

9.2 Types of Abuse and Neglect (Adult):

- Physical abuse – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- Domestic violence – including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence.
- 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.
- 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

10.0 What to do if you suspect abuse

- Make sure the person, yourself and others are not in immediate danger.

- If required seek medical assistance for bleeding and shock only. If you clean a person you may be removing evidence.
- Do not disturb anything that may be evidence.
- Inform your manager.
- Think about informing the police.

10.1 If you are unsure whether a criminal offence has taken place ask a manager or co-worker, if still unsure call the police and ask them.

11.0 Criminal offences

11.1 All vulnerable adults are entitled to the protection of the relevant law. If an instance of abuse constitutes a criminal offence, it is important that you respond as a matter of urgency.

2. You should contact the local police immediately. A criminal investigation will take precedence over all other lines of inquiry.

3. The Mental Capacity Act brings into force a new criminal offence of ill-treatment or neglect and this applies to three categories of persons: -

A person (the decision maker) who has the care of a person who lacks capacity or whom the decision maker reasonably believes lacks capacity

A deputy of a Lasting Power of Attorney or Enduring Power of Attorney

A deputy appointed by the Court of Protection

11.4 A person is guilty of an offence if he ill-treats or willfully neglects the person lacking capacity.

12. Appointment of independent mental capacity advocate (IMCA)

1. There is a power for an NHS body or local authority to appoint an IMCA where there are allegations or evidence that a person who lacks capacity is being abused or neglected and the body or authority proposes to take or has taken protective measures in respect of the person.

2. The appointment of an IMCA in adult protection cases is not restricted to incapacitated persons who have no one else who can be consulted about their best interests. Accordingly, where an IMCA has been appointed in an adult protection situation, they may need to be consulted about relevant matters.

13.0 Listening to and recording information

13.1 Stay calm and reassure the person that their allegation will be taken seriously. Try not to look shocked or disgusted by what you hear. Listen to what is being said but **DO NOT** ask any leading questions.

e.g. 'Did he take your necklace as well'?

- 13.2 Do not probe for details, let the person disclose them to you. Make it clear from the outset that you cannot promise complete confidentiality. Explain that you have a duty to report any patient welfare concerns to your manager. Make the person aware of what actions you will take next. **DO NOT** attempt to approach and question the alleged abuser.
- 13.3 When it is convenient you should record what has happened in a way that is legible and factual. You will need to complete the incident book and may also need to make an entry into the patient's notes. The following must be recorded:
- The date, time, those present and where the disclosure took place.
 - The details of the conversation in their words and using their phrases.
 - If appropriate use a body map to note cuts bruises or damage.
 - What actions you then implemented.
 - Any other relevant details.
 - Sign and date the report.

Key Points to Take Away

The Registered Manager plays a crucial role in Oasis Care & Training Agency's vulnerable adult protection procedures. On being advised of an Adult protection concern they will:

- Take any short-term measures required to ensure the vulnerable adult's safety.
- Advise their line Manager of the Safeguarding concerns.

No accusation should be deemed insignificant or not worthy of reporting, even if the alleged victim has a history of making unproven accusations.

All members of staff at Oasis Care & Training Agency have a duty to actively respond to any allegations or suspicions of abuse that they become aware of

Policy Review

A Director will review this policy at least once a year to make any updates needed.

Authorisation and Signature

This Policy is the authorised version agreed by the Directors of *Oasis Care and Training Agency*. All employees are expected to follow this policy and failure to do so could result in disciplinary action.

Director's Signature



Executive Director

11th March 2020