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| Title of policy: | Safeguarding Adults Procedure |
| Version: | 1.4 |
| Purpose: | To set out a clearly defined procedure for staff to follow where there are concerns that a vulnerable adult may be at risk. |
| Updated: | February 2022 |
| Next review: | February 2024 |
| By: | Supported Housing Manager |

**1. Purpose**

The purpose of this guidance is to provide North Star staff with information on safeguarding adult issues, clear guidance on how to respond to concerns and information on working together with other agencies.

**2. Overview**

North Star’s staff must prioritise and ensure the protection and safety of vulnerable adults and take responsibility to act on any suspicion of abuse. This procedure underpins North Star’s Safeguarding Vulnerable Adults and Children’s Policy and follows guidance from “No Secrets” (2000) and the Care Act 2014.

**3. Assessing Risk**

3.1 Assessing risk guidance enables staff to ascertaining if a vulnerable adult may be at risk of significant harm.

 Abuse of vulnerable adults may be perpetrated by a wide range of people including relatives and family members, professional staff, paid care workers, volunteers, other service users, neighbours, friends and associates, people who deliberately exploit vulnerable people and strangers.

3.2 Risk in social life is unavoidable but minimising unacceptable risk must be given the highest priority.

Criteria to use in the assessment of seriousness of risk include:

* The vulnerability of the individual?
* The nature and extent of the abuse/mistreatment?
* What impact is it having on the individual’s well-being?
* Is it likely to have been a one-off incident or part of a long standing or repeated pattern?
* Are other people, such as other residents or family members being damaged or threatened?
* Has it been done deliberately, was it planned, has the person set out to take advantage of this person or other vulnerable people?
* Is what has happened against the law, can legal action be taken?
* Will it happen again to this individual?
* Are other vulnerable people at risk, such as clients, residents, tenants, children or other adults in the household?
* The coping skills of the carer.

3.3 Neglect and poor professional practice should also be assessed within a spectrum of mistreatment, which includes isolated incidents of poor or unsatisfactory professional practice through gross misconduct or pervasive ill-treatment. Repeated instances of poor care may be an indicator of a more serious problem of abuse.

3.4 Cases of abuse/mistreatment should be considered high risk if:

* There is reason to believe someone’s life/physical well-being may be in danger.
* There is reason to believe that a serious crime has been committed.
* Incidents are increasing in frequency.
* Incidents are increasing in severity.
* The behaviour is persistent and deliberate.

**4. Emergency Situations**

4.1 In emergency situations there may not be time to consult colleagues so trust your common sense.

 Only if it is appropriate and possible, ascertain the adult’s wishes and feelings as part of considering what action should be taken in relation to concerns about their welfare. However, if the adult is in immediate physical danger the police must be contacted immediately.

4.2 Having taken the necessary emergency action it is important that you make immediate telephone contact with your line manager or the designated officer from North Star and First Contact of the Adult Social Care department. There is an Emergency Duty Team which can be contacted out of hours. It is our responsibility to make the safeguarding alert we should not rely on another agency to raise the alert.

4.3 As soon as it is reasonably possible it is important to carefully record the incident.

4.4 A multi-agency strategy discussion/meeting may be convened to discuss the planning of further investigations that may be required. The relevant officer must prioritise attendance at any multiagency meeting in relation to safeguarding vulnerable adults.

**5. Urgent Situations**

5.1 When there has been a specific allegation or incident that provokes concerns about an adult’s welfare, but no emergency action is required, you must discuss the matter with a designated officer. If you still have concerns you could, without necessarily identifying the adult in question, discuss your concerns with senior colleagues in another agency in order to develop an understanding of the adult’s needs and circumstances.

5.2 Following this discussion you must decide what action to take. If following this discussion your concern has been dispelled and no action is necessary you must still bring this up in your next one to one session with your line manager. You must ensure any concerns are clearly documented within the clients case notes and the safeguarding file detailing why no follow up has occurred. If you decide there is a definite issue regarding the adult’s welfare discuss it immediately with a designated officer or your line manager, if you have not already, you will then report your concerns to the First Contact of the Adult Social Care department and if appropriate the Police if the situation is unclear.

5.3 In all cases any discussion with colleagues and/or agencies and action taken the same instructions regarding recording of the incident applies. You must always follow up all communications to other agencies in writing and ensure your message is clear, you, or your line manager must update the central corporate recording database.

**6. General Concerns**

6.1 Any concern about an adult’s safety and protection must be discussed either with a colleague, designated officer, line manager or a relevant agency. It is normal to feel unsure of yourself and uncertain about reporting the matter. However, the information given to you by the adult or another party, an adult’s injuries or your own suspicions may represent vividly the adult’s need for help.

6.2 After this discussion you must decide if there is still a cause for concern, a need to seek further advice or a referral should be made to the relevant agency.

6.3 After the discussion if you still feel there is a cause for concern, you must notify the First Contact Team of the Adult Social Care Department by completing an inter-agency safeguarding adult’s alert form, which is located on the Local authority website. Upon receipt of the information the First Contact Team will decide on what course of action to take.

**7. Process**

7.1 If you have concerns over a vulnerable adult’s welfare the following flow cart can guide staff as to the appropriate course of action.

Staff member has concern about vulnerable adult’s welfare

No emergency action required

Emergency action required

Discuss and keep vulnerable adult informed as appropriate

Staff member discusses with colleague designated officer and/or a relevant agency for advice

Necessary emergency action taken

Still has concerns

No longer has concerns

Follow recording procedures

Discuss and keep vulnerable adult informed as appropriate

Staff member discusses and agrees action with line manager or designated officer

Original concern and discussion brought to line managers attention in next one to one

No further vulnerable adult protection action, although may need to act to ensure

Staff member refers to LA social care department or the Police; following up oral communications in writing

Staff member refers child or parent in need of support to a relevant agency

Feedback to referrer on next course of action

The duty officer gathers as much information as possible and logs concern on database

No further involvement from referral agency, although other action may be necessary e.g. onward referral

A multi-agency strategy discussion or meeting convened to discuss the planning of further investigations

Single agency investigation

Joint agency investigation

Assessment and/or support

7.2 If after initial discussions and seeking appropriate advice there is still a concern about the adult’s welfare one of the following actions must be taken.

* Telling the vulnerable adult/agencies.

When you have general concerns about the vulnerable adult’s welfare, discuss your concerns with them and any involved agencies and agree upon making a referral to the appropriate service or agency. This is a Section 9 (Care Act 2014), none emergency referral. An adult has eligible needs if:

\* The adult’s needs are caused by physical or mental impairment or illness.

\* The adult is unable to achieve two or more specified outcomes from the Care Act;

* *Managing and maintaining nutrition.*
* *Managing personal hygiene.*
* *Managing toilet needs.*
* *Being appropriately clothed.*
* *Being able to use the adult home safe.*
* *Maintaining a habitable home environment.*
* *Developing and maintaining family or other personal relationships.*
* *Accessing and engaging in work, training, education or volunteering.*
* *Making use of necessary facilities and services in the local community, including public transport and recreational facilities and services.*
* *Carrying out any caring responsibilities the adult has for a child.*

\* As a consequence there is a significant impact on the adult’s wellbeing.

This action can be difficult especially if you have a close relationship with them, but you should always remember that their interests must come first. To make a Section 9 (Care Act 2014) referral, consent from the individual would be required if the person did not meet three criteria from the Care Act “Specified Outcomes”. If you consider that informing the adult or agencies would place the vulnerable adult at an increased risk of significant harm, a Section 42 (Care Act 2014) referral would need to be made i.e. at immediate risk. This type of referral does not require consent from the individual.

* A referral for a vulnerable adult in need of support.

If you consider the vulnerable adult would benefit from the support of further services, consider which agency, including within Supported Housing, you should make a referral to.

* A referral to Social Services and/or the Police.

When referring a vulnerable adult to one of these agencies you must consider and include any information you have on their needs and ability to respond to those needs within the context of their environment. This information may have been obtained during the referral and risk assessment in Supported Housing.

7.3 If you make your referral by telephone, confirm it in writing within 48 hours. Adult social care should acknowledge your written referral within one working day of receiving it, so if you have not heard back within three working days, contact adult social care again.

7.4 Written referral reports must be shown to your line manager or designated office first. Copies of all correspondence must be kept on the tenant’s file until one year after the end of tenancy. All files are kept in a locked cabinet, the organisation requires all safeguarding alerts to be recorded on a corporate safeguarding spreadsheet which is held centrally.

7.5 If you referral is declined and you still have concerns an appeal can be made by informing the Local Authority that you would like to “Professionally Challenge” the referral.

**8. Allegations against a Vulnerable Adult**

8.1 Where a vulnerable adult is alleging abuse by an adult who is also deemed to be vulnerable, support should be offered to both parties throughout the adult protection procedure.

8.2 In all such cases care should be given, prior to any referral, to ascertain and understand the nature of the allegation from the point of view of the abused person and the alleged abuser. It has to be recognised that this may take time and should be undertaken by someone in whom each individual has confidence. Those supporting the two vulnerable adults should be different workers to maintain separate representation and independence. Both individuals should receive positive support to cope with the situation.

8.3 If abuse is believed to have taken place, or is confirmed, a referral on the victim should be made to allow for multi-agency working through Adult Protection Procedures. Issues of mental capacity will be relevant for the alleged abuser as they are for the vulnerable adult alleging abuse. The ability of the alleged abuser to understand his/her actions, his/her intentions at the time and awareness of the possible consequences of his/her actions, will all be considered throughout this process. Support through a new or revised Care Plan could be an outcome of any information gathering or investigation.

**9. Allegations against Staff**

9.1 There will be occasions when abuse is alleged against an employee working with vulnerable adults. The allegations could be against a staff member within North Star.

9.2 The procedure for the protection of a vulnerable adult will need to be invoked if it is suspected that abuse is taking place or has taken place. In all cases of concern regarding the abuse of a vulnerable adult consideration must be given to the suspension of the employee.

9.3 Where a member of staff is alleged to have abused a vulnerable adult, it is important for all agencies involved appreciate that each aspect of the investigation has to be coordinated.

* Adult protection and/or police investigation.
* Investigation by the Commission for Social Care Inspection into the standards of care provided by a regulated service provider.
* The employing authority’s Disciplinary Procedure

9.4 The appropriate course of action will be agreed at the strategy meeting as there will be a need for coordination and sharing of information. A police investigation should take priority over any disciplinary procedure.

9.5 All members of staff subject to an allegation should be made aware of their rights under employment legislation and North Star’s policies and procedures will apply.

**10. Information Sharing**

10.1 Remember that the Data Protection Act 1998 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.

10.2 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.

10.3 Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.

10.4. Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason 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 certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.

10.5 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.

10.6 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.

10.7 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.

**11. Recording**

11.1 In any cases of abuse or where abuse is believed to be taking place, accurate recording of concerns is very important. Staff must use the recording pro-forma to record their concerns, which is located on the Intranet. A copy of this will be handed to the designated officer and a copy will be kept on the tenant’s file. All files will be kept in a locked cabinet. A password protected central database will also be kept on North Star’s computer system and the designated officers will be responsible for this. Staff are responsible for following up any cases and updating the designated officer and the documentation.

11.2 Any Safeguarding concerns should also be reported to the Local Authority Commissioning teams, where there are commissioned supported services delivered.

**12. Group Structured Approach**

12.1 In line with the Care Act 2014 North Star are committed to ensure all safeguarding concerns are dealt with effectively and efficiently and that the six key principles are adhered to. Designated officers (including Team Managers, Supported, General, Asset and Property Services Managers, designated Housing Officers from THA and EHA and Head of Customers) will meet on a quarterly basis to monitor existing cases, closed cases and discuss any new cases.

12.2 The purpose of the group is to embed safeguarding across North Star, identify any gaps, review/evaluate cases, identify and learn from best practice, identify any themes/patters, have robust monitoring in place and regularly review our policies and procedures to ensure they are in accordance with best practice.

**13. Attending Meeting**

The member of staff who has reported abuse or believes that abuse may be occurring may have to attend for formal adult protection strategy meetings and case conferences. The staff member will be responsible for collating all information and making notes or writing reports.

**14. Training**

14.1 There is a core safeguarding training program for all staff and enhanced training for designated officers. Members of staff wishing to attend any relevant additional training should approach their line manager, who will then contact the local authority department to arrange this.

14.2 Inductions for new staff also include safeguarding training.

**15. Staff Support**

15.1 Dealing with safeguarding issues can often be upsetting and stressful. Staff should follow guidance in the Professional Boundaries Policy and respond to the situation appropriately, although it is important that staff also obtain support.

15.2 At the time staff should feel free to raise any concerns at one to ones with their line manager and are also welcome to contact any of the designated officers. Talking informally to colleagues is important and helpful, but staff should also be aware of the boundaries of confidentiality.

15.3 On-going support can also be obtained through staff requesting further relevant training courses, counselling, additional reading and/or increased support/supervision sessions.

**16. Tenant Support**

16.1 We aim to ensure that information about Safeguarding is available to all tenants. This information will be made available through the supported housing handbook, posters and leaflets available at services, 1-1 support and information given to tenants and service users by staff.

16.2 Wherever any concerns are raised regarding the well-being of a vulnerable adult the safety of that person is paramount. We will, however, do all that we can to work with the vulnerable adult to support them.

16.3 In some cases concerns may be reported to us by tenants. In all cases we will explain our confidentiality policy to the tenant and make them aware of our reporting obligations and make them aware that we will look into their concerns but cannot pass on any information regarding any action taken. We will treat reports in the strictest confidence and only pass on the source of the report to other professionals. We must be aware that tenants who pass on information may be subjected to intimidation. It is important therefore that tenants who raise concerns are supported and protected by staff.

**Related Documents**

* Domestic Abuse Policy and Procedure
* Equality and Diversity Strategy
* Whistle Blowing Policy
* Professional Boundaries Procedure for Supported Housing
* Referral and Allocation
* Harassment and Bullying Policy
* Grievance Policy
* Procurement Policy

Appendix 1 – Continuum of Need Level Indicators

<http://www.darlington.gov.uk/media/815624/Indicators_of_Concern_-new-_-_June_2014.pdf>