epilepsy society

Safeguarding of Adults

Policy and Procedure

		Policy Reference: **Care 1-0012**
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This document is in two parts. Part One is the Epilepsy Society Policy on safeguarding adults. Part Two details the procedure for ensuring that the policy is properly implemented.

Part One: Our Policy

1.1 Epilepsy Society policy is to ensure that all individuals can live in a safe, non-threatening and abuse-free environment.

1.2 The Director of Care Services will be the executive lead on safeguarding. The Chair of the Board of Trustees will nominate a suitable Trustee to be the non-executive lead.

1.3 The Care Quality Commission (CQC) defines safeguarding as:
"Safeguarding means protecting people's health, well-being, and human rights, and enabling them to live free from harm, abuse and neglect. It's fundamental to high quality health and social care."

Safeguarding adults includes:

- Protecting their rights to live in safety, free from abuse and neglect.
- People and organisations working together to prevent the risk of abuse or neglect, and to stop them from happening.
- Making sure people's wellbeing is promoted, taking their views, wishes, feelings and beliefs into account.

1.4 Staff who are responsible for any form of abuse will be subject to disciplinary action.

1.5 People who are aware of abuse have a personal and professional responsibility to report the abuse.

1.6 Employees and other people, if following investigation are found to be abusing individuals will be referred for inclusion on the Disclosure and Barring register (England, Wales and Northern Ireland).

2 RESPONSIBILITIES

2.1 Safeguarding is everybody's responsibility. Our start principle with safeguarding is that 'it could happen here' and that colleagues across the Society hold a responsibility to adhere to the six principles of safeguarding as laid out within the Care Act 2014.

2.2 The **Director of Care Services** is responsible for being the Safeguarding Lead in the Society.

2.3 A Trustee will be nominated as a non-executive lead.

2.4 The **Registered Service Manager** and **Head of Care** have the responsibility to ensure that each person, their relatives and staff are aware of this policy/procedure and that it is implemented correctly. The Registered Service Manager and Head of Care must ensure that all staff members, irrespective of role, receive the appropriate training. The Registered Service Manager and Head of Care are responsible for investigating any reported incidents, preparing accurate records and reporting the incident to the necessary individuals or authorities.

2.5 The **Deputy Manager/Team Leader/Shift Leader** are responsible for acting in the Registered Service Manager's absence to take appropriate action and inform the necessary authorities.

2.6 All staff are responsible for reporting any suspected incidents of abuse to the appropriate person (usually the person in charge or more senior colleagues/managers).

All staff also have the responsibility to:

- Maintain lines of communication with each person supported.
- Develop and maintain relationships that are based on trust.
- Support individuals to play an active part in decisions about their care and support.
- Empower individuals by ensuring that they are aware they can share their concerns or complain, and that they will be taken seriously.
- Support individuals to be as independent as possible to reduce their reliance on others who may take advantage of them.
- Empower people we support to know their rights and to understand how they can expect to be treated, using their preferred way of communicating.

2.7 Capacity and Consent

The Mental Capacity Act 2005 (MCA 2005), Principle 2, states that "a person is not to be treated as unable to make a decision unless all practical steps to help him to do so have been taken without success." A person at risk should be supported to make their own decisions based on awareness of the decision to be made and available choices. Where

there is evidence that an individual lacks capacity to make a specific /particular decision, the decision will be made in line with the best interest principles, as defined by MCA 2005.

In the context of safeguarding, mental capacity is the ability of the person to:

- Understand the implications of their situation and the risks to themselves
- Take action themselves to prevent abuse
- Fully participate in decision-making about interventions involving them, whether they are life-changing events or everyday matters.

3 PROMOTING INDIDIVIDUALS' RIGHTS AND DIGNITY

3.1 Epilepsy Society recognises that putting individuals who receive care and support in control of their lives can reduce the chance of abuse taking place. This means making sure that, in any Epilepsy Society services, people are treated with dignity, live in a dignified environment and their rights are promoted.

4 SAFER RECRUITMENT POLICY AND PROCEDURE

4.1 Epilepsy Society recognises the importance of recruiting support staff who are of good character and we will ensure that the charity is compliant with our obligations within Regulation 19 of the Fundamental Standards. Our policy is to take all practical measures to have confidence in applicants' trustworthiness, integrity and values being aligned with ours at Epilepsy Society.

4.2 The full 'Safer recruitment policy and procedure' should be referenced as part of our wider safeguarding policy and is designed to guide recruiting managers and HR colleagues on processes in place. The purpose is to offer the Society assurance of support staff good character and in turn safeguard vulnerable adults.

Part Two: Our Procedure

5 DEFINITIONS

5.1 The Care Act 2014 (Formerly No Secrets) guidance **defines abuse** as a violation of an individual's human and civil rights by any other person or persons. It may consist of a single act or repeated acts. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

5.2 It is important to remember that abuse is about the misuse of power and control that one person has over another. In determining whether or not abuse has taken place, it is important to remember that **intent** is not the issue. So, the definition of abuse above is not based on whether or not the perpetrator intended to do harm, but rather on whether or not harm was caused, and on the impact of the harm (or risk of harm) on the individual.

5.3 Abuse may be in different forms and these are:

- **Physical:** including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- **Psychological:** 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.
- **Sexual:** 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.
- **Discriminatory:** including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion
- **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
- **Organisational:** 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 because of the structure, policies, processes and practices within an organisation.
- **Financial or material:** 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.
- **Domestic:** including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.
- **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.
- **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.

5.4 Abuse – Signs or Indicators

Type of Abuse	**Abuse Action** *(Not an exhaustive list)*	**Signs or Indicators** *(Not an exhaustive list)*
Physical	Rough or inappropriate handling such as force feeding, inappropriate/ illegal moving and handling techniques, restraint, physical intervention.	Series of unexplained falls or major injuries. Bruising, especially in unusual sites such as thighs, inner arms. Injuries/ bruising at different stages of healing. Abrasions, teeth indentations. Person being

	Physical violence such as hitting, slapping, pushing, kicking, hair pulling etc. Medical mistreatment, such as misuse of medication, withholding medication, inappropriate use of medical procedures.	passive etc, cowering or fearfulness when approached. Self-neglect, loss of weight, increased confusion.
Psychological/emotional	Threats of harm/abandonment, deprivation of contact/isolation, humiliation, blaming, controlling, intimidation, stalking, coercion, withdrawal of services. Denial of basic human and civil rights, such as choice.	Withdrawal from others and regular activities. Depressions, cowering and fearfulness, confusion, agitation, change in appetite/weight, change in routine, change in sleep patterns. Self-harm, self-neglect, increased confusion, apathy, etc.
Sexual	Non-contact abuse, such as indecent exposure, inappropriate looking, photography, pornography, innuendo etc. Contact abuse, such as rape, sexual assault, sexual acts against a person who is at risk, inappropriate touching by another person (staff members MUST NOT have a relationship with a person at risk), masturbation.	Overt sexual behaviour or language, sexually transmitted infections, difficulty in walking or sitting. Injuries to inner legs, genital and/or anal area. Pregnancy, flinching, self-neglect, unusual incontinence etc.
Discriminatory	Racist, sexist or discrimination based on the person's disability. Harassment, slurs, failure to ensure staff are adequately trained in equality and diversity. Not providing food that is consistent with the individual's culture/beliefs, use of derogatory names and teasing, not allowing attendance at or observance of religious festivals.	Low self-esteem, depression, withdrawal, fear, anger. Rejection of inappropriate food or activities, use of stereotyped views by staff or those around the person.
Neglect or act of omission	Ignoring physical, social or medical care needs. Failure to provide access to appropriate health, social care or educational services. Withholding necessities, e.g.	Absence of food, heating, hygiene, comfort, clothing etc. Pressure ulcers, dehydration, malnutrition. Demands for

	heating, nutrition, medication, access to utilities.	food, drink etc. that are not met. Preventing a person at risk from accessing services, isolation, absence of medication, e.g. person running out of medication. Using person-centred planning to the advantage of staff members (tokenism). Lack of records or inconsistency in records of care provided and/or failure/reluctance to report progress on an individual at risk.
Organisational	Poor standards of care, unsafe or inadequate staffing levels, lack of positive responses to complex needs, rigid routines, insufficient knowledge base within the system.	Inability to make choices or vary routines, person-centred care used as tokenism to suit staff or organisational needs (e.g. people not encouraged to participate in stimulating activities as they are always saying 'no'). Agitation, disorientation, behaviours that challenge care and support.
Financial or material	Pressure in connection with wills, property, etc. Misuse of property or finance of a person at risk, exploitation, fraud or theft.	Not enough money to pay bills or basic needs not met. Lack of cash on a day-to-day basis.
Domestic	Includes all other forms of abuse.	Includes all of the above.
Modern Slavery	Forced labour. Human trafficking. It may also include all of the above, e.g. sexual exploitation (prostitution) or being forced to sell drugs.	All of the above.
Self-neglect	This covers a wide range of behaviour, neglecting to care for one's personal hygiene, health or surrounding and includes behaviour such as hoarding.	

5.5 Contributing factors to abuse:

There are a number of contributory factors, including:

- Lack of staff training

- Controlling personality and behaviour
- Weak or oppressive management
- Inadequate/lack of support
- Inadequate/lack of staff supervision
- Closed/lack of communication
- Inadequate staffing levels
- Lack of information, knowledge and/or support systems
- Previous relationship difficulties
- Stress
- Poor attitude/behaviour
- Low staff morale
- Working in isolation

5.6 Who is the abuser?

A person at risk may be abused by a wide range of people including staff, relatives, friends, housemates, volunteers, and members of the public, to name a few.

5.7 Responding to incidents of abuse or suspected abuse

5.7.1 Safeguarding is everyone's business. Therefore, it is the responsibility of every staff member to be vigilant for the indicators of abuse. Staff members have duty to report, without delay, even a suspicion of abuse. No-one will be penalised for reporting the possibility of abuse, provided this is done without malice.

5.7.2 A staff member who becomes aware of, or directly observes, any incident of any form of abuse must deal with the situation immediately, in line with Epilepsy Society policies and procedures, to stop the abuse and to prevent any repetition.

5.7.3 The priority must always be to ensure that the wellbeing of the person at risk is maintained. The first action should be to stop the abuse and then to reassure/comfort the individual, as necessary.

5.7.4 The staff member must assess the situation and make sure that relevant care, support and attention is provided as soon as possible.

5.7.5 In an emergency, staff should seek immediate help – e.g. first aid, medical treatment, police involvement – if there are immediate risks to health and safety, or there are reasons to suspect that a crime may have been committed.

5.7.6 Where the alleged perpetrator is still present and posing a threat, staff members should try to defuse the situation, but should not put themselves at risk by confronting the alleged abuser.

5.7.7 Staff should ensure they DO NOT destroy or disturb articles/evidence, e.g. clothes, fingerprints, etc.

5.8 Reporting

5.8.1 All safeguarding incidents must be reported to your Registered Service Manager, Director of Care Services or Trustee Safeguard Lead (internally) or to Buckinghamshire Safeguarding Adults Board.

5.8.2 If a staff member feels unable to report suspected abuse to any of the people listed in, they can use the Society's Whistleblowing procedure**.**

5.8.3 Failure to act to prevent harm being caused to a person you have responsibility for or acting in a way that results in harm to a person who legitimately relies on you is an act of omission and is therefore part of the abuse.

5.8.4 The individual's confidentiality must be maintained. But, where the person discloses to a staff member an allegation that abuse has/may have taken place, but asks that the matter should remain a secret, the staff member must advise the individual that matter must be reported to the Registered Service Manager or Head of Care so that investigations can take place.

5.8.5 Wherever possible, any actions that follow an alert/disclosure should comply with the wishes of the individual at risk. You should also take into consideration, however, that it may be necessary for a vulnerable person's wishes to be overridden, e.g. if a crime has been committed or other individuals are at risk. If it is established that an adult lacks capacity to make a specific decision, any decision made should be in accordance with the MCA 2005 best interest principles.

5.8.6 Tact and sensitivity must be always used by all staff members when dealing with issues of abuse that may or may not have taken place. Wrongful accusations of abuse from whatever source can be extremely detrimental to an innocent person.

5.8.7 The Registered Service Manager should follow the Buckinghamshire County Council safeguarding flowchart.

5.8.8 When concerns of abuse are raised, there should be no distinction made between staff members and other people. The safety of the individual at risk is of paramount importance. Epilepsy Society will ensure, however, that:

- The rights and wishes of the person are protected.
- The rights of the member of staff concerned are protected in line with the Society's policies and procedures.
- Managers are supported to take appropriate action either on behalf of the person at risk or against the staff member, if needed.
- Any action taken does not compromise the investigation.

5.8.9 A staff member may be suspended on full pay while investigations are being undertaken or redeployed across the Charity where direct contact with vulnerable adults is significantly reduced.

5.8.10 The circumstances of the situation will dictate if other people need to be contacted. These include:

- Local Authority/Funding Authority
- General Practitioner
- Care Quality Commission
- Supported person family members
- Police

6 Record keeping

6.1 A disclosure, concern or suspicion must be recorded on an accident and incident form by the staff member reporting the abuse or suspected abuse. The report should include:

- Names of the individuals involved
- Witnesses to the event
- Where the alleged abuse took place
- What happened
- Action taken

The Registered Service Manager/Departmental Head must then complete the safeguarding alert form and CQC notification form and discuss with the Director of Care Services before emailing the forms to the relevant bodies.

7 Referral to the Disclosure and Barring Service (England and Wales)

7.1 A member of staff must be referred to the Disclosure and Barring Service (DBS) if they have:

- satisfied the Harm Test (see 6.2 below)
- or received a caution or a conviction for a relevant offence

7.2 The Harm Test is satisfied if you believe that the member of staff may:

- harm a child or an adult at risk
- cause a child or an adult at risk to be harmed
- put a child or an adult at risk of harm
- attempt to harm a child or adult at risk
- incite someone else to harm a child or adult at risk

7.3 A relevant offence for the purposes of referral to DBS means an "automatic inclusion" offence, as set out in the Safeguarding Vulnerable Groups Act 2006 (Prescribed Criteria and Miscellaneous Provisions) Regulations 2009 for England and Wales.

7.4 If either or both conditions are met, the staff member must be referred to DBS. As part of the referral, the person making the referral should provide sufficient evidence arising from their investigations to support their reasons for "withdrawing permission to engage in regulated or controlled activity" from the staff member involved. Referral at this point will ensure that DBS has sufficient evidence to start its decision-making process while providing adequate safeguarding for people at risk.

7.5 While a staff member may be 'suspended from work without prejudice', this is not the same as "withdrawing permission to engage in regulated or controlled activity". Suspension is a neutral act where there is no evidence – at that point – to support the idea that the person may have engaged in relevant conduct or that the Harm Test is satisfied. Suspension may be withdrawn and the withdrawal of "permission to engage in

regulated or controlled activity" activated only after an investigation provides evidence to make an allegation credible.

7.6 Referrals to DBS must be made using the DBS referral forms. If a Manager is suspected of abuse, the forms should be submitted by their line manager. If you are unsure about whether or not to make a referral, contact DBS for advice.

7.7 Employees should always maintain confidentiality by adhering fully to the Society's Confidentiality Policy and Procedure.

8 Carrying out an investigation

8.1 For the purposes of this policy and procedure, an investigation is the method by which it is determined whether or not abuse has taken place and what appropriate actions should be taken to protect the individual from further harm. Once the abuse allegation has been reported to the local authority, the reporting manager must:

- Get confirmation/instruction from the local authority if Epilepsy Society is to undertake an investigation.
- Appoint an investigation manager – this could be the Registered Service Manager or Departmental Head – once confirmation has been received.
- The investigating officer should contact the Registered Service Manager/Departmental Head within 24 hours to outline the concerns reported, and any action the Registered Service Manager/Departmental Head should take to address the concern.
- The investigating officer will determine the perceived level of risk, the response timescale, and produce a report that addresses the concerns and outlines actions within 14 days.
- The report should include the summary of concerns, the outcome of the investigation, details of who was consulted, who else has been notified of the concerns, copies of other relevant documents and the protection plan. The report should be signed by the investigation manager.
- The report should be sent to the local authority, who will decide and advise if they are: closing the case, seeking further action, or transferring the investigation to a higher level.

8.2 The manager raising the alert should not undertake an investigation without instruction from the local authority and/or if the allegation meets the threshold of a criminal act, i.e. Sexual or financial abuse.

9 Professional boundaries

Staff should:

- Always work in a person-centred way and uphold each individual's dignity.
- Ensure that they follow each individual's risk assessments and support plans and ensure that these are updated if the person's needs change.

- Maintain professional boundaries with people at risk who are supported by Epilepsy Society, as well as their friends and relatives.
- Avoid conferring special attention or favours on one individual.
- Never establish contact with – or accept a friend request via social media, gaming or networking sites or apps – from a person supported or their friends or family.
- Never upload individuals' photos on media such as Facebook, Twitter or any other site or app.
- Not bring their children and/or families into the service.
- Avoid being present in the workplace for no reason when they are off-duty and/or without the manager's knowledge.
- Never allow or engage in rough, physical or sexually provocative games with individuals or vulnerable adults.
- Never use inappropriate language or behaviour.
- Never use over-familiar or sexually suggestive comments.
- Ensure their dress or appearance are appropriate – i.e. Dress decently, safely and avoid clothing that may be viewed as offensive (including political or contentious slogans and torn clothing).

References:

This policy and procedure should be used in conjunction with:

- Safeguarding of Adults_Appendix_1 How-to-Report-Safeguarding-Concerns-V3
- Safeguarding of Adults_Appendix_2 Safeguarding Contacts Poster
- Epilepsy Society Confidentiality Policy and Procedure
- Epilepsy Society Data Protection Policy and Procedure
- Epilepsy Society Equality and Diversity Policy and Procedure
- Epilepsy Society Person-Centred Policy and Procedure
- Epilepsy Society Mental Capacity Act Policy and Procedure
- Epilepsy Society Safeguarding Children Policy and Procedure
- Epilepsy Society Whistleblowing Procedure
- Epilepsy Society Code of Conduct
- Epilepsy Society Duty of Candour Policy and Procedure
- Care Act 2014
- Skills for Care guidance https://www.skillsforcare.org.uk/Leadership-management/managing-a-service/safeguarding/Safeguarding.aspx