Safeguarding Adults from Abuse and Neglect Policy

Supportive Bridge Ltd | Community Support and Healthcare Staffing | Bradford, England

IF YOU ARE WORRIED ABOUT SOMEONE RIGHT NOW

- **Someone in immediate danger, seriously injured or a crime is happening: call 999.** Say that an adult with needs for care and support is involved.
- **Report abuse or neglect to Durham County Council, Social Care Direct: 03000 267 979 (24 hours).** You can do this yourself, and you can stay anonymous. You do not need permission from anyone at Supportive Bridge first.
- **Then tell the Supportive Bridge office or the on-call manager** (numbers in Service Details below), the same day.
- **Do not investigate.** Keep the person safe, preserve any evidence, write down exactly what you saw and heard, and pass it on.
- **Worried about a child in the home?** Call Durham First Contact on 03000 267 979 (24 hours), or 999 in an emergency.

POLICY AT A GLANCE

- **Everyone's business:** every member of staff, in both parts of our business, must recognise abuse and neglect and report it. No one may decide alone that a concern is "not serious enough".
- **Report the same day,** always. Never wait for proof and never confront the person you suspect.
- **Six principles:** empowerment, prevention, proportionality, protection, partnership and accountability (Care Act 2014).
- **Ask the person what they want** to happen. Making Safeguarding Personal means the adult leads, unless others are at risk or a crime may have been committed.
- **You will be protected** for raising a concern in good faith, even if you turn out to be wrong.
- **Concerns about a colleague or manager** go to the Registered Manager or, if that is not appropriate, direct to the council and CQC. Our Whistleblowing Policy protects you.

SERVICE DETAILS (fill in before issuing)

Registered Manager (Safeguarding Lead)	
Nominated Individual (Deputy Safeguarding Lead)	
Office phone	
Out-of-hours / on-call number	
Date issued	
Next review date	

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1. PURPOSE

1.1 This policy explains how Supportive Bridge Ltd ("Supportive Bridge", "we", "us") protects adults with needs for care and support from abuse and neglect, and what every member of our staff must do if they are worried about someone.

1.2 It sets out how we meet Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and our duties under the Care Act 2014 and the statutory guidance that goes with it.

1.3 Abuse and neglect are never acceptable. Because our support workers often visit people alone, in their own homes, they may be the only person who notices that something is wrong. Recognising and reporting concerns is one of the most important parts of their job.

2. SCOPE

2.1 Supportive Bridge Ltd operates two arms, and this policy applies to both: our **healthcare staffing service**, supplying care and support workers to care homes, hospitals and other providers; and our **community support service**, where our own support workers visit adults and older people in their own homes, including council housing, on morning and evening shifts, to support them with daily living.

2.2 Supportive Bridge does **not** provide personal care. Personal care is a regulated activity under the Health and Social Care Act 2008 and we will provide it only if and when we are registered with the Care Quality Commission. Our support workers provide non-personal support such as companionship, meal preparation, shopping, domestic help, prompting, and support to get out and about. This policy is written to meet both local authority provider assurance requirements and the standards we will be assessed against at CQC registration.

2.3 It applies to everyone who works for us, including support workers, agency-supplied workers, field supervisors, office staff, managers, directors, bank staff and volunteers.

2.4 Where a member of our staff is working on a shift for a client organisation, they must follow that organisation's safeguarding procedure **and** report the concern to Supportive Bridge the same day. If they believe the client organisation has not acted, they must tell the Supportive Bridge Registered Manager, who will raise it with the local authority directly.

2.5 Concerns about children are covered in section 12. Failure to follow this policy may lead to action under our Disciplinary Policy and, in serious cases, referral to the police and the Disclosure and Barring Service.

3. WHO THIS POLICY PROTECTS

3.1 The Care Act 2014 safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the council is meeting any of those needs); **and**
- is experiencing, or is at risk of, abuse or neglect; **and**
- as a result of those needs, is unable to protect themselves from that abuse or neglect or the risk of it.

3.2 In practice this includes most of the people we support: older people, disabled people, people living with dementia, people with a learning disability or autism, people with mental health needs, and people who are frail or unwell.

3.3 An adult does not have to lack mental capacity to be at risk. People with full capacity can be abused, coerced or controlled, and we must never dismiss a concern on the basis that "they can make their own decisions".

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4. THE SIX SAFEGUARDING PRINCIPLES

Principle	What it means in our work
Empowerment	The person is supported to make their own decisions and give informed consent. We ask them what they want to happen.
Prevention	It is better to act before harm occurs. We notice early signs and raise them.
Proportionality	The least intrusive response that meets the risk. We do not take over someone's life to keep them safe.
Protection	We support and represent people in greatest need, and act to stop abuse.
Partnership	We work with the council, police, health services, families and advocates; abuse is best prevented by services working together.
Accountability	We are open about our safeguarding role, record what we do and can account for our decisions.

4.1 We also follow **Making Safeguarding Personal**. This means asking the adult what outcome they want, keeping them involved and informed, and not doing things to them without their agreement, unless other people are at risk, a serious crime may have been committed, or the person lacks capacity to make that decision.

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5. TYPES OF ABUSE AND NEGLECT

Type	What it can look like in home care or on a shift
Physical abuse	Hitting, slapping, pushing, rough handling, misuse of medication, inappropriate restraint, unexplained bruises, burns or injuries, especially in unusual places or with inconsistent explanations.
Domestic abuse	Violence, threats, coercive or controlling behaviour by a partner, ex-partner or family member, including so-called honour-based abuse and forced marriage.
Sexual abuse	Any sexual act the person has not consented to or could not consent to, including inappropriate touching, indecent exposure or sexual talk. Signs include distress during personal care, or unexplained injuries.
Psychological or emotional abuse	Threats, humiliation, shouting, blaming, intimidation, isolating someone from friends or family, controlling what they do, cyber bullying.
Financial or material abuse	Theft, fraud, scams, misuse of bank cards or benefits, pressure over wills or property, missing money or belongings, unpaid bills, sudden changes to finances, a relative controlling all money.
Modern slavery	Forced labour, domestic servitude, human trafficking. Signs include someone else holding a person's documents or wages, or a person who seems controlled by others in the home.
Discriminatory abuse	Harassment, insults or poorer treatment because of age, disability, race, religion, sex, sexual orientation, gender reassignment or another protected characteristic.
Organisational or institutional abuse	Poor care caused by the way a service is run: rushed or missed visits, rigid routines, ignoring choices, staff shortages, a culture where concerns are not welcome.
Neglect and acts of omission	Failing to provide food, drink, warmth, medication, personal care or medical attention, ignoring care needs, missed visits, pressure sores, poor hygiene, untreated conditions.
Self-neglect	A person neglecting their own health, hygiene or surroundings, or hoarding, to the point of serious risk. This is still a safeguarding concern and must be reported.

5.1 Other concerns that must be reported in the same way include radicalisation or extremism (the Prevent duty), female genital mutilation, cuckooing (where someone takes over a person's home), mate crime (false friendship for exploitation), and scams or doorstep crime.

6. SIGNS THAT MAY INDICATE ABUSE OR NEGLECT

6.1 Support workers should be alert to changes such as:

- unexplained injuries, or explanations that do not fit the injury;
- the person becoming withdrawn, frightened, tearful or unusually quiet, especially around a particular person;
- flinching, or fear of being touched during personal care;
- weight loss, poor hygiene, unwashed clothes or bedding, or a cold or unsafe home;
- medicines not being given, running out, or being given by someone who should not be giving them;
- money or possessions going missing, unpaid bills, or someone else always handling the person's money;

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- someone answering for the person, refusing to leave the room, or preventing the person from speaking to us;
- the person not being allowed out, to see visitors, or to use the phone;
- reluctance to talk about a relative or a paid carer;
- the person telling you, directly or indirectly, that something is wrong.

6.2 No single sign proves abuse. What matters is that the concern is passed on so it can be looked at properly.

7. WHAT STAFF MUST DO: THE FIVE STEPS

IF YOU SUSPECT ABUSE OR NEGLECT

1. **Make sure the person is safe.** Call 999 if they are in immediate danger, seriously injured or need urgent medical help. Stay with them if it is safe to do so.

2. **Listen and reassure.** Let the person tell you in their own words. Do not ask leading questions, press for detail, or make them repeat the account. Tell them you must pass this on, and never promise to keep it secret.

3. **Preserve evidence.** Do not clean, tidy, wash clothing or bedding, or move anything, unless you must to keep someone safe. Do not take photographs on a personal phone.

4. **Report it the same day.** Tell the Registered Manager or on-call manager. In an urgent situation, or if you cannot reach us, call Social Care Direct yourself on 03000 267 979 (24 hours).

5. **Write it down.** As soon as possible, record the date, time, place, who was there, exactly what you saw and heard (the person's own words in quotation marks), what you did and who you told. Sign and date it. Use the Safeguarding Concern Form (Appendix A).

What staff must never do

- never investigate, interview anyone, or try to decide whether the allegation is true;
- never confront or warn the person who is suspected;
- never discuss it with the person's family, neighbours or other staff who do not need to know;
- never delay because you are unsure, because it is a weekend, or because you may be wrong;
- never agree to keep a disclosure secret;
- never post anything about it on social media.

8. WHAT THE REGISTERED MANAGER DOES

8.1 On receiving a concern, the Registered Manager will, on the same working day:

- check the person is safe and take any immediate action needed, including arranging urgent medical help;
- talk with the adult, wherever possible, about what has happened and what outcome they want (Making Safeguarding Personal), and consider whether they need an advocate;
- consider mental capacity, and where the person may lack capacity to make decisions about their own safety, follow the Mental Capacity Act 2005;
- make a safeguarding referral to Durham County Council on 03000 267 979 where the Care Act criteria are met;

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- contact the police on 999 or 101 where a crime may have been committed, and agree with them before taking any step that could affect an investigation;
- notify the Care Quality Commission, where required, using the statutory notification forms;
- tell the person's funding authority or the client organisation where relevant;
- take steps to protect the person while the matter is looked into, which may include changing the support worker on the rota, increasing visits, or suspending a member of staff (a neutral act, not a punishment);
- record everything in the safeguarding file and on the safeguarding log, separately from the support record.

8.2 Where the council opens a Section 42 enquiry, we cooperate fully, provide records and statements promptly, attend meetings, and carry out any actions agreed. We keep the adult informed throughout.

Consent to refer

8.3 We normally seek the adult's consent before making a safeguarding referral. We will refer **without** consent where: the person lacks capacity to consent; other people, including children, may be at risk; a serious crime may have been committed; the person may have been coerced; or a member of staff is implicated. If we refer without consent, we tell the person unless doing so would increase risk, and we record our reasons.

9. CONCERNS ABOUT OUR OWN STAFF

9.1 Any allegation that a member of Supportive Bridge staff has harmed, or may harm, an adult with care and support needs is taken extremely seriously.

- the concern is reported to the Registered Manager immediately, or to the Nominated Individual if the concern is about the Registered Manager;
- a referral is made to Durham County Council under the Person in a Position of Trust (PiPoT) arrangements, and to the police where a crime may have been committed;
- CQC is notified where required;
- the member of staff is normally suspended, or moved to duties with no contact with people we support, while the matter is looked at. Suspension is a neutral act;
- the member of staff is told what the concern is, as far as this is possible without affecting any investigation, and is supported through the process;
- any employment action follows our Disciplinary Policy, and runs after or alongside the safeguarding and police processes, as agreed with them.

9.2 If a member of staff is dismissed, or would have been dismissed, because they harmed or put at risk an adult or a child, we have a **legal duty** to refer them to the Disclosure and Barring Service. This duty applies even if the person resigns first. The Registered Manager makes the referral and records it.

9.3 Where the member of staff is registered with a professional body, we also inform that body.

10. CONCERNS ABOUT ANOTHER ORGANISATION

10.1 If our staff see poor or unsafe practice while working on a shift in a care home, hospital or other setting, they must report it to the person in charge of that setting **and** to the Supportive Bridge office on the same day.

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10.2 The Registered Manager records the concern, checks that the client organisation has acted, and, where they are not satisfied, makes a safeguarding referral to the relevant local authority and informs CQC. We will not continue to supply staff to a setting where we believe people are at risk and our concerns are not being acted on.

10.3 Staff will never be penalised, or lose shifts, for raising a concern about a client organisation.

11. SPEAKING UP AND PROTECTION FOR STAFF

11.1 Staff who raise a genuine concern are protected by the Public Interest Disclosure Act 1998 and by our Whistleblowing (Speaking Up) Policy. No one will be treated unfairly, lose work, or face any other detriment for raising a concern in good faith, even if it turns out to be mistaken.

11.2 If a member of staff feels their concern has not been acted on, or cannot raise it internally, they can go directly to:

Organisation	Contact
Durham County Council, Social Care Direct (adults)	03000 267 979 (24 hours)
Durham County Council, First Contact (children)	03000 267 979 (24 hours)
Police	999 in an emergency, otherwise 101
Care Quality Commission	03000 616161 | www.cqc.org.uk
Local Government and Social Care Ombudsman	0300 061 0614 | www.lgo.org.uk
Disclosure and Barring Service (referrals)	03000 200 190 | www.gov.uk/dbs
Modern Slavery and Exploitation Helpline	08000 121 700 (24 hours)
National Domestic Abuse Helpline	0808 2000 247 (24 hours)
Hourglass (abuse of older people)	0808 808 8141
Protect (whistleblowing advice)	020 3117 2520 | protect-advice.org.uk
Anti-Terrorist Hotline (Prevent concerns)	0800 789 321, or 999 if urgent

Staff should check these numbers are current; the Registered Manager reviews them at each policy review.

12. SAFEGUARDING CHILDREN

12.1 Although we provide care to adults, our staff visit homes where children live, and may supply into settings where children are present. Everyone has a duty to act if they are worried about a child.

12.2 Staff must report any concern about a child, including neglect, injuries, a child left alone, a child caring for an adult (a young carer), or anything a child tells them, to the office the same day, and to Durham First Contact on 03000 267 979. In an emergency, call 999.

12.3 Where the concern is about a member of our staff and a child, the Registered Manager contacts the Durham County Council Local Authority Designated Officer (LADO) through First Contact on 03000 267 979, within one working day.

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12.4 All staff complete safeguarding children awareness training at induction as well as safeguarding adults training.

13. PREVENTING ABUSE IN OUR OWN SERVICE

13.1 We reduce the risk of abuse by:

- safe recruitment: enhanced DBS checks with the adult barred list, identity and right to work checks, full employment history, and at least two references including the most recent employer, all completed before anyone works;
- a thorough induction linked to the Care Certificate, with safeguarding training before working alone;
- regular supervision, appraisal and unannounced spot checks in people's homes;
- person-centred care planning, realistic visit times, and continuity of support workers;
- clear rules on money, gifts and professional boundaries (see our Handling Service Users' Money and Property, and Staff Code of Conduct policies);
- an open culture where staff, people we support and families are encouraged to speak up, and complaints are welcomed;
- watching for the signs of a closed culture, which is a particular risk where staff work alone.

14. RECORDS AND CONFIDENTIALITY

14.1 Safeguarding records are kept securely in the office, separate from the support record, and are shared only with those who need them. We record the concern, decisions taken and reasons, referrals made, actions and the outcome.

14.2 Information is shared with the council, police and other agencies under the Care Act 2014 and the UK GDPR. Safeguarding is a lawful basis for sharing without consent where there is a risk of harm. The duty of confidentiality never prevents a member of staff from reporting a safeguarding concern.

14.3 Safeguarding records are kept for at least eight years after the case closes, or longer where the local authority or an ongoing investigation requires it.

15. TRAINING

15.1 All staff complete safeguarding adults and safeguarding children training at induction, **before they work unsupervised**, and refresh it every year. Training covers the types and signs of abuse, the Care Act duties, Making Safeguarding Personal, this policy and how to report.

15.2 The Registered Manager and Nominated Individual complete safeguarding lead training at a higher level, and keep up to date with Durham Safeguarding Adults Partnership guidance and learning from safeguarding adults reviews.

15.3 Understanding is checked in supervision and spot checks, not just by a certificate.

16. MONITORING AND REVIEW

16.1 The Registered Manager keeps a safeguarding log of all concerns, referrals and outcomes, and reviews it monthly to look for patterns, for example repeated concerns about one support worker, one household or one client setting.

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16.2 The Nominated Individual reviews safeguarding activity at least quarterly. Every case is reviewed at the end for lessons learned, and learning is shared with the team.

16.3 This policy is reviewed every year, or sooner if the law, national guidance or Durham Safeguarding Adults Partnership procedures change, or if a case shows it needs to change.

17. LEGISLATION AND GUIDANCE

- Care Act 2014, sections 42 to 46, and the Care and Support Statutory Guidance, chapter 14
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, especially Regulation 13, Regulation 12 and Regulation 17
- Care Quality Commission (Registration) Regulations 2009 (notifications)
- Mental Capacity Act 2005 and its Code of Practice
- Safeguarding Vulnerable Groups Act 2006 (DBS referral duty)
- Public Interest Disclosure Act 1998
- Children Act 1989 and 2004; Working Together to Safeguard Children
- Domestic Abuse Act 2021; Serious Crime Act 2015 (coercive control)
- Modern Slavery Act 2015
- Equality Act 2010 and Human Rights Act 1998
- Counter-Terrorism and Security Act 2015 (Prevent duty)
- Fraud Act 2006; Theft Act 1968
- UK General Data Protection Regulation and Data Protection Act 2018
- Durham Safeguarding Adults Partnership policies and procedures

18. RELATED POLICIES AND FORMS

Related policies: Whistleblowing (Speaking Up); Complaints, Concerns and Compliments; Duty of Candour; Incident and Accident Reporting; Consent and Mental Capacity; Positive and Safe Care (Reducing Restrictive Practice); Recruitment and DBS; Staff Training and Competency; Staff Code of Conduct; Handling Service Users' Money and Property; Lone Working; Care Records and Record Keeping; Equality, Diversity, Dignity and Respect; Medication; Missed and Late Visits.

Forms: Safeguarding Concern Form (Appendix A); Safeguarding Log; Body Map; Incident Report; CQC Statutory Notification; DBS Referral Form.

19. DOCUMENT CONTROL

Version	Date	Approved by	Role	Reason
1.0			Nominated Individual	New policy for local authority assurance and CQC registration

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APPENDIX A: SAFEGUARDING CONCERN FORM

Complete as soon as possible after reporting by phone. Write facts and the person's own words. Do not investigate. Return to the Registered Manager the same day.

Name of adult at risk / address	
Date and time of the incident or of what you noticed	
Date and time you are writing this	
Your name, job title and signature	
Who else was present?	
What did you see, hear or find? (facts only)	
The person's own words (in quotation marks)	
Any injuries seen (use a body map if needed)	
Who is the concern about?	
What did you do immediately? (999 / first aid / stayed with them)	
Does the person know you are reporting this? What do they want to happen?	
Who have you told, when, and by what means?	

Office use: Received by _____ Date/time _____ Referral to Social Care Direct: Yes / No, ref _____ Police: Yes / No CQC notified: Yes / No DBS referral considered: Yes / No

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