Positive Impact Care Group
6th Floor, Horton House, Exchange Flags, Liverpool L2 3PF

Review Sheet

Last Reviewed 2 Jun 2026

Last Amended 2 Jun 2026

This policy will be reviewed as needs require or at the following interval: Annual

Business Impact:	LOW — Minimal action required. Circulate information amongst relevant parties.
Reason for this Review:	Scheduled review
Changes Made:	Yes
Summary:	This policy has been reviewed with legislation and definitions checked and updated. Section 5.4 has also had minor updates to wording. Underpinning Knowledge references and Further Reading links have also been checked.
Relevant Legislation:	• Anti-social Behaviour, Crime and Policing Act 2014 • Domestic Violence, Crime and Victims Act 2004 • Sexual Offences Act 2003 • Care Act 2014 • Care Quality Commission (Registration and Membership) (Amendment) Regulations 2012 • Equality Act 2010 • The Health and Social Care Act 2008 - Code of Practice on the prevention and control of infections and related guidance • Human Rights Act 1998 • Mental Capacity Act 2005 • Safeguarding Vulnerable Groups Act 2006 • UK GDPR • The Protection of Freedoms Act 2012 (Disclosure and Barring Service Transfer of Functions) Order 2012 • Public Interest Disclosure Act 1998 • The Criminal Justice and Courts Act 2015 • Modern Slavery Act 2015 • Counter-Terrorism and Security Act 2015 • Serious Crime Act 2015 • Female Genital Mutilation Act 2003 • Data Protection Act 2018
	• Author: The Care Quality Commission, (2025), Regulation 13: Safeguarding Service Users from Abuse and Improper Treatment [Online] Available from: https://www.cqc.org.uk/guidance-regulation/providers/regulations-service-providers-and-

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Underpinning Knowledge:	managers/health-social-care-act/regulation-13 [Accessed: 02/06/2026] • Author: Royal College of Nursing, (2024), Adult Safeguarding: Roles and Competencies for Health Care Staff [Online] Available from: https://remedy.bnssg.icb.nhs.uk/media/igekotxo/intercollegiate-documents-for-adults-_2024_.pdf [Accessed: 02/06/2026] • Author: SCIE, (2025), Safeguarding Adults [Online] Available from: https://www.scie.org.uk/safeguarding/adults/ [Accessed: 02/06/2026] • Author: GOV.UK, (2025), Pressure Ulcers: How to safeguard adults [Online] Available from: https://www.gov.uk/government/publications/pressure-ulcers-how-to-safeguard-adults [Accessed: 02/06/2026] • Author: Social Care Institute for Excellence, (2019), Safeguarding Adults: Sharing Information [Online] Available from: https://www.scie.org.uk/safeguarding/adults/practice/sharing-information/ [Accessed: 02/06/2026] • Author: Local Government Association, (2025), Making Safeguarding Personal [Online] Available from: https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/making-safeguarding-personal [Accessed: 02/06/2026] • Author: Department of Health and Social Care, (2025), Care and Support Statutory Guidance [Online] Available from: https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance [Accessed: 02/06/2026] • Author: Department of Health and Social Care, (2025), NHS Prevent Training and Competencies Framework [Online] Available from: https://www.gov.uk/government/publications/nhs-prevent-training-and-competencies-framework/nhs-prevent-training-and-competencies-framework [Accessed: 02/06/2026]
Suggested Action:	• Encourage sharing the policy through the use of the QCS App
Equality Impact Assessment:	QCS have undertaken an equality analysis during the review of this policy. This statement is a written record that demonstrates that we have shown due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations with respect to the characteristics protected by equality law.

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1. Purpose

1.1 Positive Impact Care Group Responsibilities and Representatives

The Registered Manager, and nominated individual of Positive Impact Care Group, have overall management responsibility for this policy and procedure and for ensuring the proper governance of Positive Impact Care Group.

The Registered Manager role is held by: Mr Stefan Lee Brunt/Mr Thomas Deane Carter

The nominated individual role is held by: Stefan Brunt

The registered manager is professionally and operationally accountable for the day-to-day management and regulatory compliance of the service.
The nominated individual is responsible for supervising the regulated activity, ensuring a high-quality, compliant service.
Both roles are required to undertake regular continuing professional development to enhance knowledge, promote best practice and expand their skill set.

Positive Impact Care Group will ensure that at all times:

- The organisation is managed and governed appropriately
- Suitable systems are in place to effectively assess, monitor and improve the service
- Records are completed accurately and stored safely and securely
- That the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018 are met
- Care and support delivered is consistent, safe and of high-quality

1.2 To ensure that this policy includes and refers to Wirral's policy and procedures and details clearly who is responsible and accountable for managing safeguarding concerns within Positive Impact Care Group:

- Overall accountability for managing safeguarding concerns: Mr Stefan Lee Brunt/Mr Thomas Deane Carter
- Mr Stefan Lee Brunt/Mr Thomas Deane Carter is responsible for the governance and authorisation of this policy
- Mr Stefan Lee Brunt/Mr Thomas Deane Carter can be contacted, including in an emergency or out of hours, on:
    - Telephone: 07359419213
- Safeguarding Lead at Positive Impact Care Group: Stefan Brunt
- Stefan Brunt can be contacted, including in an emergency or out of hours, on:
    - Telephone: 07359419213
    - Email: sb@positiveimpactcare.com
- Positive Impact Care Group Contact Details: 07359419213
- Local Authority: Wirral
- Local Authority Main Contact Details: 0151 666 5150

There is a designated Deputy Safeguarding Lead to ensure consistency and best practice in the absence of Stefan Brunt, Safeguarding Lead at Positive Impact Care Group.

1.3 About Positive Impact Care Group

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Positive Impact Care Group (PICG) is a CQC-registered care provider based on the Wirral, delivering high-quality supported living, outreach and community-based support for adults with learning disabilities, autism, mental health needs and complex behaviours.

Founded with the belief that every person deserves the opportunity to live a meaningful, independent and fulfilling life, our organisation was established to provide truly person-centred support that promotes choice, dignity, independence and positive outcomes. We work in partnership with individuals, families, commissioners and health professionals to develop bespoke packages of care that are tailored to each person's unique needs, aspirations and goals.

Since our establishment, Positive Impact Care Group has experienced significant and sustainable growth, expanding from a small community outreach provider into a specialist organisation delivering a range of supported living and outreach services across the region. Throughout this growth, our focus has remained on maintaining high-quality care, strong governance and a culture of continuous improvement.

Our approach is built around positive behaviour support, active support, outcome-focused care planning and robust clinical and operational governance. We continually invest in our workforce through comprehensive training, leadership development and quality assurance processes to ensure the people we support receive safe, effective and compassionate care.
At Positive Impact Care Group, our vision is simple: to make a genuine positive impact on the lives of the people we support. Every decision we make is guided by our commitment to delivering safe, person-centred services that empower people to achieve greater independence, participate in their communities and live the lives they choose.

What are the values of Positive Impact Care Group?

TEAMS

T - Transparency.

Positive Impact Care Group is committed to demonstrate transparency and candour when events vary from standards. We will ensure that our collaborative approach is maintained throughout this process.

for quality lead practices to be the driver of the origination.

E - Engagement.

Positive Impact Care Group will ensure that engagement is right for the individual and will continue to review practices.

A - Authentic.

Positive Impact Care Group will ensure that authenticity is paramount throughout the support process, actively encouraging individuals to be the best version of themselves.

M – Motivated

Positive Impact Care Group believe that motivation is key to success. We want to ensure that people are motivated to be the best they can be, setting goals and targets and creating a journey.

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S – Sustainable

Positive Impact Care Group want to ensure we provide sustainable and quality care for all. And we create an environment that is fun to work in and has longevity for stakeholders.

What are the Aims and Objectives of Positive Impact Care Group?

Positive Impact Care Group exists to deliver safe, high-quality, person-centred care that enables people to live fulfilling, independent and meaningful lives. Our services are designed around each individual's strengths, preferences and aspirations, ensuring they remain at the centre of every decision made about their care and support.

Our key aims and objectives are to:

- Deliver safe, effective and compassionate care that promotes dignity, respect, choice and independence.
- Support people with learning disabilities, autism, mental health needs and complex behaviours to achieve positive outcomes and maximise their quality of life.
- Enable individuals to develop life skills, increase independence and actively participate in their local communities.
- Work collaboratively with families, advocates, commissioners and health and social care professionals to provide coordinated, outcome-focused support.
- Promote positive behaviour support and least restrictive practice, ensuring people's rights, wishes and individuality are respected at all times.
- Recruit, develop and retain a skilled, compassionate workforce through robust training, supervision and leadership development.
- Maintain a strong culture of governance, quality assurance and continuous improvement, ensuring compliance with CQC regulations and best practice.
- Use feedback, audits, learning and innovation to continually improve the quality and safety of our services.
- Provide services that are financially sustainable, allowing continued investment in our people, technology and service development while maintaining the highest standards of care.
- Create an organisational culture built on transparency, accountability, professionalism and continuous learning, where everyone is committed to making a positive impact on the lives of the people we support.

Everything we do is underpinned by our commitment to delivering care that is person-centred, evidence-based and outcome-focused, ensuring every individual has the opportunity to live with dignity, independence and purpose.

1.4 To set out the key arrangements and systems that Positive Impact Care Group has in place for safeguarding and promoting the welfare of adults at risk and to ensure compliance with local policies and procedures. Adults are those aged 18 years and over.

Positive Impact Care Group has a separate Safeguarding Children and Child Protection Policy and Procedure in place that provides detailed guidance in this area.

1.5 Meeting Regulation 13: Safeguarding Service Users from abuse and improper treatment

This policy aims to safeguard Service Users from abuse and improper treatment by implementing robust procedures for prevention, identification, and response. Staff are

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trained to recognise signs of abuse and are equipped with clear reporting mechanisms to address any concerns promptly and effectively.

1.6 This policy dovetails with the following policies:

- Deprivation Of Liberty in Community Settings Policies and Procedures
- Mental Capacity Act (MCA) 2005 Policy and Procedure
- Duty of Candour Policy and Procedure
- Raising Concerns, Freedom to Speak Up and Whistleblowing Policy and Procedure
- Consent to Care, Support and Treatment Policy and Procedure
- Restrictive Practices Including Restraint and Physical Interventions Policy and Procedure

1.7 To support Positive Impact Care Group in meeting the following Quality Statements:

Key Question	Quality Statements
EFFECTIVE	QSE2: Delivering evidence-based care & treatment QSE3: How staff, teams & services work together
EFFECTIVE	QSE6: Consent to care and treatment
SAFE	QSS3: Safeguarding
SAFE	QSS4: Involving people to manage risks QSS5: Safe environments

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1.8 Relevant Legislation

- Anti-social Behaviour, Crime and Policing Act 2014
- Domestic Violence, Crime and Victims Act 2004
- Sexual Offences Act 2003
- Care Act 2014
- Care Quality Commission (Registration and Membership) (Amendment) Regulations 2012
- Equality Act 2010
- The Health and Social Care Act 2008 - Code of Practice on the prevention and control of infections and related guidance
- Human Rights Act 1998
- Mental Capacity Act 2005
- Safeguarding Vulnerable Groups Act 2006
- UK GDPR
- The Protection of Freedoms Act 2012 (Disclosure and Barring Service Transfer of Functions) Order 2012
- Public Interest Disclosure Act 1998
- The Criminal Justice and Courts Act 2015
- Modern Slavery Act 2015

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- Counter-Terrorism and Security Act 2015
- Serious Crime Act 2015
- Female Genital Mutilation Act 2003
- Data Protection Act 2018

2. Scope

2.1 Roles Affected:
- All Staff

2.2 People Affected:
- Service Users

2.3 Stakeholders Affected:
- Family
- Advocates
- Representatives
- Commissioners
- External health professionals
- Local Authority
- NHS
- Housing Provider Partners

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3. Objectives

3.1 Meeting Regulation 13: Safeguarding Service Users from abuse and improper treatment

This policy aims to safeguard Service Users from abuse and improper treatment by implementing robust procedures for prevention, identification, and response. Staff are trained to recognise signs of abuse and are equipped with clear reporting mechanisms to address any concerns promptly and effectively.

3.2 This policy aims to safeguard Service Users from abuse and improper treatment by implementing robust procedures for prevention, identification, and response. Staff are trained to recognise signs of abuse and are equipped with clear reporting mechanisms to address any concerns promptly and effectively.

3.3 To ensure that the Wirral Safeguarding Policy and Procedure is understood by all staff at Positive Impact Care Group and that the Wirral safeguarding procedures dovetail with the policy and procedure of Positive Impact Care Group.

3.4 To ensure that all staff working for, or on behalf of, Positive Impact Care Group, understand their responsibilities in relation to safeguarding adults at risk and know who to

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escalate concerns to within Positive Impact Care Group and externally if needed and appropriate to do so.

3.5 To protect the Service User's right to live in safety, free from abuse and neglect.

To have a clear, well publicised policy of zero-tolerance of abuse within Positive Impact Care Group.

3.6 To identify lessons to be learnt from cases where Service Users have experienced abuse or neglect.

4. Policy

4.1 CQC Regulated Activities, Service Types and Service User Bands

Where required, Positive Impact Care Group will be registered with the CQC for regulated activities, service types and service user bands as defined in the CQC Statement of Purpose.

This will ensure that Positive Impact Care Group provides services that are safe, effective, caring, responsive and well-led in line with the CQC's published quality statements, regulatory framework and associated best practice guidance.

Positive Impact Care Group is registered to provide the following regulated activities:

Personal Care

Positive Impact Care Group is registered to provide the following service types:

Domiciliary care service (DCC), Extra care housing services (EXC)

Positive Impact Care Group is registered to support the following service user bands:

Adults aged 18 - 65, Dementia, Learning difficulties or autistic spectrum disorder, Mental health, Physical disability, Sensory impairment

4.2 Care and Support at Positive Impact Care Group

Positive Impact Care Group provides care and support to Service Users with a range of needs in a person-centred, safe, and lawful way.

All staff must follow the guidance within this policy and the Service User's Care Plan, ensuring that assessed needs, reasonable adjustments and individual preferences are met.

- Every Service User is treated equally and with dignity and respect
- Care and support are tailored to individual needs, preferences and desired outcomes
- Staff follow legal, regulatory, and professional guidance at all times

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- Person-centred approaches are used to promote independence, choice, and wellbeing

To support this approach, staff will also follow the policies and procedures below where applicable:

- Person-Centred Care and Supporting Planning
- Safeguarding Adults
- Raising Concerns, Freedom to Speak Up and Whistleblowing
- Mental Capacity Act (MCA) 2005
- Deprivation Of Liberty in Community Settings
- Consent to Care, Support and Treatment
- Equality, Diversity and Human Rights
- Overarching Medicines Management
- Positive Behaviour Support Including Challenging Behaviour
- Restrictive Practices Including Restraint and Physical Interventions
- Sex, Sexuality and Relationships

This list is not exhaustive and there will be additional policies and procedures in place to support specific Service User needs. Staff must seek clarification from their line manager or the Registered Manager, Mr Stefan Lee Brunt/Mr Thomas Deane Carter, if there is any uncertainty.

Staff supporting any specialist area of need will receive appropriate induction and training. They will complete competency assessments, where required, to meet the needs of Service Users as outlined in the Training Policy and Procedure at Positive Impact Care Group.

To ensure Service Users receive person-centred care and support from Positive Impact Care Group, staff must adhere to the following **Supporting People with a Learning Disability**

Staff must support people with a learning disability in line with this policy and the individual care and support plan. Staff must follow any assessed needs, reasonable adjustments, and personal preferences, which include:

- Communicating in ways the person understands
- Supporting choice, dignity and independence
- Ensuring care and support are compassionate and outcome focused

In addition, staff will also follow these policies:

- Access to NHS Services
- Advocacy
- Co-Production
- Specialist Needs
- Supporting those with a Learning Disability
- Supporting Communication and Sensory Needs
- Positive Risk Taking
- Trauma Informed Care and Support

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Supporting People with Mental Health Needs

Staff must support individuals with mental health needs safely, respectfully, and in line with their care and support plan which should include information that enables staff to know, understand and follow:

- The promotion of recovery and wellbeing
- Any crisis or relapse prevention plans
- The process for recording and reporting any changes in mood or behaviour
- Any individualised risk assessments completed

In addition, staff will also follow these policies:

- Access to NHS Services
- Community Treatment Orders
- Mental Health Act 1983 and Regulations 2008
- Prevention and Management of Self-harm and Suicide
- Safe and Supportive Observations
- Supporting Mental Health Conditions
- Trauma Informed Care and Support

Supporting People with Autism

Staff will ensure that individuals with autism are supported according to their care and support plan, respecting their sensory, communication, and social needs. This includes:

- Following individual communication and sensory care and support profiles
- Maintaining structure and predictability
- Involving and including people important to the individual
- Making any reasonable adjustments in line with the Equality Act 2010

In addition, staff will also follow these policies:

- Access to NHS Services
- Adults with Autism
- Advocacy
- Co-Production
- Specialist Needs
- Supporting Communication and Sensory Needs
- Positive Risk Taking
- Trauma Informed Care and Support

Supporting People with Sensory Impairments

Staff will support people with visual, hearing, or dual sensory impairments as detailed in their care and support plan which should also include:

- Using agreed communication methods (e.g. sign language, large print)
- Ensuring the environment supports safe access and orientation

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- Providing specialist equipment or aids as assessed

In addition, staff will also follow these policies:

- Specialist Needs
- Supporting Communication and Sensory Needs

Supporting People with Physical Disabilities

Staff will provide support that promotes independence, dignity, and safety in line with the individual care and support plan which should also include:

- The use of correct moving and handling techniques
- Supporting access to equipment or adaptations
- Encouraging choice and autonomy

In addition, staff will also follow these policies:

- Access to NHS Services
- Specialist Needs
- Mobility

Supporting People with an Eating Disorder

Staff will support individuals with eating disorders safely and sensitively, following guidance in their care and support plan. Staff must:

- Follow care and meal support plans closely
- Monitor and report any physical or behavioural changes
- Work with health professionals and families where appropriate

In addition, staff will also follow these policies:

- Access to NHS Services
- Nutrition and Hydration
- Prevention and Management of Self-harm and Suicide
- Safe and Supportive Observations
- Supporting Mental Health Conditions
- Trauma Informed Care and Support

:

4.3 What is Safeguarding?

Positive Impact Care Group recognises the definition of 'safeguarding' as the actions taken to keep Service Users safe from harm and neglect.

4.4 The Care Act 2014 sets out that adult safeguarding duties apply to any adult who:

- Has care and support needs, and
- Is experiencing, or is at risk of, abuse and neglect, and

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- 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

4.5 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
- This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances

4.6 Positive Impact Care Group should always promote the Service User's wellbeing in its safeguarding arrangements. Service Users have complex lives and being safe is only one of the things they want for themselves. Staff should work with the Service User to establish what being safe means to them and how that can be best achieved. Staff should not be advocating 'safety' measures that do not take account of individual wellbeing.

4.7 What Constitutes Abuse?

Employees at Positive Impact Care Group understand that the Service Users it supports can be extremely vulnerable to abuse and neglect, especially if they have care and support needs.

Abuse is a violation of an individual's human or civil right by any other person. It is where someone does something to another person, or to themselves, which puts them at risk of harm and impacts on their health and wellbeing.

Abuse can have a damaging effect on the health and wellbeing of Service Users. These effects may be experienced in the short and long term and can sometimes be lifelong.

4.8 The signs of abuse are not always obvious, and a victim of abuse may not tell anyone what is happening to them. Sometimes they may not even be aware they are being abused.

The robust governance processes at Positive Impact Care Group will make sure that staff working for, and on behalf of, Positive Impact Care Group, recognise and respond to the main forms of abuse which are set out in the Care Act 2014 Statutory Guidance Chapter 14.

4.9 The local authority is the lead agency for adult safeguarding and should be notified whenever abuse or neglect is suspected. It will decide whether a safeguarding enquiry is necessary, and if so, who will conduct it. The decision to conduct an enquiry depends on the criteria set out in the Care Act 2014, and not on whether the Service User is eligible for, or receiving, services funded by the local authority

4.10 Everybody has the right to live a life that is free from harm and abuse. Positive Impact Care Group recognises that safeguarding adults at risk of abuse or neglect is everybody's business. Positive Impact Care Group aims to ensure that all adults at risk of abuse or neglect are enabled to live and work, be cared for and supported in an environment free from abuse, harassment, violence or aggression. The safeguarding policies and procedures of Positive Impact Care Group will dovetail with the Wirral multi-agency policy

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and procedures, which we understand take precedence over those of Positive Impact Care Group. Positive Impact Care Group will ensure that the Wirral policies and procedures are reflected within its own policy and procedure, that this is shared with all staff and is accessible and available for staff to follow.

4.11 Positive Impact Care Group aims to provide services that will be appropriate to the adult at risk and not discriminate because of disability, age, gender, sexual orientation, race, religion, culture, or lifestyle. It will make every effort to enable Service Users to express their wishes and make their own decisions to the best of their ability, recognising that such self-determination may well involve risk.

Positive Impact Care Group will work with Service Users and others involved in their Support to ensure they receive the support and protection they may require, that they are listened to and treated with respect (including their property, possessions and personal information) and that they are treated with compassion and dignity.

A chaperone, if appropriate, is always present when the Service User needs treatment, and missed healthcare appointments must be monitored to consider signs of abuse or neglect. These must be followed up with the healthcare provider and information shared in the best interests and safety of the Service User.

4.12 Positive Impact Care Group will follow the six principles as set out in guidance to the Care Act 2014 and this will inform practice with all Service Users:

- **Empowerment** – People being supported and encouraged to make their own decisions and informed consent
- **Prevention** – It is better to take action before harm occurs
- **Proportionality** – The least intrusive response appropriate to the risk presented
- **Protection** – Support and representation for those in greatest need
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
- **Accountability** – Accountability and transparency in delivering safeguarding

4.13 Positive Impact Care Group is committed to the principles of 'Making Safeguarding Personal' and aims to ensure that safeguarding is person-led and focused on the outcomes that Service Users want to achieve. It will engage Service Users in a conversation about how best to respond to their safeguarding situation in a timely way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.

4.14 Positive Impact Care Group understands the importance of working collaboratively to ensure that:

- The needs and interests of adults at risk are always respected and upheld
- The human rights of adults at risk are respected and upheld
- A proportionate, timely, professional and ethical response is made to any adult at risk who may be experiencing abuse
- All decisions and actions are taken in line with the Mental Capacity Act 2005 to ensure the best interests of the Service User
- Each adult at risk maintains:
    - Choice and control
    - Safety

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- Health
- Quality of life
- Dignity and respect

4.15 Whistleblowing

Positive Impact Care Group has a clear Raising Concerns, Freedom to Speak Up and Whistleblowing Policy and Procedure in place which staff are frequently reminded about and with which they must be familiar. They must also understand how to escalate and report concerns.

Whistleblowing is an important aspect of the support and protection of adults at risk of harm where staff are encouraged to share genuine concerns about safety or wrongdoing within Positive Impact Care Group.

4.16 The Support Worker's Responsibilities

- To be able to recognise and respond to suspected abuse and substandard practice
- To report concerns of harm or poor practice that may lead to harm
- To remain up to date with training
- To read and follow the policy and procedure
- To know how and when to use the whistleblowing procedures
- To understand the Mental Capacity Act 2005 and how to apply it in practice, including consent and best interests decisions.

4.17 The Registered Manager's Responsibilities

- To establish the facts about the circumstances giving rise for concern
- To identify sources and level of risk
- To ensure that information is recorded and that the Wirral Adult Safeguarding Team is contacted to inform them of the concern or harm
- If the Service User is at immediate risk of harm, the Registered Manager will contact the police. The CQC will also be informed
- In all cases of alleged harm, there will be early consultation between Mr Stefan Lee Brunt/Mr Thomas Deane Carter, Wirral and the police to determine whether or not a joint investigation is required. Positive Impact Care Group understands that it may also be necessary to advise the relevant Power of Attorney if there is one appointed. In dealing with incidents of potential harm, people have rights which must be respected and which may need to be balanced against each other
- The wishes of the person harmed will be taken into account whenever possible. This may result in no legal action
- Documentation of any incidents of harm in the Service User's file and using body maps to record any injuries
- Follow Wirral policy guidelines where applicable
- Report any incidents of abuse to the relevant parties
- Work with multi-agencies
- Advise and support staff
- Ensure staff are trained during induction, assess knowledge annually and run refresher training if needed
- Actively promote the whistleblowing policies

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- Ensure that agency staff working at Positive Impact Care Group have completed the necessary safeguarding training for their role
- Participate in local Safeguarding Adults Board arrangements for sharing experiences about managing safeguarding concerns
- Share relevant information from Safeguarding Adults Board meeting minutes and reports with staff

4.18 General Principles

- We will have robust recruiting and safer staffing policies in place to make sure that our staff are fit to work with adults at risk and are compliant with national, safe recruitment and employment practices, including the requirements of the Disclosure and Barring Service
- Safeguarding responsibilities should be included in the job description of all staff
- A named safeguarding lead will be in place who is responsible for embedding safeguarding practices and improving practice in line with national and local developments. At Positive Impact Care Group, this person is Stefan Brunt
- Any staff member who knows or believes that harm is occurring will report it to their line manager as quickly as possible, or if they feel they cannot follow the regular reporting procedure, they must use the whistleblowing process
- Positive Impact Care Group will work collaboratively with other agencies, including liaison in relation to the investigation of allegations and will ensure its procedures dovetail with the Wirral multi-agency procedures
- Positive Impact Care Group will use incident reporting, root cause analysis, lessons learned and auditing to determine themes to improve Support practice
- Positive Impact Care Group will have a learning and development strategy which specifically addresses adult safeguarding. Positive Impact Care Group will provide training on the identification and reporting of harm, as well as training on the required standards in relation to procedures and processes should something need to be reported
- Positive Impact Care Group recognises its responsibilities in relation to confidentiality and will share information appropriately
- Positive Impact Care Group will have zero tolerance to harm
- Positive Impact Care Group will work in partnership with other agencies to ensure that concerns or allegations of abuse are appropriately referred for investigation to the most appropriate agency
- Positive Impact Care Group will ensure that any action that is taken is assessed, proportionate and reflective of the risk presented to the people who use the services
- Positive Impact Care Group will report any incidents in line with its regulatory requirements
- Positive Impact Care Group will adhere to the Code of Conduct for Support Workers
- There is a clear, well publicised Raising Concerns, Freedom to Speak Up and Whistleblowing Policy and Procedure in place that staff know how to use

4.19 Leadership, Staff and Culture

Mr Stefan Lee Brunt/Mr Thomas Deane Carter is responsible for providing leadership.

Good governance in safeguarding will follow where it is seen as an integral part of Service User care and all staff take responsibility. Risks of neglect, harm and abuse will be reduced where there is strong leadership and a shared value base where:

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- The Service User is the primary concern
- Service Users and staff are partners in their care
- Quality is prioritised and measured
- Staff understand the risks of neglect, harm and abuse
- There is a culture of learning and improvement
- There is openness and transparency, and all staff are listened to

4.20 Prevention - Providing information to support Service Users

- Positive Impact Care Group will support Service Users by providing accessible, easy to understand information on what abuse is and what signs to look out for
- A Safeguarding Leaflet can be found in the Forms section of this policy, and links to support can be found in the Further Reading section
- Positive Impact Care Group will comply with the Accessible Information Standard
- All Service Users will receive a copy of the Service User Guide, have access to the Complaints, Suggestions and Compliments Policy and Procedure and be given information on how to escalate any concerns to the Commissioner, CQC, advocacy or Local Government and Social Care Ombudsman should they not be satisfied with the approach taken by Positive Impact Care Group or at any time they wish

4.21 Prevention - Raising awareness

- Staff will need to be trained and understand the different patterns and behaviours of abuse as detailed in the Care Act 2014, Chapter 14 and Positive Impact Care Group will ensure that it is able to respond appropriately
- Positive Impact Care Group will ensure that all staff are trained on the Raising Concerns, Freedom to Speak Up and Whistleblowing Policy and Procedure and the Mental Capacity Act (MCA) 2005 Policy and Procedure
- During induction training, all employees will complete the 'Understanding Abuse' workbook, as part of the Care Certificate

4.22 Policy Accessibility

Positive Impact Care Group understands that some Service Users may take in and retain information in different ways. To support full understanding and engagement, this policy is available in accessible formats. The ReciteMe tool has various ways of making this policy accessible by providing this policy in:

- Audio
- Large print
- Multiple languages

This policy can also be made available in:

- Easy-read versions
- Simple-policy view to reduce navigation and complexity

These options are in place to help Service Users to understand and engage with this policy more easily.

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5. Procedure

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5.2 Forms of Abuse and Neglect

There are different types of abuse and signs and indicators for each. While indicators are not proof of abuse or neglect, they should alert staff to follow the Safeguarding Policy.

It is important that staff at Positive Impact Care Group are aware of the signs of abuse and what to look out for.

Physical abuse includes:

- Being hit, slapped, pushed or restrained
- Being denied food or water
- Not being helped to go to the bathroom when you need to
- Misuse of medication
- Restraint
- Inappropriate physical sanctions

Signs and indicators of physical abuse include:

- No explanation for injuries or inconsistency with the account of what happened
- Injuries are inconsistent with the person's lifestyle
- Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps
- Frequent injuries
- Unexplained falls
- Subdued or changed behaviour in the presence of a particular person
- Signs of malnutrition
- Failure to seek medical treatment or frequent changes of GP

Domestic violence or abuse:

This is typically an incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is, or has been, an intimate partner or family member, and can be:

- Psychological
- Physical
- Sexual
- Financial

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- Emotional
- So called 'honour' based violence, female genital mutilation and forced marriage

Signs and indicators of domestic violence or abuse include:

- Low self-esteem
- Feeling that the abuse is their fault when it is not
- Physical evidence of violence such as bruising, cuts, broken bones
- Verbal abuse and humiliation in front of others
- Fear of outside intervention
- Damage to home or property
- Isolation – not seeing friends and family
- Limited access to money

Sexual abuse includes:

- Indecent exposure
- Sexual harassment
- Inappropriate looking or touching
- Sexual teasing or innuendo
- Sexual photography
- Being forced to watch pornography or sexual acts
- Being forced or pressured to take part in sexual acts
- Rape
- Sexual assault

Signs and indicators of sexual abuse include:

- Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
- Torn, stained or bloody underclothing
- Bleeding, pain or itching in the genital area
- Unusual difficulty in walking or sitting
- Foreign bodies in genital or rectal openings
- Infections, unexplained genital discharge, or sexually transmitted diseases
- Pregnancy in a woman who is unable to consent to sexual intercourse
- The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude
- Incontinence not related to any medical diagnosis
- Self-harming
- Poor concentration, withdrawal, sleep disturbance
- Excessive fear/apprehension of, or withdrawal from, relationships
- Fear of receiving help with personal care
- Reluctance to be alone with a particular person

Psychological or emotional abuse include:

- Threats to hurt or abandon
- Deprivation of contact
- Humiliating
- Blaming
- Controlling

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- Intimidation
- Harassment
- Verbal abuse
- Cyberbullying
- Isolation
- Unreasonable and unjustified withdrawal of services or support networks

Signs and indicators of psychological or emotional abuse include:

- An air of silence when a particular person is present
- Withdrawal or change in the psychological state of the person
- Insomnia
- Low self-esteem
- Uncooperative and aggressive behaviour
- A change of appetite, weight loss/gain
- Signs of distress: tearfulness, anger
- Apparent false claims, by someone involved with the person, to attract unnecessary treatment

Financial or material abuse include:

- Theft
- Fraud
- Internet scamming
- Coercion in relation to the Service User's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions
- Misuse or misappropriation of property, possessions or benefits

Signs and indicators of financial abuse include:

- Missing personal possessions
- Unexplained lack of money or inability to maintain lifestyle
- Unexplained withdrawal of funds from accounts
- Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity
- Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so
- The person allocated to manage financial affairs is evasive or uncooperative
- The family or others show an unusual interest in the assets of the person
- Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA
- Recent changes in deeds or title to property
- Rent arrears and eviction notices
- A lack of clear financial accounts held by a service
- Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person
- Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house

Modern slavery includes:

- Slavery
- Human trafficking

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- Forced labour and domestic servitude
- Traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment

Signs and indicators of modern slavery include:

- Signs of physical or emotional abuse
- Appearing to be malnourished, unkempt or withdrawn
- Isolation from the community, seeming under the control or influence of others
- Living in dirty, cramped or overcrowded accommodation and or living and working at the same address
- Lack of personal effects or identification documents
- Always wearing the same clothes
- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers
- Fear of law enforcers

Discriminatory abuse includes:

Some forms of harassment, slurs or unfair treatment because of:

- Race
- Sex
- Gender and gender identity
- Age
- Disability
- Sexual orientation
- Religion

Signs and indicators of discriminatory abuse include:

- The person appears withdrawn and isolated
- Expressions of anger, frustration, fear or anxiety
- The support on offer does not take account of the person's individual needs in terms of a protected characteristic

Organisational or institutional abuse:

Including neglect and poor care practice within an institution or specific care setting, or in relation to care provided in the Service User's own home, this may range from one-off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within Positive Impact Care Group:

- Discouraging visits or the involvement of relatives or friends
- Run-down or overcrowded establishment
- Authoritarian management or rigid regimes
- Lack of leadership and supervision
- Insufficient staff or high turnover resulting in poor quality care
- Abusive and disrespectful attitudes towards people using the service
- Inappropriate use of restraints
- Lack of respect for dignity and privacy
- Failure to manage residents with abusive behaviour
- Not providing adequate food and drink, or assistance with eating

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- Not offering choice or promoting independence
- Misuse of medication
- Failure to provide care with dentures, spectacles or hearing aids
- Not taking account of individuals' cultural, religious or ethnic needs
- Failure to respond to abuse appropriately
- Interference with personal correspondence or communication
- Failure to respond to complaints

Signs and indicators of organisational abuse include:

- Lack of flexibility and choice for people using the service
- Inadequate staffing levels
- People being hungry or dehydrated
- Poor standards of care
- Lack of personal clothing and possessions and communal use of personal items
- Lack of adequate procedures
- Poor record-keeping and missing documents
- Absence of visitors
- Few social, recreational and educational activities
- Public discussion of personal matters
- Unnecessary exposure during bathing or using the toilet
- Absence of individual care plans
- Lack of management overview and support

Neglect or acts of omission include:

- Ignoring medical emotional or physical care needs
- Failure to provide access to appropriate health, care and support or educational services
- Withholding of the necessities of life, such as medication, adequate nutrition and heating
- Failure to administer medication as prescribed
- Not taking account of individuals' cultural, religious or ethnic needs

Signs and Indicators of neglect or acts of omission include:

- Poor environment – dirty or unhygienic
- Poor physical condition and/or personal hygiene
- Pressure ulcers
- Malnutrition or unexplained weight loss
- Untreated injuries and medical problems
- Inconsistent or reluctant contact with medical and social care organisations
- Accumulation of untaken medication
- Uncharacteristic failure to engage in social interaction
- Inappropriate or inadequate clothing

Self-neglect includes:

A wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case by case basis. A decision on whether a response is required under safeguarding will depend on the

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Service User's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.

- Lack of self-care to an extent that it threatens personal health and safety
- Neglecting to care for one's personal hygiene, health or surroundings
- Inability to avoid self-harm
- Failure to seek help or access services to meet health and social care needs
- Inability or unwillingness to manage one's personal affairs

Signs and indicators of self-neglect include:

- Very poor personal hygiene
- Unkempt appearance
- Lack of essential food, clothing or shelter
- Malnutrition and/or dehydration
- Living in squalid or unsanitary conditions
- Neglecting household maintenance
- Hoarding
- Collecting a large number of animals in inappropriate conditions
- Non-compliance with health or care services
- Inability or unwillingness to take medication or treat illness or injury

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5.3 High Risk Groups

Certain groups of people may be at higher risk of abuse or neglect, including:

- People with care and support needs, such as older people or people with disabilities. They may be seen as an easy target and may be less likely to spot abuse themselves or to report it.
- People with communication difficulties because they may not be able to alert others.
- People with a cognitive impairment, as they may not even be aware that they are being abused.
- People with fluctuating mental capacity, as they may be less likely to spot abuse themselves or report it
- People who appear to self-neglect, as they could also be an easy target
- People who are awaiting emergency assistance or treatment for any reason as they may be unable to protect themselves and may be unable to alert others
- People who may be effected by drugs , alcohol or both as they may not be alert to others and could be seen as an easy target

5.4 Prevention of Abuse

Positive Impact Care Group recognises that it is very important to establish a positive, open culture where abuse is not tolerated and ways of working and supporting the Service User are focused on providing compassionate, person-centred care and reducing the opportunity for abuse or abusive practice to occur.

This is encouraged by:

- Understanding this safeguarding policy and following the wide range of other policies available within the management system
- Robust and effective recruitment and induction practices

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- Ongoing supervision, observation and support for staff on best practice
- Training for staff
- Completion of detailed assessments and Care Plans that provide information about how to effectively support the Service User
- Completion of risk assessments and ensuring these are reviewed and kept up to date.
- Identifying any Service Users that are at higher risk of abuse to ensure that additional monitoring and support are effective to reduce the chance of abusive situations developing
- Ensuring all staff know what is expected of them when they are supporting the Service User who is considered to be in a higher risk group

Additional Measures for High Risk Service Groups

Positive Impact Care Group must recognise that some Service Users face higher abuse risks due to health or other factors. A person-centred approach is key to reducing these risks. If additional support is required from Positive Impact Care Group or at other settings like hospitals, Positive Impact Care Group will take extra steps to ensure Service User safety.

Additional Measures from Positive Impact Care Group

Positive Impact Care Group must ensure staff stay with any unwell or emergency-awaiting Service User to provide support, reassurance, and protection. This support should be reviewed and documented regularly to adapt to their needs.

Positive Impact Care Group will assess risks and allocate staffing to reduce risks to the Service User and staff.

Additional Measures - Escorts to other settings

- Ideally, Positive Impact Care Group will assign staff who are familiar with the Service User, including their communication preferences, support needs, and triggers to offer appropriate help and prevent escalation
- Assign trained staff to support Service Users under alcohol or drug influence, who are capable of handling distress or challenging behaviours calmly
- Conduct a thorough risk assessment prior to the escort. Identify any specific risks related to the Service User's condition, behaviour, and the journey
- Positive Impact Care Group will inform the setting that the Service User is going to about the Service User's condition and the risks where it is appropriate to do so. Ensure clear communication with all parties involved
- If possible, arrange for two staff members to accompany the Service User. This ensures there is additional support and reduces the risk of harm or abuse
- Positive Impact Care Group will ensure that the staff member(s) is/are vigilant and continuously monitor the Service User throughout the journey and at the setting for treatment or care. They should never leave the Service User unattended
- Positive Impact Care Group will equip their staff with personal safety devices such as mobile phones with emergency contact numbers to ensure they can call for help if needed
- Positive Impact Care Group will ensure the staff are trained in techniques to comfort and calm the Service User, reducing distress or anxiety and the potential for behaviour that may become challenging

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- Positive Impact Care Group keeps detailed records of the Service User's behaviour, condition, and any incidents that occur during the escort. This documentation can be crucial for future care planning and risk management
- Positive Impact Care Group will have clear emergency protocols and ensure staff are prepared for medical emergencies or escalating Service User behaviour
- After the escort, Positive Impact Care Group will debrief with staff to review successes and areas for improvement, enhancing future safety

5.5 Who Abuses and Neglects?

Anyone in contact with the Service User can perpetrate abuse or neglect, including:

- Volunteers
- Family members
- Friends
- People who deliberately exploit adults they perceive as vulnerable to abuse
- Staff
- Professionals
- Other Service Users

5.6 Incidents of Abuse

Patterns of abuse vary and include:

- Serial abuse - in which the person alleged to have caused the harm seeks out and ‘grooms’ individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse
- Long-term abuse - in the context of an ongoing family relationship such as domestic violence between spouses or generations, or persistent psychological abuse
- Opportunistic abuse - such as theft occurring because money or jewellery has been left lying around

Abuse may be one-off or multiple and affect one Service User or more.

Staff should look beyond single incidents or Service Users. Positive Impact Care Group should have systems in place to track and monitor incidents, accidents, disciplinary action, complaints and safeguarding concerns, to identify patterns of potential harm..

Repeated instances of poor care may be an indication of more serious problems (organisational abuse). In order to see these patterns, it is important that information is recorded and appropriately shared.

5.7 Concerns

A concern might arise from:

- Something you observe (for example: bruises, a marked change in behaviour)
- An allegation that is made (for example, you are told that someone has behaved inappropriately or put the Service User or colleague at risk)
- A disclosure where the Service User tells you something about themselves or their circumstances that lead you to believe that they are being abused or are at risk of abuse

Staff must be able to:

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- **Recognise**: Identify that the Service User at risk may be describing abuse, even when they may not be explicit
- **Respond**: Stay calm, listen and show empathy
- **Record**: Write up notes of the conversation clearly and factually as soon as possible
- **Report** in a timely manner to the appropriate people and organisations

Who do you report your concerns to?

At Positive Impact Care Group the person responsible for safeguarding is:

Stefan Brunt

They can be contacted on **07359419213** or **sb@positiveimpactcare.com**

Escalating Concerns

We report our concerns to **Wirral**

Central Advice and Duty Team - cadt@wirral.gov.uk

0151 666 5150

Raising a Concern to the CQC

You can also contact the CQC if you feel that you cannot use the Raising Concerns, Freedom to Speak Up and Whistleblowing Policy and Procedure at Positive Impact Care Group. The CQC can be contacted by using the following methods:

Phone: 03000 616161

Email: Enquiries@cqc.org.uk

Post: CQC National Correspondence, Citygate, Gallowgate, Newcastle upon Tyne, NE1 4PA

5.8 Staff who Consider or Suspect Abuse or Neglect

If staff observe something that causes concern, they should ask the Service User what happened, unless this would be inappropriate or cause further distress.

If the Service User does not communicate with speech, they should help them explain what has happened as far as possible.

The staff member should document what they have seen or been told and report to the Registered Manager and the Safeguarding Lead, Stefan Brunt.

If staff are unsure if there is an indicator of abuse or neglect with the Service User, they should discuss this with the Registered Manager and the Safeguarding Lead, Stefan Brunt at Positive Impact Care Group.

The Registered Manager and the Safeguarding Lead, Stefan Brunt, will decide whether to make a safeguarding referral or to seek further advice form Wirral.

Staff who suspect abuse or neglect must act on it; staff must not assume that someone else will do this.

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If someone makes an allegation to a member of staff about them or another member of staff or volunteer, that staff member must listen carefully and explain that they will need to pass these concerns to the Registered Manager and the Safeguarding Lead, Stefan Brunt, reassuring them that their concerns will be taken seriously. If the allegation is made by a family member or a worker from another agency, the staff member should take their name and contact details and assure them that the Registered Manager and the Safeguarding Lead, Stefan Brunt, will contact them as soon as possible. The staff member must pass the information to the Registered Manager and the Safeguarding Lead, Stefan Brunt, immediately.

5.9 Responding to a Disclosure or Suspicion of Abuse or Neglect

If the Service User discloses potential or actual abuse, staff will:

Straight away:

- Remain calm and non-judgemental
- Try not to show shock or disbelief
- Not interrupt the Service User who is freely recalling significant events, allow them to tell you whatever they want to share
    - Some Service Users may simply be telling a story and not realise that they are subject to abuse. It is important to keep this in mind and be thoughtful in response
- Take whatever action is required to ensure the immediate safety or medical welfare of the Service User(s) at risk
    - Where appropriate, call 999 for the emergency services if there is a medical emergency, other danger to life or risk of imminent injury, or if a crime is in progress. Where a crime is suspected of being committed, leave things as they are wherever possible
    - Call for medical assistance from the GP or NHS 111 if there is a concern about the Service User's need for medical assistance or advice, when the situation is not life-threatening or is out of hours
- Reassure the Service User that they are right to share this information with you; show empathy with them
- Do not press for more detail
- Do not make promises that cannot be kept
- Remain sympathetic and attentive

Then:

- Listen carefully and reflect back what you are being told to ensure you have correctly grasped what is being said
- Use simple and open questions, do not ask leading questions, (e.g. ‘So was it Peter who did that?’) or attempt to ‘investigate’ in any way
- Explain carefully that what they have said is worrying and that you have to share that with your line manager
    - Explain the safeguarding process to the Service User and discuss the next steps
    - Explain that your manager may contact the Wirral Safeguarding Adults Team and/or the Police
- Seek the Service User's consent to share this information
- As soon as you can, write down an account of your conversation, try to use the words/phrases that the Service User used. Sign and date your record

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- Preserve evidence (physical evidence - for example, ask the Service User to not wash or bathe)
- Inform the Registered Manager or the Safeguarding Lead, Stefan Brunt, as soon as possible to inform them of the incident or concern
    - The Registered Manager, Mr Stefan Lee Brunt/Mr Thomas Deane Carter, will be contacted on 07359419213
    - The Safeguarding Lead, Stefan Brunt, will be contacted on 07359419213
- Do not share this information with anyone else
- Do not contact the person alleged to have caused the harm about the incident yourself, unless this is essential (for example, if Mr Stefan Lee Brunt/Mr Thomas Deane Carter needs to immediately suspend a member of staff)
- The Service User may feel frightened, so ask whether they want someone they feel comfortable with to stay with them

Staff must inform the Registered Manager or Safeguarding Lead, Stefan Brunt, unless they are the person alleged to have caused the harm; if this is the case, then support should be sought directly from another manager, Positive Impact Care Group or Wirral.

Staff must also take action without the immediate authority of the Registered Manager or Safeguarding Lead, Stefan Brunt:

- If a discussion with them would involve a delay in an apparently high-risk situation
- If they have raised concerns with the Registered Manager or Safeguarding Lead, Stefan Brunt, and they have not taken appropriate action (whistleblowing)

There should be effective and well publicised ways of escalating concerns where the Registered Manager or Safeguarding Lead, Stefan Brunt, does not take action in response to a concern being raised.

The Registered Manager or Safeguarding Lead, Stefan Brunt, will:

- Listen to any staff member if they speak up about abuse or neglect, take them seriously and act accordingly
- Consider if there are other adults or children with care and support needs who are at risk of harm and take appropriate steps to protect them
- Support and encourage the Service User to contact the police if a crime has been, or may have been, committed

When responding to indicators of abuse and neglect, staff must:

- Follow the principles of the Making Safeguarding Personal Framework:
    - Ensure that any actions are guided by the wishes and feelings of the Service User
    - Be aware that Service Users experiencing abuse or neglect may be influenced, coerced or controlled by someone else
    - Be aware that duties of care and public interest can override personal preference, for example, there is a risk that a person alleged to have caused the harm could abuse again - this needs to be addressed and prevented
- Staff must also follow the principles of the Mental Capacity Act 2005 if the Service User lacks capacity

5.10 Documenting a Disclosure

Positive Impact Care Group must ensure that staff:

- Record what the Service User actually said, using their own words and phrases

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- Describe the circumstance in which the disclosure came about
- Note the setting and anyone else who was there at the time
- When there are cuts, bruises or other marks on the skin, use a body map to indicate their location, noting the colour of any bruising
- Record information that is factual
- Use a pen with black ink so that the report can be photocopied
- Keep writing clear
- Sign and date the report, noting the time and location
- Are aware that the report may be needed later as part of a legal action or disciplinary procedure

Mr Stefan Lee Brunt/Mr Thomas Deane Carter must ensure they preserve any evidence relating to a safeguarding concern, including care records, as these may be required in future for local authority enquiries or police investigations. For further information please refer to the Record Keeping policy and procedure.

5.11 Response by the Registered Manager or Safeguarding Lead to Reports of Abuse or Neglect

The Registered Manager and the Safeguarding Lead, Stefan Brunt, at Positive Impact Care Group should treat any report of abuse or neglect as a safeguarding concern and:

- Ask the Service User at risk what they would like to happen next
- Ensure that they have access to communication support
- Explain that they have a responsibility to report concerns to Wirral, and tell the Service User who they will report to, why, and when

Decision-Making Pre-referral to the Wirral Safeguarding Adults Team:

The Registered Manager or Safeguarding Lead, Stefan Brunt, will lead on decision-making.

When considering if a safeguarding concern needs to be completed, the Registered Manager or Safeguarding Lead, Stefan Brunt, must consider the three duties in Section 42 (1) of the Care Act 2014:

- Does the person have needs for care and support (whether or not the authority is meeting any of those needs)?
- Are they experiencing, or at risk of, abuse or neglect? and
- As a result of those needs, are they unable to protect themself against the abuse or neglect or the risk of it?

When using professional judgement to determine whether an incident is reported to the local authority safeguarding adults team/police, the Registered Manager or Safeguarding Lead, Stefan Brunt, should consider the following:

- The consequences to the alleged victim and the equality of the relationship between the person alleged to have caused the harm and the alleged victim
- The ability of the alleged victim to consent
- The mental capacity of the person alleged to have caused the harm to understand the consequences of their decision to act in the way that is alleged
- The intent of the person alleged to have caused the harm
- The frequency of this and similar allegations regarding the person alleged to have caused the harm
- The alleged victim considers the actions against them to be abusive

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- The alleged victim or carer is distressed, fearful or feels intimidated by the incident
- You believe that there is a deliberate attempt to cause harm or distress
- Incidents are repetitive and targeted to either the Service User or others
- The action resulted in a physical injury
- A crime has been committed
- The incident involves a member of staff
- If any other people (including children) are at risk as well as the Service User you are concerned about

In the decision-making process, they must evidence the following:

- Why does this adult(s) need safeguarding – what are the risks?
- What actions need to be taken to reduce that risk?
- Do they consent to this action?
- Are others potentially at risk?

The Registered Manager or Safeguarding Lead, Stefan Brunt, will document their decision-making process.

If the Registered Manager or Safeguarding Lead, Stefan Brunt, is not sure whether to make a safeguarding referral to Wirral (because they are not sure whether they suspect abuse or neglect), they should discuss this with Wirral.

If a Service User does not want any safeguarding actions to be taken, but abuse or neglect is suspected, a safeguarding referral must still be made.

Positive Impact Care Group will ensure that staff are aware of the Wirral reporting procedures and timescales for raising adult safeguarding concerns.

If a referral is made but the Service User at risk is reluctant to continue with an investigation, this must be recorded and brought to the attention of the Wirral safeguarding adults team. This will enable a discussion on how best to support and protect the Service User at risk.

5.12 Consent and Mental Capacity

When reporting information that directly concerns the safety of an adult at risk of harm, consent from the Service User is not required. However, informing the Service User of your concerns and your referral is good practice unless it would put you or your colleagues at risk or it would put the adult at further risk. When reporting allegations or concerns about an adult at risk of harm to the Local Authority, the Local Authority must be informed whether or not the Service User is aware of the report.

The Service User lacks capacity if their mind is impaired or disturbed in some way, and this means the Service User is unable to make a decision at that time.

- Where a mental capacity assessment identifies that the Service User lacks the mental capacity to give valid consent, consent will be sought from the Service User's legally authorised representative (such a person having Lasting Power of Attorney)
- The assessor will consider whether the lack of capacity is temporary or permanent and consider if there are occasions when mental capacity fluctuates. *The Positive Impact Care Group will need to take additional measures to reduce the risk of the person being abused or exploited due to the lack of mental capacity.*
- The Service User will be supported and encouraged to be involved, as far as they

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want to and are able, in decisions with regard to safeguarding referrals

It may be that Positive Impact Care Group works in partnership with other professionals such as a social worker, GP or psychologist to arrange a formal assessment for complex decision making.

Positive Impact Care Group ensures that staff receive training and understand the 5 Principles of the Mental Capacity Act to implement in their service:

- The presumption of capacity
- Service Users are supported to make their own decisions
- Service Users can make unwise decisions
- Best interest decisions
- Least restrictive option

More detailed information can be found in the Mental Capacity Act (MCA) 2005 Policy and Procedure, which staff adhere to.

In reporting all suspected or confirmed cases of harm, an employee has a responsibility to act in the best interest of the Service User but still operate within the relevant legislation and the parameters of the codes and standards of their practice.

5.13 Referral to the Wirral Safeguarding Adults Team

Positive Impact Care Group must ensure that the Wirral safeguarding adult referral process is followed and must collect the following information to assist with the referral. The referral process must be clearly visible with contact numbers, including out-of-hours, where staff can access the information.

Where the Integrated Care Board is the commissioner they must also be informed.

The referral information will also be required for some of the CQC notification of abuse documentation. Positive Impact Care Group must use any up-to-date Care Plan information where possible and have the following information available where possible:

- Contact details for the adult at risk, the person who raised the concern and for any other relevant individual, and next of kin
- Basic facts, focusing on whether or not the Service User has care and support needs including communication and ongoing health needs
- Factual details of what the concern is about; what, when, who, where?
- Immediate risks and action taken to address risk
- Preferred method of communication
- If reported as a crime, details of which police station/officer; crime reference number
- Whether the adult at risk has any cognitive impairment which may impede their ability to protect themselves
- Any information on the person alleged to have caused harm
- Wishes and views of the adult at risk, in particular consent
- Advocacy involvement (includes family/friends)
- Information from other relevant organisations, for example, the CQC
- Any recent history (if known) about previous concerns of a similar nature or concerns raised about the same person, or someone within the same household
- Names of any staff involved

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5.14 Local Authority Safeguarding Enquiry

Wirral may well be reassured by the response of Positive Impact Care Group so that no further action is required. However, Wirral would have to satisfy itself that the response of Positive Impact Care Group has been sufficient to deal with the safeguarding issue and, if not, to undertake any enquiry of its own. This will identify if action needs to be taken and who needs to take that action.

The enquiry:

- Could be an informal conversation with the Service User at risk
- Could be a more formal multi-agency discussion
- Does not have to follow a formal safeguarding process

The objectives of an enquiry are to:

- Establish facts
- Ascertain the Service User's views and wishes
- Assess the needs of the Service User for protection, support and redress and how they might be met
- Protect from the abuse and neglect, in accordance with the wishes of the Service User
- Make decisions as to what follow-up action should be taken with regard to the person or organisation responsible for the abuse or neglect
- Enable the Service User to achieve resolution and recovery

If Wirral decides that Positive Impact Care Group should make the enquiry, then Wirral should be clear about timescales, the need to know the outcomes of the enquiry and what action will follow if this is not done.

What happens as a result of an enquiry should reflect the Service User's wishes wherever possible, as stated by them or by their representative or advocate. If they lack capacity, it should be in their best interests if they are not able to make the decision, and be proportionate to the level of concern. The Service User should always be involved from the beginning of the enquiry. Staff will follow the Mental Capacity Act Policy and Procedure with regards to consent.

Strategy Meeting/Case Conference:

- Following the investigation or at any time during the process, a case conference with all relevant agencies may be called to make decisions about future action to address the needs of the Service User
- Any agency involved in the case may ask for a case conference to be held but the final decision to hold a conference is with the Wirral Safeguarding Adults Team Manager
- Positive Impact Care Group must ensure that it attends this meeting when invited and that all relevant information about the incident is available. A timeline of events is a useful document to prepare in complex cases

Safeguarding Adults Reviews:

- Safeguarding adults reviews (SARs) are a statutory requirement for Safeguarding Adults Boards with the purpose of promoting learning and improving safeguarding practice
- A safeguarding adults review must be arranged by a Safeguarding Adults Board if:
    - There is reasonable cause for concern that partner agencies could have worked more effectively to protect an adult and
    - Serious abuse or neglect is known or suspected and

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- Certain conditions are met, in line with section 44 of the Care Act 2014 and related statutory guidance

5.15 Involve the Service User Concerned Throughout the Enquiry:

- The process must be explained to the Service User in a way they will understand and their consent to proceed with the enquiry obtained, if possible
- Arrangements will be made to have a relative, friend or independent advocate present if the Service User so desires. The relative, friend or independent advocate must not be a person suspected of being in any way involved or implicated in the abuse
- A review of the Service User's Care Plan and risk assessments must be undertaken to ensure individualised support following the incident
- The Service User will be supported by Positive Impact Care Group to take part in the safeguarding process to the extent to which they wish, or are able to, having regard for their decisions and opinions. They must be kept informed of progress

Desired Outcomes Identified by the Service User:

The desired outcome by the Service User at risk must be clarified and confirmed:

- To ensure that the outcome is achievable
- To manage any expectations that the Service User may have
- To give focus to the enquiry
- Mr Stefan Lee Brunt/Mr Thomas Deane Carter will support Service Users at risk to think in terms of realistic outcomes but must not restrict or unduly influence the outcome that the Service User would like. Outcomes must make a difference to risk and, at the same time, satisfy the Service User's desire for justice and enhance their wellbeing
- The Service User's views, wishes and desired outcomes may change throughout the course of the enquiry process
- There must be an ongoing dialogue and conversation with the Service User to ensure that their views and wishes are gained as the process continues and enquiries re-planned if the Service User changes their views
- The Service User will be informed of the outcome of any investigation, but guidance will be sought from the Wirral Safeguarding Adults Team before any outcome is shared

5.16 After An Enquiry

Once an initial enquiry has been undertaken, discussions should be had with the Service User as to whether a further enquiry is needed and what further action could be taken.

That action could include disciplinary, complaints or criminal investigations or work by contracts managers and CQC to improve care standards.

Wirral must determine what further action is necessary. One outcome may be the formulation of agreed action or a safeguarding plan for the Service User which should be recorded in their Care Plan. This will be the responsibility of the relevant agencies to implement. This will entail joint discussion, decision taking and planning with the Service User for their future safety and wellbeing.

In relation to the Service User, this could set out:

- What steps are to be taken to assure their safety in future

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- The provision of any support, treatment or therapy including ongoing advocacy
- The need for fuller assessments by health and social care agencies
- Any modifications needed in the way services are provided (for example, same gender care or placement; appointment of an OPG deputy)
- How best to support the Service User through any action they take to seek justice or redress
- Any ongoing risk management strategy as appropriate
- Any action to be taken in relation to the person or organisation that has caused the concern

5.17 If a Safeguarding Concern is not agreed

If Wirral decides not to investigate, staff must ensure the continual safety of Service Users.

Staff should:

- Evaluate existing risk assessments and Care Plans. Ensure that there is clear, documented evidence that this has occurred
- If the existing risk assessments and Care Plans do not cover the current risk(s), staff must implement new ones to ensure measures have been put in place to reduce future risk
- Staff can consider other referral options (this list is not exhaustive):
    - Human resources (capability/disciplinary routes)
    - Health and safety
    - Complaints
    - Wirral care management, request review of current Care Plan, request for a case conference
    - NHS continuing care team, request a review
    - Request for a best interest meeting

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5.18 Informing the Relevant Inspectorate

- By law, Positive Impact Care Group must notify the Care Quality Commission without delay of incidents of abuse and allegations of abuse, as well as any incident which is reported to, or investigated by, the police
- Positive Impact Care Group must notify CQC about abuse or alleged abuse involving a person(s) using the service, whether the person(s) is/are the victim(s), the abuser(s), or both
- Positive Impact Care Group must also alert the relevant local safeguarding authority when notification is made to CQC about abuse or alleged abuse
- The forms are available on CQC's website
- If a concern is received via the whistleblowing procedure, Positive Impact Care Group must inform the Wirral Safeguarding Team and CQC

5.19 Support and Supervision

Positive Impact Care Group will recognise that dealing with situations involving abuse and neglect can be stressful and distressing for staff and workplace support should be available.

During safeguarding enquiries, Mr Stefan Lee Brunt/Mr Thomas Deane Carter should:

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- Be aware of how safeguarding allegations can affect the way other staff and Service Users view the Service User subject to a safeguarding enquiry
- If staff are concerned about working with the Service User who has made allegations, Mr Stefan Lee Brunt/Mr Thomas Deane Carter should provide support, additional training and supervision to address these concerns and ensure that the Service User is not victimised by staff
- Acknowledge that enquiries are stressful and that morale may be low
- Think of ways to support staff (such as one-to-one supervision and team meetings)
- Provide extra support to cover absences as part of the enquiry, and to help staff continue providing consistent and high-quality care
- Direct staff to sources of external support or advice if needed

Regular face-to-face supervision and reflective practice from skilled line managers is essential to support staff, and to enable staff to work confidently and competently with difficult and sensitive situations.

Mr Stefan Lee Brunt/Mr Thomas Deane Carter has a central role in ensuring high standards of practice at Positive Impact Care Group and that staff are properly equipped and supported.

5.20 Confidentiality and Information Sharing

In seeking to share information for the purposes of protecting adults at risk, Positive Impact Care Group is committed to the following principles:

- Personal information will be shared in a manner that is compliant with the statutory responsibilities of Positive Impact Care Group
- Adults at risk will be fully informed about information that is recorded about them and, as a general rule, be asked for their permission before information about them is shared with colleagues or another agency. However, there may be justifications to override this principle if the adult or others are at risk
- Staff will receive appropriate training on Service User confidentiality and secure data sharing
- The principles of confidentiality designed to protect the management interests of Positive Impact Care Group must never be allowed to conflict with those designed to promote the interests of the adult at risk
- Staff will follow policies at Positive Impact Care Group on UK GDPR, data protection, confidentiality and comply with the Caldicott principles

5.21 Staff Alleged to be Responsible for Abuse or Neglect

Positive Impact Care Group does not only have a duty to the Service User, but also a responsibility to take action in relation to the employee when allegations of abuse are made against them. Positive Impact Care Group should ensure that their disciplinary procedures are compatible with the responsibility to protect adults at risk of abuse or neglect.

When a member of staff is subject to a safeguarding enquiry, Mr Stefan Lee Brunt/Mr Thomas Deane Carter should:

- Tell them about any available Employee Assistance Programme
- Tell them about professional counselling and occupational health services (if available)

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- Make them aware of their rights under employment legislation and any internal disciplinary procedures
- Nominate someone to keep in touch with them throughout the enquiry (if they are suspended from work)
    - They should be able to request that the nominated person be replaced, if they think there is a conflict of interest
    - The nominated person should not be directly involved with the enquiry
- If the police are involved, tell them who the nominated person is

For members of staff who return to work after being suspended, Mr Stefan Lee Brunt/Mr Thomas Deane Carter should:

- Arrange a return-to-work meeting when the enquiry is finished, to give them a chance to discuss and resolve any problems
- Agree a programme of guidance and support with them

Where appropriate, Mr Stefan Lee Brunt/Mr Thomas Deane Carter should report staff to the statutory and other bodies responsible for professional regulation such as the Nursing and Midwifery Council.

If Mr Stefan Lee Brunt/Mr Thomas Deane Carter is subject to a safeguarding enquiry, Positive Impact Care Group should put an acting manager in their place if required.

5.22 Disclosure and Barring Service (DBS) Referral

There is a statutory requirement for providers of Support to refer workers to the DBS for inclusion on the DBS Vetting and Barring scheme list if they consider that the person is guilty of misconduct such that an adult at risk was harmed or placed at risk of harm. The legal duty to refer to the Disclosure and Barring Service also applies where a staff member leaves their role to avoid a disciplinary hearing following a safeguarding incident and Positive Impact Care Group feels they would have dismissed the person based on the information they hold.

Please see the DBS/Disclosure Policy and Procedure for further procedures regarding initial employment and referral.

5.23 Abuse by Another Adult at Risk

Positive Impact Care Group recognises that they may also have responsibilities towards the person causing the harm, and certainly will have if they are both in a care setting or have contact because they attend the same place (for example, a day centre). The person causing the harm may themselves be eligible to receive an assessment. In this situation, it is important that the needs of the Service User at risk who is the alleged victim are addressed separately from the needs of the person causing the harm. It will be necessary to reassess the adult allegedly causing the harm.

Under the Mental Capacity Act 2005, people who lack capacity and are alleged to be responsible for abuse, are entitled to the help of an Independent Mental Capacity Advocate to support and represent them in the enquiries that are taking place. This is separate from the decision whether or not to provide the victim of abuse with an independent advocate under the Care Act.

5.24 Management of Allegations Against People in Positions of Trust (PiPoT)

A relationship of trust is one in which one person is in a position of power or influence over the other person because of their work or the nature of their activity. Any allegation against

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a person who works with adults with care and support needs must be reported immediately to Mr Stefan Lee Brunt/Mr Thomas Deane Carter.

When an allegation is made against a PiPoT, Positive Impact Care Group will refer this to Wirral as part of the safeguarding process. For sensitive information, it may be necessary to contact the Adult Local Authority Designated Officer directly and Positive Impact Care Group will ensure this information is readily available as well as the Wirral policy itself which outlines the local protocol in this instance.

Where the person alleged to have caused the harm or neglect is a volunteer or a member of a community group, Positive Impact Care Group must work with adult social services to support any action under this policy.

Where the person alleged to have caused the harm is a neighbour, a member of the public, a stranger or a person who deliberately targets vulnerable people, the Service User at risk should receive the services and support that they may need. In all cases, issues of consent, confidentiality and information sharing must be considered.

5.25 Safeguarding Concerns about the Registered Manager, Nominated Individual and/or Stefan Brunt

Positive Impact Care Group takes safeguarding concerns about the Registered Manager or Stefan Brunt seriously. As a result, the following process applies:

At this service, the roles of registered manager, nominated individual and/or safeguarding adult lead are held by the same person. For impartiality and accountability, individuals wishing to raise safeguarding concerns will be directed to the CQC and the local authority safeguarding teams as detailed in the Purpose section of this policy.

If it is felt that the internal processes that are available via the Raising Concerns, Freedom to Speak Up and Whistleblowing Policy and Procedure at Positive Impact Care Group cannot be used, the following external organisations can still be contacted:

- **Local Authority Safeguarding Team:** Wirral
  - Contact: Central Advice and Duty Team - cadt@wirral.gov.uk
  - Telephone: 0151 666 5150
- **The Care Quality Commission (CQC):**
  - Address: Citygate, Gallowgate, Newcastle upon Tyne NE1 4PA
  - Email: enquiries@cqc.org.uk
  - Telephone: 03000 616161
  - Report online: https://www.cqc.org.uk/give-feedback-on-care
- **The Police**
  - If the safeguarding concerns involve criminal activity, such as physical or sexual abuse or if someone is in immediate danger, the matter should be reported to the police. They can investigate and take immediate action if needed

In cases where the Registered Manager or Stefan Brunt are suspended due to a pending investigation, the Discipline Policy and Procedure will be followed. In these instances, Positive Impact Care Group or another representative instructed by Positive Impact Care Group will be responsible for this process.

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5.26 Allegations Against People who are Relatives or Friends

There is a clear difference between unintentional harm caused inadvertently by a relative or friend and a deliberate act of either harm or omission, in which case the same principles and responsibilities for reporting to the police apply. In cases where unintentional harm has occurred, this may be due to lack of knowledge or due to the fact that the relative's own physical or mental needs make them unable to care adequately for the adult at risk. The relative may also be an adult at risk. In this situation, the aim is to protect the adult from harm, work to support the relative to provide support and to help make changes in their behaviour in order to decrease the risk of further harm to the person they are caring for. A carer's assessment will take into account a number of factors and a referral to Wirral will be made as part of the safeguarding process.

5.27 Pressure Ulcers

Positive Impact Care Group must follow local safeguarding reporting requirements and the Department of Health and Social Care (DHSC) guidance 'Pressure Ulcers: How to Safeguard Adults' (a link can be found in the Underpinning Knowledge section of this policy) with regards to pressure ulcers.

The aim of the DHSC guidance is to provide a national framework, identifying pressure ulcers as primarily an issue for clinical investigation rather than a safeguarding enquiry led by the local authority. Indicators to help decide when a pressure ulcer case may additionally need a safeguarding enquiry are included.

'It is the responsibility of the designated safeguarding lead in each setting to appropriately triage any safeguarding concerns and ensure that referrals to the local authority for consideration of a Section 42 (2) enquiry are appropriate.' (GOV.UK 2025)

The DHSC guidance contains the following appendices that are used in the decision making:

- Appendix 1: Adult safeguarding decision guide
- Appendix 2: Body map
- Appendix 3: Adult safeguarding concern proforma regarding pressure ulceration

Safeguarding Concern Assessment Guidance:

- A history of the development of the skin damage should first be obtained by a clinician, usually a nurse
- Where there is concern from the clinician assessing the pressure ulcer that there has been abuse or neglect that can be directly associated with the pressure ulcer, there is a need to raise it as a safeguarding concern within Positive Impact Care Group
- In some cases it may warrant raising a safeguarding concern with Wirral
- If the Service User's care has recently been transferred, this may require contact being made with former care providers for information to seek clarification about the cause and timing of the skin damage. This is the responsibility of Positive Impact Care Group and a concern should not be raised with Wirral until this has been done
- If a concern is raised that the Service User has severe damage, Mr Stefan Lee Brunt/Mr Thomas Deane Carter should:
    - Complete the adult safeguarding decision guide
    - Raise an incident immediately as per the policy of Positive Impact Care Group
    - (Severe damage in the case of pressure ulcers may be indicated in some cases by multiple category 2 or single category 3 or 4 ulcers, but could also

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be indicated by the impact the pressure damage has on the Service User affected (for example, pain)

Adult Safeguarding Decision Guide:

- The decision guide should be completed by a qualified member of staff who is a practising registered nurse (RN) with experience in wound management and not directly involved in the provision of care to the Service User at the time the pressure ulcer developed (settings where a suitable RN is not employed will escalate to the appropriate community team)
- The adult safeguarding decision guide should be completed immediately or within 48 hours of identifying the pressure ulcer of concern. In exceptional circumstances, this timescale may be extended but the reasons for extension should be recorded
- The outcome of the assessment should be documented on the adult safeguarding decision guide. If further advice or support is needed with regards to making the decision to raise a concern to Wirral, the Registered Manager or the Safeguarding Lead, Stefan Brunt, should be involved
- Where the Service User has been transferred into the care of Positive Impact Care Group it may not be possible to complete the decision guide. Contact should be made with the transferring organisation to ascertain if the decision guide has been completed or any other action taken
- Following this, a decision should be made whether to raise a safeguarding adults concern with Wirral, in line with agreed local arrangements
- The decision as to whether there should be a Section 42 enquiry will be taken by the local authority, informed by a clinical view. A summary of the decision should be recorded and shared with all agencies involved
- Where an internal investigation is required, this should be completed by the organisation that is, or was, taking care of the Service User when the pressure ulcer developed, in line with the local policies
- The local authority needs to decide or agree after completion of the internal investigation if a full multi-agency meeting (virtual or face to face) needs to be convened to agree findings, decide on safeguarding outcomes and any actions
- The safeguarding decision guide assessment considers 6 important questions that together indicate a safeguarding decision guide score. This score should be used to help inform decision making regarding escalation of safeguarding concerns related to the pressure ulceration. It is not a tool to risk assess for the development of pressure damage
- The threshold for raising a concern is 15 or above in most instances. However, this should not replace professional judgement
- Photographic evidence to support the report should be provided wherever possible. Consent for this should be sought as per local policy but great sensitivity and care must be taken to protect the identity of the individual
- A body map should be used to record skin damage and can be used as evidence, if necessary, at a later date. If 2 workers observed the skin damage, they should both sign the body map where possible
- Documentation of the pressure ulcer should include as a minimum:
    - Site
    - Size (including its maximum length, width and depth in centimetres)
    - Tissue type
    - Category
- Where the decision guide score is 15 or higher, or where professional judgement determines safeguarding concerns, copies of the completed decision guide and

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safeguarding concern proforma should then be sent to the adult safeguarding team within Wirral. Copies of both should also be retained in the Service User's Care Plan

- Where there is no indication that a safeguarding concern needs to be raised, the completed decision guide should be retained in the Service User's Care Plan

5.28 Medication Errors

Positive Impact Care Group must follow local safeguarding reporting procedures for medication errors and ensure that notifications are made to the CQC in line with statutory requirements. Positive Impact Care Group will have an open and transparent approach to medication incidents, ensure that staff follow the Medication Errors and Near Misses Policy and Procedure at Positive Impact Care Group and understand their duty of candour responsibilities.

5.29 Exploitation by Radicalisers who Promote Violence

Individuals may be susceptible to exploitation into violent extremism by radicalisers. Staff will be expected to follow the Protecting Adults at Risk from Radicalisation Policy and Procedure in place at Positive Impact Care Group.

5.30 Self-neglect and Refusal of Care

Positive Impact Care Group must ensure that staff understand the importance of delivering care as detailed in the Care Plan. Where the Service User refuses Support, this must always be documented. Where refusal occurs repeatedly, it must be escalated by Positive Impact Care Group as a safeguarding concern and a request for a review of the Service User's Support will be instigated.

Where a Service User is refusing support or care which may cause self-neglect, they can also be at greater risk of abuse from others , as they may not be on the radar on local services that could provide a safety net against abuse.

5.31 Restrictive Practices Including Restraint and Physical Interventions

The Restrictive Practices Including Restraint and Physical Interventions Policy and Procedure must always be followed to prevent the unauthorised and potentially abusive use of restraint, physical interventions or restrictive practices at Positive Impact Care Group.

At all times if restraint/physical intervention is used it:

- Must be only used when absolutely necessary, be proportionate in relation to the risk of harm and the seriousness of that harm to the person using the service or another person
- Takes account of the assessment of the person's needs and their capacity to consent to such treatment
- Follows current legislation and guidance

Positive Impact Care Group will regularly monitor and review the approach to, and use of, restraint and restrictive practices. If any aspect of the restraint policy is not followed it is recognised that there may be abuse and in those situations this safeguarding policy will be used to assess, manage and define any actions taken.

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5.32 Abuse and Sexual Safety

We recognise that culture, environment and processes support the Service User's sexuality and keep them and staff safe from sexual harm. As such, Positive Impact Care Group will ensure that sexuality is discussed as part of the Care Plan process and is addressed positively to support people to raise concerns where necessary.

The CQC publication on sexuality and sexual safety can be referred to for further guidance in this area.

5.33 Criminal offences

Everyone is entitled to the protection of the law and access to justice. Behaviour which amounts to abuse and neglect, for example physical or sexual assault or rape, psychological abuse or hate crime, wilful neglect, unlawful imprisonment, theft and fraud and certain forms of discrimination also often constitute specific criminal offences under various pieces of legislation.

Wirral has the lead role in making enquiries. However, where criminal activity is suspected, the early involvement of the police should take place.

5.34 Risk Assessment and Management

Achieving a balance between the right of the Service User to control their Support package and ensuring that adequate protections are in place to safeguard wellbeing is a very challenging task. The assessment of the risk of abuse, neglect and exploitation of Service Users will be integral in all assessment and planning processes. Assessment of risk is dynamic and ongoing, especially during the adult safeguarding process, and must be reviewed throughout so that adjustments can be made in response to changes in the levels and nature of risk.

5.35 Training and Competencies

Positive Impact Care Group has a robust training programme relating to safeguarding, ensuring that staff understand the different types of abuse and how to recognise and respond to incidents, allegations or concerns of abuse or harm.

Positive Impact Care Group will benchmark its training and competencies within the service with the framework outlined in the Royal College of Nursing Intercollegiate Guidance, 'Adult Safeguarding: Roles and Competencies for Health Care Staff'(2024), which it recognises applies to social care staff also, and does not replace any local or contractual requirements but acts as a minimum benchmark. Positive Impact Care Group will also refer to the 'NHS Prevent Training and Competencies Framework' for more specific training requirements in relation to the Prevent strategy.

Staff, including volunteers at Positive Impact Care Group, are trained in recognising the symptoms of abuse or neglect, how to respond and where to go for advice and assistance.

Training takes place at all levels in Positive Impact Care Group and is updated regularly to reflect current best practice. To ensure that practice is consistent, no staff group is excluded, including the Registered Manager and the Safeguarding Lead, Stefan Brunt at Positive Impact Care Group.

Stefan Brunt is sufficiently qualified to hold such a role and has at least a Level 3 Safeguarding Qualification which is refreshed at least every 2 years as a minimum.

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Stefan Brunt will cascade safeguarding information about adults at risk to appropriate staff members. Stefan Brunt will undertake and provide internal training and attend local safeguarding partnership updates, education and development sessions including regular group-based supervision.

Training needs to make a difference to the understanding, confidence and competence of staff. Assess what changes it has prompted through regular supervision sessions as well as annually during appraisals. Arrange refresher training if the annual check indicates this is needed.

5.36 Deprivation Of Liberty in Community Settings

Where a person lacks mental capacity to consent to the arrangements for their care or treatment, including depriving them of their liberty, Positive Impact Care Group will follow a best interest process in accordance with the Mental Capacity Act 2005, including the use of the Mental Capacity Act 2005 Deprivation Of Liberty in Community Settings.

The Deprivation Of Liberty in Community Settings Policy and Procedure for Positive Impact Care Group will always be followed to ensure that where a person's liberty is controlled, this is only done when they are assessed as not having capacity, when it is in their best interests and an appropriate application has been made to the Local Authority.

It is recognised that if the Service User has their liberty denied, and they have capacity, this is abuse and this safeguarding policy will be used to define the actions to be taken.

5.37 Audit and Compliance

It is essential that the implementation of this policy and associated procedures is audited to ensure that Positive Impact Care Group is doing all it can to safeguard those receiving its services. The audit of this policy will be completed through a systematic audit of:

- Recruitment procedures and disclosure and barring checks
- Incident reporting, frequency and severity
- Training processes, including reviews of uptake of training and evaluations

Safeguarding concerns and incidents will be reviewed by the senior management team as part of a root cause analysis with the following terms of reference:

- Review incident themes
- Reports from the lead responsible for safeguarding within Positive Impact Care Group
- Look in detail at specific cases to determine learning or organisational learning
- Ensure implementation of the Safeguarding Adults Policy and Procedure

Positive Impact Care Group should maintain and regularly audit care records (in addition to external checks, such as audits or Care Quality Commission inspections) and ensure that they are complete and available in case they are needed if a safeguarding concern is raised.

Positive Impact Care Group will also ensure that as part of lessons learnt duty of candour is always followed.

5.38 Sharing of Information

Positive Impact Care Group acknowledges that the sharing of information may be required when dealing with Safeguarding concerns.

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Information will be made accessible to health professionals, advocates, families, legal representatives acting on behalf of Service Users, and those close to them. The process for sharing information will follow the steps set out within the Data Protection and UK GDPR Policies and Procedures at Positive Impact Care Group.

6. Definitions

6.1 Safeguarding Referral

- Referral is when information regarding a possible safeguarding incident is passed on to another person for their direction. In the case of this policy, from the Provider to the Adult Social Care Team
- Sometimes this may be referred to as 'reporting'

6.2 Multi-agency

- More than one agency coming together to work for a common purpose
- This could include partners of the local authority such as: Integrated Care Boards (ICBs), NHS trusts and NHS foundation trusts, Department for Work and Pensions, the police, prisons, probation services, and/or other agencies such as general practitioners, dentists, pharmacists, NHS hospitals, housing, health and care providers

6.3 Adults at Risk

- Adults at risk means adults who need community care services because of mental or other disability, age or illness, and who are, or may be, unable to take care of themselves against significant harm or exploitation
- The term replaces ‘vulnerable adult’

6.4 Safeguarding Adults Board

- The Care Act 2014 required each local authority to set up a Safeguarding Adults Board
- This includes the local authority, the NHS and the police. They should meet regularly to discuss and act upon local safeguarding issues
- They develop shared plans for safeguarding, working with local people to decide how best to protect adults in vulnerable situations

6.5 Whistleblowing

- The disclosure of information which relates to suspected wrongdoing or dangers at work. This may include (but is not limited to):
    - Criminal activity
    - Failure to comply with any legal (or professional) obligation or regulatory requirements
    - Miscarriages of justice
    - Danger to health and safety
    - Damage to the environment
    - Bribery
    - Facilitating tax evasion
    - Financial fraud or mismanagement
    - Breach of internal policies and procedures

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- Conduct likely to damage the reputation or financial wellbeing of the organisation
- Unauthorised disclosure of confidential information
- Negligence
- The deliberate concealment of any of the above matters

6.6 Deprivation of Liberty Safeguards (DoLS)

- To determine deprivation of liberty
  - Objective Test: Assess the nature, duration, and intensity of the restrictions
  - Service User's Perspective: Consider how the person feels about the restrictions. Both objective and subjective factors must be taken into account
  - Type of Care: What kind of care or treatment is being provided?
  - Duration: How long is the care or restriction in place?
  - Effects: What impact does the care or restriction have on the person?
  - Environment: How does the setting compare to the person's home environment or a similar home-like setting?
  - Restrictions: How are the restrictions implemented, and how do they affect the person's freedom?
- Remember, no single factor will decide if someone is deprived of their liberty. It is important to look at the overall circumstances and consider all these elements together

6.7 A Person with Care and Support Needs

- According to the Care Act 2014, an older person, a person with a physical disability, a learning difficulty or a sensory impairment, someone with mental health needs, including dementia or a personality disorder, a person with a long-term health condition, someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living

6.8 Investigation

- Investigation is a process that focuses on gathering good evidence that can be used as a basis for the decision as to whether or not abuse has occurred
- It must be a rigorous process and the evidence must be capable of withstanding close scrutiny, as it may later be required for formal proceedings

6.9 Caldicott Principles

- A set of guidelines developed to ensure that confidential information, particularly patient information in health and social care, is handled responsibly and ethically

6.10 Making Safeguarding Personal

- An approach to adult safeguarding that focuses on putting the individual at the centre of the process, ensuring their views and wishes are prioritised, and working collaboratively with them to achieve their desired outcomes

6.11 Honour Based Violence

- A crime or incident committed to protect or defend the 'honour' of a family or community

6.12 Forced Marriage

- Where one or both people do not, or cannot, consent (agree) to the marriage

6.13 Independent Mental Capacity Advocate (IMCA)

- An advocate appointed to act on a person's behalf if they lack capacity to make certain decisions

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- Refer to the Mental Capacity Act (MCA) 2005 Policy and Procedure

6.14 Female Genital Mutilation (FGM)

- The World Health Organisation defines FGM as: 'Any procedure which involves the partial or complete removal of the external female genitalia or other injury to the female genital organs for nonmedical reasons.' FGM violates the rights and dignity of women and girls and is illegal regardless of the age of the female on which it is performed

7. Key Facts - Professionals

Professionals providing this service should be aware of the following:

- The Service User to whom the incident has happened will be consulted and supported to be involved in the safeguarding process and provided with information they understand throughout
- Positive Impact Care Group is committed to supporting and protecting the wellbeing of Service Users by preventing harm and reporting and dealing with incidents of abuse through a proper process
- If the alleged victim requires immediate removal from harm or medical attention, this will be done immediately
- Positive Impact Care Group will be led by the Local Authority Adult Safeguarding Team as to 'next steps' such as enquiries
- If it is suspected that a crime has taken place, the reporter of the incident must call the police immediately
- The Registered Manager or Stefan Brunt will refer safeguarding concerns to the Local Authority Safeguarding Adults Team
- Staff of Positive Impact Care Group will report safeguarding concerns to the Registered Manager or Stefan Brunt
- Safeguarding is everybody's business. Agencies have a duty to report safeguarding concerns to the local Safeguarding Adults Team

8. Key Facts - People Affected by The Service

People affected by this service should be aware of the following:

- Positive Impact Care Group will have reviewed your Care Plan and worked with you to support you through the enquiry process and moving on in the future
- When the facts are brought together and a way forward has been decided with your input if possible, you will be talked through the findings
- Positive Impact Care Group has a duty to safeguard the people using its service
- If it seems a crime has taken place, the police will be called immediately
- Other agencies may be involved in getting to the facts of the incident
- If you need extra support such as an advocate, one will be provided for you
- If something happens that may be a safeguarding incident which involves you, Positive Impact Care Group will make sure that you understand your choices and

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the next steps, and that you are included as much as you want and can be

- Positive Impact Care Group will provide information and Care Plans to help you understand safeguarding and what to look out for

Further Reading

Please refer to the QCS Resource Centre for a full safeguarding pack as well as posters to raise awareness.

NHS - Abuse and Neglect of Adults at Risk

https://www.nhs.uk/social-care-and-support/help-from-social-services-and-charities/abuse-and-neglect-adults-at-risk/

SCIE - Safeguarding Adults Training Course for Managers and Newly Appointed Safeguarding Leads:

https://www.scie.org.uk/safeguarding/

Home Office - Mandatory Reporting of Female Genital Mutilation: Procedural Information:

https://assets.publishing.service.gov.uk/media/5a8086f2ed915d74e33faefc/FGM_Mandatory_Reporting_-_procedural_information_nov16_FINAL.pdf

GOV.UK - Criminal Exploitation of Children and Vulnerable Adults: County Lines:

https://www.gov.uk/government/publications/criminal-exploitation-of-children-and-vulnerable-adults-county-lines

CQC - Promoting Sexual Safety Through Empowerment:

https://www.cqc.org.uk/sites/default/files/20200225_sexual_safety_sexuality.pdf

Prevent E-Learning:

https://www.elearning.prevent.homeoffice.gov.uk/edu/screen1.html

Worcestershire Safeguarding Adults Board - Protocol for responding to allegations about people in a position of trust (PiPoT) working with adults:

https://www.safeguardingworcestershire.org.uk/wp-content/uploads/2022/01/Position-of-Trust-Protocol-Final-Version-v2.1.pdf

Hillingdon Safeguarding Partnership - Adult Local Authority Designated Officer (ALADO) Process 2024-2026:

https://hillingdonsab.org.uk/wp-content/uploads/2024/05/Adult-LADO-Process-2024-2026-1.pdf

Support and Help:

- **Hourglass - Resources and Forums:** https://wearehourglass.org/

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- **NHS - Social Care Telephone Helplines and Forums:** https://www.nhs.uk/conditions/social-care-and-support-guide/help-from-social-services-and-charities/helplines-and-forums/
- **NHS - Someone to Speak Up for You (Advocate):** https://www.nhs.uk/conditions/social-care-and-support-guide/help-from-social-services-and-charities/someone-to-speak-up-for-you-advocate/
- **MIND - Guide to Getting Help and Support for Abuse:** https://www.mind.org.uk/information-support/guides-to-support-and-services/abuse/
- **Citizens Advice - Domestic Abuse:** https://www.citizensadvice.org.uk/family/gender-violence/domestic-violence-and-abuse/

NICE - Safeguarding Adults in Care Homes: (Guidance document for best practice reference where applicable to the provider):

https://cks.nice.org.uk/topics/safeguarding-adults-in-care-homes/

Outstanding Practice

To be "outstanding" in this policy area you could provide evidence that:

- The wide understanding of the policy is enabled by proactive use of the QCS App
- Service Users report that if they are involved in a safeguarding incident, then they are supported to be involved as much as they would like
- Staff report that the service is fully aware of its responsibilities with regard to safeguarding, that they are encouraged to report incidents and are fully supported through the process
- The same issues do not reoccur and robust measures and systems have been put in place to address the original safeguarding concern
- Records are kept in regard to safeguarding and are extremely clear, transparent and well-ordered with all incidents reviewed and learning disseminated. Training materials are updated to reflect any learning
- Care or support planning includes tailored information to support Service Users to make safe choices to promote independence and wellbeing. People report that they feel safe and well supported

Forms

The following forms are included as part of this policy:

Title of form	When would the form be used?	Created by
Safeguarding Incident Log	When a safeguarding concern or incident arises.	QCS

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Title of form	When would the form be used?	Created by
County Lines and Cuckooing - CR74	To raise awareness of different types of abuse.	QCS
Safeguarding Adults Statement - CR74	For display in the office.	QCS
Safeguarding Leaflet - CR74	On assessment, review or when concerns arise. To be used to offer guidance on who to contact. Please note an editable version can be located within the Resource Centre	QCS
Safeguarding Adults Flowchart	As a flowchart personalised with local contact information.	QCS

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Safeguarding Incident Log

Service User Name:	
Name of person investigating incident/completing this form:	
Name of person reporting incident (if not Service User):	
Service User location:	
Time and date of incident:	
Precise location of incident:	
Details of incident (include description of incident, as well as the names of any individuals who may have been involved. Remember to take care not to lead the Service User):	

Use additional sheets if necessary

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Name of witness(es):
Details of any injuries/was medical attention required?
What decision has been reached as a result of investigating the incident?
Name and designation of witness/advocate/support for Service User during discussion/report taking:

Use additional sheets if necessary

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What immediate action was taken?
What lessons have been learned from this incident and investigation?
Were any outside agencies contacted? If so, who?

Use additional sheets if necessary

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Registered Manager recommendations, including Care Plan changes:	
What actions will be taken to prevent further incidents?	
Signature:	
Print Name:	
Title:	
Date:	
Reported to Management Meeting by:	
Date:	

One copy of this form to be held in the Service User's personal file, one copy in the Safeguarding Incident file.

Use additional sheets if necessary

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County Lines and Cuckooing - CR74

Cuckooing and County Lines Fact Sheet

What are County Lines?

County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of 'deal line'. They are likely to exploit children and vulnerable adults to move and store the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons. County lines activity and the associated violence, drug dealing and exploitation has a devastating impact on young people, vulnerable adults and local communities.

Gangs typically use children and adults at risk of harm to transport and/or deal drugs to customers. These victims are recruited using intimidation, deception, violence, debt bondage or grooming. During this process, the ‘victims’ are likely to commit criminal offences.

Who does it affect?

The term 'vulnerable adults' is used here in the context of ‘vulnerable to harm or abuse’. They do not need to be receiving social care or support to be vulnerable. Some vulnerabilities are outlined in this fact sheet.

County lines exploitation:

- Can affect any child or young person (male or female) under the age of 18 years
- Can affect any vulnerable adult over the age of 18 years
- Can still be exploitation even if the activity appears consensual
- Can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence
- Can be perpetrated by individuals or groups, males or females, and young people or adults and
- Is typified by some form of power imbalance in favour of those perpetrating the exploitation. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources.

One of the key factors found in most cases of county lines exploitation is the presence of some form of exchange (e.g. carrying drugs in return for something). Where it is the victim who is offered, promised or given something they need or want, the exchange can include both tangible (such as money, drugs or clothes) and intangible rewards (such as status, protection or perceived friendship or affection).

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Some of the factors that heighten a person's vulnerability include:

- Having prior experience of neglect, physical and/or sexual abuse
- Lack of a safe/stable home environment, now or in the past (domestic violence or parental substance misuse, mental health issues or criminality, for example)
- Social isolation or social difficulties
- Economic vulnerability
- Homelessness or insecure accommodation status
- Connections with other people involved in gangs
- Having a physical or learning disability
- Having mental health or substance misuse issues
- Being in care (particularly those in residential care and those with interrupted care histories)
- Being excluded from mainstream education, in particular attending a Pupil Referral Unit

What happens?

- Once in debt to a dealer, they will be encouraged to sell drugs to pay the debt off
- The gang will ensure the debt is never fully paid off and the victim can quickly become trapped in a cycle where their only option is to commit further crime
- The more crime they commit, the less likely they are to tell someone what is happening or seek help
- They will be dispatched to travel to other parts of the country where they are not known to police or social services and can essentially fly under the radar
- During this time away from home they are highly at risk of coming to further harm at the hands of people they are dealing to or rival local drug dealers
- Older people may become exploited to also traffic drugs, weapons and cash but additionally their homes might get taken over by gangs needing somewhere to hide drugs or deal from
- Adults with mental or physical disabilities, adults with addictions or adults who are particularly elderly may experience '**cuckooing'** where a gang takes over their home
- Other victims include the relatives of the exploited person who 'lose' their loved one to a criminal gang, and the communities where the drug dealing and

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associated violence is exported to

What are the signs in adults?

In adults, signs of ‘cuckooing’ can include:

- A loved one or neighbour not being seen for some time
- Unknown visitors and vehicles to their house at unusual times
- Exchanges of cash or packages outside their home
- Open drug use in the street; damage and deterioration to the appearance of their home
- A change in their own personality or behaviour and appearing nervous, worried or intimidated

What should you do?

If you are worried that a person is at immediate risk of harm, you should also contact the police, your local safeguarding team or, in the case of a child, your local safeguarding partner (the group of Local Authority, ICB and police. Refer to 'Working Together to Safeguard Children 2018' for more information.)

References

Serious Violence Strategy April 2018:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/698009/serious-violence-strategy.pdf

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Safeguarding Adults Statement - CR74

Safeguarding is described as ‘protecting an adult’s right to live in safety, free from abuse and neglect'. Adult safeguarding is about preventing and responding to concerns of abuse, harm or neglect of adults. Individuals who are vulnerable may be unable to take care of themselves or protect themselves against significant harm or exploitation. This means that they may be at risk of abuse or neglect due to the actions (or lack of action) of another person. In these cases, it is vital that Positive Impact Care Group works together to identify people at risk and put steps in place to help prevent abuse or neglect.

Safeguarding adults is a priority for Positive Impact Care Group. The activities carried out by Positive Impact Care Group mean that there are a range of staff and people working on our behalf who may come into contact with people who are at risk of harm.

What action must you take if you have concerns?

Positive Impact Care Group follows Wirral safeguarding procedures and its own policy and procedure details the responsibilities and action required by all staff. If you have any concerns that someone is at risk of harm or abuse, is being harmed or abused, you **must** take action.

- Ensure your own safety – leave the situation if you are at risk of harm
- Where there is clear evidence of harm or an imminent danger, call the emergency services immediately
- Treat all allegations of abuse seriously
- Report concerns to your line manager as soon as possible

Who do you report your concerns to?

At Positive Impact Care Group the person responsible for safeguarding is:

Stefan Brunt

They can be contacted on **07359419213** or **sb@positiveimpactcare.com**

Escalating Concerns

We report our concerns to **Wirral**

Central Advice and Duty Team - cadt@wirral.gov.uk

0151 666 5150

Raising a Concern to the CQC

You can also contact the CQC if you feel that you cannot use the Raising Concerns, Freedom to Speak Up and Whistleblowing Policy and Procedure at Positive Impact Care Group. The CQC can be contacted by using the following methods:

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6th Floor, Horton House, Exchange Flags, Liverpool L2 3PF

Phone: 03000 616161

Email: Enquiries@cqc.org.uk

Post: CQC National Correspondence, Citygate, Gallowgate, Newcastle upon Tyne. NE1 4PA

This statement and our full Safeguarding Adults Policy and Procedure is available online and in other languages by accessing www.qcs.co.uk

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Safeguarding Leaflet - CR74

Concerned About Abuse

A Guide to Keeping Safe for People who use our Services

What Can You Do?

- No one should have to live with abuse
- By reporting abuse, you can help bring it to an end
- You may feel completely alone but you are not
- There are people who can help and it is important to get in touch with them
- Abuse can be very confusing especially if you look up to the person hurting you or if they are a friend or a member of your family
- You might not want to talk to someone you know and might prefer to speak to or email someone at one of the services in this factsheet
- These services have people who are trained to help and support you and they will not be shocked or surprised at what you say. They will listen to you and help you decide what to do

Who Can Help?

Safeguarding Team	Police
Stefan Brunt 07359419213 sb@positiveimpactcare.com Website:	In an Emergency: 999 In a non-emergency: 101
Care Quality Commission (CQC)	**Silverline**
Phone: 03000 61 61 61 Web: https://www.cqc.org.uk/	Confidential 24-Hour Helpline Phone: 0800 4 70 80 90 Web: https://www.thesilverline.org.uk/

Local Authority

Central Advice and Duty Team - cadt@wirral.gov.uk

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Adult Abuse	
What is Adult Abuse?	**Adult Abuse is Wrong**
• Adult abuse is when someone hurts or scares you on purpose • They might say, 'Don't tell anyone'	• Adult abuse can happen to anyone • You need to know what to do if it happens to you or to someone you know
Abuse can Happen Anywhere	**Abuse can be Caused by Anyone**
• At home • In a community setting or residential service • In hospital • In a day service, work, school • On the internet or phone • Public place/in the community	• A partner or relative • A friend or neighbour • Sometimes a person pretends to be your friend so they can abuse you. This is called 'Mate Crime' • A paid or volunteer carer • Other Service Users • Someone in a position of trust • A stranger
Some Examples of Abuse	
Physical Abuse	**Neglect**
• Being hit, slapped, kicked, or hurt in another way • Being pushed • Being restrained	• This is when you do not get the help you need. It might include not getting help with your medication, or your care needs, or not giving you enough food
Sexual Abuse	**Discriminatory Abuse**
• This is when someone touches your private parts when you don't want them to, or makes you touch them • It is also when someone talks to you about sex when you don't want them to	• This is when someone treats you badly because you are different to them. This is sometimes called 'Hate Crime' • This could be because of your age or gender; sexuality or disability; race or religious belief
Financial or Material Abuse	**Organisational Abuse**
• This is when someone takes something that belongs to you without asking, or makes you give them things	• If abuse is caused by an organisation, it is often called 'Organisational Abuse'. This is where you are not being cared for properly. It is where your own choices are ignored

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Some Examples of Abuse (continued)	
Modern Slavery	**Self-neglect**
• This is when someone is forced to work with little or no pay, or threatened with violence if they do not work	• This is when someone might come to harm because they do not look after themselves • This might be not eating or taking their medication or looking after their personal hygiene
Domestic Violence and Abuse	**Psychological Abuse**
• When abuse occurs between partners or family members, it is often called 'Domestic Violence and Abuse'	• This is when someone tries to control or hurt you emotionally with what they say or do • It could be name calling, threats, silence, humiliation, bullying

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Safeguarding Adults Flowchart

You suspect an adult at risk is being abused

An adult at risk discloses information about abuse

An individual discloses information about an adult at risk and potential abuse

Discuss your concerns with work colleagues. (Unless they may be implicated in the abuse)

Consider if it is abuse or something else?

- Listen carefully to what the adult at risk has to say.
- Acknowledge information about allegations or concerns of abuse and take the person seriously.
- Reassure but do not make any promises.
- Ask what they would like to do and seek consent to refer where appropriate.

Contact your organisation's safeguarding lead

on phone number

to seek advice on what to do next

If the person is in immediate danger or in need of medical or urgent attention CALL 999

Concerns resolved

No further action, although may need to signpost or provide additional support. Keep full and complete records of actions taken

Still Concerned – Refer to Appropriate Lead Service

Local Authority Name:	

	Police
Tel:	
Email:	

Safeguarding Adults Team (Office Hrs)	
Tel:	
Email/Fax:	

Safeguarding Adults Team (Out of Office Hrs)	
Tel:	
Email/Fax:	

Notify CQC - Tel: 03000 616161 Email: enquiries@cqc.org.uk - Give feedback on care

Remember - Further Actions

Keep full and complete records of actions and concerns and be available to participate in case conference meetings should this be required

Do you need to take additional actions such as:

Regulatory notifications

- Reflect
- Learn Lessons
- Review Practice

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