

Adult Protection Policy and Procedures

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1 Policy Statement

The Management at MOONSTONE CARE UK believes that all service users have the right to live free from abuse. We acknowledge that the abuse of vulnerable adults constitutes a clear infringement of their human and civil rights. We fully support the multi-agency safeguarding adults policy and procedures ¹ and will work in partnership with all the other agencies as required to ensure and uphold the right of vulnerable adults to be protected from any harm or exploitation.

'Adult at risk of harm' or 'Adults at Risk' means the same as and replaces the term

'Vulnerable Adult' used in 'No Secrets' 2000. Either of these will be used through this document.

2 Aim of Policy

Our Policy and procedures aim to make sure that:

- The needs and interests of adults at risk of harm are always respected and upheld.
- The human rights of adults at risk of harm are respected and upheld.
- The primary aim for MOONSTONE CARE UK alongside other professionals shall be to prevent harm and safeguard Service Users from any form of abuse, exploitation or mistreatment through deliberate intent, negligence or ignorance.
- A proportionate, timely, professional and ethical response is made to any adult at risk of harm.
- All decisions and actions are taken in line with the Mental Capacity Act 2005.
- Increase awareness and recognition of the problem of abuse

The procedures also aim to make sure that each adult at risk maintains:

- Choice and control.
- Privacy
- Safety.
- Health.
- Quality of life and fulfilment.
- Dignity and respect.
- Rights and access to justice.

¹ Protecting Adults At Risk: London Multi-Agency policy and procedures

3. Our Values & Principles

All service users have the right to:

1. Be treated with respect and dignity by their families, carers, volunteers and professionals who provide a service for them
2. Receive services in a way that acknowledges their abilities and diverse needs and does not discriminate on the grounds of age, gender, sexuality, disability, ethnic origin, culture, religion, belief or lifestyle.
3. Live safely at home and move freely within the community without any fear of physical or emotional abuse.
4. Receive protection for themselves, their personal finances and belongings.
5. Receive services that enable development of their full potential, participation within the community and to become as independent as possible, accepting that self determination involves risk and that such risk is assessed, recognised and understood by all concerned.
6. To be fully informed of service options in a form they understand and fully involved in any decisions that affect them even if that decision incorporates an element of risk and be re-assured that the least intrusive response is given appropriate to the risk presented.
7. Be given support to make a complaint or seek help when mistreatment occurs
8. Confidentiality and to be made aware when and on what basis information might be shared with others.
9. Access to information held by MOONSTONE CARE UK regarding their personal and health records.
10. An independent advocate at any stage in the abuse investigation process as appropriate to their needs.

All staff, service users, their families or representatives or any other members of the public who make a complaint or raise a concern, report an incident or alleged abuse should be reassured that:

- They will be listened to, taken seriously and actual or suspected harm or neglect will be investigated
- Their comments are treated confidentially but their concerns may be shared if they or others are at risk
- A service user will be given immediate protection from the risk of reprisals or intimidation
- Staff will be given support and protection as required, under our Whistle blowing policy.
- They will be kept informed of the action that has been taken and the outcome of the investigation
- Good Practice under the Mental Capacity Act 2005 and associated Code of Practice will be followed.

4. Definition of an 'adult at risk'

An Adult at Risk is: an adult aged 18 years or over „who is or may be in need of Community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself from significant harm or exploitation“ (No Secrets, DH, 2000).

An adult at risk *may* therefore be a person who:

- Is frail due to age, ill health, physical disability or cognitive impairment.
- Has a learning disability.
- Have a physical disability and/ or a sensory impairment.
- Has mental health needs including dementia or a personality disorder.
- Have a long-term illness/ condition.
- Misuses substances or alcohol.
- Is a victim of domestic violence or abuse
- Is a carer such as a paid or unpaid family member/ friend who provides personal assistance and care to adults and is subject to harm.
- Is unable to demonstrate the capacity to make a decision and is in need of care and support
- Is aged 18+ and is continuing within the Special Education system.

(This list is not exhaustive).

In the context of Safeguarding Adults, the vulnerability of the adult at risk is related to how they are able to make and exercise their own informed choices free from duress, pressure or undue influence of any sort and to protect themselves from harm, neglect and exploitation. It is important to note that people with capacity can also be at risk.

An adult at risk's vulnerability is determined by a range of interconnected factors including personal characteristics, factors associated with their situation or environment or social factors.

5. Implications about Mental Capacity

All interventions need to take into account the ability of adults to make informed choices about the way they want to live and the risks they want to take.

This includes their ability:

- To understand the implications of their situation.

- To take action themselves to prevent harm.
- To participate to the fullest extent possible in decision-making about interventions.

All decisions taken in the Safeguarding Adults process must comply with the Act. The Act says that:

A person lacks capacity in relation to a matter if at the material time he/she is unable to make a decision for himself/herself in relation to the matter because of an impairment of, or disturbance in the functioning of the mind or brain.

Further, a person is not able to make a decision if they are unable to:

- Understand the information relevant to the decision or
- Retain that information long enough for them to make the decision or
- Use or weigh up that information as part of the process of making the decision or communicate their decision (whether by talking, using sign language or by any other means such as muscle movements, blinking an eye or squeezing a hand).

Mental capacity is time—and–decision specific. This means that a person may be able to make some decisions but not others at a particular point in time. A person must receive all appropriate help and support to communicate their decision. Their ability to make a decision may also fluctuate over time. Record all Best Interest decisions.

See Section 1.2.2 page 6 of the multi-agency safeguarding adults policy for more information on the Mental Capacity Act.

Note: There is now a specific criminal offence; to wilfully ill- treat or neglect a person who lacks capacity by anyone who has responsibility for the care of that person

6. Restraint

MOONSTONE CARE UK has a specific policy on the use of restraint. In extreme circumstances the unlawful or inappropriate use of restraint may constitute a criminal offence.

7. Information Sharing:

When providing information it is important to be clear on whether you are relaying fact, observation, allegation or opinion and be able to back these up with evidence.

8. Consent:

You need to consider whether an adult at risk is capable of giving informed consent (Please refer to Appendix 1 for definitions)

9. What Constitutes Harm or Abuse:

Abuse is a violation of individuals human and civil rights by any other person or persons (No Secrets Department of Health, March 2000). “Harm” should be taken to include, not only ill treatment (including physical, sexual abuse and forms of abuse which are non-physical) but also exploitation or the impairment of, or the avoidable deterioration in, physical and mental health as well as the impairment of physical, intellectual, emotional, social and behavioural development.

- Harm or Abuse may consist of a single act or repeated acts. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.
- Anyone may experience abuse
- Abuse may be a deliberate act or may be the result of a failure to act appropriately.
- Abuse may occur within a personal relationship or within a professional relationship where there is an expectation of trust.
- Abuse can take place in any type of settings e.g. in a person’s own home, a care setting, a hospital, a day centre or any other public place.

Note: A number of harmful acts are crimes and informing the police must be a consideration

10. Types of harm/abuse and indicators

Please note that only summaries of definitions and indicators have been included in the following section 10. For a full list refer to pages 9 to 13 of the Multi-agency policy and procedures.

10.1 Physical Abuse

Is defined as non-accidental harm to the body and can range from careless rough handling to deliberate physical violence and may include:

1. Hitting
2. Slapping
3. Shaking
4. Pushing
5. Dragging
6. Kicking
7. Misuse of medication
8. Misuse or restraint
9. Causing physical discomfort through inappropriate treatment or withholding care

Indicators of Physical Abuse

The list below includes possible indicators for abuse but should not be taken to automatically confirm abuse

- A history or unexplained falls or minor injuries
- Unexplained bruising which is often characteristic of non-accidental injury:
Hand slap marks

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Pinch, grip marks to arms, legs and inner thigh

Black eyes, injuries to face and scalp

Marks that reflect the shape of an implement or an object.

Bruising to buttocks, lower abdomen, thighs and genital or rectal area could be indicator for sexual abuse.

- Burns or scalds
- Unexplained ulcers or pressure sores
- The person flinches at any physical contact
- Reluctance to undress or uncover part of the body

10.2 Sexual Abuse

Is defined as the involvement in sexual activities for which a person has not given consent or does not fully understand or was pressured into consenting and participating. **This may include:**

- Vaginal or anal rape
- Touching or being forced to touch another person in a sexual manner
- Being forced to watch pornography
- Being subjected to sexual innuendoes and harassment
- Not having the choice of a male or female carer to assist with intimate personal care.

Indicators of sexual abuse

Different people react in different ways to stress and trauma and therefore indicators of sexual abuse are individual but may include:

- Full disclosure directly or by means of hints and comments made by the victim
- Partial disclosure – the victim may use phrases such as: “it’s a secret”
- Unexplained change in behaviour including self-harm, obsession with washing, sexually explicit or seductive behaviour
- Physical signs may include:
 - Difficulty in walking or sitting
 - Torn, stained or bloody underwear
 - Urinary tract infections, vaginal infections or Sexually Transmitted Infections (STI)
 - Bruising to thighs lower abdomen and arms
 - Pregnancy in a woman who is unable to give Consent to sexual intercourse

10.3 Psychological or Emotional Abuse

Defined as any action which adversely impacts on an individual’s emotional well being, causing distress and anguish, adversely affecting their quality of life and ability to function to their full potential. **This may include:**

- Deprivation of an individual’s rights to choice and privacy
- Threats of harm or abandonment

- Being humiliated or bullied
- Being denied access to social activities or services (isolation)
- Living in an environment of fear and coercion
- Verbal abuse

Indicators of psychological or emotional abuse

- The victim may appear to be withdrawn, agitated or anxious
- The person appears to be intimidated or subdued in the presence of a certain individual
- Loss of interest in usual activities – appears depressed
- Poor concentration
- The person may be fearful of making choices or expressing their wishes
- The person appears to be fearful, frightened and or is avoiding eye contact
- Change in sleeping pattern
- Evidence of self- harm
- Refusal to eat
- Unusual weight loss or gain

10.4 Financial Abuse

Defined as the theft or misuse of any money, personal belongings or property of a vulnerable person. This can include:

- Theft of money or possessions
- Denying the right to access personal funds or benefits
- Fraud – use of person’s money without their consent, or being asked to part with money under false pretences.
- Unauthorised disposal of property or possessions
- Unauthorised use of personal property (i.e. telephone, washing machine etc)
- Pressure in connections with wills, inheritance and property matters
- The misuse or misappropriation of property, possessions or benefits

Indicators of Financial Abuse

- Unexplained or sudden inability to pay bills
- Unexplained withdrawals from bank or building society accounts
- Unexplained disappearance of money or valuables
- Unexplained disappearance of financial documents
- Person lacking goods or service that they can afford
- Appointed person managing finances is uncooperative

Factors which increase the risk and vulnerability of financial abuse are:

- Person is unable to manage their own money
- Person is dependent on others to handle their finances
- Person is isolated in the community

- Person has not got an independent advocate to assist with financial affairs

10.5 Neglect

Neglect can be defined as the omission or repeated deprivation of medical or physical care needs including the failure to intervene in behaviour which is dangerous to the vulnerable adult or to others: This can include:

- Failure to provide necessities such as food, fluids, shelter, heating, medication, clothing, hygiene and personal care
- Ignoring medical or physical care needs
- Failure to provide access to appropriate health or social care services
- Failure to report suspicions that a vulnerable adult is being abused in any care setting.
- Failure to undertake a reasonable assessment of risk and allowing a person to harm themselves or cause harm to others
- Withholding aids required for daily living such as continence, walking, hearing aids and glasses
- Preventing a person from receiving visitors or interacting with others.
- Failure to respond to a person's needs or preventing that these needs are met.

Indicators of Neglect

- Inadequate heating or lighting
- Neglect of accommodation
- Poor physical condition, weight-loss, poor hygiene, pressure sores
- Clothing and bedding in a very poor condition
- Failure to seek medical advice or support when required
- Difficulty gaining access to the person
- Unwarranted and unreasonable risk taking
- Failure to ensure appropriate privacy and dignity

10.6 Institutional Abuse

Institutional Abuse can be defined as the collective failure of an organisation to provide safe, appropriate and acceptable standards of services to vulnerable people.

Institutional abuse can take place in a person's own home, residential or nursing care setting, hospital or day care setting and can include:

- Any form of the abuse already described
- Excessively rigid regimes
- Lack of personal possessions
- Lack of choice in everyday activities
- Acceptable standards of care not being met
- Failure to ensure that adult protection policy and procedures are in place and complied with.

Indicators of Institutional Abuse

- Lack of privacy in personal care
- Service users not treated with respect and dignity
- Lack of personal clothing or possessions
- Inappropriate/excessive use of restraint/confinement/control
- Lack of adherence to complaints procedure
- Unacceptable practice encouraged, tolerated or left unchanged
- History of valid complaints
- Poor communication between staff, residents, manager and visitors
- Threats and bullying
- Breaches of confidentiality
- Insufficient staff training and development

10.7 Discriminatory Abuse

The principles of discriminatory abuse are provided by legislation incorporated into the Equality Act 2010 and the Human Rights Act 1998. Discriminatory Abuse includes:

- Verbal abuse
- Harassment or similar treatment on the basis of a person's race, age, gender, religion, disability, or sexual orientation.
- Unequal treatment
- Deliberate exclusion from services

Indicators of Discriminatory Abuse

- Lack of respect for an individual's beliefs and cultural background
- Unable to eat culturally acceptable foods
- Isolation due to language barrier
- Religious observances not encouraged
- Signs of sub-standard services offered to minority groups or individuals
- Repeated exclusion from rights afforded to citizens such as health, education, employment and criminal justice

10.8 Domestic Violence

Association of Chief Police Officers (ACPO) and Home Office definition 2004:

“any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults, aged 18 and over, who are or have been intimate partners or family members, regardless of gender and sexuality” (family members are defined as mother, father, son, daughter, brother, sister and grandparents,

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whether directly related, in-laws or step-family.

It should be noted that domestic violence is defined by there being a close family or intimate relationship between the victim and the perpetrator not by where the abuse occurs. Domestic violence or abuse is typified by one person having power and control over another. The abuse generally increases in severity over time.

11. Who may be a Perpetrator of Abuse?

- Family members or relatives
- Neighbours, friends and associates
- Paid carers and volunteers
- Professional staff
- Strangers
- Other service users
- May be an adult at risk if abuse is directed towards carer
- Self (self- neglect /or self- harm will be dealt with under different Social Services procedures)

12. Circumstances and settings in which abuse may occur:

- Vulnerable person in own home
- Relative or friends home
- Residential or nursing homes
- Day centre or support service
- Hospitals
- Public places
- Supported living schemes
- Educational establishments.
- Person's place of employment

13. Service users who are also perpetrators of Abuse

- We have a responsibility to protect our service users from abuse as well as preventing them from abusing other vulnerable adults. Where the perpetrator is also a service user or any other vulnerable adult he/she may require emotional support such as counselling, psychiatric support or group support.
- Where abuse by one vulnerable adult to another is ignored or not addressed, the victims may experience mental health problems, low self- esteem and may also become perpetrators of abuse against others.
- We have a responsibility to ensure that all instances of service user to service abuse is recognised and addressed. Allegations of abuse, or concerns should always be reported to social services and where a crime is suspected or has been committed; concerns should be reported to the police, in accordance with the procedures contained in this policy.

14. The responsibilities of MOONSTONE CARE UK in working together to safeguard adults are:

- To have a clear, well publicised policy of Zero Tolerance of harm within the organisation.
- To ensure that employees understand that doing nothing is not an option. Employees have a duty to report in a timely way any concerns or suspicions that an adult at risk is being or is at risk of being harmed.
- To ensure employees understand their role and responsibilities in regard to this Policy & Procedures.
- To ensure employees and volunteers are appropriately trained in this policy and procedure.
- To comply with statutory responsibilities including notification to regulatory authorities under the Health & Social Care Act 2008 and employment legislation.
- MOONSTONE CARE UK continues to have a duty of care to adults who purchase their own care independently or who have a personal budget.
- To comply with the London Borough of Newham Over-Arching Information-Sharing Protocol.
- To co-operate with any investigation relating to an adult deemed to be at risk or where there are safeguarding concerns brought to the attention of the Local Authority or Police,

15. Good practice underpinning reporting Abuse

All allegations of abuse will be taken seriously. Should MOONSTONE CARE UK employee be found to have abused their relationship of trust with a Service User and caused harm by their actions or omissions, the Disciplinary Procedure will be invoked. The decision about how to address each incident including abuse from **service user to service user** and who will take the lead in any subsequent investigation will be made following consideration of:

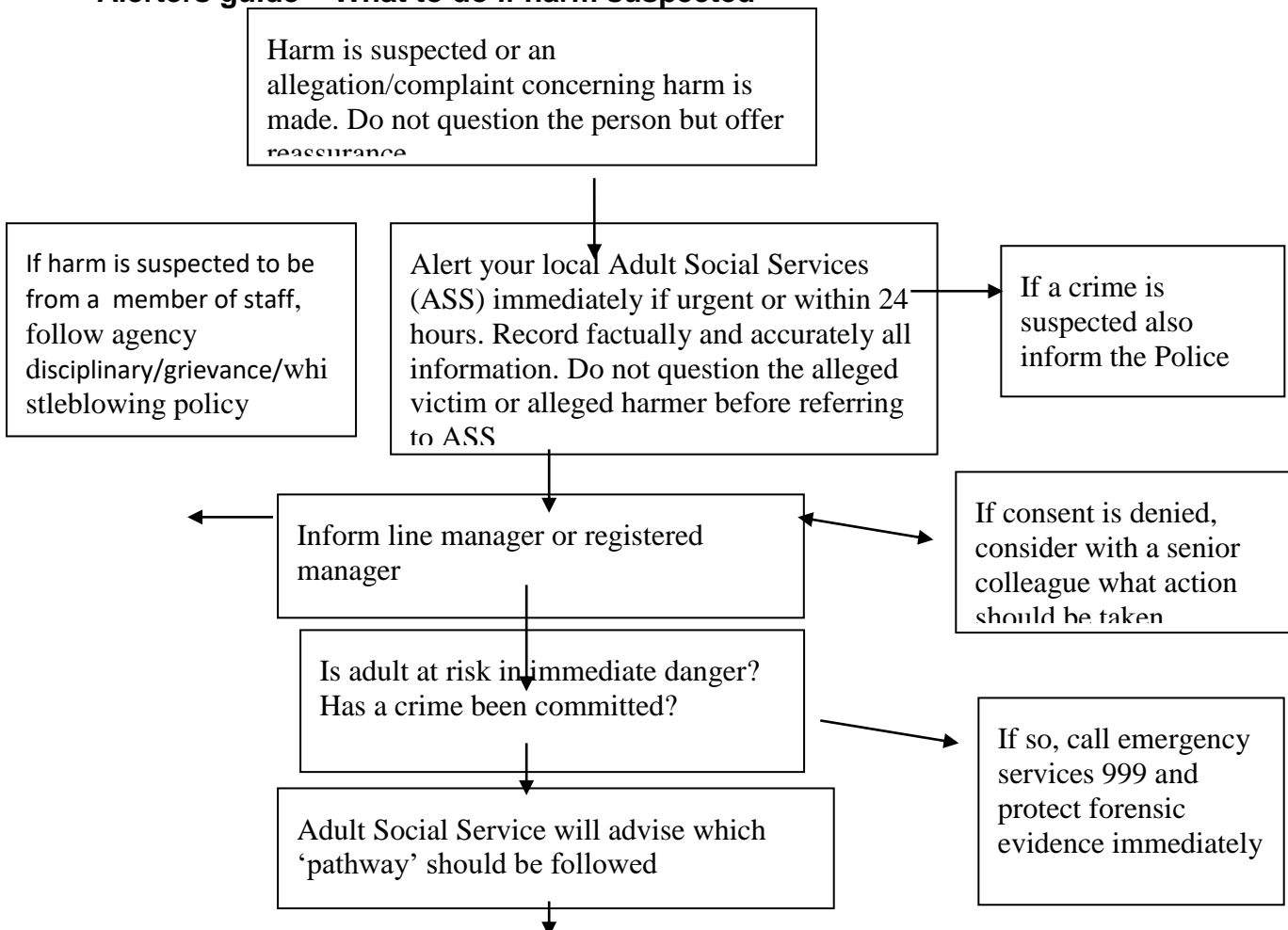
- Vulnerability of the person
- Nature and extent of the harm or neglect
- Whether the alleged perpetrator has committed a criminal offence
- The impact of the alleged harm/abuse on the victim
- The intent of the alleged person responsible for the abuse
- Whether the abuse was a one off incident or part of a pattern of abuse
- The impact of the abuse on others
- The risk of the abuse being repeated against the victim or other vulnerable adults or the risk of increasingly serious acts of harm or neglect or the risk that serious harm could result if no action was taken.
- Where a vulnerable adult is also a perpetrator of abuse and a criminal offence has been committed, they should first be dealt with as an offender and a referral should be made direct to the police using 999 if immediate assistance is required. Social Services and the Care Quality Commission (CQC) should also be informed.

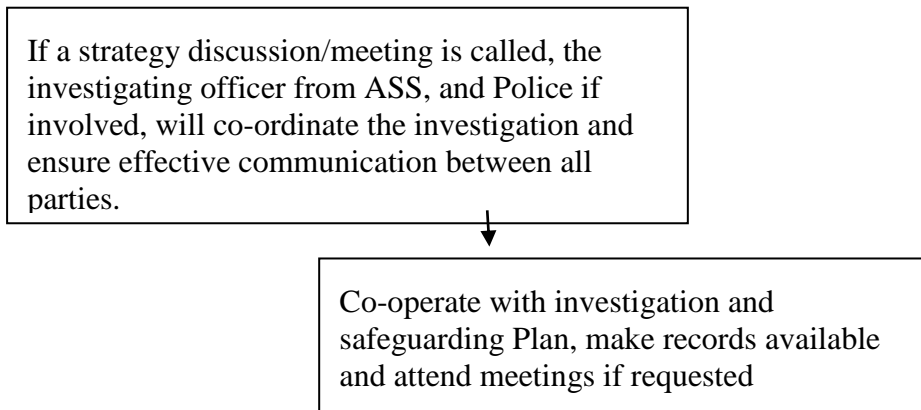
- Where the alleged incident is not considered to be a crime the matter should be referred to directly to Social Services and CQC.
- Some adult protection concerns may be dealt with internally by the management of MOONSTONE CARE UK . This includes a disagreement between two service users, where neither is deemed to be particularly vulnerable to the other. It may also include verbal abuse, pushing or shoving between two adults if an equal power relationship exists. We must however recognise the impact of the abuse on the victim to determine the relevant response.
- All incidents of abuse must be recorded and discussed with the relevant funding authority. Records must include full details of investigation undertaken, statements, risk assessments, actions taken and by whom to protect the victim and support the perpetrator.
- All incidents of abuse will need to be taken into account in a risk assessment.

16 GUIDELINES FOR STAFF when Responding to Abuse Allegations/ Raising an Alert or concern

Alerts/concerns may be made to Safeguarding Adults contact points by any person concerned about an adult at risk of harm. See the alerter’s guide overleaf for a summary of what to do and who to contact if harm is suspected.

Alerter’s guide – What to do if harm suspected





Decide whether you need to take Emergency Action

If the service user is in immediate danger, you must telephone 999 and ask for the police and tell them that it is an Adult Protection Issue. If the vulnerable adult is injured you must request appropriate medical attention from either their own GP or Emergency Service. If the alleged perpetrator is posing any risk to you, leave the vicinity until the police arrive.

The police should be contacted immediately if there are reasons to believe a crime has been committed. This includes sexual abuse.

This should be done by the Care Worker direct and you do not need to contact the Registered Manager first.

Once emergency action has been taken or if this is not required, you must ensure that you report the allegations or suspicions of possible abuse to the Manager as soon as possible.

All employees of MOONSTONE CARE UK involved with adults at risk immediately must inform the relevant manager and the Safeguarding Adult contact point of a concern that an adult at risk:

- Has been harmed or neglected or
- Is being harmed or neglected or
- Is at risk of being harmed or neglected.
- Is suspected of being harmed or neglected.

An alert/concern may be:

- A direct disclosure by the adult at risk.
- Rose by employees or volunteers, others using the service, a carer or a member of the public.
- An observation of the behaviour of the adult at risk, of the behaviour of another person(s) towards the adult at risk or of one service user towards another.

16.1 Responsibilities of the person raising the alert

16.1.1 Taking immediate action

- Make an immediate evaluation of the risk and take reasonable and practical steps to ensure that the adult is in no immediate danger.
- Inform the manager immediately.
- If it is not possible to inform the manager, and the matter is urgent, inform the Safeguarding Adults Contact Point in the Local Authority immediately.
- Do not try to question the alleged victim, except in relation to immediate needs.
- Where appropriate, dial 999 for an ambulance if there is need for emergency medical treatment, in line with information-sharing considerations.
- Contact the Police if a crime has been or may have been committed.
- Do not disturb or move articles that could be used in evidence, and secure the scene, for example, by locking the door to a room. See paragraph 16.2 to 16.4 for *more detail on preserving evidence*.
- Contact Children's Social Care if a child is also at risk.
- If possible, make sure that other service users are not at risk.

16.1.2 Responding to an adult at risk who is making a disclosure

- Assure them they are being taken seriously.
- Listen carefully to what they are saying, stay calm, get as clear a picture possible but avoid asking questions at this stage. It could compromise any future investigation.
- Do not give promises of complete confidentiality.
- Explain there is a duty to tell the manager or other designated person and that their concerns may be shared with others who could have a part to play in protecting them.
- Reassure them that they will be involved in decisions about what will happen.
- Explain that everything possible will be done to protect them from further harm or neglect.
- If they have specific communication needs, provide support and information in a way that is most appropriate to them.
- Do not be judgemental or jump to conclusions.
- Do not discuss the allegation / incident with the person alleged to have caused harm
- Do not discuss the disclosure with other employees

16.2 Preserving evidence

The first concern must be to ensure the safety and well-being of the adult at risk. However, in

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situations where there has been or may have been a crime and the police have been called it is important that forensic and other evidence is collected and preserved. The police will attend the scene and agencies and individuals can play an important part in ensuring that evidence is not contaminated or lost.

- Try not to disturb the scene, clothing or victim if at all possible
- Secure the scene, for example, lock the door
- Preserve all containers, documents, locations, etc
- Evidence may be present even if it cannot actually be seen
- If in doubt contact the police and ask for advice.

16.2.1 Evidence gathering and victim care

The Police will always be responsible for the gathering and preservation of evidence to pursue criminal allegations against people causing harm and should be contacted immediately. However, other organisations and individuals can play a vital role in the preservation of evidence to ensure that vital information or forensics is not lost. Police are required to obtain oral (spoken) evidence in specific ways. For some vulnerable witnesses this means that their evidence has to be obtained in accordance with the Youth and Criminal Evidence Act 1999, which is designed to help them to give evidence and provides a number of 'special measures' to enable them to do this.

16.2.2 Incidents of Physical and/or Sexual Assault

- The most important priority is to ensure that the urgent medical and welfare requirements of the adult at risk are met.
- Preserve any potential forensic opportunities, and record verbatim the disclosure made by the adult at risk.
- Any sexual activity that is not freely consented to is criminal and must be reported immediately to the police via 999, before any internal investigation/ interview.

Following allegations of physical and/or sexual assault, consideration will be given to organizing, with the adult's consent, a medical examination. The Police have specialised units that investigate rape and serious sexual assaults. A specially trained officer will be responsible for arranging a forensic examination. This will normally be conducted at a sexual assault referral centre. However, if it is not appropriate for a client to be taken by police to a sexual assault referral unit, the officer will make arrangements for the examination to be facilitated elsewhere. Any examination will ideally be carried out by a Forensic Medical Examiner.

If the assaulted person has a physical injury and it is appropriate for the person on the scene to examine it, always obtain their consent first.

- Only touch what is essential. Wherever possible, leave things as they are.
- Strongly advise the assaulted person not to wash or remove clothing.
- Preserve the assaulted person's clothing and footwear, do not wash or wipe them.
- Handle them as little as possible.
- Preserve anything that is used to comfort the assaulted person, for example, a blanket.

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- Do not clean up, do not wash anything or in any way remove fibres, blood and the like.
- Try not to touch items/weapons. If necessary, as before keep handling to a minimum.
- Put them in a clean dry place until the Police collect them.
- The room should be secured and no-one allowed to enter, unless necessary to support the person present, the assaulted person and/or the person alleged to have caused the harm, until the Police arrive.
- If the person alleged to have caused the harm is also a service user, a separate employee needs to be assigned to them.
- Sexual relationships or inappropriate sexual behaviour between an employee and a service user are always harmful and will lead to disciplinary proceedings. This is additional to any criminal action that has been taken.
- A sexual relationship between the service user and a care worker is a criminal offence under Sections 38–42 of the Sexual Offences Act 2003.

There may be Safeguarding Adults referrals that involve sexual innuendo or remarks that will not result in a criminal investigation; however, all Safeguarding Adults referrals that indicate any form of sexual assault require a risk assessment, intelligence gathering and appropriate information sharing with relevant partners.

16.2.3 Incidents of Theft/ Financial Abuse

With the person's consent, secure all receipts, bankbooks, bank statements, benefit books and the like.

16.2.4 Methods of Preservation

- For most items use clean paper, a clean paper bag or a clean envelope. Do not lick the envelope to seal it.
- For liquids, use a clean glass.
- Do not handle items unless really necessary to move and make safe.

16.3 Considering the person alleged to have caused harm

Do not discuss the concern with the person alleged to have caused harm, unless the immediate welfare of the adult at risk makes this unavoidable.

16.4 Making a record

It is vital that a written record of any incident or allegation of crime is made as soon as possible after the information is obtained, and kept by the person raising the concern and checked by the manager informed. Written records must reflect as accurately as possible what was said and done by the people initially involved in the incident either as a victim, suspect or potential witness. The notes must be kept safe as it may be necessary to make records available as evidence and to disclose them to a court.

Make an accurate record at the time, including:

- Date and time of the incident.
- Exactly what the adult at risk said, using their own words (their account) about the harm and how it occurred or exactly what has been reported.
- Appearance and behaviour of the adult at risk.

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- The views of the adult at risk.
- Any injuries observed.
- What the person alleged to have caused the harm said or did, if present.
- Details of the person alleged to have caused harm.
- Likely movements of the adult at risk and the alleged harmer within the next 24 hours.
- Any actions and decisions taken.
- Name and signature of the person making the record.
- If the incident was witnessed, write down exactly what was seen.

The record should be factual. However, if the record does contain an opinion or an assessment, it should be clearly stated as such and be backed up by factual evidence.

Information from another person should be clearly attributed to them.

16.5 Informing a manager

- Inform the manager immediately.
- If there are concerns that an employee has harmed an adult at risk, there is a duty to report these concerns to a manager.
- If there are concerns that the manager has harmed an adult at risk, inform a senior manager in the organisation, or another designated manager for Safeguarding Adults.
- If there are concerns that an adult at risk may have harmed another adult at risk, inform the manager.

16.5.1 Who should the Manager inform?

If the alerting manager agrees that harm or neglect has taken or may take place and the following has not already been done, he or she should inform:

- The Safeguarding Adults Contact Point in the Local Authority.
- The police, if a crime has been or may be committed. Discuss risk management and any potential forensic considerations.
- The unit or service manager responsible for the management of the service.
- CQC if the adult is receiving care from a registered health or social care provider.
- Calls should be made to the National Contact Centre on 03000 616161 (registered Manager).
- Children's Social Care if children are also perceived as being at risk from harm.

And also:

- If there is a need for an immediate Safeguarding plan, refer to the relevant adult social care team or the relevant adult social care out-of-hours services if out of normal office hours e.g.: weekends evenings and Bank Holidays.
- If the person causing the harm is also an adult at risk, arrange an employee to attend to their needs but do not discuss the alleged harm or question them.
- In line with MOONSTONE CARE UK's disciplinary procedures, take appropriate action in relation to an employee suspected of harming an adult or adults at risk.

16.6 Making a decision to raise an alert/ concern without consent

If there is overriding public interest or vital interest or if gaining consent would put the adult at

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risk of serious harm, an alert must be made. This would include situations where:

- Other people or children could be at risk from the person causing harm.
- It is necessary to prevent crime.
- Where there is a high risk to the health and safety of the adult at risk.
- The person lacks capacity to consent.

The adult at risk would normally be informed of the decision to raise an alert and the reasons, unless telling them would jeopardize their safety or the safety of others.

If the adult at risk is assessed as not having mental capacity to make decisions about their own safety and to consent to an alert being made, the alerting manager must make a decision in their best interests in accordance with the provisions set out in the Mental

Capacity Act 2005, Best Interests decisions must be specifically recorded as such.

The key issue in deciding whether to make an alert is the harm or risk of harm to the adult at risk and any other adults or children who may have contact with the person causing harm or contact with the same organisation, service or care setting.

If the alerting manager is unsure whether to raise an alert, they should contact the relevant Local Authority Safeguarding Adults contact point for advice. If in doubt make the alert and discuss with the local Social Services or the Police.

16.7 Supporting employees

Managers are responsible for:

- Supporting any employee or volunteer who raised the concern.
- Enabling and supporting relevant employees to play an active part in the Safeguarding Adults process.
- Ensuring that any employees delivering a service to the adult at risk are kept up to date on a need-to-know basis and do not take actions that may prejudice the investigation.

16.8 Whistle-Blowing

If the Line Manager or his or her Manager is alleged to be causing harm or is colluding in the harm, the Alerter must raise an alert to social services and/or the Police and refer to their organisations own Whistle-Blowing policy.

The service user's interest is paramount and the common law "duty of care" requires that each employee has a responsibility to:

- Draw attention to any matter they consider to be damaging to the interests of a service user, carer or colleague.
- Report any identified omissions.
- Put forward proposals that may improve a service.
- Prevent malpractice

16.9 Anonymous alerters will always be

- Treated seriously.
- Treated with a fair and equitable manner.
- Kept informed of action taken and its outcome.

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Confidential alerters should be aware of the 'whistle-blowing' policy in their own workplace, or can contact Public Concern at Work.

17 Supports for Alerters – The Public Interest Disclosure Act 1998

People have in the past been put off from disclosing their concerns about possible neglect or abuse because of having worries about their duty of confidentiality and/or the consequences of speaking out.

The Public Interest Disclosure Act 1998 seeks to protect genuine disclosures of such acts.

No confidentiality clause in an employment contract can be used to prevent anyone from disclosing genuine concerns about harm or harmful practice to an appropriate person.

Additionally, any person being treated detrimentally at work because of making an appropriate disclosure may be able to claim compensation at an Employment Tribunal.

For further information see:

The Public Interest Disclosure Act (PIDA) www.informationcommissioner.gov.uk

Public Concern at Work is an independent authority on whistle blowing and can offer advice and support.

Contact them by:

Phone: 0207 4046609

E-mail: whistle@pcaw.co.uk

Website: www.pcaw.co.uk

Post: PCAW

Suite 301

16 Baldwin Gardens

London

EC1N 7RJ

18 The Seven Stages

There are now seven key stages of the Safeguarding Adults process

Stage One: Raising an alert/concern.

Stage Two: Response to an alert/concern and deciding which Pathway to follow.

Stage Three: Strategy discussion or meeting.

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Stage Four: Investigation.

Stage Five: Case conference and Safeguarding plan.

Stage Six: First Review of the Safeguarding plan.

Stage Seven: Subsequent reviews and closing the Safeguarding Adults process.

Summary of the 7 stage safeguarding process

A chart detailing this can be found as Appendix 2

The care manager /supervisor will refer the allegations/concerns to the safeguarding adults contact point and follows any advice given. At this point the matter is deemed to be a safeguarding alert. MOONSTONE CARE UK may then become involved in following an interim safeguarding plan, having a strategy discussion or attending a multi-agency meeting (the Registered Manager would normally attend) where further actions will be agreed in relation to the investigation. Safeguarding alerts do not always lead to a formal investigation and if this is the case other appropriate action will be suggested and the formal process will cease. If it seems to be a safeguarding adult's issue, the adult at risk will be consulted and a full investigation will take place. This will occur in one or more of the following circumstances:

- The physical, psychological, financial or emotional well-being of the adult at risk appears to have been adversely affected by the incident.
- A criminal offence has been suspected.
- Possible breach of Health and Social Care Act 2008.
- Possible breach of professional code of conduct.
- There is actual or potential harm or exploitation of other adults at risk or children.
- There is deliberate intent to exploit or harm an adult at risk.
- There is significant breach in a duty of care.
- The referral forms part of a pattern of harm either by an individual or service provider.

The results of this will be shared with the organisations involved and there will be a case conference with records kept of decisions made and action required and a safeguarding plan (as required). Once the safeguarding plan is finalised our role is to ensure consistency between this and the care plan. Any necessary reviews will take place and reassessments of risk as needed. The review of a safeguarding plan will ensure that the actions agreed have been implemented and will consider whether further action is needed.

There are stipulated timescales for each stage in the process.

The Safeguarding Adults process may be closed at any stage if it is agreed that an on-going investigation is not needed or if the investigation has been completed and a safeguarding plan is agreed and put in place and a review has agreed there are no ongoing risks.

In most cases a decision to close the Safeguarding Adults process is taken at the Safeguarding conference or at a safeguarding plan review.

19 Record Keeping, Investigating and information gathering, reporting

1. The Registered Manager must liaise closely with all other involved agencies and follow instructions accurately.
2. The Registered Manager must ensure that an accurate and chronological account is kept of all information received and action taken from the time of disclosure of the allegation of abuse. All documented entries must be timed, dated and signed.
3. Where appropriate, care staff should ensure that a Body Map is completed
4. The Registered Manager is responsible for ensuring the completion of a Regulation 18(e) notification to the Care Quality Commission (CQC) without delay.

20 Decision Making

The Registered Manager of MOONSTONE CARE UK will work in partnership with Adult Social Services to:

- Gain the alleged victims consent regarding who to inform, including the police if this has not already been done under the emergency procedure stage. In circumstances where confidentiality has to be breached, decisions will be made in accordance with the multi-agency safeguarding adults' policy and procedures.
- Ensure that arrangements are in place to safeguard the individual whilst further enquiries are made. Where the alleged abuser is an employee this means that the member of staff may be suspended from duty under MOONSTONE CARE UK's disciplinary procedures. This is seen as a 'neutral' course of action in order to enable a full investigation to take place
- Keep under review all information gathered and make a judgement regarding further action required
- Ensure that all involved agencies are informed of the allegations of abuse
- Ensure that corrective action is taken to protect the vulnerable adult following the investigation.
- Ensure that all requirements and recommendations made by Adult Social Services or Care Quality Commission are met within the given time scale.
- The Registered Manager will review the vulnerable persons care plan following completion of the investigation to ensure that the person feels safe.
- The review must take place no later than three months after the conclusion of the investigation but the Manager will use their professional judgement as to appropriate timing of the review to minimise stress and anxiety to service user.

21 Prevention of Adult Abuse

To minimise and prevent Adult Abuse from occurring the Management Team at MOONSTONE CARE UK will:

- Ensure that we have clear and accessible policies which promote good practice in relation to :
 - Adult Protection
 - Whistle Blowing

- Complaints
 - Meet our responsibilities and ensure compliance with the Health and Social Care Act 2008
- Develop effective recruitment procedures
- Develop efficient reporting and recording systems so that alleged incidents are not overlooked
- Provide a clear code of conduct to employees which sets out standards of conduct expected of all staff.
- Provide clear guidelines to staff in relation to:
 - Managing challenging behaviour
 - Personal and intimate care
 - Physical intervention/restraint
 - Medication management
 - Handling service users finances and property
 - Risk assessment and management
 - Their duty to report any allegations or suspicions of harm
- Use the disciplinary process appropriately including referrals to the Independent Safeguarding Authority
- Provide training to staff and volunteers regarding their responsibilities under the Adult Protection Policy
- Raise awareness of issues that constitutes abuse and provide a clear message that adult abuse will not be tolerated.
- Will highlight and recognise the factors and situations which may contribute and increase the risk of adult abuse.
- Will promote and encourage a working relationship in which service users feel safe to raise any concerns.
- Promote advocacy services to support vulnerable adults
- Promote independence to ensure that service users are able to take an active part in making decisions which will affect their lives.
- Provide all service users, their families and advocates and care staff with our complaints procedures.

22 Adult Protection Interviews:

The Investigator will be a nominated person from one of the services involved and is dependent on the nature of the abuse allegations. This could be a member of the police, social services or CQC or if internally investigated with agreement by said services, the registered manager of MOONSTONE CARE UK . Any investigator will have undertaken training on Achieving Best Evidence in criminal proceedings

22.1 Interviewing the alleged victim

General Issues to consider:

- The alleged victim should be interviewed by the person specified by the Adult Protection Plan.
- The interviewer should not be the same person to whom the disclosure of abuse has been made.

- If a crime appears to have been committed the police will lead the investigation.
- The investigating officer should always be accompanied by another person
- The alleged victim may be accompanied by a family member, close friend or an advocate.
- Care must be taken by the investigating person not to make any premature decisions about whether the abuse has occurred or not.
- No action plan, except in emergency circumstances, should be put into action until all the facts surrounding the allegations of abuse have been substantiated

When carrying out the interview with the alleged victim the investigator must ensure that:

1. Any communication difficulties must be identified and addressed before the interview.
2. The location of the interview is private, safe and the interview is uninterrupted.
3. Information is provided to the alleged victim about the role of the investigator and the agency he/she represents.
4. The purpose of the interview has been clearly explained and the vulnerable person has given consent.
5. The nature of the allegations is clearly identified
6. The interview process is fully explained to the alleged victim
7. The interview is conducted in a sensitive manner to minimise distress to the vulnerable person
8. At completion of the interview it is made clear to the alleged victim and his or her representative what action will now be taken and the decision making process.
9. Any issues relating to mental capacity are taken into account (refer to the London Borough of Newham multi- agency safeguarding policy, Section 2.2.2 Page 60)

22.2 Interviewing the alleged abuser

In discussion with the police it should be established whether alerting the person allegedly responsible for the abuse might further jeopardise the safety of the vulnerable person or the investigatory process.

Consideration should be given to:

- The wishes of the alleged victim.
- The mental capacity of the alleged victim to make decisions and whether fear or intimidation may have affected their capacity.
- If a crime has been committed the police will undertake the interview

22.3 Investigation Report

The investigating person should provide a full report following the investigation with regards to the allegation of abuse which should include:

- The detailed account of circumstances surrounding the initial disclosure of abuse
- Outline the current and any previous allegations
- Assessment of seriousness of alleged abuse

- Background information about the vulnerable person
- Additional background information about the vulnerable persons family history, level of dependency, services provided and their living environment
- The vulnerable adults' wishes in respect to the incident
- Opinions relating to the vulnerable persons consent and capacity
- Any legal issues

23 Risk Assessment and Risk Management

Risk assessment will specify:

- What the actual risks are – the harm that has been caused, the level of severity of the harm and the views and wishes of the adult at risk and any advantages or disadvantages to them.
- The person's ability to protect themselves and ability to minimize and manage the Risk themselves. This will be particularly important to those in receipt of a personal budget or self- funding
 - Who or what is causing the harm.
 - Factors that contribute to the risk, for example, personal, environmental, relationships, resulting in an increase or decrease to the risk.
 - The risk of future harm from the same source.

The risk assessment should also take into account wider risk factors, such as the risk of fire in the person's home.

The Safeguarding Plan is the risk management plan that is put in place aimed at removing or minimizing risk to the person and others who may be affected if it is not possible to remove the risk altogether. It will need to be monitored, reviewed and amended/revised as circumstances arise and develop.

A formal risk assessment can take place at any point. However, the most likely point at which a formal assessment will take place is after the strategy discussion or meeting.

24 Possible outcomes for the adult at risk

(Many of these involve action by other statutory agencies)

- Identifying areas and actions to continue to monitor.
- Removal from property, support, advice, services.
- Community Care Assessment/services.
- Civil Action.
- Application to Court of Protection.
- Application to change appointeeship.

- Referral to advocacy service.
- Referral to counselling services.
- Management of Access to Finances.
- Guardianship/use of Mental Health Act 2007.
- Review of self-directed support.
- Restriction/management of access to alleged perpetrator.
- Referral to specialist domestic or sexual violence services e.g. outreach, refuge, Rape Crisis, ISVA, SARC
- Referral to MARAC.
- Declaratory Relief.
- DoLS authorization.
- Referred to Complaints Procedures.
- No further action.
- Other.

25 Possible outcomes for the person alleged to have caused harm

(Many of these involve action by other statutory agencies)

- Criminal prosecution/formal caution.
- Police action.
- Community Care Assessment/services.
- Removal from property/support, advice, services.
- Management of access to adult at risk
- Referral to Independent Safeguarding Authority (ISA). MOONSTONE CARE UK has separate procedures for this
- Referral to professional regulatory body eg: GSCC.
- Disciplinary action.
- Action by CQC.
- Identify areas and actions to continue to monitor.
- Counselling/training.

- Referral to court-mandated treatment.
- Referral to MAPPA.
- Action under Mental Health Act 2007.
- Action by contract compliance.
- Carer's Assessment.
- Exoneration.
- No further action.
- Other.

26 Referral to CQC

CQC must always be made aware of a Safeguarding Adults concern within a regulated service. If the concern is reported to the local authority, the local authority must notify the CQC even though MOONSTONE CARE UK also has a duty to do so. The outcome of any assessment or investigation must also be reported to the CQC if it concerned with MOONSTONE CARE UK.

27 ADDITIONAL PRACTICE GUIDANCE for reference

The full London Borough of Newham multi-agency policy has detailed guidance on the following:

- Risk management guidance
- Advocates
- Independent mental capacity Advocates (IMCAs)
- Victim Support and witness support
- Information sharing
- Complaints
- Domestic Violence and Abuse
- Hate crime
- Honour-based violence
- Forced marriage
- Human trafficking
- Exploitation by radicalisers who promote violence
- Allegations against carers who are relatives or friends
- Harm by children
- Transitions between adult and children's services
- Self- neglect situations
- Capacity, Consent and Best Interests -Mental Capacity Act 2005
- Record keeping

28 Referral routes for Adult Protection: All alerts for adult protection issues should be referred to the local authority in whose area the alleged incident or abuse occurred: If you suspect an adult is at risk of being abused or neglected contact the following numbers:

London Borough of Newham Telephone:

London Borough of Newham: 0208 430 2000 Ext 71105

If you wish to discuss your concerns outside normal office hours you may contact the Out-of-Hours Service, Telephone number as above.

If you think an adult may be at immediate risk or harm, contact the Police: 999