

# Safeguarding policy – version 2

**Date approved for use: 30.5.2025**

## Contents

Rationale .....	2
Scope.....	2
Policy statement .....	2
Roles and responsibilities .....	3
Procedures & guidance .....	4
The Care Act 2014 .....	4
Types of abuse .....	5
The Prevent strategy and Channel programme .....	13
People in positions of trust (PiPoT) .....	14
Raising and responding to a safeguarding concern .....	15
Recording and monitoring safeguarding concerns.....	17
Enquiries and investigations .....	21
Supporting people involved in a safeguarding concern .....	23
Training and prevention .....	24
Relevant legislation .....	24
Relevant external guidance .....	25
Related policies .....	25
Related supporting documents - forms, additional guidance documents and so on .....	25
Equality statement.....	26
Data protection statement .....	26
Review and version control .....	27

## Rationale

- 1.1 We have this policy to make sure we are all aware of our responsibility to promote the human rights and wellbeing of people we support and to help protect everyone who comes into contact with SeeAbility through its work.
- 1.2 Its main focus is to:
  - keep people we support from coming to harm through abuse; and,
  - ensure you know what to do when somebody has been harmed or could come to harm.

## Scope

- 2.1 This policy is addressed to all SeeAbility colleagues, including Board members/trustees and volunteers.
- 2.2 However, the procedures are especially relevant to direct support colleagues. This is because, typically, direct support colleagues are closest to the people we support:
  - as a direct support worker, you are most likely to witness abuse or receive a disclosure. You may need to raise a concern;
  - as an operations manager, you are most likely to report a concern to our regulators and meet with interested parties. You may also need to undertake a section 42 enquiry (S42).

## Policy statement

- 3.1 We will do all we can to help colleagues promote the human rights of people we support and stop them being harmed, abused and coerced. This means we will give colleagues all the training and information they need to:
  - understand human rights; and,
  - identify and respond to abuse when they suspect it's happening.
- 3.2 We will deal with all allegations and concerns appropriately. This means we will:
  - report allegations and concerns to the right people and agencies;

- investigate them when we need to; and
  - learn from them and share what we learn with the wider organisation. We will also share what we learn with external colleagues where appropriate.
- 3.3 When a colleague harms a person we support we will take disciplinary action as appropriate.
- 3.4 We will support anyone we are concerned about as well as we can. This includes involving them as fully as possible in all safeguarding procedures. And we will involve their family or other representatives as appropriate.

## **Roles and responsibilities**

- 4.1 All SeeAbility colleagues have a responsibility to keep people we support safe from harm and abuse. We also all have a responsibility to raise any safeguarding concern through the appropriate channel – for example, to our line manager or the local authority.
- 4.2 It is operations managers' responsibility to ensure safeguarding concerns get reported to the appropriate external agencies – for example, the local authority or police.
- However, key Safeguarding Panel members are responsible for identifying concerns reportable to the Charity Commission (CC), notifying the CC and keeping trustees up to date on these concerns.
- 4.3 It is our people partners' responsibility to refer colleagues to the Disclosure and Barring Service (DBS).
- 4.4 Our Head of Quality and Safeguarding is the organisational lead on safeguarding issues. They are responsible for ensuring that colleagues know what they need to do to keep the people we support as safe from harm and abuse as possible. Also for updating procedures and guidance.
- 4.5 Our Safeguarding Panel scrutinises and challenges us on our safeguarding performance, and it provides strategic guidance on our policies and practice.

# Procedures & guidance

## The Care Act 2014

5.1 In England, The Care Act sets out the legal framework that we and the local authorities (LAs) work to when it comes to safeguarding.

5.2 Safeguarding duties apply to any adult who:

- has care and support needs;
- is experiencing, or at risk of, abuse or neglect; and,
- as a result of their needs, cannot protect themselves.

This means we have a legal duty to safeguard everybody we support.

5.3 It's the LA's responsibility to investigate, or to get someone else to investigate safeguarding concerns and to decide whether to take action. This kind of investigation is called a section 42 enquiry (S42).

5.4 Six key principles underpin adult safeguarding work:

- **Empowerment** – People being supported and encouraged to make their own decisions and to give informed consent.
- **Prevention** – It is better to take action before harm occurs.
- **Proportionality** – The least intrusive response appropriate to the risk presented.
- **Protection** – Providing support and representation to those in 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.

5.5 As well as stating that we must apply the six key principles to all safeguarding work, The Care Act is clear that we must 'make safeguarding personal'. This means we must involve the person as much as possible. We must always consider their wishes.

5.6 The Care Act is also clear that all public bodies must work together to make sure that care and support is joined up. 'Public bodies' include – but this is not a list of all of them:

- All Multi-agency Public Protection Arrangements (MAPPA) representatives
- The police
- The Probation Service
- Health-related agencies
- Housing services
- Support providers – that is, organisations like us.

## Types of abuse

6.1 The Care Act's statutory guidance defines ten types of abuse. We have listed these below along with possible indicators for each as described by the Social Care Institute for Excellence.

### Physical abuse

Includes assault, hitting, slapping, pushing, misuse of medication, restraint and inappropriate physical sanctions.

#### **Possible indicators:**

- 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

Includes psychological, physical, sexual, financial, emotional abuse, so called 'honour' based violence.

**Possible indicators:**

- 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 rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault and sexual acts to which the adult has not consented or was pressured into consenting.

**Possible indicators:**

- 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 abuse

Includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion harassment, verbal abuse, cyber bullying, isolation and unreasonable and unjustified withdrawal of services or supportive networks.

### **Possible indicators:**

- 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

Includes theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, and the misuse or misappropriation of property, possessions or benefits.

### **Possible indicators:**

- 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 appears that they are continuing to do so.
- The person allocated to manage financial affairs is evasive or uncooperative.
- The family or others show 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 care home or support setting.
- 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 – for example insufficient food in the house.
- Unnecessary property repairs.

## Modern slavery

Encompasses slavery, human trafficking, 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.

### Possible indicators:

- 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 forms of harassment, slurs or similar treatment, because of race, gender and gender identity, age, disability, sexual orientation or religion.

### Possible indicators:

- 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 abuse**

Includes neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

### **Possible indicators:**

- 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 and acts of omission**

Includes ignoring medical, emotional or physical needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

### **Possible indicators:**

- Poor environment – dirty or unhygienic.
- Poor physical condition and/or personal hygiene.
- Pressure sores or 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

This covers a wide range of behaviour from neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

### **Possible indicators:**

- 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.

6.2 Also according to the Care Act's statutory guidance, anyone might abuse. This includes:

- Spouses or partners
- Other family members
- Neighbours
- Co-tenants
- Friends
- Acquaintances
- Local residents

- People who deliberately exploit adults they perceive as vulnerable to abuse
- Paid staff or professionals
- Volunteers
- Strangers
- Online contacts.

An abuse can happen anywhere – for example, in:

- Someone's own home
- The workplace
- A public place
- A hospital
- A care home
- A college
- Online.

## **Grooming and mate crime**

- 6.3 Grooming is when someone pretends to be friendly but in order to use or harm their victim. For example, financially or sexually. It might happen over a long period of time. So the person at risk often isn't even aware that's it's happening.
- 6.4 Mate crime is a 'catch-all' term often used for the various crimes a 'pretend friend' commits. A mate crime could be financial, sexual, physical or psychological.
- 6.5 A person with a learning disability is especially vulnerable because groomers may think they will be more easily deceived than other people.

## **Cyber or online bullying**

- 6.6 Cyber or online bullying might fall into any one of the categories listed above. But it happens through:
- text messages;
  - emails; or on
  - social media platforms.
- 6.7 There are seven typical types of cyber bullying:

- **Harassment.** This is when someone sends offensive, rude or insulting messages again and again.
- **Denigration.** This is when someone spreads information about a person that's fake and damaging.
- **Flaming.** This is when someone uses extreme and offensive language in order to distress a person. Typically, 'trolls' engage in this activity. Their intention is to upset people, usually in an online community – a forum or chat room – or on a blog.
- **Impersonation.** This is when someone hacks into a person's email or social networking account to use their online identity to post nasty or embarrassing material.
- **Outing and trickery.** This is when someone shares personal information about a person or tricks them into telling secrets and forwards it to others.
- **Cyber stalking.** This is when someone sends messages to a person again and again that includes threats or harassment or intimidating messages.
- **Exclusion.** This is when someone deliberately leaves a person out of group messages, online apps, gaming sites and so on.

6.8 Online grooming is very common because it's easier to deceive someone online than in real life. Groomers often operate in gaming communities. They pretend to share interests with genuine gamers as a way of getting to know them.

## County lines

6.9 County lines is a term used to describe gangs and organised criminal networks who deal drugs out of cities into suburban and rural areas. They often recruit children and adults to use as 'runners'. By doing this, they avoid getting caught themselves.

6.10 However, as well as drugs, county lines criminals are often involved in:

- Sexual exploitation
- Money laundering
- Human trafficking.

## Cuckooing

6.11 Cuckooing is when a drug dealer grooms the person at risk in order to use their home as a base for dealing drugs. The person at risk may be a drug dealer themselves, but not always. Whether they are

or not, once they've been cuckooed they will be even more vulnerable to more types of abuse.

## **Closed cultures**

6.12 A closed culture is not an abuse type. In a social care context, a closed culture can broadly be described as a team of support workers who puts their own needs and wishes before the person it supports' needs and wishes. But abuse thrives in a closed culture.

For this reason, and because social care teams are especially prone to closed cultures forming, we have included it in this list of abuse types.

6.13 Indicators of a closed culture include:

- People experiencing poor care, including unlawful restrictions
- Weak leadership and management
- Poor skills, training and supervision of staff providing care
- Lack of external oversight.

## **The Prevent strategy and Channel programme**

7.1 'Prevent' is a key part of the government's overall counter-terrorism strategy CONTEST. The 'Channel' programme is a key part of Prevent. It uses a multi-agency approach to protect young and vulnerable people from radicalisation. Radicalisation means being drawn into a group with extreme beliefs that could be dangerous. For example, because they encourage terrorism.

The programme aims to protect by:

- identifying people at risk;
- assessing that risk; and
- developing a support plan for that person.

7.2 The aim of Prevent is to stop people from becoming terrorists or supporting terrorism. It also supports the rehabilitation of people already involved in terrorism.

7.3 The Counter-Terrorism and Security Act says that certain kinds of organisation should help keep people from getting involved in terrorism. And Home Office guidance identifies people with learning

disabilities as a vulnerable group. This means we need to watch out for people we support being groomed for terrorism.

If you have any suspicions, report them. Your local authority and/or police force will have a Prevent lead and a reporting process. You can include their details on **Safeguarding contacts and protocols grab-sheet**. Or you can contact our Head of Quality and Safeguarding for advice.

## People in positions of trust (PiPoT)

- 8.1 If you work with people we support, you are a 'person in a position of trust'. The Care Act's statutory guidance acknowledges that LAs and providers might have concerns about a PiPoT even when nobody has alleged that they have harmed a person we support.
- 8.2 Examples of such concerns include allegations that a PiPoT has:
- behaved in a way that has harmed or may have harmed *any* child or adult;
  - possibly committed a criminal offence against *any* child or adult;
  - behaved towards *any* child or adult in a way that indicates they might pose a risk to people we support.
- 8.3 As a manager, if you have any such concerns about a colleague:
- report these concerns to a senior manager as soon as possible;
  - follow your local Safeguarding Adult Board's PiPoT procedures;
  - investigate whether the colleague poses a risk to people we support;
  - risk assess the colleague continuing in their role while you investigate. Consider whether suspension is appropriate.

If the outcome of the investigation is that the colleague poses a risk to people we support, we will hold a disciplinary hearing. If the outcome of the hearing is dismissal, we may refer the colleague to the Disclosure and Barring Service referral.

## Raising and responding to a safeguarding concern

- 9.1 The safeguarding referral procedure differs slightly from LA to LA. So, as a manager, make sure all your support team colleagues know to find the LA's procedures and protocols for raising a safeguarding concern. This includes relief and agency colleagues. Use our **Safeguarding contacts and protocols grab-sheet** for recording all relevant contact details.
- 9.2 As a manager, if your LA has published threshold guidance or a threshold toolkit, keep it with your **Safeguarding contacts and protocols grab-sheet**. But make sure all your colleagues know this is for guidance only. All colleagues should know that if they fear a person we support has been harmed or neglected or is at risk of harm, they must raise a concern.
- 9.3 As a direct support colleague, you might be involved in raising a safeguarding concern. (For our internal reporting procedure, see **Recording and monitoring safeguarding concerns**. If you're finding it hard to decide whether you should raise your concern with the LA, ask yourself these questions:
- has someone done or not done something that has put the person at risk? (You might not know who the responsible person is at this stage. That's OK.)
  - Is your concern due to a:
    - failure in care;
    - breach of a professional code of practice; or
    - breach of policy or procedure?
- If the answer to either question is yes, tell the LA straight away – and within 24 hours at most.
- When deciding, bear in mind that abuse carried out through negligence or ignorance is still abuse. Also bear in mind that under the Care Act, self-neglect is a safeguarding concern (see **6.1 Self-neglect**.)
- 9.4 If you're still not sure whether to raise a concern, talk to a senior manager, the On-call Manager or the Head of Quality and Safeguarding as soon as possible.
- 9.5 Bear in mind, it's better to over-report than under-report and that raising a concern may stop a person coming to harm.

9.6 If someone tells you they have been abused:

- take it seriously but keep calm;
- write down what the person says as accurately and as soon as possible, so you don't forget what they've said;
- decide whether to involve the emergency services; and
- keep safe any evidence you have.

Do not:

- ask leading questions;
- make promises you can't keep – for example, that you won't tell anybody else; or
- keep any evidence you find.

9.7 Some forms of abuse are criminal acts:

- Physical assault
- Psychological assault
- Sexual assault
- Rape
- Theft
- Fraud and other kinds of financial exploitation
- Certain kinds of discrimination.

If someone has committed a criminal act against a person we support, encourage the person to report it to the police. You might need to report it for them.

9.8 Put the person's safety first. Assess the risk of further harm. For example, ask yourself if the person at risk is likely to see the alleged source of risk again. Do all you can to reduce the risk.

9.9 When anybody raises a safeguarding concern, tell the person at risk. To help tell them, you can use **Somebody is worried about you**. Whether you use this form or not, find out what the person wants to happen. Record what they want to happen.

9.10 If the person at risk doesn't want you to raise a safeguarding concern or to tell the police, you'll need to decide whether you should. But bear in mind that you have a duty of care. This means that failing to raise a concern might leave you open to an allegation of neglect. So you must be able to show that you made the decision in the person's best interest.



No matter what the person at risk wants, if you think other people are at risk you must raise a concern.

You must also raise a concern if you suspect a colleague or other professional has abused someone.

9.11 When someone has raised a concern about a person we support, our default position is that we tell their closest relative or representative. That is, unless the person doesn't want us to (see **paragraph 9.12**) or the LA or police tell us not to. Tell them sensitively in person or on the phone as soon as possible. See our **Telling a relative or friend that a safeguarding concern has been raised** guidance.

9.12 If the person at risk doesn't want you tell their relative or representative, record how and when they told you this. Use **Somebody is worried about you**. This includes the question, 'Do you want us to tell your family or friend that somebody worried about you?' Even if the person cannot sign this document, you should use it.

Keep this document somewhere the person's representative won't find it. But remember, you might need it later. For example, if anyone accuses you of withholding information.

9.13 If the person at risk can't decide whether to tell their representative, you might find it helpful to look at Paradigm's [Supported Decision-making: a guide for supporters](#). Or you might want to do a mental capacity assessment or get the LA to do one.

9.14 If you think a colleague is harming a person we support, tell your line manager straight away. If you can't tell them or another manager, for example because they or the organisation are the source of risk, whistle-blow.

Safecall is our independent whistleblowing service. It's available 24 hours a day, 365 days a year. Contact details:

- Phone number: 0800 915 1571
- Email: [seeability@safecall.co.uk](mailto:seeability@safecall.co.uk)
- Website: [www.safecall.co.uk/report](http://www.safecall.co.uk/report)

## Recording and monitoring safeguarding concerns

10.1 This paragraph is a general guide to reporting safeguarding concerns. The order in which you report your concern to each

agency may change on a case-by-case basis. The important thing is to report as appropriately and promptly to each agency as you can.

1. Tell the LA and/or police if you need to straight away if possible but **within 24 hours at most**.
2. Unless the person at risk says they don't want you to, tell their closest relative or representative as soon as possible. (Refer to **Somebody is worried about you** and **Telling a relative or friend that a safeguarding concern has been raised** guidance.)
3. If the person at risk lives in a registered care home or we support them with personal care, and:
  - someone has alleged abuse;
  - someone has reported the incident to the police;
  - the person has suffered a serious injury;notify CQC '**without delay**'.
4. Report the concern internally on our incident management system.

- 10.2 When anyone raises any safeguarding concern about a person we support, report it on our incident management system. Always report it under the Safeguarding category. If you don't, it won't appear in our safeguarding data.

Don't wait to see whether the LA requires a S42. We want the concern recorded in our system even when the LA says it does not reach their safeguarding threshold.

This applies to all safeguarding concerns, so includes:

- concerns that the LA or CQC tell us about;
- concerns that arise from a complaint;
- suspicions aroused by a person's changing behaviour; and,
- an LA's largescale or organisational enquiry.

- 10.3 When you report a concern to the LA, tell them that if they don't contact us within ten working days, we will presume they do not require a S42 but that we will carry on with our investigation if relevant. For example, because the allegation is against a colleague. If possible, tell them in writing, so you have evidence of telling them.

- 10.4 Only close the report on our incident management system when the LA has closed the concern and any investigation of our own has an outcome - for example, the verdict of a colleague's hearing when

they are the alleged source of harm. Include these outcomes in your report.

If the LA takes longer than ten days to require a S42 or a concern is re-opened, re-open the report in our incident management system and amend it accordingly.

- 10.5 There may be times when the LA says a concern you've raised does not reach their threshold of concern. If you believe it should because the person remains at risk, talk to your line manager about the action you should take.

Every LA will have a policy that allows you to challenge their decision. They often call it an Escalation policy. You can request a copy from the local Safeguarding Adults Board. If you and your line manager agree that a challenge is appropriate, follow the procedure this policy describes.

You can also follow this procedure when you believe that the LA is not assessing a person correctly or that they are refusing funding that the person needs.

And remember that you don't have to rely on the LA to call a multi-disciplinary team (MDT) meeting. If you think you can resolve a concern quickly or prevent harm from occurring by involving other agencies – for example, health professionals or the person's landlord – do it. The best interests of the person at risk are your priority.

- 10.6 If you raise a concern following a complaint, also record the complaint as we describe in our Complaints policy.
- 10.7 You don't need to tell CQC about safeguarding concerns in and of themselves. But you do need to tell them about all:

- allegations of abuse;
- serious injuries; and
- incidents reported to the police

that concern anyone who lives in a registered care home and anyone we support with personal care.

So you may well need to tell CQC about a safeguarding concern. When you do it, do it '**without delay**' using the right CQC form.

- 10.8 As a registered manager, decide whether a concern falls under the Duty of Candour regulation. If it does, apologise and investigate as described in our Duty of Candour policy.

In brief, accidents and incidents that fall under the Duty of Candour are those that appear to have resulted in:

- The death of a person we support
- An impairment to the person's sensory, motor intellectual functions lasting 28 days or more
- Changes to the structure of the person's body
- The person experiencing prolonged pain or prolonged psychological harm
- Shortened life expectancy
- Treatment by a health professional to prevent any of the above.

10.9 You only need to tell CQC about a medication administration error when it results in:

- death
- serious injury; or
- it is clearly abusive.

Some LAs want us to report all medication administration errors to their Safeguarding Team because they consider such errors to be a form of neglect. Even when they do, you don't need to tell CQC.

Do tell CQC, however, when the LA expresses serious concern about our ability to support a person safely – for example, because a team has made several errors in a short period of time.

10.10 Similarly, you don't need to tell CQC about unexplained minor injuries.

However, bear in mind that injuries may indicate abuse. So, if a person we support suffers a:

- bruise;
- cut
- graze; or
- similar other injury,

that no one can explain, investigate it.

If your findings are that abuse probably isn't the cause, record the reasons for your findings in your incident management system report.

However, if you have any doubts, do notify CQC. Use their Allegation of abuse notification form. Just explain that nobody has actually alleged abuse and that you are notifying them only because you can't rule out abuse.

10.11 Because we are a registered charity, we need to tell the Charity Commission (CC) about certain safeguarding concerns. Deciding which concerns is subjective. So, we don't expect registered managers to do this. We do it centrally.

We also have a process in place to keep trustees informed about these concerns.

10.12 If we find that a colleague has

- abused a person we support; or
- put them at risk of harm; or
- presents a risk to people we support

we will refer them to the Disclosure and Barring Service (DBS).

10.13 Our Safeguarding Panel meets quarterly. In brief, its job is to:

- determine and oversee our safeguarding strategy;
- ensure our policy, procedures and training are effective;
- monitor and review our safeguarding performance;
- identify lessons and share best practice with the wider organisation; and
- initiate change where required.

The Panel reports to the People and Quality Committee.

10.14 Treat all electronic and hardcopy information about safeguarding concerns as confidential. Share information with others on a need-to-know basis. Bear in mind that the police and LA's right to this information will have a legal basis.

## Enquiries and investigations

11.1 LAs might ask us to conduct a S42 enquiry before deciding whether to take action. When they do, it is the registered manager's responsibility to investigate. As the registered manager, you can delegate the enquiry to a colleague. For example, your deputy manager. But before you do, assure yourself of that colleague's competence and confidence to do the job well.

11.2 For more detailed guidance on conducting a S42, see our **Safeguarding enquiries protocol**. But, in brief, bear in mind that the point of an S42 is to:

- establish facts;

- find out the views and wishes of the person at risk – or their representative when relevant;
- assess the need for protection and support; and,
- help decide what happens next.

Always agree timescales with the LA.

Bear in mind the person at risk's mental capacity to understand the concern but involve them in the enquiry as much as possible. Involve their closest representative as much as relevant.

- 11.3 If the LA does not provide a form for recording the enquiry, use our own **Section 42 enquiry form**. It's fine to share this with the LA.

A S42 is not the same as a disciplinary investigation into a colleague's conduct. When investigating a colleague's conduct, use our **Investigation report**. This kind of investigation will usually take longer than the S42. It isn't usual to share this kind of investigation with the LA but they might request it.

- 11.4 Knowing what safeguarding information to share with whom can be tricky. As a guiding principle, always be open and honest. But if you have any doubts about what to share, the Social Care Institute (SCIE) offers guidance on its website: [Safeguarding adults: sharing information](#).

- 11.4 It's important that no one affects a S42 or resulting disciplinary investigation unduly. It's even more important that we remove any risk of harm to people we support.

So, if someone raises a concern about you, your line manager may limit your responsibilities or change your workplace. For example, suspend you from personal care duties. They may suspend you altogether.

This is not a presumption of guilt or punishment. It's just to keep everyone, including you, safe until we have a better idea of what happened.

- 11.5 Police investigations usually take priority over all other lines of enquiry. So, if the police get involved in a S42 or investigation that you're conducting, check with them that you're ok to carry on.

When the police investigate, record the crime number and the name of the officer leading the investigation on our online management system.

## Supporting people involved in a safeguarding concern

- 12.1 When a person has been harmed or abused, their behaviour might change. It might change dramatically or you may only notice if you know the person really well. Their behaviour might not change until long after the event. But look out for these changes and be supportive.
- 12.2 Update the person's support plan to reflect any changing needs. Involve other agencies as appropriate. For example, our own behaviour support team, their GP or psychologist. Do this as soon as possible.
- 12.3 We must make safeguarding personal. So, when anyone raises a safeguarding concern about a person we support, involve the person as fully as possible or as fully as they want to be involved.
- 12.4 The same goes for the person's closest relative or representative. Keep them as updated as they want to be. It might be a good idea to arrange meetings with them even when there have been no developments, just to reassure them.
- 12.5 Think carefully about which colleague should liaise with the person's family. If possible, make it someone who has a good strong relationship with them. Whatever your relationship with the family, be supportive.
- 12.6 If English is the person's or their relative's second language, decide whether it's best to call in an interpreter.
- 12.7 People who have been abused and their relatives might want help from support groups. Offer help in finding appropriate groups.  
Two national organisations you can recommend are:
  - Respond, who aim to 'reduce the impact of trauma in the lives of people with learning disabilities and autistic people . . .'
  - Website: [www.respond.org.uk](http://www.respond.org.uk)
  - Victim Support, who are 'dedicated to supporting victims of crime and traumatic incidents . . .'
  - Website: [www.victimsupport.org.uk](http://www.victimsupport.org.uk)
- 12.8 As a colleague, you might find your involvement in a safeguarding concern difficult or upsetting. Just raising a concern can be difficult – for example, if the concern is about a colleague. It might even be

the case that somebody makes an allegation against you, which means we'll need to investigate your actions.

For any number of reasons, you might need support. Your line manager should support you as best they can. But if you would rather seek help anonymously, you can contact our confidential Employee Assistance Programme (EAP). This is a free 24-hour-7-day-a-week service offering trained counsellor support.

Phone number 0800 015 7287.

Website: [www.colleaguesupport.co.uk](http://www.colleaguesupport.co.uk) (Enter the code 72160.)

## Training and prevention

- 13.1 Prevention is one of the key principles underpinning safeguarding work. This is best achieved through training and education.
- 13.2 For people we support, we offer a range of easy read guidance, including our easy read version of this policy: **Safeguarding adults – easy read**. Also see the **Relevant external guidance** section of this policy.
- 13.3 As a direct support colleague, you'll work towards getting your Skills for Care Certificate within twelve weeks of starting with us. Standard 10 covers safeguarding adults.  
You'll achieve this standard by doing our Kallidus e-learning Safeguarding course. You may also need to attend any further training that either we or your LA provides locally.
- 13.4 Refresh your Kallidus Safeguarding e-learning two yearly, and whenever your line manager or LA tells you to.

## Relevant legislation

- 14.1 The Care Act 2014
- 14.2 Human Rights Act 1998
- 14.3 Mental Capacity Act 2005
- 14.4 Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015
- 14.5 Counter-Terrorism and Security Act 2015
- 14.6 The Equality Act
- 14.7 Data Protection Act 2018
- 14.8 General Data Protection Regulations (UK-GDPR)



## Relevant external guidance

- 15.1 [Care and Support Statutory Guidance Care issued under Care Act 2014: Safeguarding](#), Department of Health, 2014
- 15.2 [Prevent duty guidance: Guidance for specified authorities in England and Wales](#), HM Government, 2023
- 15.3 [Adult safeguarding: sharing information](#), Social Care Institute of Excellence
- 15.6 [How to report a serious incident in your charity](#), The Charity Commission
- 15.7 [Safeguarding and protecting people for charities and trustees](#), The Charity Commission
- 15.8 [Supported Decision-making: a guide for supporters](#) Paradigm, 2008
- 15.9 [How CQC identifies and responds to closed cultures](#), Care Quality Commission

## Related policies

- 16.1 Safeguarding adults at risk - Easy read
- 16.2 Accident and incident reporting
- 16.3 Complaints and compliments
- 16.4 Confidentiality
- 16.5 Data handling and protection
- 16.6 Duty of candour (being open and honest)
- 16.7 Managing people's money
- 16.8 Mental capacity and DOLS
- 16.9 Safeguarding children and young people
- 16.10 Whistleblowing (speaking up)

## Related supporting documents - forms, additional guidance documents and so on

- 17.1 Contacts and protocols grabsheet
- 17.2 Somebody is worried about you
- 17.3 Safeguarding enquiries guidance

- 17.4 Section 42 enquiry form
- 17.5 Telling a relative that a safeguarding concern has been raised
- 17.6 Workplace safeguarding
- 17.7 Central support safeguarding guidance

## **Equality statement**

- 18.1 This policy promotes equality, diversity and human rights by recognising that vulnerable people are more likely victims of abuse than most other people, and directing colleagues to:
  - look out for abuse and respond to it appropriately whatever the person at risk's race, age, gender, ethnicity, religion, disability or sexual orientation; and
  - consider discrimination and harassment on grounds of age, gender, ethnicity, sexual orientation and marital status as abuse.
- 18.2 We promote equality, diversity and human rights by treating all people we support and employ equally and fairly whatever their:
  - Age
  - Disability
  - Gender reassignment
  - Marriage and civil partnership
  - Pregnancy and maternity
  - Race
  - Religion or belief
  - Sex
  - Sexual orientation.

## **Data protection statement**

- 19.1 This policy involves handling personal data. So, when you carry out any procedures this policy describes, you should also think about what our Data protection policy says.
- 19.2 Our Data protection policy is our promise to handle personal data correctly under the Data Protection Act 2018 and the Data Protection Regulation (UK-GDPR). It tells you how to keep that promise. It balances everyone's rights to data privacy with the work we do.

19.3 For information on how we handle personal sensitive data, see our privacy notices.

## Review and version control

20.1 We will review this policy annually. But if changed or new legislation, regulation or best practice guidance mean we need to, we will review sooner.

20.2 For minor changes made mid-scheduled review, we will update this version. We will record this in the version control section below.

Policy owner: Paul Pargeter, Head of Quality and Innovation

Policy author/reviewer: Clay Lister, Head of Quality and Safeguarding

People/groups consulted: Safeguarding Panel

Version number	Approved date	Communication date	Summary of changes
1	19/03/2024	20/03/2024	Re-write in new format.
1.1	20/11/2024	29/11/2024	Amendment to paragraph 10.5. Workplace safeguarding added to list of supporting documents, section 17.6.
1.2	14.2.2025	6.3.2025	Amended training requirements for annual refresher to 2 yearly.
2	30/05/2025	05.06.2025	Amendment to 1.1. New Closed Cultures subsection within Types of abuse section.