

# Safeguarding adult protection procedure

## 1. Introduction

RNIB believes that all adults should be able to live free from harm, abuse and neglect and have their rights and choice respected. This procedure must be followed when there are concerns that an adult is at risk of harm and/or has been abused or neglected.

It should be noted that authorities across the countries have developed differing thresholds for reporting adult abuse concerns therefore managers must refer to local multi-agency procedures and thresholds to determine if an incident / concern should be referred. **If there is any doubt a referral must be made.**

## 2. Scope

This procedure outlines common responsibilities and arrangements for everyone who works with or for RNIB.

It applies to all staff, volunteers and contractors.

## 3. Review

This procedure is due for review every 12 months or following any legislative changes, whichever comes first. This means it expires on 22 January 2019.

The procedure will be reviewed by the Safeguarding and Compliance Manager. The final draft of the procedure will then go to the Executive Board representative for safeguarding, Director of Care (or Director of Services as an alternate), for approval.

## 4. Underpinning principles

The following six principles must be followed when supporting customers through the safeguarding process. Whilst the principles are taken from the Care Act they apply equally to our customers across the UK.

**Principle 1: Empowerment – Personalisation and the presumption of person-led decisions and informed consent.**

Where our customers have capacity to make their own decisions we always ask what outcomes they want from the safeguarding process and their wishes directly inform what happens.

**Principle 2: Prevention – It is better to take action before harm occurs.**

We ensure that our customers receive clear and simple information about what abuse is, how to recognise the signs and what they can do to seek help.

**Principle 3: Proportionality – Proportionate and least intrusive response appropriate to the risk presented**

We always work in our customer's best interest as they see them and we will only get involved as much as they want or need us to.

**Principle 4: Protection – Support and representation for those in greatest need**

We provide our customers with help and support to report abuse and to take part in the safeguarding process to the extent to which they want to or are able to.

**Principle 5: Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse**

We ensure that we always treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. We work together to get the best results for our customers.

**Principle 6: Accountability – Accountability and transparency in delivering safeguarding**

We ensure that our customers understand the role of everyone involved in their lives.

## **5. Recognising adult abuse and neglect**

It is not always easy to recognise when an adult is being abused and / or neglected and often there will be other explanations for the signs you may see and interpret as indicators of abuse. However, abuse and neglect can cause significant harm and therefore you must raise your concerns as soon as possible.

Incidents of abuse may be one-off or multiple, and affect one person or more. Professionals and others should look beyond single incidents or individuals to identify patterns of harm.

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

### **Physical abuse**

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

Signs that indicate physical abuse may have taken place:

- Bruises, broken bones, open wounds and black eyes
- Any injury for which there is no adequate explanation
- Burns of any shape or size
- Incorrect administration of medication
- Weight loss
- Injuries which are untreated or inadequately treated
- Bruises to parts of the body that are hard to injure such as ears or neck

### **Domestic Violence**

Including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence

### **Psychological abuse**

Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying,

isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Signs that indicate that psychological abuse may have taken place:

- Sudden changes in behaviour such as anger, aggressiveness, confusion, agitation, fear or helplessness
- High levels of anxiety, withdrawal or unhappiness.

## **Sexual abuse**

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

Signs that indicate sexual abuse may have taken place:

- Pain, itching, bruising or bleeding in the genital or anal areas
- Sexually transmitted diseases
- Urinary tract infections or genital discharge
- Stained, torn or bloody underclothing

## **Neglect and acts of omission**

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

Signs that indicate neglect and acts of omission may have taken place:

- Weight loss
- Inadequate clothing which may be dirty or damaged and offers no protection from the weather
- Condition of home is squalid, unhygienic or dangerous
- Constantly tired or lacking in energy
- Incorrect administration of medication
- Stealing food

## **Financial or material abuse**

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

Signs that indicate that financial or material abuse may have taken place:

- Change in living conditions
- Lack of heating, clothing or food
- Inability to pay bills/unexplained shortage of money
- Unexplained withdrawals from an account
- Unexplained loss/misplacement of financial documents
- The recent addition of authorised signers on a clients or donors signature care
- Sudden or unexpected changes in a will or other financial documents

## **Modern slavery**

This includes slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment

## **Discriminatory abuse**

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

Signs that indicate that discriminatory abuse may have taken place:

- Unequal treatment
- Inappropriate use of language
- Harassment
- Deliberate exclusion
- Verbal abuse

## **Organisational abuse**

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

## **Self Neglect**

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

## **6. Deprivation of Liberty**

The Deprivation of Liberty Safeguards are an amendment to the Mental Capacity Act 2005 which is a law designed to protect adults who are unable to make decisions for themselves. The safeguards currently only apply in England and Wales.

The Deprivation of Liberty Safeguards provides a legal authorisation process that must be followed when managers believe that a deprivation of liberty is necessary to keep a person safe and the person is not able to provide consent. This involves putting safeguards in place to ensure that those who lack capacity and are residing in care homes, and supported living environments are not subject to overly restrictive measures in their day-to-day lives.

A simple two stage acid test has been introduced to support managers to determine if a deprivation of liberty is taking place, this test came about as a result of the [Cheshire West](#) case:

- The person is subject to continuous supervision and control  
and
- The person not free to leave – with the focus not on whether a person seems to want to leave, but on how those who support them would react if they did want to leave?

If a person is subject to the level of supervision described and is not free to leave then it is likely that they are being deprived of their liberty.

Heads of Services providing care home and supported living services must read the Deprivation of Liberty guidance and ensure that it is applied in their settings.

Line managers are responsible for ensuring that people working in care homes and supported living services understand their responsibilities in relation to Deprivation of Liberty safeguards and must organise appropriate training for staff teams.

The [law society](#) provides guidance to support managers to comply with the law.

## **7. Preventing radicalisation and promoting British values**

The prevent duty is a legal requirement under section 26 of the Counter – Terrorism and Security Act 2015. It applies to a wide range of children’s services, including schools, operating in Scotland, England and Wales.

The prevent duty does not apply in Northern Ireland.

The aim of the prevent duty is to protect children from extremism and radicalisation.

You can find useful guidance on how the duty applies to your setting on the [Gov.UK website](#).

All Heads of Services providing care or education must read the Prevent duty guidance and ensure that the duty is applied in their settings where applicable.

Line managers are responsible for ensuring that people working in settings where the Prevent duty applies understand their responsibilities in relation to the duty and must organise appropriate training for staff teams. The home office has provided [e learning](#) training which can be accessed and completed free of charge.

## **8. Information sharing**

Information sharing is vital to safeguarding and promoting the welfare of adults who may be at risk of harm. A key factor identified in many serious case reviews has been a failure by practitioners to record and share information because they fear breaching confidentiality legislation.

This fear arises as a result of the duties placed on individuals and organisations as a result of the Data Protection Act 1998 and Human Rights legislation to process information fairly and lawfully and respect private and family life.

However, the law is very clear in the message that fears about sharing information must not stand in the way of the need to safeguard adults at risk of harm. Therefore, information should be shared both internally and externally in line with this procedure.

Managers must ensure that when information is shared it is necessary for the purpose for which it is shared, it is shared only with those individuals who need to have it, and it is accurate, up to date, shared in a timely fashion and shared securely.

Managers must make a record of their decision and the reasons for it, whether the decision is to share information or not. If a decision is taken to share information the record should state what has been shared, with whom and for what purposes.

Further guidance on information sharing can be found on the Information Commissioner's [website](#).

## **9. Immediate action to safeguard adults**

If there is any possibility that an adult may be in immediate danger you must act without delay. If your line manager, designated safeguarding lead or the safeguarding and compliance manager are not contactable you must call the police or social services who can respond on an emergency basis even outside of normal office hours.

## **10. Initial response and reporting of adult abuse concerns**

All adult abuse concerns must be reported immediately to the Designated Safeguarding Lead in your service. This will normally be the person in charge of your service. If you do not have a Designated Safeguarding Lead you should report concerns to [debbie.lynch@rnib.org.uk](mailto:debbie.lynch@rnib.org.uk)

The only exception to this reporting is when shared care arrangements exist. In this instance incidents / concerns should be reported to the responsible lead organisation.

If you feel you cannot report your concern to your Designated Safeguarding Lead then you can email the Safeguarding and Compliance Manager at [safeguarding@rnib.org.uk](mailto:safeguarding@rnib.org.uk)

Designated Safeguarding Leads must immediately carry out initial fact finding as described in section 10 of this procedure and if following that there remains an adult abuse concern it should be reported externally following the flowchart which is attached as appendix 1.

Designated Safeguarding Leads must decide at this point if there is a requirement to report concerns to external regulators, families, social workers, etc and make referrals as required.

If the matter is serious enough to warrant reporting to the Charity Commission the Executive Board representative for safeguarding must be notified via email, [corinne.mills@rnib.org.uk](mailto:corinne.mills@rnib.org.uk).

The [Charity Commission](#) provides guidance to support decision making when considering reporting requirements. The final decision for reporting will be taken, following discussions with colleagues, by the Executive Board representative for safeguarding. This will ensure that there is consistency of reporting across the group of charities.

In addition any incident of fraud, theft or dishonesty must be reported to the Corporate Services Director by email at [Policy91@rnib.org.uk](mailto:Policy91@rnib.org.uk)

An RNIB accident / incident form **MUST** be completed for all adult abuse concerns / incidents. If you do not have access to this you must email [safeguarding@rnib.org.uk](mailto:safeguarding@rnib.org.uk)

In addition a chronology of events should be created. This will ensure that there is one overarching, easily accessible record of all the actions taken in relation to an incident. This record should include what action was taken, when and by whom and should be updated regularly until the point the incident is closed off.

## **11. Initial fact finding**

It will be necessary to gather some initial facts to inform external agencies decision making. It is very important to remember that any allegations concerning adult abuse can result in criminal proceedings and as such you should only ask questions to clarify essential basic information. Do not probe for more information or ask any other questions or disclose details of the allegation to anyone else – even if the allegations involve them. Do not talk to the person you think is responsible for the harm as this might put you at risk and given them the opportunity to hide evidence.

It is important to note that wherever possible consent must be sought from the person who has been harmed or is at risk of harm before referring any adult abuse concern externally.

However, there may be circumstances when a referral can and should be made with or without consent:

- The adult lacks capacity to give it
- Irrespective of whether the adult has capacity to give consent action may need to be taken if others are or will be put at risk if nothing is done
- Where it is in the public interest to take action because a criminal offence has occurred
- Where public or statutory duties apply.

In any event the person who has been harmed or is at risk of harm must be told that a referral has been made and the details of that

referral. The only exception to this is if disclosing this information may put the person at greater risk.

Complete a written record of what you have seen / heard ensuring that you make a clear distinction between what is fact and opinion. It is important to try and include as much detail as possible particularly about the adult such as, full name, date of birth (if known), address, language of the child and remember to include parent / carer details if you know them, then ensure the record is signed, dated and includes the place where the disclosure took place as well as the names of any other person present. You should also record discussions around consent. This written record may be used in court proceedings or be otherwise made available without alteration to other agencies, the person themselves or their legal representatives.

## **12. Duty of Candour**

In England the Care Quality Commission has put in place a requirement for providers to be open with people and apologise when things go wrong. This duty applies to all registered providers of both NHS and independent healthcare bodies, as well as providers of social care.

The customer or other relevant person must be told that a notifiable safety incident has occurred as soon as possible after the event.

Support needs must be considered and support provided to customers and other relevant people if required, this will always mean treating them with respect, consideration and empathy and could include some of the following:

- Offering the option of direct emotional support during the notification for example from a family member, friend, care professional or a trained advocate
- Offering help to understand what is being said, for example through an interpreter, non-verbal communication aids, Braille etc
- Providing details of specialist independent sources of practical advice and support or emotional support /counselling

- Providing information about available impartial advocacy and support services
- Providing support to access the complaints procedure

The Head of Service will take the lead when a notifiable safety incident occurs, therefore Managers must contact their Head of Service before taking any action.

The notification must:

- Be given in person by one or more representatives of the registered person
- Provide an account, which to the best of the Managers knowledge is true, of all the facts the Manager knows about the incident as at the date of the notification
- Advise the customer or relevant person what further enquiries into the incident are appropriate
- Include an apology

A written record of the notification including all the details listed above must be completed and a copy given to the customer or relevant person and a copy held securely by the service.

Following all enquiries customers or the relevant person should be provided with an update of outcomes both verbally and in writing and a copy held securely by the service.

If for any reason the customer or relevant person cannot be contacted or declines to speak to the Manager a written record must be kept securely of all attempts to contact the relevant person.

Any correspondence relating to notifiable safety incidents must be retained and held securely.

### **13. Identifying an investigating officer**

External agencies will be responsible for identifying the investigating officer and the method of investigation if the referral is accepted.

The recognising and responding to low level safeguarding concerns must be followed if a referral is passed back to the service for investigation

## **14. Action following conclusion of investigation**

Managers must inform all relevant parties of the outcome as applicable; this may include the adult, external regulators, families, local authorities, councils etc.

Copies of all investigation records must be sent to the Safeguarding and Compliance manager.

Managers must ensure that any action required arising out of investigations is carried out within the timescales identified.

If a member of staff, volunteer, governor or trustee is dismissed or removed from regulated activity managers must consider if there is a requirement to make a referral to the Independent Safeguarding Authority, Protecting Vulnerable Groups Scheme or other professional bodies such as the nursing and midwifery council.

Where managers decide that a referral is necessary they should ensure that the relevant paperwork is completed and signed by their Head of Service.

A copy of all referral paperwork must be sent to the Safeguarding and Compliance Manager.

## **15. Internal reporting and monitoring**

All incidents / concerns will be logged on the safeguarding incident log and will be shared with Heads of Services where incidents have occurred.

The Executive Board representative for safeguarding will routinely review incidents and arrange the referral of any incident which meets the Charity Commissions referral guidance should this requirement not have been identified earlier.

An analysis of trends will be completed on all safeguarding incidents / concerns and the findings will be reported at Board level at least once a year.

## **16. Raising your concerns at a higher level / externally**

If you are not satisfied that your concerns have been dealt with appropriately you should in the first instance raise the matter with a higher level manager or the Safeguarding and compliance manager.

If you continue to be dissatisfied you may contact the following agencies in your area:

- Social Services
- Local Authority
- Police
- Care Quality Commission, England
- Ofsted
- Care Inspectorate, Scotland
- Care and social services inspectorate, Wales
- Commission for care, Northern Ireland
- Public Concern at Work on 0207 404 6609

## **17. Additional information**

- Safeguarding Policy
- Recognising and responding to low level safeguarding concerns
- Disciplinary Policy
- Whistle Blowing Policy
- Problem solving procedures for volunteers
- Fraud, theft and dishonesty policy
- Duty of Candour Policy
- Mental Capacity Act and Deprivation of Liberty Policy

## **18. Version control**

The table below shows the history of the document:

Version	Date
1	9 March 2015
2	18 July 2016
3	18 October 2016
4	21 December 2016
5	21 August 2017

6	5 October 2017
7	22 January 2018
8	5 April 2018
9	19 April 2018

## Appendix 1 – Responding to safeguarding concerns flowchart

