Safeguarding Adults at Risk Policy

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Change History

Version	Date	Details of Change	Author
1.0	08/10/2025	Quality improvement,	Sylvester
1.0	16/09/2025	Update/change in legislation/guidance, Content enhancement,	Sylvester
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Emergency Contact Details

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Safeguarding Adults at Risk Policy

CQC Fundamental Standards

Legislation	Details
Regulation 13: Safeguarding service users from abuse and improper treatment	Providers must have robust procedures to protect vulnerable service users from any form of harm or improper treatment while receiving care, including abuse, neglect, exploitation, degrading treatment, unnecessary or disproportionate restraint and inappropriate limits on their freedom.

Key Questions, Quality Statements and I Statements

Key Question	I Statement	How this applies to Safeguarding Adults At Risk
Safe Safeguarding and protection from abuse Learning culture	I feel safe and am supported to understand and manage any risks.	Bonneville Healthcare Services Limited will establish, operate and monitor effectively an accessible safeguarding system to protect service users from abuse, neglect, harassment and breaches of their dignity. We have a proactive culture in which safety concerns are listened to, and safety events are investigated and reported thoroughly.
Well-Led Freedom to speak up		We foster a positive culture where people feel that they can speak up and raise any safety concerns they may have and their views will be heard and addressed.

This Policy should be read in conjunction with our:

- Accidents and Incidents Reporting Policy
- Complaints Policy
- Data Protection Policy
- Disciplinary and Grievance Policy
- Disclosure and Barring (DBS) Procedure
- Disclosure and Barring (DBS) Referral Policy
- Duty of Candour Policy
- Equality, Diversity and Human Rights Policy
- Ill Treatment or Willful Neglect Policy
- Liberty Safeguards Policy
- Mental Capacity Act Policy
- Personal and Sexual Relationships Policy
- Positive Risk Taking Policy
- PREVENT (Counterterrorism) Policy
- Risk Assessment and Management for Service Users Policy
- Safer Recruitment Policy
- Safe Use of Restraint Policy
- Whistleblowing Policy

Policy Statement

Policy Aims

This policy will explain Safeguarding and how it operates at Bonneville Healthcare Services Limited regarding the care of adults at risk.

It will help you understand how we safeguard adults at risk by monitoring our performance and the quality of the services we deliver. It will also describe your role in keeping them safe and free from harm.

The purpose of this policy is to protect adults at risk and their care**,** recognising the risks involved in lone working and includes:

- Clarification regarding the roles and responsibilities of staff and all healthcare professionals working together and with Bonneville Healthcare Services Limited, and how they contribute to the prevention of abuse of adults at risk.
- Outlined practices and procedures for all parties within the scope of the policy.
- A clear framework for action when abuse is suspected.

Introduction & Key Legislation

This policy identifies the roles and responsibilities of Bonneville Healthcare Services Limited in relation to safeguarding adults at risk. It complies with the:

- Safeguarding Vulnerable Groups Act 2006 and the Protection of Freedoms Bill
- Care Act 2014
- The Health and Social Care Act 2012
- Working Together 2013, The Mental Capacity Act 2005
- Equality Act 2010
- Human Rights Act 1998
- Public Interest Disclosure Act 1998

The safeguarding adults legislation creates specific responsibilities on Local Authorities, health and the Police to provide additional protection from abuse and neglect to adults at risk.

What is Safeguarding?

Safeguarding is defined as '*protecting an adult's right to live in safety, free from abuse and neglect*.' Safeguarding is about preventing and responding to concerns of abuse, harm or neglect of adults.

Principles

The Care Act 2014 introduced a duty to promote well-being whilst delivering care. This is referred to as the well-being principle. Bonneville Healthcare Services Limited's Safeguarding Adults at Risk Policy incorporates the wellbeing principle together with the six principles of safeguarding adults embedded in the Care Act 2014, as follows:

- **Empowerment** – people being supported and encouraged to make their own decisions with informed consent.
- **Proportionality** – the least intrusive response appropriate to the risk presented
- **Accountability** - the way in which the safeguarding process is conducted should be transparent and consistent

- **Partnership** – people can be satisfied that agencies are working together to make them safe
- **Protection** – ensuring that people are safe and that they have support and representation as necessary during the process
- **Prevention** – minimising the likelihood of repeated abuse and recognising the person's own contribution to this.

Lead Responsibility

The Designated Safeguarding Lead (DSL) for Bonneville Healthcare Services Limited is the Registered Manager. Their name is Mulako Ozua.

They have Lead Responsibility and Accountability for ensuring that all operations are carried out in compliance with this Policy and that any concerns that arise are dealt with in accordance with the reporting procedures outlined in this Policy. Day-to-day responsibilities may be delegated to the acting manager or care coordinator at Bonneville Healthcare Services Limited.

The registered manager can be contacted at 07946723993 or mulako@bonnevillehealthcare.co.uk.

For any urgent safeguarding concerns or queries that arise outside of office hours, please contact our out-of-hours number at: 07303053516.

Key Question: What is the definition of an Adult at Risk?

It is important that staff at Bonneville Healthcare Services Limited understand and can recognise an adult at risk in order to practice safeguarding effectively.

At Bonneville Healthcare Services Limited we **define an adult at risk** as:

> *"…a person over the age of 18 who is in, or may be in need of, care services by reason of mental or other disability, age, or illness; and who is unable to take care of himself/herself, or unable to protect himself or herself against significant harm or exploitation."*

An adult at risk may include someone who:

- Is elderly and frail
- Has a mental illness, including dementia
- Has a physical or sensory disability
- Has a learning disability
- Has a severe physical illness
- Is a substance misuser
- Is homeless.

Definition of Abuse

In order to practice safeguarding effectively, it is important that staff at Bonneville Healthcare Services Limited understand and can recognise what abuse is, as well as any signs of abuse or neglect.

Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 states:
'abuse' means—

a. any behaviour towards a service user that is an offence under the Sexual Offences Act 2003(a),
b. ill-treatment (whether of a physical or psychological nature) of a service user,
c. theft, misuse or misappropriation of money or property belonging to a service user, or

d. neglect of a service user.

At Bonneville Healthcare Services Limited we **define abuse as:**

> *"…the harming of another individual usually by someone who is in a position of power, trust or authority over that individual. The harm may be physical, psychological or emotional or it may be directed at exploiting the vulnerability of the victim in more subtle ways (for example, through denying access to people who can come to the aid of the victim, or through misuse or misappropriation of his or her financial resources). The threat or use of punishment is also a form of abuse... In many cases, it is a criminal offence."*

Types of Abuse

Abuse takes place in all manner of forms. It is important that staff at Bonneville Healthcare Services Limited are aware of the wide range and manners of abuse to ensure any signs are recognised early. Below are examples of different types of abuse. Staff are reminded this list is not exhaustive; it is the responsibility of all staff to remain vigilant to all signs of abuse.

Physical abuse

- Bodily assaults resulting in injuries e.g. hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
- Bodily impairment e.g. malnutrition, dehydration, failure to thrive.
- Medical/healthcare maltreatment.

Sexual abuse

- Rape, incest, acts of indecency, sexual assault.
- Sexual harassment or sexual acts to which the Adult at risk has not consented, or could not consent or was pressured into consenting.
- Sexual abuse might also include exposure to pornographic materials, being made to witness sexual acts and encompasses sexual harassment/non-contact abuse.

Psychological/emotional abuse

- Threats of harm, control, intimidation, coercion, harassment, verbal abuse, enforced isolation or withdrawal from services or supportive networks.
- Humiliation.
- Bullying, shouting, swearing.

Neglect

- Abuse by omission - ignoring medical or physical care needs and failure to provide access to appropriate health, social care or educational services.
- Withholding life's necessities, such as medication, adequate nutrition and heating.

Financial or material abuse

- Theft and fraud.
- Exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Discrimination

- Racist, sexist, or based on a person's disability, and other forms of harassment, slurs or similar treatment.

Organisational Abuse

- A service or agency puts its own needs before those of the service users.
- Inflexible daily routines and re-organising a staff rota to suit its own costs.

Modern Slavery

- The use of individuals working for little or no wages is now the business of the Safeguarding Adults Partnerships.

Domestic Violence

- Domestic violence is now recognised as the jurisdiction of the Safeguarding Adults Partnerships across the country when it is committed against an adult in need of care services.

Self Neglect

- Where the individual refuses to attend to their personal care and hygiene, their environment, or even refuses care services offered to them.

Radicalisation

- Where individuals are drawn into extremist ideologies, which may lead to harmful actions or involvement in violent activities.

Care workers should be educated on this condition and prepared to work with the individual to improve their situation.

Multiple forms of abuse may occur in an ongoing relationship or abusive service setting to one person or to more than one person at a time, making it important to look beyond single incidents or breaches in standards to underlying dynamics and patterns of harm. Any or all of these types of abuse may be perpetrated as the result of deliberate intent and targeting of vulnerable people, negligence or ignorance.

At Bonneville Healthcare Services Limited we hold a **zero-tolerance policy,** whereby we strongly articulate that no abuse is acceptable; abuse is a criminal offence and must be reported to the Safeguarding Adults. In extreme cases of abuse or imminent danger, individuals are advised to call the Police.

Identification of Abuse

At Bonneville Healthcare Services Limited, we understand that abuse can be perpetrated and shown in many ways. Abuse can also happen anywhere and be carried out by anyone, e.g. Informal carers, family, friends, neighbours, paid staff, volunteers, other service users and strangers or tenants. Staff should be vigilant of all of the following signs and act on any other signs they may feel concerned about.

Physical Abuse Signs

- A history of unexplained falls or minor injuries.
- Bruising in well-protected areas, or clustered from repeated striking.
- Finger marks.
- Burns of unusual location or type.
- Injuries found at different stages of healing.
- Injury shape similar to an object.
- Injuries to head/face/scalp.

- History of GP or agency hopping, or reluctance to seek help.
- Accounts, which vary with time or are inconsistent with physical evidence.
- Weight loss due to malnutrition, or rapid weight gain.
- Ulcers, bedsores and being left in wet clothing.
- Drowsiness due to too much medication, or lack of medication causing recurring crises/ hospital admissions.

Note: *Some ageing processes can cause changes that are hard to distinguish from some aspects of physical assault. For example, skin bruising can occur very easily due to blood vessels becoming fragile.*

Sexual Abuse Signs

- Disclosure or partial disclosure (use of phrases such as 'it's a secret').
- Medical problems, e.g. genital infections, pregnancy, difficulty walking or sitting.
- Disturbed behaviour e.g. depression, sudden withdrawal from activities, loss of skills, sleeplessness/nightmares, self-injury, showing fear/aggression to one particular person, repeated or excessive masturbation, inappropriately seductive behaviour, loss of appetite/difficulty in keeping food down.
- The behaviour of others towards the Adult at risk.

Psychological/Emotional Abuse Signs

- Isolation.
- Unkempt, unwashed, smell.
- Over meticulous.
- Inappropriately dressed.
- Withdrawn, agitated, anxious not wanting to be touched.
- Change in appetite.
- Insomnia, or need for excessive sleep.
- Tearfulness.
- Unexplained paranoia or excessive fears;
- Low self-esteem;
- Confusion.

Neglect Signs

- Poor physical condition.
- Clothing in poor condition.
- Inadequate diet.
- Untreated injuries or medical problems.
- Failure to be given prescribed medication.
- Poor personal hygiene.

Financial or Material Abuse Signs

- Unexplained or sudden inability to pay bills.
- Unexplained or sudden withdrawal of money from accounts.
- The disparity between assets and satisfactory living conditions.
- Extraordinary interest by family members and other people in the vulnerable person's assets.

Discriminatory Abuse Signs

- Lack of respect shown to an individual.
- Signs of substandard service offered to an individual.
- Exclusion from rights afforded to others (i.e. health, education, criminal justice).

Organisational Abuse Signs

- Staff rotas designed purely to save the organisation money.
- Putting potential financial gains before the welfare of service users.

Domestic Abuse Signs

- Suspected physical, emotional, or sexual abuse within the home.

Modern Slavery Signs

- Individuals working for none or very little remuneration.

Self-Neglect Signs

- Lack of willingness to care for oneself.
- Lack of attention to personal hygiene.
- Not taking prescribed medications.

Radicalisation Signs

- Changes in behavior, attitudes, or associations, as well as a sudden interest in extremist views or materials.

Other Signs of Abuse

- Inappropriate use of restraints.
- Sensory deprivation e.g. spectacles or hearing aid.
- Denial of visitors or phone calls.
- Failure to ensure privacy or personal dignity.
- Lack of flexibility of choice e.g. bedtimes, choice of food.
- Restricted access to toilet or bathing facilities.
- Lack of personal clothing or possessions.
- Controlling relationships between care staff and service users.
- Any errors in medication administration.

Abuse & Recognising the Signs

This section of our Safeguarding Adults at Risk Policy has highlighted that abuse can happen at any time and in any place and can be perpetrated by anyone.

At Bonneville Healthcare Services Limited, staff have a duty of care towards all service users and colleagues. It is your responsibility to remain vigilant regarding the presence and perpetration of abuse and act quickly as soon as signs of abuse have been identified by confiding in your Registered Manager (the DSL) or other senior members of staff.

	What to do when there is suspected abuse?

Any member of staff who suspects abuse or notices any of the signs listed above must immediately inform the Registered Manager (DSL). Action should also be taken if it is felt that colleagues are not following the Bonneville Healthcare Services Limited *Safeguarding Adults at Risk Policy and Guidelines*.

It is necessary to ensure the safety of the service user at all times.

Bonneville Healthcare Services Limited works on the basis that everyone involved with adults at risk has a duty to protect them from unacceptable risks and to keep them safe. At Bonneville Healthcare Services Limited, staff will be fully trained to react in situations whenever there is a sign of risk or harm to a service user.

We work on the basis that service users, except for a small minority in whom the lack of capacity to make responsible decisions about their own welfare has been specifically identified and agreed upon, should retain the right to make decisions about risks for themselves. We thus aim to encourage that element in service users' continued independence. Some, but not all, may want a family member, friend or representative to be involved in decisions about situations in which they might be especially vulnerable. To determine the appropriate action, it is important to consider:

- Risk – Does the Adult at risk or staff member understand the nature and consequences of any risk they may be subject to, and do they willingly accept such a risk?
- Self-determination – Is the Adult at risk able to make their own decisions and choices, and do they wish to do so?
- Seriousness – A number of factors will determine whether intervention is required. The perception of the victim must be the starting point.

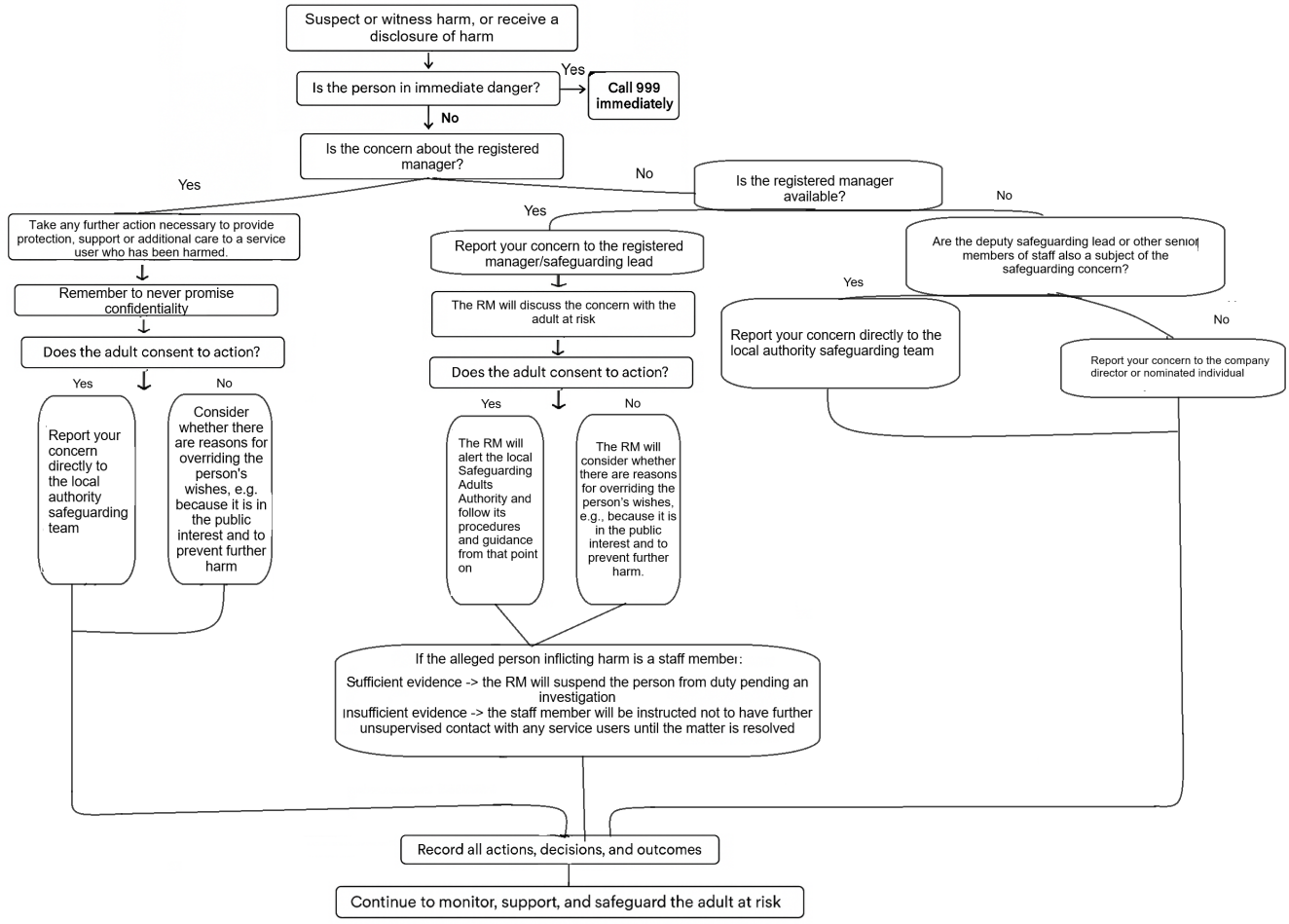
Factors informing the assessment of seriousness will include:

- The perception of the individual and their vulnerability.
- The extent of the abuse.
- The length of time it has been going on.
- The impact on the individual.
- The risk of repetition or escalation involving this or other adults at risk.
- Is a criminal offence being committed?

Bonneville Healthcare Services Limited acknowledges that reporting safeguarding concerns is an extremely sensitive issue for staff and assures all staff and persons working on its behalf that it will fully support and protect anyone who, in good faith, reports a concern that a colleague is, or maybe, abusing Adult at risk.

Concerns will be handled in the strictest confidence, in accordance with our Confidentiality policy, the Data Protection Act 2018, the GDPR, the Human Rights Act 1998, and any other legal obligations. Only managers and staff who are leading the investigation know the contents of the case. Anyone disclosing information to others who are not directly involved in the case should be dealt with under disciplinary procedures.

Summary flowchart



Preventing Abuse/ Harm

Care service managers have wide responsibilities for taking action to prevent abuse/harm, including:

- setting out and making widely known the procedures for responding to suspicions or evidence of abuse/harm
- ensuring recruitment procedures make it possible to consider very carefully the background of anyone whose work will bring them into contact with service users
- operating personnel policies which ensure that all potential staff in regulated activity are rigorously checked, by the taking up of references and clearance through DBS criminal records and barred list checks, with equivalent checks for staff employed from overseas
- ensuring staff training at all levels deals with abuse/harm and protection
- ensuring staff working alone with service users are supervised carefully
- ensuring staff are trained in the PREVENT strategy and are proactive in protecting individuals from exploitation and extremist influences; we have a separate PREVENT (Counterterrorism) policy which details how to raise concerns regarding radicalisation which is made available to all staff at Bonneville Healthcare Services Limited,
- ensuring that any suspicion, piece of evidence or report of abuse/harm is followed up promptly
- encouraging to watch for any evidence of abuse/harm and to report these immediately
- creating an open culture which allows for the passing on of any concerns whatever their source

- observing carefully any person in the work setting who might be abusive towards others
- helping service users to avoid or counter abuse/harm where this is possible
- ensure policies and procedures relating to abuse/harm are widely publicised and kept up to date.

Rights and Responsibilities

Bonneville Healthcare Services Limited's Responsibilities

With a view to Safeguarding, the responsibilities of Bonneville Healthcare Services Limited are:

- to ensure staff are aware of the Safeguarding Adults at Risk Policy and are adequately trained
- to ensure staff are aware of who the Safeguarding Lead is within Bonneville Healthcare Services Limited
- to notify the appropriate authorities if abuse is identified or suspected
- to support and, where possible, secure the safety of individuals
- to ensure that all referrals to services and authorities have full information in relation to identified risk and vulnerability
- to instruct staff to promote good practice to all healthcare professionals
- to DBS check all professionals who have access to or work with adults at risk.

Summary of Designated Safeguarding Lead (DSL) Procedures and Responsibilities

- Staff must report suspected abuse, harm, neglect, or poor practice to the DSL (Registered Manager), providing a written account with key details (date, time, people involved, actions taken).
- Take urgent steps to protect the adult at risk and anyone else in danger, providing support or additional care as needed.
- Discuss actions with the person at risk where possible. Respect their wishes if they have capacity, but override if there is a serious risk to others. Assess capacity and make a “best interests” decision if needed, recording reasons.
- Make safeguarding referrals to the local Safeguarding Adults Partnership (SAP), and contact the police if a crime may have occurred. Notify the CQC whenever referrals or police involvement occur.
- Reduce risk from alleged perpetrators, including suspending staff if evidence supports it or restricting unsupervised contact until resolved.
- Cooperate with SAP strategy meetings and action plans. Support or carry out investigations if required, protecting confidentiality, supporting victims and witnesses, and keeping them informed.
- Keep accurate records of decisions, referrals, and outcomes. Confirm referrals in writing within 24 hours and follow up if no response within three working days. Log all notifications to CQC.
- If a concern involves the DSL and is made to the company director or nominated individual, they must follow the same process.

Responsibilities of External Professionals:

Bonneville Healthcare Services Limited follows the national guidance on multi-agency safeguarding and working together to protect adults at risk. External agencies and professionals working in partnership with Bonneville Healthcare Services Limited (e.g. healthcare practitioners) have the following responsibilities:

- Being familiar with Bonneville Healthcare Services Limited's procedures and information on safeguarding adults at risk.
- Acting in line with this Policy and relevant government and regulator guidelines at all times.
- Informing Bonneville Healthcare Services Limited if they suspect abuse or neglect, including reporting to the appropriate authority and /or the designated safeguarding lead.
- Where applicable, ensuring that their professional registration and criminal background checks are maintained and up to date in line with their own regulatory requirements.

Any serious concerns regarding professional conduct or safeguarding matters involving external professionals will be reported to their employer or regulatory body, in line with our safeguarding escalation procedure.

Bonneville Healthcare Services Limited develops its policies and procedures in line with our local Safeguarding Adults Partnerships (SAPs) recommendations and guidance, which are found on its website, together with relevant documentation for, e.g., raising alerts and staff training.

As an employer, Bonneville Healthcare Services Limited has a **duty of care** towards its employees. To this end it is our responsibility to **support those who report abuse:**

- All those making a complaint/allegation or expressing concern, whether they are staff, service users, carers or members of the general public, should be reassured they will be taken seriously and their comments will be treated confidentially; however, concerns may be shared if they (or others) are at significant risk as determined by the Designated Safeguarding Lead. In such cases, service users will be given immediate protection from the risk of reprisals or intimidation; staff will be given support and afforded necessary protection in line with the Public Interest Disclosure Act 1998.
- We recognise our duty of care to look after the physical and psychological well-being of staff who have been exposed to traumatic, distressing or challenging incidents.

To promote safeguarding effectively, it is essential staff understand the rights of the Adult at risk. Their rights are:

- To be made aware of this policy
- To have alleged incidents recognised and taken seriously
- To receive fair and respectful treatment throughout
- To be involved in any process as appropriate
- To receive information about the outcome.

Good Practice

At Bonneville Healthcare Services Limited, we implement good practices daily to ensure safe, effective, and high-quality services.

Recruitment

Our recruitment procedures are designed to uphold the highest levels of safeguarding and are written in line with Schedule, Regulations 4 to 7 and 19(3) CQC regulations. See our *Safer Recruitment Policy*.

Record Keeping

In all situations, including those in which the cause for concern arises from a disclosure made in confidence, it is vitally important to record the details of an allegation or reported incident, regardless of whether or not the concerns are shared with a statutory agency.

As far as possible an accurate note should be made of:

- The date and time of the incident and disclosure
- The parties who were involved
- What was said and done by whom
- Description of any visible injuries or bruising
- Any further action taken by Bonneville Healthcare Services Limited to investigate the matter
- Any further action e.g. the suspension of a worker
- Where relevant, reasons why there was no referral to a statutory agency
- The full name of the person(s) reporting and to whom reported.

Records and reports should be stored securely and appropriately and shared only with those who need to know, in accordance with Data Protection Principles. All referrals made to the Adult Safeguarding Partnership should be confirmed in writing and followed up with a copy of the incident report within 24 hours. If you have not heard back within 3 working days, contact your local Safeguarding Partnership again.

You should also record the staff member to whom concerns were passed, the date and time of the call, and subsequent letters sent.

These procedures not only serve to protect Adults at risk but also protect the employees.

Initial procedures

The registered manager is the Designated Safeguarding Lead (DSL)

1. A staff member who witnesses a situation in which a service user is in actual or imminent danger must use their judgment as to the best way to stop what is happening without further damage to anyone involved, including themselves, either by immediately intervening personally or by summoning help.

2. Any staff member to whom actual or suspected abuse/harm is reported—usually the manager or a senior staff member—must immediately take any further action necessary to provide protection, support, or additional care to a service user who has been harmed.

3. The registered manager will discuss with the known or suspected abused/harmed person what actions they consider to be appropriate. In some circumstances, the person might not wish any action to be taken or agree to a referral being made on their behalf. Under safeguarding adult legislation, an adult who has been assessed as having mental capacity to make decisions about their care has the right to refuse a safeguarding or social care assessment, even when care and support needs and abuse/risk is identified. In such cases, the registered manager will consider whether there are reasons for overriding the person's wishes, e.g., because it is in the public interest and to prevent further harm. This could include seeking advice on the correct action to take on an anonymous basis from the Safeguarding Adults' Authority.

4. Any "victim" whom it is thought might lack mental capacity to give their consent for the abuse/harm to be reported will be assessed for their capacity to decide and a "best interests" decision will be taken in line with Mental Capacity Act procedures. Where actions are taken without consent for either a safeguarding or a social care assessment referral, this **must be clearly recorded** in the service user's record, and the rationale for not obtaining consent provided in the referral.

5. There are some circumstances where a referral can be made in the interest of the wider public without the consent from the adult at risk. An example of this is self-neglect and hoarding that presents a risk to neighbours or professionals who need to enter the property.

6. Once a person has consented to further action being taken, or if someone is unable to give their consent it has been decided that it is in their best interests to do so, the senior staff member or manager (or whoever has authority at the time) will then alert the local Safeguarding Adults' Authority and follow its procedures and guidance from that point on. This will usually involve a strategy meeting and an action plan to be implemented from the strategy meeting.

7. The specific procedures to be followed and referral forms are those available on the local Safeguarding Authority Partnership (SAP) website.

8. In some instances, the manager might need to report the matter directly to the police and seek guidance on the measures to be taken.

9. The registered manager must take steps to ensure that there is no further risk of the victim being abused/harmed by the alleged or suspected perpetrator. For example, by asking questions that could alert the perpetrator to your suspicions and lead to further abuse.

10. The registered manager must ensure that the needs of the alleged victim of the abuse/harm for any special or additional care, support or protection or for checks on health or wellbeing are met at the outset and subsequently throughout the proceedings.

11. If the alleged abuser is a staff member and there is sufficient evidence that abuse/harm has or might have occurred, the registered manager will suspend the person from duty pending the outcome of a disciplinary

investigation. The registered manager will receive guidance on the steps to be taken following the local safeguarding adults authority strategy meeting, which will be held following the reporting of the abuse or suspected abuse/harm.

12. If the evidence is insufficiently strong to warrant suspension, the staff member against whom the allegation has been made will be instructed not to have further unsupervised contact with any service users until the matter is resolved.

13. However, it should be noted that in the event of a referral being made to the police because a criminal offence might have been committed, the police investigation will take precedence and no action should be taken that might jeopardise its enquiries, which might contaminate the evidence it is seeking and collecting.

Deprivation of Liberty in the Community

Some individuals lack the mental capacity to make decisions about their care or support. In some cases, keeping them safe may involve restricting their freedom, for example, through continuous supervision, limited movement, or controlled access to the community. When these restrictions are significant enough to amount to a Deprivation of Liberty (DoL), there is a legal requirement to obtain formal authorisation to ensure that their rights are protected and that the arrangements are lawful.

Identifying and responding appropriately to a possible Deprivation of Liberty is both a legal obligation and a safeguarding issue. Failure to recognise or lawfully authorise a DoL may result in unlawful care practices and potential human rights breaches.

Definition

A Deprivation of Liberty occurs when:

- A person lacks the mental capacity to consent to their care or support arrangements,
- They are under continuous supervision and control, and
- They are not free to leave the setting.

Legal Framework

The legal foundation for identifying and authorising a Deprivation of Liberty comes from the Mental Capacity Act 2005 (MCA), which outlines how capacity should be assessed and how decisions must be made in a person's best interests.

In community settings, such as a person's own home, a formal application must be made to the Court of Protection, which will assess the arrangements and issue authorisation if appropriate.

This process must be well-documented, involve relevant professionals and the individual's family or advocate where possible, and ensure that the care provided is the least restrictive option necessary to meet the person's needs.

Safeguarding and Reporting Concerns

Deprivation of Liberty is not just a legal issue, it is also a safeguarding matter. Unauthorised or excessive restrictions can amount to neglect, abuse, or a breach of human rights.

Staff must report any concerns that someone:

- Is being subjected to excessive or unnecessary restrictions,
- May be unlawfully deprived of their liberty, or
- Is at risk due to the failure to seek appropriate legal authorisation.

Such concerns must be raised with the Designated Safeguarding Lead without delay.

Reporting Safeguarding Concerns

All staff have a duty to take immediate action when they suspect or witness abuse, neglect, or poor practice.

When reporting a safeguarding concern, the following guidelines should be adhered to.

- Write down the details of the incident.
  - Date and time of the incident,
  - name of the individuals involved,
  - a description of what happened,
  - any actions taken.
- Pass this report to your Registered Manager at the earliest opportunity.
- The Registered Manager should then take appropriate action to ensure the safety of the Adult at risk and any other person(s) who may be at risk.
  - Take immediate steps to protect the adult at risk (and others if necessary).
  - Proceed with investigating the allegation.
  - If the matter concerns abuse, make a formal safeguarding referral to the local authority safeguarding team.
- In cases of suspected criminal activity, the Police must also be contacted.
- If the matter relates to poor practice and/or abuse by the manager or staff, the matter should be referred to the local Safeguarding Adults Partnership, and the employee must be suspended pending the outcome of an investigation into the allegations.
- The CQC must always be notified when a safeguarding referral is made or the police are involved.

If abuse/harm is clearly occurring or is alleged to have occurred, Bonneville Healthcare Services Limited takes swift action to limit the damage to service users and to deal with the abuse, as follows.

The Local Safeguarding Adults Partnership can be contacted using the following details:

- Name: North Somerset Safeguarding Adults Board
- Address: Walliscote Grv Rd, Weston-super-Mare BS23 1UJ
- Main Telephone: 01275 888 801
- Out of hours: 01454 615 165
- Email: care.connect@n-somerset.gov.uk
- Website: https//nssab.co.uk

If there's an immediate risk of harm or abuse, call 999 immediately.

Notifying the CQC

The CQC must be notified about abuse or allegations of abuse concerning a person using the service if any of the following applies:

- the person is affected by abuse
- they are affected by alleged abuse
- the person is an abuser
- they are an alleged abuser

The CQC should be notified by email or by online submission.

The email should be sent to ***HSCA_notifications@cqc.org.uk***

Online notification: CQC Online Notifications Portal

Reporting a concern about the registered manager

If the registered manager is the subject of the concern, the report must be made to the company director or the nominated individual by following the procedures outlined above. The director, Sylvester Ozua can be contacted via telephone at 07303053516. They will also refer the matter directly to the local Safeguarding Adults Partnership and notify the CQC.

If the registered manager is also the director or nominated individual, safeguarding concerns must still be referred directly to the local authority safeguarding team.

All safeguarding referrals and notifications must be documented, including timeframes and actions taken.

Supporting service users to use an independent advocate

Bonneville Healthcare Services Limited recognises that under The Care Act 2014, service users have a right to express their wishes, feelings and any concerns about their care, and to have all of their relevant circumstances taken into account. Bonneville Healthcare Services Limited is therefore committed to supporting service users, where necessary, to obtain help from an advocate. Bonneville Healthcare Services Limited:

- has a strong understanding of the role of advocacy in relation to safeguarding,
- has information about the local advocacy services that are available and how to access them,
- will provide information to service users, where necessary, on how advocates can help them with safeguarding enquiries and inform them that they may have a legal right to an advocate, and what the criteria for this are,
- understands that the advocate is the only person who acts solely according to instructions from the service user,
- with others involved, assesses the needs and wishes of the service user and decides if the support of an advocate would help them during the enquiry,
- supports the service user to obtain the help of an advocate if they decide it would be helpful,
- understands the people's statutory rights to advocacy under the Care Act and the Mental Capacity Act and checks that any advocate appointed meets these requirements,
- ensures that anyone supporting the service user as an informal or independent advocate has been identified in line with the person's statutory rights to advocacy under the Care Act and the Mental Capacity Act,
- builds effective working relationships with advocates and other people supporting the service user,
- is aware that local authorities, commissioners and the CQC can check if we are telling service users about the role of advocacy in safeguarding enquiries and how to access it.

Investigating alleged abuse

In many cases, an investigation will be carried out or led by a member of an external agency in line with the action plan determined by the initial strategy meeting convened by the local SAP. If a staff member is expected to carry out an investigation the following guidance should be followed.

1. An appointed investigating officer will usually consult the person who may have been abused/harmed to hear their account of what has occurred and their views about what action should be taken, involving the service user's relatives, friends or representatives if that is appropriate and in line with the wishes of the service user

2. The investigating officer is expected to take into account in his or her conducting of the investigation:

- the fears and sensitivity of the abused/harmed person
- any risks of intimidation or reprisals

- the need to protect and support witnesses
- any confidentiality or data protection issues
- the possible involvement of other agencies, including the police, local safeguarding team and the CQC
- the obligation to keep the abused/harmed person and, in specific instances, the alleged perpetrator informed on the progress of the investigation.

3. The investigating officer will assure the person who may have been abused/harmed that they will be taken seriously, that their comments will be treated confidentially as far as possible, that they will be protected from reprisals and intimidation, and that they will be kept informed of the actions taken and of the outcome.

4. The investigating officer will consider whether the service user needs independent help or representation, including the services of an independent advocate, in presenting their evidence and, in conjunction with the registered manager if necessary, will arrange for the appropriate help or support to be made available.

5. If the abused/harmed person expressly states a wish that no further action should be taken, the investigating officer will consider whether; a danger to others exists from not investigating further; in the light of that assessment it is possible to follow the person's wishes; in any case precautionary measures should be taken to protect others from the possibility of abuse from the same source. The person will be informed of what is to happen.

6. If it is decided that an investigation should proceed, the investigating officer will, as discreetly and confidentially as possible, look into all aspects of the situation. The investigation will include interviewing the staff involved in the incident or the circumstances.

7. Any staff member from whom evidence is taken will be assured that they will be treated fairly and equitably and informed of their employment, legal, and procedural rights.

8. The alleged victim of the abuse/harm, and where appropriate their relatives, friends or representatives, will at all times be kept as fully informed as possible of what is happening regarding the suspected abuse/harm.

9. The investigation will be carried out as quickly as possible, and the findings will be presented to the local safeguarding adults strategy group, which will then decide what further action to take, e.g., developing and implementing a Safeguarding Plan.

How will the CQC help safeguard service users?

When a safeguarding concern is raised to the CQC, they will help to safeguard service users by:

- Using the information received to look at the risks to the service users using the service
- referring concerns to local authorities or the police for further investigation
- carrying out inspections, where they will talk to the service users to help them identify the safeguarding concerns
- taking action if they find that Bonneville Healthcare Services Limited does not have suitable arrangements to keep the service users safe
- publishing their findings on safeguarding in the inspection report.

Alert

An alert is an adult safeguarding referral that is made when an adult at risk has been identified as possibly having been harmed, abused or neglected. An allegation of abuse can arise from the following sources:

- A direct disclosure by the Adult at risk at risk
- Raised by staff or volunteers, others using the services of Bonneville Healthcare Services Limited, 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.

Criteria for an alert/referral

Referrals should be made to the safeguarding adults partnership, the CQC or the Police.

A referral to the local Safeguarding Adults Partnership (SAP) or the CQC should be made if one or more of these factors apply:

- The person is an adult at risk and there is a concern that they are being, or at risk of being, abused or neglected.
- A crime has been or may have been committed against an adult at risk without the mental capacity to report a crime and a 'best interests' decision is made.
- The abuse or neglect has been caused by a member of staff or a volunteer (please following Bonneville Healthcare Services Limited 'Procedures for allegations of abuse against staff').
- Other people or children are at risk from the person causing the harm.
- The concern is about institutional or systemic abuse.
- The person causing the harm is also an adult at risk adults at risk can potentially be abused within the family, community and organisations by employees (including those employed to promote their welfare and protection from abuse), visitors, volunteers, and fellow students.

Information requested by another organisation

The safety and well-being of the Adult at risk override considerations of confidentiality. Timely and effective information sharing is a key factor in Safeguarding. However, every effort should be made to ensure that confidentiality is maintained for all concerned both when the allegation is made and whilst it is being investigated.

Bonneville Healthcare Services Limited has a duty to share information with other agencies and authorities if requested in connection with an assessment of an adult at risk or in connection with court proceedings. Staff should ensure they are familiar with the Data Protection Act 2018, General Data Processing Regulations 2018, and their responsibilities through statutory and mandatory Information Governance training.

Although the Data Protection Act 2018 and the GDPR, Human Rights Act 1998 or common law duty of confidence would need to be considered, the welfare of the Adult at risk would normally override the need to keep the information confidential. If Bonneville Healthcare Services Limited staff are not sure about information sharing or consent issues, they should seek advice from their Safeguarding Lead

How we ensure Information is accessible

Bonneville Healthcare Services Limited recognises the importance of effective communication with service users, their relatives, carers and advocates and the importance of providing information that enables them to receive appropriate person-centred care and support. It also recognises that people must receive safe care and are not put at risk of harm because of lack of or ineffective communication with their service provider.

Bonneville Healthcare Services Limited recognises its legal and ethical duties relating to effective communication and providing information, including the following:

- There is a duty under s.250 of the Health and Social Care Act 2012, which requires all organisations that provide NHS services or publicly funded adult social care to follow the Accessible Information Standard.
- Under the Equality Act 2010, there is a duty to eliminate discrimination and make reasonable adjustments for disabled people, such as those with hearing or visual impairments. This includes taking steps to put information into accessible formats if a disabled person is at a substantial disadvantage if this is not done.

For service users

Bonneville Healthcare Services Limited will provide copies of this policy to all service users upon the commencement of services, and service users can request a copy of the policy at any time from a member of staff.

For Advocates and Representatives

Bonneville Healthcare Services Limited will provide copies of this policy to advocates or representatives upon commencement of service, on request and during care plan reviews. We will also ensure the policy is accessible on our website.

For staff members

All staff will receive safeguarding policy and whistleblowing policy training during their induction, with ongoing refresher sessions provided regularly. Additionally, the policy will be accessible both online and in the office, ensuring staff can review it at any time.

Training

All staff receive training in recognising abuse or harm and carrying out their responsibilities under this policy as part of their induction programme and further training in line with their training needs as identified from their supervision, appraisals, and policy developments and changes. The training is updated on a regularly scheduled basis at least annually.

Bonneville Healthcare Services Limited carries out the following to meet its responsibilities for its staff and its registration requirements.

- Every new staff member receives comprehensive induction training in line with guidance and standards produced by social and healthcare workforce development organisations and the local Safeguarding authority training policies and guidance.
- All staff receive training to ensure that they are familiar with local Safeguarding Adults' Partnerships policies and procedures.
- Staff new to care work will receive a Care Certificate if they successfully complete their introductory training programme. This will allow them to work without direct supervision.
- Every staff member has a regular development and training needs assessment and a learning programme based on the assessment, which is subject to further review and updating.
- The ongoing training programme is designed to meet all mandatory, sector body and professional requirements and is regularly updated.
- Staff are enabled to take part in learning and development activities that are relevant and appropriate.
- Full records are kept of those attending learning and development activities.
- Staff members have their own portfolios to record their learning and qualifications gained.
- Regular monitoring, reviewing and updating of all training and of the supervision provided.
- The development of staff is supported through a regular system of appraisal.
- Staff are continuously supported to do their work in a safe working environment.
- The service has an open culture, which allows staff to feel supported in raising concerns without fear of recrimination.
- Managers and staff responsible for safeguarding are required to receive Specialist Safeguarding Training and, where appropriate, to their roles and responsibilities, achieve the Multi-Agency Safeguarding Leaders Development Programme.

Monitoring and Review

The registered manager, Mulako Ozua, will check this policy is working properly and they will review it at least once a year. We will make improvements to the policy wherever we can.

Employees are invited to suggest any ways the policy can be improved.

This policy does not form part of any employee's contract of employment, and it may be amended at any time.

After reading this Policy, you should be able to:

- Understand what Safeguarding Adults at Risk Policy is and how the Safeguarding Adults at Risk Policy operates;
- Understand how Safeguarding Adults at Risk Policy operates at Bonneville Healthcare Services Limited and have an awareness of the actions we take in preventing, identifying and reporting concerns;
- Understand the role you play in Safeguarding Adults at Risk Policy.

If you have not understood any of these points, please ask your Line Manager or trainer for further help.

Policy Review

A Director will review this policy at least once a year to make any updates needed.

Authorisation and Signature

This Policy is the authorised version agreed by the Directors of Bonneville Healthcare Services Limited.

All employees are expected to follow this policy and failure to do so could result in disciplinary action.

Director's Signature

Sylvester Ozua

Director