

## SAFEGUARDING ADULTS POLICY AND PROCEDURES

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### 1. Policy statement

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The Green House is committed to safeguarding and promoting the welfare of all adults at risk. Safeguarding is a specific activity that is undertaken to protect adults with care and support needs to keep them safe. We are committed to practice in a way that protects them and recognises that all adults, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have a right to equal protection from all types of harm or abuse.

This policy sets out:

- To prevent harm and reduce the risk of abuse and neglect to adults with care and support needs
- To safeguard individuals who receive The Green House's services in a way that supports them making choices and having control in how they choose to live their lives
- To provide staff and volunteers with the overarching principles that guide our approach to adults at risk

An adult at risk is an individual over 18 who:

- May be in need of community care services by reason of mental or other disability, age or illness;
- and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.

This policy applies to all staff, including senior managers and the Board of Trustees, paid staff and sessional workers or anyone working on behalf of The Green House.

The safeguarding of adults supports the human rights of people who are unable to claim these for themselves. People who use The Green House's services should be treated with dignity and respect, receive high quality, compassionate care and be safe from harm and abuse.

This includes having due regard to the need to eliminate discriminatory abuse, harassment and victimisation.

Adult safeguarding prevents the abuse of power. Adults at risk are dependent on others to meet their everyday needs.

This policy has been drawn up on the basis of UK law that seeks to protect adults with care and support needs, namely:

- The Care Act 2014
- Human Rights Act 1998

- Youth Justice and Criminal Evidence Act 1999 – special measures for ‘vulnerable’ and/or ‘intimidated’ witnesses. Intermediaries for those with difficulty giving their evidence.
- Mental Health Act 1983
- Mental Capacity Act 2005
- Equality Act 2010
- Various criminal laws

## 2. Abuse and neglect of adults includes the following:

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- **Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- **Domestic Violence** – including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence.
- **Sexual abuse** – including 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 or sexual acts to which the adult has not consented or was pressured into consenting.
- **Psychological / emotional 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.
- **Financial or material abuse** - including 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, or the misuse or misappropriation of property, possessions or benefits.
- **Modern slavery** - encompasses 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.
- **Neglect and acts of omission** – including 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.
- **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.
- **Discriminatory abuse** - including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
- **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.
- **Although ‘exploitation’ is not a category recognised in the Care Act guidance, The Green House will also be mindful of exploitation** – including taking unfair advantage of a person, grooming,

using a child or adult with care and support needs for the purpose of sexual gratification, prostitution of children/adults, forced labour, drug running.

### 3. The Green House will:

- Ensure that all staff and Trustees have enhanced Disclosure Barring Service checks (DBS) prior to engaging in any work with the organisation and are precluded from involvement in the organisation as appropriate.
- Provide clear and detailed procedures on decision making, accountability and recording of adult safeguarding situations
- Provide thorough and effective training to staff on adult safeguarding policies and procedures
- Appoint a member of staff as Designated Safeguarding Lead and other key members of staff as Safeguarding Advisors.
- Provide regular and consistent supervision and support to staff who have as their basis, the safety and welfare of clients
- Ensure that the organisation is able to learn from specific adult safeguarding situations and review policy and procedures as a result if necessary
- Maintain a current knowledge of adult safeguarding procedures nationally and within the Somerset and Bristol area.

**In addition** staff and trustees will seek to keep adults at risk safe by:

- Valuing, listening to and respecting them
- Adopting Safeguarding Adult practices through procedures and a code of conduct for staff
- Providing effective management for staff through support and supervision
- Recruiting staff safely, ensuring all necessary checks are made
- Ensuring all staff receive training which is updated every 3 years
- Sharing information about Safeguarding Adults and good practice with staff, Trustees and other professionals that work with the organisation
- Sharing concerns and relevant information as necessary with agencies who need to know and involving the adults at risk

No referrals will be made to external agencies in respect of suspected abuse of an adult without prior discussion with the Safeguarding Advisor or the Safeguarding Lead, regardless of the eventual action taken.

### 4. Safeguarding Lead role description: the Director of The Green House

**Responsible for:**

- Being the main contact within The Green House in relation to Adult Safeguarding i.e. enquiries from external parties.
- Being available for The Green House staff in the absence of their Safeguarding Advisor (Clinical Lead) to discuss Safeguarding concerns.

- Named contact for CYP and Adult Safeguarding Services.
- Reading and counter-signing The Green House's Safeguarding log sheets completed by staff reporting concerns to statutory agencies (e.g. Social Services).
- Completing Safeguarding Adults Training which will be updated every 2 years. Maintaining awareness of updates in local Safeguarding Adults guidance.  
<https://bristolsafeguarding.org/media/19829/joint-safeguarding-adults-policy-final-22-dec-2017.pdf>
- Communicating to Trustees any Safeguarding issues that need to be escalated to them at trustee meetings where Safeguarding is a standing agenda item.
- Ensuring staff members are appropriately trained in Adult Safeguarding and that training is updated regularly.

#### **Not responsible for:**

- Making all necessary Safeguarding referrals

#### **Planned absence:**

Staff are informed that the Safeguarding Advisors are the named members of The Green House team responsible for Safeguarding in the absence of the Safeguarding Lead.

## **5. Adult Safeguarding Advisor role description: Clinical Leads Adult Services**

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#### **Responsible for:**

- Being available for The Green House staff to discuss safeguarding concerns.
- Completing Safeguarding Adult Training which will be updated every 2 years Maintaining awareness of updates in local Safeguarding Adults guidance.  
<https://bristolsafeguarding.org/media/19829/joint-safeguarding-adults-policy-final-22-dec-2017.pdf>
- Reading and counter-signing The Green House's Safeguarding log sheets completed by staff reporting concerns to statutory agencies (e.g. Social Services).
- Co-ordinating use of monthly Adult Services Team referral meeting which has a standing agenda item for review of cases where Safeguarding issues are indicated.
- Ensuring that Policies and Procedures relating to Safeguarding are up-to-date and reflect best practice and current guidelines.
- Ensuring staff members are appropriately trained in Safeguarding Adults and that training is updated regularly.
- Providing 1:1 Line Management meetings for staff every 3 months where Safeguarding is a standing agenda item.

## **6. Procedures**

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This document sets out what action will be taken if it is suspected that an adult with care and support needs is at risk of harm, through abuse or neglect.

### **General Guidance**

**Do:**

- Make sure the individual is safe
- Assess whether emergency services are required and if needed call them
- Listen
- Offer support and reassurance
- Ascertain and establish the basic facts
- Make careful notes and obtain agreement on them
- Ensure notation of dates, times and persons present are correct and agreed
- Take all necessary precautions to preserve any forensic evidence
- Follow correct procedure
- Explain areas of confidentiality; immediately speak to a designated person for support and guidance
- Explain the procedure to the individual making the allegation
- Remember the need for ongoing support

**Don't:**

- Confront the alleged abuser
- Be judgmental or voice your own opinion
- Be dismissive of the concern
- Investigate or interview beyond that which is necessary to establish the basic facts
- Disturb or destroy possible forensic evidence
- Consult with persons not directly involved with the situation
- Ask leading questions
- Assume Information
- Make promises
- Ignore the allegation
- Elaborate in your notes
- Panic

It is important to remember that the person who first encounters a case of alleged abuse is not responsible for deciding whether abuse has occurred. This is a task for the professional adult protection agencies, following a referral from the Designated Safeguarding Adult Lead.

**General Procedure**

The Designated Adult Safeguarding Lead for The Green House is the Director.

No individual staff member will be expected to make a decision regarding the safeguarding of adults alone. No staff member should make a referral regarding an adult who may be at risk, or break confidentiality without the agreement of the Safeguarding Advisor or the Safeguarding Lead.

Confidentiality in this respect refers to the requirement not to share anything about a service user without their consent to anyone outside of The Green House. It is vital that information is shared within the organisation so that the safest decisions are made. It is vital that the actions and thoughts of those involved are recorded to show due process was made in these important decisions.

Maintaining the confidentiality of those who use The Green House is a vital part of the ethos of the organisation and generally, this can be assured. Adults with care and support needs who are at risk of abuse or neglect can be reassured that no information can be disclosed without their consent, unless related to a significant risk to their life, the lives of others or the welfare of a child.

Consent must be “informed” – the person giving consent needs to understand why information needs to be shared. Who will see their information, the purpose to which it will be put and the implications of sharing that information. An assessment of an adult at risk’s capacity to understand why information needs to be shared may say that they do not have the “capacity” to understand or make decisions about information sharing. They cannot therefore give “informed” consent. If the person cannot consent we do need to still share the information as that would be in their best interests and we would need to contact social services for advice.

If confidentiality cannot be maintained, only relevant and necessary information will be shared with the appropriate people.

The Safeguarding Advisor will always inform the Safeguarding Lead within 24 hours of the discussions which have taken place.

A Safeguarding log sheet will be filled in to record any discussions or actions taken.

## **Referral Procedure**

The following procedures should be followed:

If a staff member suspects that an adult with care and support needs is being abused or at risk of being abused, they must report the matter to their Safeguarding Advisor or the Safeguarding Lead within 24 hours in order that a discussion can take place. If the abuse is happening now, they may need to contact the police if the person is in immediate danger.

The Safeguarding Advisor or Safeguarding Lead will, if possible, ensure a discussion with the client takes place to explain what the Safeguarding process will be.

All concerns should be written up comprehensively, in a timely manner, and in as much detail as possible – using factual information only, providing a clear list of events and using the person’s own words where possible. Be clear when stating your own opinion e.g. “in my opinion John looked...”

All notes should be dated and signed by the person completing them and stored safely in the client’s case file.

If there is no consent from the service user to make a referral, the Safeguarding Advisor or Safeguarding Lead will make a decision about whether confidentiality will need to be breached and a referral made.

If it is decided that a formal referral is necessary, the staff member will contact the designated helpdesk or designated Social Worker (see end of the procedure) and pass on the information which is relevant and necessary to the Safeguarding concern.

If the Safeguarding Advisor or Safeguarding Lead are not clear this is Safeguarding, they can contact the Safeguarding Adults Team to discuss and ask for advice. They would then record the conversation, the advice given, the time, date and person's name they spoke to.

Reassurance will be provided to the client through all stages of the process where possible, ensuring their wellbeing and informing them about the process.

The referral will be logged using a Safeguarding Log Sheet and completed by the staff member who made the referral.

The member of staff who made the referral will remain in contact with the agency they passed information to, to find out about the outcome of the referral.

The Safeguarding Lead will be informed of the outcome of the referral made and this will be communicated to the service user if they are still in contact.

Situations where no referral is possible may leave staff members with uncomfortable feelings and these should be discussed in person with their Safeguarding Advisor / The Safeguarding Lead and/or their Clinical Supervisor.

## **7. Allegations made against a member of staff at The Green House**

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If an allegation of abuse is made against a member of staff, the referral procedures above will be followed.

If the information you have regarding risk to an adult relates to abuse by a member of The Green House, you should immediately inform the Adult Safeguarding Advisor or the Safeguarding Lead (The Director) in the first instance, or if the allegation concerns The Director, you should speak directly to the Chair of the Board of Trustees.

The Director and the Chair of the Board of Trustees will immediately inform the individual concerned that they are suspended from duties pending investigation. This is not an assumption of guilt, but serves to allow the appropriate investigation to take place and protects the member of staff or volunteer support worker from further allegations.

The appropriate Local Authority Designated Officer (LADO) will be informed on the outcome of the investigation.

### **Informant Procedure**

This procedure applies to all staff and Trustees of the organisation. The aim of this procedure is to provide a clear and transparent way for any member of staff or Trustee to raise genuine concerns about acts of wrongdoing or malpractice or abuse in the workplace. It also aims to ensure that any concerns are dealt with effectively and in a timely fashion. This procedure provides managers with steps to deal with allegations, ensuring that staff and Trustees are not penalised for raising genuine concerns, even if those concerns prove to be unfounded. It also provides the means for taking disciplinary action against anyone who is found to have raised false concerns with malicious intent. The procedure does not apply to child protection concerns or allegations

about a member of staff or volunteer. Concerns or allegations of this nature should be dealt with following the procedure above.

### **What to do if you wish to raise a concern about malpractice**

Malpractice is not defined within the policy, but should be taken to mean 'professional who deviates from standards in their profession or place of work, thereby causing injury, alarm or distress to a patient'.

- Speak to your line manager, or another colleague (preferably someone you work with closely). If your concern relates to your line manager, you should speak to that person's line manager or the Chair of the Trustees if it concerns the Director. If you choose to speak to a colleague, he/she may nominate another responsible manager to handle your concern.
- Your line manager will arrange to meet with you as soon as possible to discuss your concern. This meeting can take place away from the workplace if necessary.
- You will be told at the meeting, or as soon as possible afterwards, what action will be taken to address your concern. It may not be possible to tell you the full details of the outcome, as this could relate to confidential third-party information. If no action is to be taken in relation to your concern, you will also be informed of this fact and given the reasons why.
- If you do not want the person you have concerns about to know your identity, you should make this clear to the responsible manager at the earliest opportunity. Every effort will be made to respect your wishes, but it cannot be guaranteed that your identity will not be disclosed. If this is the case, you will be informed and any issues you may have about this will be discussed with you.
- If you need support in raising your concern, you may bring a work colleague or trades union representative with you to the meeting with the responsible manager.

### **What to do if someone raises a concern with you about malpractice**

If someone tells you they are concerned about the actions of another staff member or Trustee, you should arrange to meet him/her as soon as possible. If you are not the person's line manager, you should establish why he/she has chosen to discuss the concern with you. You may suggest that the person speaks to another responsible manager if you wish but should not refuse to hear what the person has to say. You should approach the situation sensitively, recognising the discomfort that the person may feel. Offer to meet him/her away from the office if he/she wishes and allow him/her to bring a work colleague or trades union representative to the meeting. You should also remind the person with the concern about other sources of support available to him/her. Some are listed at the end of this document. If the person reporting the concern wants his/her identity to be kept confidential, you should explain that this will be done if possible, but that it may not be achievable. Make notes of your discussions with the individual and check the accuracy of your notes with him/her.

### **Deciding what action to take**

Once you have established the nature of the concern, it may be of a relatively minor nature and you may decide to resolve it informally. If the concern appears more serious, you must consider first whether any immediate action is needed to protect children or an adult at risk. If so, you

should check the child protection procedures to consider what action to take. You should also consider whether there is a need to involve the police and/or other statutory services (e.g. health). If so, you should contact .....(name) to discuss the matter further. If you are not the manager of the person who is the subject of the concern, you should refer the matter to the person's manager, who will decide what action to take.

### **Making an informed decision**

Unless the matter is relatively minor and can be dealt with informally, the responsible manager should arrange for further information to be gathered and considered as swiftly as possible. The gathering of information should also be demonstrably thorough and impartial and will be determined by the nature of the concern. Witnesses may need to be interviewed and records may need to be scrutinised. It is also possible that advice may be needed from someone with specialist knowledge in human resources. Once further detailed information is completed, a report should be produced summarising the nature of the concern, the process and the outcome, including specific recommendations. Take measures to preserve the anonymity of the person who raised the concern, if this has been his/her wish. If the concerns are not upheld, this should also be made clear. If the concern is upheld and the person at the centre of it is found to have been culpable or remiss in some way, the report's recommendations should be carried out using a clear plan of action. The plan may include the use of disciplinary action, training, coaching, counselling, the implementation of new policies or procedures for the whole workforce, or a referral to the Independent Safeguarding Authority. If it becomes apparent that a criminal offence may have been committed, the police should be informed and further action should be suspended on police advice, the person who raised the concern should be informed of the outcome, but not the details of any disciplinary action. It may be appropriate for the person who raised the concern to be offered support or counselling.

**Note – If there is any indication that there may be a child Safeguarding issue then staff must follow guidance as per Child safeguarding policy above with appropriate external authorities being informed**

### **Recording the concerns**

The responsible manager should make accurate notes of each stage of the process, including the discussions during meetings, regardless of whether the concern is dealt with formally or informally. Copies of these notes should be given to the person who is the subject of the concern. The person who raised the concern should also be given copies of notes from his/her discussion. Any notes made during the gathering of further information and decisions regarding outcomes should be kept on the file of the person at the centre of the concern. If it was requested, these notes should not reveal the identity of the person who reported the concerns.

### **Record keeping**

Records must be made of discussions, decisions and actions taken at all stages of the procedure, clearly indicating who was present.

## 9. Contact details for referrals

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### What can you do if you suspect someone needs safeguarding within Bristol?

Care Direct 0117 922 2700

If concerned about the immediate safety of a adult at risk the police should be contacted at any time by dialling 101. In emergencies, dial 999.

### What can you do if you suspect someone needs safeguarding within North Somerset?

Care Connect 01275 888 801

Police - Safeguarding Coordination Unit 01823 363 666

Care Quality Commission (CQC) 03000 616 161

If you need to report the matter in the evening or at weekends call the North Somerset Emergency Duty Team on 01454 615165

### What can you do if you suspect someone needs safeguarding from Bath and North East Somerset?

You can telephone Sirona Health Care on 01225 396000 and you will be directed to someone who can help you.

[Sirona Care and Health](#) – now Virgin Care (B&NES) 01225 396000

Emergency Duty team - 01823 368 244

[Action on Elder Abuse](#)- 08088088141

Childcare Duty Desk - 01225 396313

Southside Family Project - 01225 331243

Victim Support - 0845 4566099

### If the person is in a care home:

Where you feel that the care is unsatisfactory but does not amount to abuse, you may wish to ask to speak to the Manager of the Home first to see if the situation will be remedied. You can also report it to the [Care Quality Commission](#), 03000 616161

### What can you do if you suspect someone needs safeguarding in Somerset?

You can telephone Somerset Direct if you are concerned about adults with care and support needs in Somerset

0300 123 2224

### Other Helpful telephone numbers:

Somerset Direct – Children and Young People 0300 123 2224

Emergency Duty Team (after 5 o'clock and at weekends) 01458 253241

Avon and Somerset Police 101

Police Emergencies 999

Care Quality Commission  
Total Advocacy  
Age UK

03000 616161  
01823 339494  
0800 169 6565

Date of last review: August 2020  
Date of next review: August 2021

## Safeguarding Log Form

Reporting Concerns about an Adult at Risk

*To be filled in by the person making the Adult at Risk Referral*



### Details of Adult at Risk

Name of Adult at Risk:	D.O.B:
Gender:	Age:
Ethnicity:	Language:
Additional Needs:	Physical disabilities / learning disabilities – please give details:
Name(s) and age(s) of any children that you are aware are living in the household:	Address:
Telephone number:	

### Staff Member Details

Your name:	Your position:
Date and time of incident / disclosure & location (if applicable):	Date and time of discussion with Safeguarding Advisor / Safeguarding Lead at The Green House:

### Referral Information

Please provide details of the incident / disclosure / concerns you have, including dates, times and description of any injuries, whether information is first hand or the accounts of others, including any other relevant details:
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The adult at risk's account / perspective:
Have you received consent from the adult at risk to make this referral? If not, please provide an explanation of how that decision was reached:
Details of action taken:

Follow-up

What has happened since referring to statutory services? Include the date and nature of the feedback from the referral, outcome and any relevant dates:
Are you happy with the outcome? Why or why not?
Details of any further steps taken to provide support to the adult at risk and any other agencies involved, please provide names and contact numbers for professionals:
Is any further action(s) required?

Name and position of staff member	Date and time	Signature

Name of Safeguarding Advisor / Safeguarding Lead	Date and time	Signature