



CHRISTIES CARE - SAFEGUARDING

Christies Care Ltd will make suitable arrangements to ensure that clients are safeguarded against abuse and will not tolerate any abusive practices should they occur, we will:-

- Take reasonable steps to identify the possibility of abuse and prevent it before it occurs; and
- Respond appropriately to any allegation of abuse
- Where any form of control or restraint is used in providing care, the registered person will have suitable arrangements in place to protect users against the risk of such control or restraint becoming abusive.

Refer to policy number 19 on Restraint

As per regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Safe Care and Treatment we will;

Assess the risks to people's health and safety during any care or treatment by completing/re assessing appropriate risk assessments and ensuring that staff and carers have appropriate training, competence, skills and experience to keep people safe. This is done through our induction and annual update training, specific training where necessary, face to face competency tests and regular supervisions.

As per regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 we will;

Ensure that staff and people who use our service understand the aspects of the safeguarding processes that are relevant to them.

Ensure that staff understand the signs of abuse and report them to the right person when those signs are noticed – for carers – their carer support team, and for clients or client's family – their booking manager. For carers and other staff this is covered in their initial induction training and is also covered in their annual update training.

Ensure that clients are confident to report concerns without worrying about consequences, as they are aware of their rights under the Public Interest Disclosure Act 1998, and will be taken seriously and treated with dignity and respect when they report abuse.

A copy of our safeguarding procedure and guide to abuse types is kept at the client's home together with their support plan, to ensure that they are aware of how to raise concerns of abuse.

Procedure

Christies Care will take immediate action where any abuse is identified and also suspected abuse by:

- Supporting the adult at risk in reporting abuse
- Ensuring that both the adult at risk and the person who made the complaint, if not the adult at risk, are safe
- Involving the adult at risk in the investigation process and supporting them to make decisions and giving informed consent
- Removing the alleged abuser from the person who uses our service and others who may be at risk or managing the risk by removing the opportunity for the abuse to occur.
- Reporting the alleged abuse to the appropriate authority
- Where there is police involvement the protection of evidence
- Will work collaboratively with other services, teams, individuals and agencies in relation to all safeguarding matters, and will follow the relevant safeguarding policies for the appropriate authority
- Participate in safeguarding adult boards where required
- Advise CQC
- Once the allegations have been fully investigated and necessary actions agreed, the Quality and Safeguarding department of Christies Care will ensure that the client and any appropriate persons are informed of the outcome and are involved in implementing agreed outcomes and actions.
- The Quality and Safeguarding department will also review client's documentation to ensure that they are properly supported following the alleged abuse incident.

DISCLOSURE & BARRING SERVICE

The DBS scheme is made up of four components.

1. There is a nationally held database of people who are considered unsuitable to work with those at risk. This is called the DBS (Disclosure and Barring service) barred list.
2. We have a duty to check whether a prospective carers name is on the list before confirming an introduction to a client. It is illegal to employ in a caring role any person whose name is on the list.
3. The DBS requires us to refer carers whom we believe to be guilty of abuse to the DBS for possible inclusion on the DBS barred list.
4. It is a criminal offence for any person whose name is on the list to apply for work with those at risk.

GUIDE TO ABUSE TYPES

An Adult at Risk is a person:

Who is or may be in need of community care services by reason disability, age or illness; and is or may be unable to take care of or protect him or herself against significant harm or exploitation". This definition of an Adult covers all people over 18 years of age.

Definition of Abuse:

- A single or repeated act or lack of appropriate action.
- Occurring within any relationship (professional or otherwise) where there is an expectation of trust.
- Which causes harm or distress to an adult at risk.

Who may be at risk?

- Elderly and frail
- Mental disorder inc: dementia or a personality disorder
- Physical or sensory disability
- Learning Difficulties
- Severe physical illness
- Person who misuses substances/alcohol
- Unpaid carer
- Homeless
- A person who cannot defend themselves
- Someone attending a day centre
- Your client

Just because someone has a disability or is elderly or ill does not mean that they are unable to take care of themselves – they may be perfectly able to do so.

Generally the more dependent a person is on the help of others for activities of daily life and support; the more at risk a person is likely to be.

There are ten categories of abuse that you need to be aware of:

- Physical abuse
- Domestic violence
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Modern slavery & radicalisation
- Discriminatory abuse
- Organisational abuse
- Neglect or acts of omission
- Self-neglect

Any or all of these types of abuse may take place as the result of:

- Deliberate intent
- Negligence
- Ignorance

EXAMPLES AND INDICATORS OF ABUSIVE BEHAVIOUR

1. **Physical abuse** – the following are examples of physically abusive behaviour:

- Hitting, slapping, kicking
- Rough handling
- Assaulting
- Hair pulling
- Pushing
- Making someone purposely uncomfortable, i.e. removing blankets
- Restraint or inappropriate physical sanctions
- Involuntary isolation or confinement
- Misuse of medication
- Forcible feeding

The following may be indicators of physical abuse:

- Injuries inconsistent with the account of how they happened

- Lack of explanation as to how injuries happened
- Injuries inconsistent with the lifestyle of the adult at risk
- Multiple bruising and/or welts on face, lips, mouth, torso, arms, back, buttocks, and thighs
- Clusters of injuries
- Marks on the body appearing to be slap marks or finger marks
- History of unexplained falls or minor injuries
- Injuries at different stages of healing
- Burns
- Immersion burns or rope burns on arms, legs and torso
- Injuries or physical symptoms induced, falsely claimed or exaggerated on behalf of the adult at risk by a “carer”, spuriously attracting treatments or services
- Medication misuse – excessive repeat prescriptions
- Unexplained loss of hair in clumps
- Cuts that are not likely to be as a result of self-injury
- Subdued behaviour in the presence of a carer
- Being left in wet clothing
- Late presentation for medical treatment
- Person flinches at physical contact
- Reluctance to undress or uncover part of the body

2. **Domestic violence** – definition of domestic abuse:

- Incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse... by someone who is or has been an intimate partner or family member regardless of gender or sexuality.
- Includes: psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence; Female Genital Mutilation; forced marriage.
- Age range extended down to 16.

Domestic violence includes psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence. Honour based violence is a violent crime or incident which may have been committed to protect or defend the honour of the family or community. It is often linked to family members or acquaintances who mistakenly believe someone has brought shame to their family or community by doing something that is not in keeping with the traditional beliefs of their culture.

For example, honour based violence might be committed against people who:

- become involved with a boyfriend or girlfriend from a different culture or religion
- want to get out of an arranged marriage
- want to get out of a forced marriage
- wear clothes or take part in activities that might not be considered traditional within a particular culture

3. **Sexual abuse** – the following are examples of sexually abusive behaviour:

Non-contact sexual abuse:

- Inappropriate looking
- Indecent photography to which the adult at risk has not consented, or could not consent, or was pressurised into consenting
- Indecent exposure
- Serious teasing or innuendo
- Involvement in pornography, to which the adult at risk has not consented, or could not consent, or was pressurised into consenting
- Harassment

- Enforced witnessing of sexual acts or sexual media

Contact sexual abuse:

- Inappropriate touch anywhere
- Masturbation of either or both persons
- Penetration or attempted penetration of the vagina, anus, mouth, with or by penis, fingers, other objects

The following may be indications of sexual abuse:

Physical indicators:

- Bruising and/or bleeding, pain or itching in genital area
- Foreign bodies in genital or rectal openings
- Infections or discharges in the above areas, or sexually transmitted diseases
- Pregnancy in a woman who is unable to consent to sexual intercourse
- Unusual difficulty in walking or sitting
- Torn, stained or bloody underclothing
- Bruising to thighs and upper arms
- Wetting or soiling
- 'Love' bites
- Self-inflicted injury

Behavioural indicators:

- Significant change in sexual behaviour or attitude
- Overt sexual behaviour/language
- Poor concentration
- Withdrawal
- Sleep disturbance
- Excessive fear/apprehension of, or withdrawal from, relationships
- Fear of staff or other care assistants offering help with dressing, bathing etc.
- Reluctance of person to be alone with an individual known to them
- Self-harming

4. Psychological abuse – the following are examples of psychologically abusive behaviour:

- Prevention of an adult at risk from using services or social activities
- Denial of access to friends
- Denial of religious and cultural needs
- Ignoring
- Lack of stimulation and meaningful occupation (common with people with Dementia)
- The use of threats, humiliation, bullying, swearing, and other verbal abuse
- Intimidation
- Deprivation of contact with others
- Lack of positive reinforcement
- Harassment

The following may be indicators of psychological abuse:

- Air of silence in the home when the alleged perpetrator is present
- General lack of consideration for the needs of the adult at risk
- Adult at risk not allowed to express an opinion
- Privacy denied in relation to care, feelings or other aspects of life
- Denial of access to an adult at risk, especially when the person is in need of assistance
- Denial of freedom of movement e.g. locking a person in a room, tying them to a chair

- Alteration in psychological state e.g. withdrawal or fear

The following can occur in older people for a variety of social, psychological or medical reasons, but could also be an indicator of psychological abuse:

- Insomnia
- Low self-esteem
- Excessive ambivalence, confusion, resignation agitation
- Change of appetite
- Weight loss/gain
- Tearfulness
- Unexplained paranoia

5. **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.

The following are examples of financially abusive behaviour:

- Taking possessions
- Misappropriating money, valuables or property
- Forcing changes to a Will or Testament
- Preventing access to money, property or inheritance
- Stealing
- Loans from the adult at risk to a member of staff or paid carer
- Loan made to anyone if made under duress or threat, or is dishonestly extracted

The following may be indicators of financial or material abuse:

- Unexplained lack of money or inability to maintain lifestyle
- Unexplained withdrawal from accounts or bank account activity
- Power of Attorney obtained when the adult at risk is unable to comprehend and to give consent
- Failure to register an Enduring Power of Attorney after the adult at risk has ceased to have mental capacity
- Signs of financial hardship in cases where the financial affairs are being handled by an Appointee, Attorney or Receiver; or by anyone managing the adult's finances.
- Money being withheld
- Recent changes of deeds or title to property
- Unusual interest shown by family or others in the adult at risk's assets
- Person managing the financial affairs is evasive or uncooperative
- Lack of clear accounts held
- Misuse of personal allowance by person managing finances for adult at risk
- Informal carers moving in a person's home, living rent free and there being no clearly set out financial arrangements

6. **Modern slavery** - includes slavery, human trafficking, forced labour and domestic servitude (work imposed as punishment). 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.

How to spot the signs of modern slavery

As with other safeguarding concerns, the signs of slavery in the UK and elsewhere are often hidden, making it even harder to recognise victims around us. Whilst not exhaustive, here is a list of **some common signs** which you can be aware of:

- Physical appearance: Victims may show signs of physical or psychological abuse, look malnourished or unkempt, or appear withdrawn
- Isolation: Victims may rarely be allowed to travel on their own, seem under the control, influence of others, rarely interact or appear unfamiliar with their neighborhood or where they work
- Poor living conditions: Victims may be living in dirty, cramped or overcrowded accommodation, and/or living and working at the same address
- Few or no personal effects: Victims may have no identification documents, have few personal possessions and always wear the same clothes day in day out. What clothes they do wear may not be suitable for their work
- Restricted freedom of movement: Victims have little opportunity to move freely and may have had their travel documents retained, e.g. passports
- Unusual travel times: They may be dropped off / collected for work on a regular basis either very early or late at night.
- Reluctant to seek help: Victims may avoid eye contact, appear frightened or hesitant to talk to strangers and fear law enforcers for many reasons, such as not knowing who to trust or where to get help, fear of deportation, fear of violence to them or their family.

Radicalisation - This is where people are taught extreme, often violent, ideas based on political, social or religious beliefs, in most cases it is children and young people who are targeted. Signs of exposure to radicalisation could be behaviour changes, changes in the way they speak with others or having a new circle of friends, use of extremist terminology, reading material or messages.

7. **Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

The following are examples of discriminatory abusive behaviour:

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

The following may be indicators of discriminatory abuse:

- Lack of respect shown to the adult at risk
- Signs of sub-standard service offered to the adult at risk
- Repeated exclusion from rights afforded to ordinary citizens, such as health, education, employment, criminal justice and civic status
- Tendency to be withdrawn and isolated
- Expressions of anger or frustration or fear and anxiety
- Denial of a person's communication needs e.g. not allowing access to a signer or lip reader

8. **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.

Types of organisational or institutional abuse

- Discouraging visits or the involvement of relatives or friends
- Abusive and disrespectful attitudes towards people using the service
- Lack of respect for dignity and privacy
- Not providing adequate food and drink, or assistance with eating
- Not offering choice or promoting independence
- Misuse of medication
- Failure to provide care with dentures, spectacles or hearing aids
- Not taking account of individuals' cultural, religious or ethnic needs
- Failure to respond to abuse appropriately
- Failure to respond to complaints

Possible Indications of Organisational abuse:

- There is a serious or persistent failure to meet the needs of adults at risk
- Carers as well as dependents show apathy, depression, withdrawal, hopelessness or suspicion
- A sequence of unexplained occurrences which have the potential to have a negative impact on people who use the services
- Lack of choice, privacy, appropriate bedding or clothing
- A person's Health or Social Care needs are not being addressed
- Lack of supervision or action to deal with abuse
- Poor standards of care
- Public discussion of personal matters

9. **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.

The following are examples of neglecting behaviour:

- Failure to provide food, clothing, shelter, heating
- Failure to provide medical care
- Failure to provide hygiene or personal care
- Failure to administer medication
- Denial of religious or cultural needs
- Denial of educational, social and recreational needs
- Ignoring
- Lack of stimulation
- Lack of emotional warmth

The following may be indicators of neglect:

- Withholding or failure to provide care, food, clothing, or heating, which has a detrimental effect on the person's welfare
- Physical condition of the adult at risk is poor e.g. pressure areas, unwashed, ulcers
- Inadequate physical environment
- Untreated injuries or medical problems
- Failure to engage in social interaction
- Poor personal hygiene
- Malnutrition when not living alone
- Person is not afforded privacy or dignity

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. Such situations might include:

- Portraying eccentric behaviours/lifestyles, such as hoarding or antisocial behaviour causing social isolation. This can impact on the living environment causing health and safety concerns
- Neglecting household maintenance, and therefore creating hazards
- Poor diet and nutrition, evidenced for example by little or no fresh food, or what there is being mouldy or unfit for consumption
- Refusing to allow access to health and/or social care staff in relation to personal hygiene and care
- Personal or domestic hygiene that exacerbates a medical condition that could lead to a serious health problem

Criminal Offences

Some instances of abuse may constitute a criminal offence. Examples of actions, which may constitute criminal offences, are assault (physical or psychological), sexual assault and rape, theft, fraud or other forms of financial exploitation and certain forms of discrimination, whether on racial or gender grounds.

Where a criminal offence has been committed, it may be relevant to telephone the Police before you call your support team.

(The above are examples of some types of abuse; the list is not exhaustive).

What should I do if I see or suspect abuse?

You have a duty to act if you think your client is being abused. You must gather enough evidence to be able to report in reasonable detail. The policy says you must:

- Stay calm
- Deal with your client's immediate needs: you will learn more from your client if you don't hurry things;
- If necessary call an ambulance if the client needs urgent medical attention or the police if you suspect a crime has been committed or the person is in danger from a third person
- Listen to the client's story;
- Keep an open-mind don't jump to conclusions: your job is to learn the client's story;
- Let them speak without interruption, keep it going with verbal and non-verbal prompts;
- Do not ask leading questions: don't suggest conclusions to the client;
- Reassure the client that it is fine to talk about it;
- Don't promise confidentiality. You may need to explain that you have a duty to tell a member of your support team; and
- Inform your support team giving detailed information;
- Make a written or spoken record of what has happened.

What should I record?

Details of allegation/grounds for suspecting abuse.

- Date and time of incident;
- People involved;
- Observed injuries;
- Appearance and behaviour of the victim;
- Where it took place;
- What the victim has said using their words.

Action to be taken when dealing with allegations of abuse:

In order to take effective action in the case of alleged abuse, you want the consent of the client, if possible. However, it is your duty to report all allegations of abuse and a full and thorough investigation must be undertaken.

Initial referral or notification of suspicion of abuse may be received from a number of sources, including staff, members of the public, or other agencies.

All reports of alleged, suspected or actual abuse must be reported to your support team, as soon as you become aware of it. If injuries are present, however slight, these should be shown on a "body map" – a simple drawing of the shape of a human body on which you can mark the area where the injury is. Use a camera on your mobile phone as well, if you can, only with consent..

We know that a suspicion about abuse is shocking and hard to believe. But you have a professional duty to report these suspicions. Every reported incident of suspected abuse must be taken seriously and treated with urgency. However, take care not to make up your mind too quickly that an adult at risk is being abused or neglected.

Think about where you are. You want to listen to the client's story. Should you go somewhere else to do it, perhaps out of the way of the possible abuser? Also, recognise when the situation is beyond your skills – call in help at an early stage.

In general, if there is immediate danger to the client, or the safety of others, or if forensic evidence needs to be gathered urgently, (e.g. sexual abuse) the police should be involved at an early stage. Similarly in the event of major injury, the ambulance service may need to be called.

In all cases consult your support team for advice by the quickest means, or if unavailable the next most senior person. You should ensure that the client is accompanied on any journey to hospital (if required), and inform medical staff that the injury or injuries may have been caused by abuse, and that a report is required and may be used in any subsequent legal action.

When you are informed of suspected or actual abuse you should not confront the alleged perpetrator. As already stated you should inform your support team who will take the appropriate action.

Christies Care Quality and Safeguarding Team are responsible for conducting investigations into allegations of abuse.

You can contact them on 01728 605033 or quality@christiescare.com

Please see Complaints policy (policy no. 10) for further information on how to make a complaint.

Care Quality Commission

All incidents of abuse will be reported to a representative from the CQC and they may wish to be involved in any investigation.

Care Quality Commission Eastern
City Gate
Galloway
Newcastle Upon Tyne
NE1 4PA
Tel: 03000 616161

Written by: Hugh Gathorne-Hardy
Date: October 2008
Reviewed by: Michelle Souter
Date: September 2020