Seckford Care (part of the Seckford Foundation)
Seckford Care, Seckford Street, Woodbridge, Suffolk, IP12 4NB

Review Sheet

Last reviewed June 2026	Last Amended June 2026	This policy will be reviewed as needs require or at the following interval: Annual

Business Impact:	Minimal action required. Circulate information amongst relevant parties.
	LOW
Reason for this Review:	Change in Care Quality Commission framework
Changes made:	Yes
Summary:	This policy details the safeguarding procedures to be followed and has been updated in sections 5.24 in relation to the escalation process.

- The Care Act 2014
- Care Quality Commission (Registration) Regulations 2009 Equality Act 2010
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Human Rights Act 1998 Mental Capacity Act 2005
- Safeguarding Vulnerable Groups Act 2006 UK GDPR
- Protection of Freedoms Act 2012 (Disclosure and Barring Service Transfer of Functions) Order 2012
- Public Interest Disclosure Act 1998
- The Criminal Justice and Courts Act 2015 Section 20-25 Anti-social Behaviour, Crime and Policing Act 2014
- The Modern Slavery Act 2015
- The Counter Terrorism and Security Act 2015 Domestic Violence, Crime and Victims Act 2004 Serious Crime Act 2015 Section 76
- FGM Act 2003 and Sexual Offences Act 2003 Data Protection Act 2018

Underpinning Knowledge:	• Author: The Care Quality Commision, (2025), Regulation 13: Safeguarding service users from abuse and improper treatment [Online] Available from: https://www.cqc.org.uk/guidance-regulation/providers/regulations-service-providers-and-managers/health-social-care-act/regulation-13 [Accessed: 10/07/2025] • Author: Royal College of Nursing, (2024), Adult Safeguarding: Roles and Competencies for Health Care Staff [Online] Available from: https://remedy.bnssg.icb.nhs.uk/media/igekotxo/intercollegiate-documents-for-adults-_2024_.pdf [Accessed: 10/07/2025] • Author: scie, (2024), Safeguarding Adults [Online] Available from: https://www.scie.org.uk/safeguarding/adults/ [Accessed: 10/07/2025] • Author: NICE, (2022), Safeguarding Adults in Care Homes [Online] Available from: https://cks.nice.org.uk/topics/safeguarding-adults-in-care-homes/ [Accessed: 10/07/2025] • Author: GOV.UK, (2025), Pressure Ulcers: How to safeguard adults [Online] Available from: https://www.gov.uk/government/publications/pressure-ulcers-how-to-safeguard-adults [Accessed: 10/07/2025] • Author: Social Care Institute for Excellence, (2019), Safeguarding Adults: Sharing information [Online] Available from: https://www.scie.org.uk/safeguarding/adults/practice/sharing-information/ [Accessed: 10/07/2025] • Author: Local Government Association, (2024), Making Safeguarding Personal [Online] Available from: https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/making-safeguarding-personal [Accessed: 10/07/2025] • Author: Department of Health and Social Care, (2024), Care and Support Statutory Guidance [Online] Available from: https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance [Accessed: 10/07/2025] • Author: Department of Health and Social Care, (2022), NHS Prevent Training and Competencies Framework [Online] Available from: https://www.gov.uk/government/publications/nhs-prevent-training-and-competencies-framework/nhs-prevent-training-and-competencies-framework [Accessed: 10/07/2025]
Suggested Action:	Encourage sharing the policy through the use of the QCS App

Equality Impact Assessment:	QCS have undertaken an equality analysis during the review of this policy. This statement is a written record that demonstrates that we have shown due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations with respect to the characteristics protected by equality law.

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1. Purpose

1.1 The Interim Head of Care, Jan James, and Nominated Individual, Richard Stone, of Seckford Care, have overall management responsibility for this policy and procedure.

To ensure that this policy includes and refers to Suffolk County Council policy and procedures and details clearly who is responsible and accountable for managing safeguarding concerns within Seckford Care:

- Overall accountability for managing safeguarding concerns: Jan James
- Jan James is responsible for the governance and authorisation of this policy
- Safeguarding Lead at Seckford Care: Jan James
- Local Authority: Suffolk County Council
- Local Authority Main Contact Details: 03456061499

1.2 To set out the key arrangements and systems that Seckford has in place for safeguarding and promoting the welfare of adults at risk and to ensure compliance with local policies and procedures. Adults are those aged 18 years and over.

1.3

Key Question	Quality Statements
EFFECTIVE	QSE2: Delivering evidence-based care & treatment QSE3: How staff, teams & services work together
EFFECTIVE	QSE6: Consent to care and treatment
SAFE	QSS3: Safeguarding
SAFE	QSS4: Involving people to manage risks QSS5: Safe environments

1.4 Relevant Legislation

- The Care Act 2014
- Care Quality Commission (Registration) Regulations 2009
- Equality Act 2010
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Human Rights Act 1998
- Mental Capacity Act 2005
- Safeguarding Vulnerable Groups Act 2006
- UK GDPR

- Protection of Freedoms Act 2012 (Disclosure and Barring Service Transfer of Functions) Order 2012
- Public Interest Disclosure Act 1998
- The Criminal Justice and Courts Act 2015 Section 20-25
- Anti-social Behaviour, Crime and Policing Act 2014
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- The Counter Terrorism and Security Act 2015
- Domestic Violence, Crime and Victims Act 2004
- Serious Crime Act 2015 Section 76
- FGM Act 2003
- Sexual Offences Act 2003
- Data Protection Act 2018

2. Scope

2.1 Roles Affected:
- All Staff

2.2 People Affected:
- people who use the services

2.3 Stakeholders Affected:
- Family
- Advocates
- Representatives
- Commissioners
- External health professionals
- Local Authority
- NHS
- Housing Provider Partners

3. Objectives

3.1 To ensure that the Suffolk County Council Safeguarding Policy is understood by all staff at Seckford Care and that the Suffolk County Council safeguarding procedures dovetail with the policy and procedure of Seckford Care.

3.2 To ensure that all staff working for, or on behalf of, Seckford Care, understand their responsibilities in relation to safeguarding adults at risk and know who to escalate concerns to within Seckford Care and externally if needed and appropriate to do so.

3.3 To protect the people who use the service's right to live in safety, free from abuse and neglect.

To have a clear, well publicised policy of zero-tolerance of abuse within Seckford Care.

3.4 To identify lessons to be learnt from cases where people who use the services have experienced abuse or neglect.

4. Policy

4.1 What is Safeguarding?

Seckford Care recognises the definition of 'safeguarding' as the actions taken to keep people who use the services safe from harm and neglect.

4.2 The Care Act 2014 sets out that adult safeguarding duties apply to any adult who:

- Has care and support needs, and
- Is experiencing, or is at risk of, abuse and neglect, and
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect

4.3 Safeguarding adults includes:

- Protecting their rights to live in safety, free from abuse and neglect
- People and organisations working together to prevent the risk of abuse or neglect, and to stop them from happening
- Making sure people's wellbeing is promoted, taking their views, wishes, feelings and beliefs into account
- This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances

4.4 Seckford Care should always promote the people who use the service's wellbeing in its safeguarding arrangements. people who use the services have complex lives and being safe is only one of the things they want for themselves. Staff should work with the people who use the service to establish what being safe means to them and how that can be best achieved. Staff should not be advocating ‘safety’ measures that do not take account of individual wellbeing.

4.5 What Constitutes Abuse?

Employees at Seckford Care understand that the people who use the services it supports can be extremely vulnerable to abuse and neglect, especially if they have care and support needs.

Abuse is a violation of an individual's human or civil right by any other person. It is where someone does something to another person, or to themselves, which puts them at risk of harm and impacts on their health and wellbeing.

Abuse can have a damaging effect on the health and wellbeing of people who use the services. These effects may be experienced in the short and long term and can sometimes be lifelong.

4.6 The signs of abuse are not always obvious, and a victim of abuse may not tell anyone what is happening to them. Sometimes they may not even be aware they are being abused.

The robust governance processes at Seckford Care will make sure that staff working for, and on behalf of, Seckford Care, recognise and respond to the main forms of abuse which are set out in the Care Act 2014 Statutory Guidance Chapter 14.

4.7 The local authority is the lead agency for adult safeguarding and should be notified whenever abuse or neglect is suspected. It will decide whether a safeguarding enquiry is necessary, and if so, who will conduct it. The decision to conduct an enquiry depends on the criteria set out in the Care Act 2014, and not on whether the people who use the service is eligible for, or receiving, services funded by the local authority

4.8 Everybody has the right to live a life that is free from harm and abuse. Seckford Care recognises that safeguarding adults at risk of abuse or neglect is everybody's business. Seckford Care aims to ensure that all adults at risk of abuse or neglect are enabled to live and work, be cared for and supported in an environment free from abuse, harassment, violence or aggression. The safeguarding policies and procedures of Seckford Care will dovetail with the Suffolk County Council multi-agency policy and procedures, which we understand take precedence over those of Seckford Care. We will ensure that the Suffolk County Council policies and procedures are reflected within its own policy and procedure, that this is shared with all staff and is accessible and available for staff to follow.

4.9 Seckford Care aims to provide services that will be appropriate to the adult at risk and not discriminate because of disability, age, gender, sexual orientation, race, religion, culture, or lifestyle. It will make every effort to enable people who use the services to express their wishes and make their own decisions to the best *of their ability, recognising that such self-determination may well involve risk.*

*Seckford Care will work with people who use the services and oth*ers involved in their care to ensure they receive the support and protection they may require, that they are listened to and treated with respect (including their property, possessions and personal information) and that they are treated with compassion and dignity.

A chaperone is always present when the people who use the service needs treatment, and missed healthcare appointments must be monitored to consider signs of abuse or neglect. These must be followed up with the healthcare provider and information shared in the best interests and safety of the people who use the service.

4.10 Seckford Care will follow the six principles as set out in guidance to the Care Act 2014 and this will inform practice with all people who use the services:

- **Empowerment** – People being supported and encouraged to make their own decisions and informed consent
- **Prevention** – It is better to take action before harm occurs
- **Proportionality** – The least intrusive response appropriate to the risk presented
- **Protection** – Support and representation for those in greatest need
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
- **Accountability** – Accountability and transparency in delivering safeguarding

4.11 Seckford Care is committed to the principles of 'Making Safeguarding Personal' and aims to ensure that safeguarding is person-led and focused on

the outcomes that people who use the services want to achieve. It will engage people who use the services in a conversation about how best to respond to their safeguarding situation in a timely way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.

4.12 Seckford Care understands the importance of working collaboratively to ensure that:

- The needs and interests of adults at risk are always respected and upheld
- The human rights of adults at risk are respected and upheld
- A proportionate, timely, professional and ethical response is made to any adult at risk who may be experiencing abuse
- All decisions and actions are taken in line with the Mental Capacity Act 2005
- Each adult at risk maintains:
    - Choice and control
    - Safety
    - Health
    - Quality of life
    - Dignity and respect

4.13 Whistleblowing

Seckford Care has a clear Whistleblowing Policy and Procedure in place which staff are frequently reminded about and with which they must be familiar. They must also understand how to escalate and report concerns.

Whistleblowing is an important aspect of the support and protection of adults at risk of harm where staff are encouraged to share genuine concerns about safety or wrongdoing within Seckford Care.

4.14 The Care Worker**'s Responsibilities**

- To be able to recognise and respond to suspected abuse and substandard practice
- To report concerns of harm or poor practice that may lead to harm
- To remain up to date with training
- To read and follow the policy and procedure
- To know how and when to use the whistleblowing procedures
- To understand the Mental Capacity Act and how to apply it in practice

4.15 The Interim Head of Care's Responsibilities

- To establish the facts about the circumstances giving rise for concern
- To identify sources and level of risk
- To ensure that information is recorded and that the Suffolk County Council Adult Safeguarding Team is contacted to inform them of the concern or harm
- If the people who use the service is at immediate risk of harm, the Interim Head of Care will contact the police. The CQC will also be informed
- In all cases of alleged harm, there will be early consultation between Jan James, Suffolk County Council and the police to determine whether or not a joint investigation is required. Seckford Care understands that it may also be necessary to advise the relevant Power of Attorney if there is one appointed. In dealing with incidents of potential harm, people have rights which must be respected and which may need to be balanced against each other

The wishes of the person harmed will be taken into account whenever possible. This may result in no legal action

- Documentation of any incidents of harm in the people who use the service's file and using body maps to record any injuries
- Follow Suffolk County Council policy guidelines
- Report any incidents of abuse to the relevant parties
- Work with multi-agencies
- Advise and support staff
- Ensure staff are trained during induction, assess knowledge annually and run refresher training if needed
- Actively promote the whistleblowing policies
- Ensure that agency staff working at Seckford Care have completed the necessary safeguarding training for their role
- Participate in local Safeguarding Adults Board arrangements for sharing experiences about managing safeguarding concerns in care homes
- Share relevant information from Safeguarding Adults Board meeting minutes and reports with staff

4.16 General Principles

- We will have robust recruiting and safer staffing policies in place to make sure that our staff are fit to work with adults at risk and are compliant with national, safe recruitment and employment practices, including the requirements of the Disclosure and Barring Service
- Safeguarding responsibilities should be included in the job description of all staff
- A named safeguarding lead will be in place who is responsible for embedding safeguarding practices and improving practice in line with national and local developments. At Seckford Care, this person is Jan James.
- Any staff member who knows or believes that harm is occurring will report it to their line manager as quickly as possible, or if they feel they cannot follow the regular reporting procedure, they must use the whistleblowing process
- Seckford Care will work collaboratively with other agencies, including liaison in relation to the investigation of allegations and will ensure its procedures dovetail with the Suffolk County Council multi-agency procedures
- Seckford Care will use incident reporting, root cause analysis, lessons learned and auditing to determine themes to improve care practice
- Seckford Care will have a learning and development strategy which specifically addresses adult safeguarding. Seckford Care will provide training on the identification and reporting of harm, as well as training on the required standards in relation to procedures and processes should something need to be reported
- Seckford Care recognises its responsibilities in relation to confidentiality and will share information appropriately
- Seckford Care will have zero tolerance to harm
- Seckford Care will work in partnership with other agencies to ensure that concerns or allegations of abuse are appropriately referred for investigation to the most appropriate agency
- Seckford Care will ensure that any action that is taken is assessed, proportionate and reflective of the risk presented to the people who use the services

- Seckford Care will report any incidents in line with its regulatory requirements
- Seckford Care will adhere to the Code of Conduct for Care Workers
- There is a clear, well publicised Whistleblowing Policy and Procedure in place that staff know how to use

4.17 Leadership, Staff and Culture

Jan James is responsible for providing leadership.

Good governance in safeguarding will follow where it is seen as an integral part of people who use the service care and all staff take responsibility. Risks of neglect, harm and abuse will be reduced where there are strong leadership and a shared value base where:

- The people who use the service is the primary concern
- people who use the services and staff are partners in their care
- Quality is prioritised and measured
- Staff understand the risks of neglect, harm and abuse
- There is a culture of learning and improvement
- There is openness and transparency, and all staff are listened to

4.18 Prevention - Providing information to support people who use the service**s**

- Seckford Care will support people who use the services by providing accessible, easy to understand information on what abuse is and what signs to look out for
- A Safeguarding Leaflet can be found in the Forms section of this policy, and links to support can be found in the Further Reading section
- Seckford Care will comply with the Accessible Information Standard
- All people who use the services will receive a copy of the Service User Guide, have access to the Complaints Policy and Procedure and be given information on how to escalate any concerns to the Commissioner, CQC, advocacy or Local Government and Social Care Ombudsman should they not be satisfied with the approach taken by Seckford Care or at any time they wish

4.19 Prevention - Raising awareness

- Staff will need to be trained and understand the different patterns and behaviours of abuse as detailed in the Care Act 2014, Chapter 14 and Seckford Care will ensure that it is able to respond appropriately
- Seckford Care will ensure that all staff are trained on the Whistleblowing Policy and Procedure
- During induction training, all employees will complete the 'Understanding Abuse' workbook, as part of the Care Certificate

5. Procedure

5.1 Index

5.32	Risk Assessment and Management
5.33	Training and Competence
5.34	Audit and Compliance
5.35	Sharing of Information

5.2 Forms of Abuse and Neglect

There are different types of abuse and signs and indicators for each. While indicators are not proof of abuse or neglect, they should alert staff to follow the Safeguarding Policy.

It is important that staff at Seckford Care are aware of the signs of abuse and what to look out for.

Physical abuse includes:

- Being hit, slapped, pushed or restrained
- Being denied food or water
- Not being helped to go to the bathroom when you need to
- Misuse of medication
- Restraint
- Inappropriate physical sanctions

Signs and indicators of physical abuse include:

- No explanation for injuries or inconsistency with the account of what happened
- Injuries are inconsistent with the person's lifestyle
- Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps
- Frequent injuries
- Unexplained falls
- Subdued or changed behaviour in the presence of a particular person
- Signs of malnutrition
- Failure to seek medical treatment or frequent changes of GP

Domestic violence or abuse:

This is typically an 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, and can be:

- Psychological
- Physical
- Sexual
- Financial
- Emotional
- So called 'honour' based violence, female genital mutilation and forced marriage

Signs and indicators of domestic violence or abuse include:

- Low self-esteem
- Feeling that the abuse is their fault when it is not
- Physical evidence of violence such as bruising, cuts, broken bones
- Verbal abuse and humiliation in front of others
- Fear of outside intervention
- Damage to home or property
- Isolation – not seeing friends and family

- Limited access to money

Sexual abuse includes:

- Indecent exposure
- Sexual harassment
- Inappropriate looking or touching
- Sexual teasing or innuendo
- Sexual photography
- Being forced to watch pornography or sexual acts
- Being forced or pressured to take part in sexual acts
- Rape
- Sexual assault

Signs and indicators of sexual abuse include:

- Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
- Torn, stained or bloody underclothing
- Bleeding, pain or itching in the genital area
- Unusual difficulty in walking or sitting
- Foreign bodies in genital or rectal openings
- Infections, unexplained genital discharge, or sexually transmitted diseases
- Pregnancy in a woman who is unable to consent to sexual intercourse
- The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude
- Incontinence not related to any medical diagnosis
- Self-harming
- Poor concentration, withdrawal, sleep disturbance
- Excessive fear/apprehension of, or withdrawal from, relationships
- Fear of receiving help with personal care
- Reluctance to be alone with a particular person

Psychological or emotional abuse include:

- Threats to hurt or abandon
- Deprivation of contact
- Humiliating
- Blaming
- Controlling
- Intimidation
- Harassment
- Verbal abuse
- Cyberbullying
- Isolation
- Unreasonable and unjustified withdrawal of services or support networks

Signs and indicators of psychological or emotional abuse include:

- An air of silence when a particular person is present
- Withdrawal or change in the psychological state of the person
- Insomnia

- Low self-esteem
- Uncooperative and aggressive behaviour
- A change of appetite, weight loss/gain
- Signs of distress: tearfulness, anger
- Apparent false claims, by someone involved with the person, to attract unnecessary treatment

Financial or material abuse include:

- Theft
- Fraud
- Internet scamming
- Coercion in relation to the people who use the service's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions
- Misuse or misappropriation of property, possessions or benefits

Signs and indicators of financial abuse include:

- Missing personal possessions
- Unexplained lack of money or inability to maintain lifestyle
- Unexplained withdrawal of funds from accounts
- Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity
- Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so
- The person allocated to manage financial affairs is evasive or uncooperative
- The family or others show an unusual interest in the assets of the person
- Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA
- Recent changes in deeds or title to property
- Rent arrears and eviction notices
- A lack of clear financial accounts held by a care home or service
- Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person
- Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house

Modern slavery includes:

- Slavery
- Human trafficking
- Forced labour and domestic servitude
- Traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment

Signs and indicators of modern slavery include:

- Signs of physical or emotional abuse
- Appearing to be malnourished, unkempt or withdrawn
- Isolation from the community, seeming under the control or influence of others
- Living in dirty, cramped or overcrowded accommodation and or living and working at the same address

- Lack of personal effects or identification documents
- Always wearing the same clothes
- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers
- Fear of law enforcers

Discriminatory abuse includes:

Some forms of harassment, slurs or unfair treatment because of:

- Race
- Sex
- Gender and gender identity
- Age
- Disability
- Sexual orientation
- Religion

Signs and indicators of discriminatory abuse include:

- The person appears withdrawn and isolated
- Expressions of anger, frustration, fear or anxiety
- The support on offer does not take account of the person's individual needs in terms of a protected characteristic

Organisational or institutional abuse:
Including neglect and poor care practice within an institution or specific care setting, or in relation to care provided in the people who use the service's own home, this may range from one-off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within Seckford Care:

- Discouraging visits or the involvement of relatives or friends
- Run-down or overcrowded establishment
- Authoritarian management or rigid regimes
- Lack of leadership and supervision
- Insufficient staff or high turnover resulting in poor quality care
- Abusive and disrespectful attitudes towards people using the service
- Inappropriate use of restraints
- Lack of respect for dignity and privacy
- Failure to manage residents with abusive behaviour
- 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
- Interference with personal correspondence or communication
- Failure to respond to complaints

- Lack of flexibility and choice for people using the service
- Inadequate staffing levels
- People being hungry or dehydrated
- Poor standards of care
- Lack of personal clothing and possessions and communal use of personal items
- Lack of adequate procedures
- Poor record-keeping and missing documents
- Absence of visitors
- Few social, recreational and educational activities
- Public discussion of personal matters
- Unnecessary exposure during bathing or using the toilet
- Absence of individual care plans
- Lack of management overview and support

Neglect or acts of omission include:

- Ignoring medical emotional or physical care needs
- Failure to provide access to appropriate health, care and support or educational services
- Withholding of the necessities of life, such as medication, adequate nutrition and heating
- Failure to administer medication as prescribed
- Not taking account of individuals' cultural, religious or ethnic needs

Signs and Indicators of neglect or acts of omission include:

- Poor environment – dirty or unhygienic
- Poor physical condition and/or personal hygiene
- Pressure ulcers
- Malnutrition or unexplained weight loss
- Untreated injuries and medical problems
- Inconsistent or reluctant contact with medical and social care organisations
- Accumulation of untaken medication
- Uncharacteristic failure to engage in social interaction
- Inappropriate or inadequate clothing

Self-neglect includes:

A wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case by case basis. A decision on whether a response is required under safeguarding will depend on the people who use the service's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.

- Lack of self-care to an extent that it threatens personal health and safety
- Neglecting to care for one's personal hygiene, health or surroundings
- Inability to avoid self-harm
- Failure to seek help or access services to meet health and social care needs
- Inability or unwillingness to manage one's personal affairs

Signs and indicators of self-neglect include:

- Very poor personal hygiene
- Unkempt appearance
- Lack of essential food, clothing or shelter
- Malnutrition and/or dehydration
- Living in squalid or unsanitary conditions
- Neglecting household maintenance
- Hoarding
- Collecting a large number of animals in inappropriate conditions
- Non-compliance with health or care services
- Inability or unwillingness to take medication or treat illness or injury

5.3 High Risk Groups

Certain groups of people may be at higher risk of abuse or neglect, including:

- Those with care and support needs, such as older people or people with disabilities. They may be seen as an easy target and may be less likely to identify abuse themselves or to report it
- Those with communication difficulties because they may not be able to alert others
- Those with a cognitive impairment, as they may not even be aware that they are being abused

5.4 Who Abuses and Neglects?

Anyone in contact with the people who use the service can perpetrate abuse or neglect, including:

- Volunteers
- Family members
- Friends
- People who deliberately exploit adults they perceive as vulnerable to abuse
- Staff
- Professionals
- Other people who use the services

5.5 Incidents of Abuse

Patterns of abuse vary and include:

- Serial abuse - in which the person alleged to have caused the harm seeks out and 'grooms' individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse
- Long-term abuse - in the context of an ongoing family relationship such as domestic violence between spouses or generations, or persistent psychological abuse
- Opportunistic abuse - such as theft occurring because money or jewellery has been left lying around

Abuse may be one-off or multiple and affect one people who use the service or more.

Staff should look beyond single incidents or people who use the services. Seckford Care should have systems in place to track and monitor incidents, accidents, disciplinary action, complaints and safeguarding concerns, to identify patterns of potential harm.

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

5.6 Concerns

A concern might arise from:

- Something you observe (for example: bruises, a marked change in behaviour)
- An allegation that is made (for example, you are told that someone has behaved inappropriately or put the people who use the service or colleague at risk)
- A disclosure where the people who use the service tells you something about themselves or their circumstances that lead you to believe that they are being abused or are at risk of abuse

Staff must be able to:

- **Recognise**: Identify that the people who use the service at risk may be describing abuse, even when they may not be explicit
- **Respond**: Stay calm, listen and show empathy
- **Record**: Write up notes of the conversation clearly and factually as soon as possible
- **Report** in a timely manner to the appropriate people and organisations

5.7 Staff who Consider or Suspect Abuse or Neglect

If staff observe something that causes concern, they should ask the people who use the service what happened, unless this would be inappropriate or cause further distress.

If the people who use the service does not communicate with speech, they should help them explain what has happened as far as possible.

The staff member should document what they have seen or been told and report to the Interim Head of Care and the Safeguarding Lead, Jan James.

If staff are unsure if there is an indicator of abuse or neglect with the people who use the service, they should discuss this with the Interim Head of Care and the Safeguarding Lead, Jan James at Seckford Care.

The Interim Head of Care and the Safeguarding Lead, Jan James, will decide whether to make a safeguarding referral or to seek further advice from Suffolk County Council.

Staff who suspect abuse or neglect must act on it; staff must not assume that someone else will do this.

If someone makes an allegation to a member of staff about them or another member of staff or volunteer, that staff member must listen carefully and explain that they will need to pass these concerns to the Interim Head of Care and the Safeguarding Lead, Jan James, reassuring them that their concerns will be taken seriously. If the allegation is made by a family member or a worker from another agency, the staff member should take their name and contact details and assure them that the Interim Head of Care and the Safeguarding Lead, Jan James, will contact them as soon as possible. The staff member must pass the information to the Interim Head of Care and the Safeguarding Lead, Jan James, immediately.

5.8 Responding to a Disclosure or Suspicion of Abuse or Neglect

If the people who use the service discloses potential or actual abuse, staff will:

Straight away:

- Remain calm and non judgemental

- Try not to show shock or disbelief
- Not interrupt the people who use the service who is freely recalling significant events, allow them to tell you whatever they want to share
    - Some people who use the services may simply be telling a story and not realise that they are subject to abuse. It is important to keep this in mind and be thoughtful in response
- Take whatever action is required to ensure the immediate safety or medical welfare of the people who use the service(s) at risk
    - Where appropriate, call 999 for the emergency services if there is a medical emergency, other danger to life or risk of imminent injury, or if a crime is in progress. Where a crime is suspected of being committed, leave things as they are wherever possible
    - Call for medical assistance from the GP or NHS 111 if there is a concern about the people who use the service's need for medical assistance or advice, when the situation is not life-threatening or is out of hours
- Reassure the people who use the service that they are right to share this information with you; show empathy with them
- Do not press for more detail
- Do not make promises that cannot be kept
- Remain sympathetic and attentive

Then:

- Listen carefully and reflect back what you are being told to ensure you have correctly grasped what is being said
- Use simple and open questions, do not ask leading questions, (e.g. ‘So was it Peter who did that?’) or attempt to ‘investigate’ in any way
- Explain carefully that what they have said is worrying and that you have to share that with your line manager
    - Explain the safeguarding process to the people who use the service and discuss the next steps
    - Explain that your manager may contact the Suffolk County Council Safeguarding Adults Team and/or the Police
- Seek the people who use the service's consent to share this information
- As soon as you can, write down an account of your conversation, try to use the words/phrases that the people who use the service used. Sign and date your record
- Preserve evidence (physical evidence - for example, ask the people who use the service to not wash or bathe)
- Inform the Interim Head of Care or the Safeguarding Lead, Jan James, as soon as possible to inform them of the incident or concern
    - The Interim Head of Care, Jan James, will be contacted on 07775 014348
    - The Safeguarding Lead, Jan James, will be contacted on 01394 386520
- Do not share this information with anyone else
- Do not contact the person alleged to have caused the harm about the incident yourself, unless this is essential (for example, if Jan james needs to immediately suspend a member of staff)
- The people who use the service may feel frightened, so ask whether they want someone they feel comfortable with to stay with them

Staff must inform the Interim Head of Care or Safeguarding Lead, Jan James, unless they are the person alleged to have caused the harm; if this is the case, then support should be sought directly from another manager, Seckford Care or Suffolk County Council..

Staff must also take action without the immediate authority of the Interim Head of Care or Safeguarding Lead, Jan James:

- If a discussion with them would involve a delay in an apparently high-risk situation
- If they have raised concerns with the Interim Head of Care or Safeguarding Lead, Jan James, and they have not taken appropriate action (whistleblowing)

There should be effective and well publicised ways of escalating concerns where the Interim Head of Care or Safeguarding Lead, Jan James, does not take action in response to a concern being raised.

The Interim Head of Care or Safeguarding Lead, Jan James, will:

- Listen to any staff member if they speak up about abuse or neglect, take them seriously and act accordingly
- Consider if there are other adults or children with care and support needs who are at risk of harm and take appropriate steps to protect them
- Support and encourage the people who use the service to contact the police if a crime has been, or may have been, committed

When responding to indicators of abuse and neglect, staff must:

- Follow the principles of the Making Safeguarding Personal Framework:
    - Ensure that any actions are guided by the wishes and feelings of the people who use the service
    - Be aware that people who use the services experiencing abuse or neglect may be influenced, coerced or controlled by someone else
    - Be aware that duties of care and public interest can override personal preference, for example, there is a risk that a person alleged to have caused the harm could abuse again - this needs to be addressed and prevented
- Staff must also follow the principles of the Mental Capacity Act 2005 if the people who use the service lacks capacity

5.9 Documenting a Disclosure

Seckford Care must ensure that staff:

- Record what the people who use the service actually said, using their own words and phrases
- Describe the circumstance in which the disclosure came about
- Note the setting and anyone else who was there at the time
- When there are cuts, bruises or other marks on the skin, use a body map to indicate their location, noting the colour of any bruising
- Record information that is factual
- Use a pen with black ink so that the report can be photocopied
- Keep writing clear
- Sign and date the report, noting the time and location
- Are aware that the report may be needed later as part of a legal action or disciplinary procedure

Jan James must ensure they preserve any evidence relating to a safeguarding concern, including care records, as these may be required in future for local authority enquiries or police investigations.

5.10 Response by the Interim Head of Care **or Safeguarding Lead to Reports of Abuse or Neglect**

The Interim Head of Care and the Safeguarding Lead, Jan James, at Seckford Care should treat any report of abuse or neglect as a safeguarding concern and:

- Ask the people who use the service at risk what they would like to happen next
- Ensure that they have access to communication support
- Explain that they have a responsibility to report concerns to Suffolk County Council, and tell the people who use the service who they will report to, why, and when

Decision-Making Pre-referral to the Suffolk County Council Safeguarding Adults Team:

The Interim Head of Care or Safeguarding Lead, Jan James, will lead on decision-making.

When considering if a safeguarding concern needs to be completed, the Interim Head of Care or Safeguarding Lead, Jan James, must consider the three duties in Section 42 (1) of the Care Act 2014:

- Does the person have needs for care and support (whether or not the authority is meeting any of those needs)?
- Are they experiencing, or at risk of, abuse or neglect? and
- As a result of those needs, are they unable to protect themself against the abuse or neglect or the risk of it?

When using professional judgement to determine whether an incident is reported to the local authority safeguarding adults team/police, the Interim Head of Care or Safeguarding Lead, Jan James, should consider the following:

- The consequences to the alleged victim and the equality of the relationship between the person alleged to have caused the harm and the alleged victim
- The ability of the alleged victim to consent
- The mental capacity of the person alleged to have caused the harm to understand the consequences of their decision to act in the way that is alleged
- The intent of the person alleged to have caused the harm
- The frequency of this and similar allegations regarding the person alleged to have caused the harm
- The alleged victim considers the actions against them to be abusive
- The alleged victim or carer is distressed, fearful or feels intimidated by the incident
- You believe that there is a deliberate attempt to cause harm or distress
- Incidents are repetitive and targeted to either the people who use the service or others
- The action resulted in a physical injury
- A crime has been committed
- The incident involves a member of staff
- If any other people (including children) are at risk as well as the people who use the service you are concerned about

In the decision-making process, they must evidence the following:

- Why does this adult(s) need safeguarding – what are the risks?
- What actions need to be taken to reduce that risk?
- Do they consent to this action?
- Are others potentially at risk?

The Interim Head of Care or Safeguarding Lead, Jan James, will document their decision- making process.

If the Interim Head of Care or Safeguarding Lead, Jan James, is not sure whether to make a safeguarding referral to Suffolk County Council (because they are not sure whether they suspect abuse or neglect), they should discuss this with Suffolk County Council.

If a people who use the service does not want any safeguarding actions to be taken, but abuse or neglect is suspected, a safeguarding referral must still be made.

Seckford Care will ensure that staff are aware of the Suffolk County Council reporting procedures and timescales for raising adult safeguarding concerns.

If a referral is made but the people who use the service at risk is reluctant to continue with an investigation, this must be recorded and brought to the attention of the Suffolk County Council safeguarding adults team. This will enable a discussion on how best to support and protect the people who use the service at risk.

5.11 Consent

When reporting information that directly concerns the safety of an adult at risk of harm, consent from the people who use the service is not required. However, informing the people who use the service of your concerns and your referral is good practice unless it would put you or your colleagues at risk or it would put the adult at further risk. When reporting allegations or concerns about an adult at risk of harm to the Local Authority, the Local Authority must be informed whether or not the people who use the service is aware of the report.

In reporting all suspected or confirmed cases of harm, an employee has a responsibility to act in the best interest of the people who use the service but still operate within the relevant legislation and the parameters of the codes and standards of their practice.

5.12 Referral to the Suffolk County Council Safeguarding Adults Team

Seckford Care must ensure that the Suffolk County Council safeguarding adult referral process is followed and must collect the following information to assist with the referral. The referral process must be clearly visible with contact numbers, including out-of-hours, where staff can access the information.

Where the Integrated Care Board is the commissioner they must also be informed.

The referral information will also be required for some of the CQC notification of abuse documentation. Seckford Care must use any up-to-date Care Plan information where possible and have the following information available where possible:

- Contact details for the adult at risk, the person who raised the concern and for any other relevant individual, and next of kin
- Basic facts, focusing on whether or not the people who use the service has care and support needs including communication and ongoing health needs
- Factual details of what the concern is about; what, when, who, where?
- Immediate risks and action taken to address risk
- Preferred method of communication
- If reported as a crime, details of which police station/officer; crime reference number
- Whether the adult at risk has any cognitive impairment which may impede their ability to protect themselves
- Any information on the person alleged to have caused harm
- Wishes and views of the adult at risk, in particular consent
- Advocacy involvement (includes family/friends)

- Information from other relevant organisations, for example, the CQC
- Any recent history (if known) about previous concerns of a similar nature or concerns raised about the same person, or someone within the same household
- Names of any staff involved

5.13 Local Authority Safeguarding Enquiry

Suffolk County Council may well be reassured by the response of Seckford Care so that no further action is required. However, Suffolk County Council would have to satisfy itself that the response of Seckford Care has been sufficient to deal with the safeguarding issue and, if not, to undertake any enquiry of its own. This will identify if action needs to be taken and who needs to take that action.

The enquiry:

- Could be an informal conversation with the people who use the service at risk
- Could be a more formal multi-agency discussion
- Does not have to follow a formal safeguarding process

The objectives of an enquiry are to:

- Establish facts
- Ascertain the people who use the service's views and wishes
- Assess the needs of the people who use the service for protection, support and redress and how they might be met
- Protect from the abuse and neglect, in accordance with the wishes of the people who use the service
- Make decisions as to what follow-up action should be taken with regard to the person or organisation responsible for the abuse or neglect
- Enable the people who use the service to achieve resolution and recovery

If Suffolk County Council decides that Seckford Care should make the enquiry, then Suffolk County Council should be clear about timescales, the need to know the outcomes of the enquiry and what action will follow if this is not done.

What happens as a result of an enquiry should reflect the people who use the service's wishes wherever possible, as stated by them or by their representative or advocate. If they lack capacity, it should be in their best interests if they are not able to make the decision and be proportionate to the level of concern. The people who use the service should always be involved from the beginning of the enquiry.

Strategy Meeting/Case Conference:

- Following the investigation or at any time during the process, a case conference with all relevant agencies may be called to make decisions about future action to address the needs of the people who use the service
- Any agency involved in the case may ask for a case conference to be held but the final decision to hold a conference is with the Suffolk County Council Safeguarding Adults Team Manager
- Seckford Care must ensure that it attends this meeting when invited and that all relevant information about the incident is available. A timeline of events is a useful document to prepare in complex cases

Safeguarding Adults Reviews:

- Safeguarding adults reviews (SARs) are a statutory requirement for Safeguarding Adults Boards with the purpose of promoting learning and improving safeguarding practice

- A safeguarding adults review must be arranged by a Safeguarding Adults Board if:
  - There is reasonable cause for concern that partner agencies could have worked more effectively to protect an adult and
  - Serious abuse or neglect is known or suspected and
  - Certain conditions met, in line with section 44 of the Care Act 2014 and related statutory guidance

5.14 Involve the people who use the service Concerned Throughout the Enquiry:

- The process must be explained to the people who use the service in a way they will understand and their consent to proceed with the enquiry obtained, if possible
- Arrangements will be made to have a relative, friend or independent advocate present if the people who use the service so desires. The relative, friend or independent advocate must not be a person suspected of being in any way involved or implicated in the abuse
- A review of the people who use the service's Care Plan and risk assessments must be undertaken to ensure individualised support following the incident
- The people who use the service will be supported by Seckford Care to take part in the safeguarding process to the extent to which they wish, or are able to, having regard for their decisions and opinions. They must be kept informed of progress

Desired Outcomes Identified by the people who use the service**:**

The desired outcome by the people who use the service at risk must be clarified and confirmed:

- To ensure that the outcome is achievable
- To manage any expectations that the people who use the service may have
- To give focus to the enquiry
- Jan James will support people who use the services at risk to think in terms of realistic outcomes but must not restrict or unduly influence the outcome that the people who use the service would like. Outcomes must make a difference to risk and, at the same time, satisfy the people who use the service's desire for justice and enhance their wellbeing
- The people who use the service's views, wishes and desired outcomes may change throughout the course of the enquiry process
- There must be an ongoing dialogue and conversation with the people who use the service to ensure that their views and wishes are gained as the process continues and enquiries re-planned if the people who use the service changes their views
- The people who use the service will be informed of the outcome of any investigation, but guidance will be sought from the Suffolk County Council Safeguarding Adults Team before any outcome is shared

5.15 After An Enquiry

Once an initial enquiry has been undertaken, discussions should be had with the people who use the service as to whether a further enquiry is needed and what further action could be taken.

That action could include disciplinary, complaints or criminal investigations or work by contracts managers and CQC to improve care standards.

Suffolk County Council must determine what further action is necessary. One outcome may be the formulation of agreed action or a safeguarding plan for the people who use the service which should be recorded in their Care Plan. This will be the responsibility of the relevant agencies to implement. This will entail joint discussion, decision taking and planning with the people who use the service for their future safety and wellbeing

service which should be recorded in their Care Plan. This will be the responsibility of the relevant agencies to implement. This will entail joint discussion, decision taking and planning with the people who use the service for their future safety and wellbeing.

In relation to the people who use the service, this could set out:

- What steps are to be taken to assure their safety in future
- The provision of any support, treatment or therapy including ongoing advocacy
- The need for fuller assessments by health and social care agencies
- Any modifications needed in the way services are provided (for example, same gender care or placement; appointment of an OPG deputy)
- How best to support the people who use the service through any action they take to seek justice or redress
- Any ongoing risk management strategy as appropriate
- Any action to be taken in relation to the person or organisation that has caused the concern

5.16 If a Safeguarding Concern is not agreed

If Suffolk County Council decides not to investigate, staff must ensure the continual safety of people who use the services.

Staff should:

- Evaluate existing risk assessments and Care Plans. Ensure that there is clear, documented evidence that this has occurred
- If the existing risk assessments and Care Plans do not cover the current risk(s), staff must implement new ones to ensure measures have been put in place to reduce future risk
- Staff can consider other referral options (this list is not exhaustive):
    - Human resources (capability/disciplinary routes)
    - Health and safety
    - Complaints
    - Suffolk County Council care management, request review of current Care Plan, request for a case conference
    - NHS continuing care team, request a review
    - Request for a best interest meeting

5.17 Informing the Relevant Inspectorate

- By law, Seckford Care must notify the Care Quality Commission without delay of incidents of abuse and allegations of abuse, as well as any incident which is reported to, or investigated by, the police
- Seckford Care must notify CQC about abuse or alleged abuse involving a person(s) using the service, whether the person(s) is/are the victim(s), the abuser(s), or both
- Seckford Care must also alert the relevant local safeguarding authority when notification is made to CQC about abuse or alleged abuse
- The forms are available on CQC's website
- If a concern is received via the whistleblowing procedure, Seckford Care must inform the Suffolk County Council Safeguarding Team and CQC

5.18 Support and Supervision

Seckford Care will recognise that dealing with situations involving abuse and neglect can be stressful and distressing for staff and workplace support should be available.

During safeguarding enquiries, Jan James should:

- Be aware of how safeguarding allegations can affect the way other staff and people who use the services view the people who use the service subject to a safeguarding enquiry
- If staff are concerned about working with the people who use the service who has made allegations, Jan James should provide support, additional training and supervision to address these concerns and ensure that the people who use the service is not victimised by staff
- Acknowledge that enquiries are stressful and that morale may be low
- Think of ways to support staff (such as one-to-one supervision and team meetings)
- Provide extra support to cover absences as part of the enquiry, and to help staff continue providing consistent and high-quality care
- Direct staff to sources of external support or advice if needed

Regular face-to-face supervision and reflective practice from skilled line managers is essential to support staff, and to enable staff to work confidently and competently with difficult and sensitive situations.

Jan James has a central role in ensuring high standards of practice at Seckford Care and that staff are properly equipped and supported.

5.19 Confidentiality and Information Sharing

In seeking to share information for the purposes of protecting adults at risk, Seckford Care is committed to the following principles:

- Personal information will be shared in a manner that is compliant with the statutory responsibilities of Seckford Care
- Adults at risk will be fully informed about information that is recorded about them and, as a general rule, be asked for their permission before information about them is shared with colleagues or another agency. However, there may be justifications to override this principle if the adult or others are at risk
- Staff will receive appropriate training on people who use the service confidentiality and secure data sharing
- The principles of confidentiality designed to protect the management interests of Seckford Care must never be allowed to conflict with those designed to promote the interests of the adult at risk
- Staff will follow policies at Seckford Care on UK GDPR, data protection, confidentiality and comply with the Caldicott principles

5.20 Staff Alleged to be Responsible for Abuse or Neglect

Seckford Care does not only have a duty to the people who use the service, but also a responsibility to take action in relation to the employee when allegations of abuse are made against them. Seckford Care should ensure that their disciplinary procedures are compatible with the responsibility to protect adults at risk of abuse or neglect.

When a member of staff is subject to a safeguarding enquiry, Jan James should: Tell

- them about any available Employee Assistance Programme
- Tell them about professional counselling and occupational health services (if available)
- Make them aware of their rights under employment legislation and any internal disciplinary procedures
- Nominate someone to keep in touch with them throughout the enquiry (if they are suspended from work)
    - They should be able to request that the nominated person be replaced, if they think there is a conflict of interest
    - The nominated person should not be directly involved with the enquiry
- If the police are involved, tell them who the nominated person is

For members of staff who return to work after being suspended, Jan James should:

- Arrange a return-to-work meeting when the enquiry is finished, to give them a chance to discuss and resolve any problems
- Agree a programme of guidance and support with them

Where appropriate, Jan Jamrd should report staff to the statutory and other bodies responsible for professional regulation.

If Jan James is subject to a safeguarding enquiry, Seckford Care should put an acting manager in their place if required.

5.21 Disclosure and Barring Service (DBS) Referral

There is a statutory requirement for providers of care to refer workers to the DBS for inclusion on the DBS Vetting and Barring scheme list if they consider that the person is guilty of misconduct such that an adult at risk was harmed or placed at risk of harm. The legal duty to refer to the Disclosure and Barring Service also applies where a staff member leaves their role to avoid a disciplinary hearing following a safeguarding incident and Seckford Care feels they would have dismissed the person based on the information they hold.

Please see the DBS/Disclosure Policy and Procedure for further procedures regarding initial employment and referral.

5.22 Abuse by Another Adult at Risk

Seckford Care recognises that they may also have responsibilities towards the person causing the harm and certainly will have if they are both in a care setting or have contact because they attend the same place (for example, a day centre). The person causing the harm may themselves be eligible to receive an assessment. In this situation, it is important that the needs of the people who use the service at risk who is the alleged victim are addressed separately from the needs of the person causing the harm. It will be necessary to reassess the adult allegedly causing the harm.

Under the Mental Capacity Act 2005, people who lack capacity and are alleged to be responsible for abuse, are entitled to the help of an Independent Mental Capacity Advocate to support and represent them in the enquiries that are taking place. This is separate from the decision whether or not to provide the victim of abuse with an independent advocate under the Care Act.

5.23 Management of Allegations Against People in Positions of Trust (PiPoT)

A relationship of trust is one in which one person is in a position of power or influence over the other person because of their work or the nature of their activity. Any allegation against a person who works with adults with care and support needs must be reported immediately to Jan James.

When an allegation is made against a PiPoT, Seckford Care will refer this to Suffolk County Council as part of the safeguarding process. For sensitive information, it may be necessary to contact the Adult Local Authority Designated Officer directly and Seckford Care will ensure this information is readily available as well as the Suffolk County Council policy itself which outlines the local protocol in this instance.

Where the person alleged to have caused the harm or neglect is a volunteer or a member of a community group, Seckford Care must work with adult social services to support any action under this policy.

Where the person alleged to have caused the harm is a neighbour, a member of the public, a stranger or a person who deliberately targets vulnerable people, the people who use the service at risk should receive the services and support that they may need. In all cases, issues of consent, confidentiality and information sharing must be considered.

5.24 Safeguarding Concerns about the Interim Head of Care, Nominated Individual and or Safeguarding Adults Lead

Seckford Care takes safeguarding concerns about the Interim Head of Care and Nominated Individual seriously. As a result, the following process applies:

At this service, the roles of the registered manager, nominated individual and/or safeguarding adult lead are held by different people. If staff or other individuals have safeguarding concerns about:

- The registered manager, they can report their concerns to the nominated individual
- The nominated individual, they can report their concerns to the registered manager

Contact details can be found in Section 1.1 of this policy.
In some services where this may be a dual role held by the same person; you can report your concerns via the following routes:

- **Follow the Whistleblowing Policy and Procedure at** Seckford Care
- **Local Authority Safeguarding Team:** Suffolk County Council
  - Contact: Endeavour House, 8 Russell Road, Ipswich IP1 2BX
  - Telephone: 03456061499
- **The Care Quality Commission (CQC):**
  - Address: Citygate, Gallowgate, Newcastle upon Tyne NE1 4PA
  - Email: enquiries@cqc.org.uk
  - Telephone: 03000 616161
  - Report online: https://www.cqc.org.uk/give-feedback-on-care
- **The Police**

If your safeguarding concerns involve criminal activity, such as physical or sexual abuse or if someone is in immediate danger, you should report the matter to the police. They can investigate and take immediate action if needed

5.25 Allegations Against People who are Relatives or Friends

There is a clear difference between unintentional harm caused inadvertently by a relative or friend and a deliberate act of either harm or omission, in which case the same principles and responsibilities for reporting to the police apply. In cases where unintentional harm has occurred, this may be due to lack of knowledge or due to the fact that the relative's own physical or mental needs make them unable to care adequately for the adult at risk. The relative may also be an adult at risk. In this situation, the aim is to protect the adult from harm, work to support the relative to provide support and to help make changes in their behaviour in order to decrease the risk of further harm to the person they are caring for. A carer's assessment will take into account a number of factors and a referral to Suffolk County Council will be made as part of the safeguarding process.

5.26 Pressure Ulcers

Seckford Care must follow local safeguarding reporting requirements and the Department of Health and Social Care (DHSC) guidance 'Pressure Ulcers: How to Safeguard Adults' (a link can be found in the Underpinning Knowledge section of this policy) with regards to pressure ulcers.

The aim of the DHSC guidance is to provide a national framework, identifying pressure ulcers as primarily an issue for clinical investigation rather than a safeguarding enquiry led by the local authority. Indicators to help decide when a pressure ulcer case may additionally need a safeguarding enquiry are included.

'It is the responsibility of the designated safeguarding lead in each setting to appropriately triage any safeguarding concerns and ensure that referrals to the local authority for consideration of a section 42 (2) enquiry are appropriate.' (GOV.UK 2025)

The DHSC guidance contains the following appendices that are used in the decision making:

- Appendix 1: Adult safeguarding decision guide
- Appendix 2: Body map
- Appendix 3: Adult safeguarding concern proforma regarding pressure ulceration

Safeguarding Concern Assessment Guidance:

- A history of the development of the skin damage should first be obtained by a clinician, usually a nurse
- Where there is concern from the clinician assessing the pressure ulcer that there has been abuse or neglect that can be directly associated with the pressure ulcer, there is a need to raise it as a safeguarding concern within Seckford Care
- In some cases, it may warrant raising a safeguarding concern with Suffolk County Council
- If the people who use the service's care has recently been transferred, this may require contact being made with former care providers for information to seek clarification about the cause and timing of the skin damage. This is the responsibility of Seckford Care and a concern should not be raised with Suffolk County Council until this has been done
- If a concern is raised that the people who use the service has severe damage, Jan James should:
    - Complete the adult safeguarding decision guide
    - Raise an incident immediately as per the policy of Seckford Care

    (Severe damage in the case of pressure ulcers may be indicated in some cases by multiple category 2 or single category 3 or 4 ulcers, but could also be indicated by the impact the pressure damage has on the people who use the service affected (for example, pain)

Adult Safeguarding Decision Guide:

- The decision guide should be completed by a qualified member of staff who is a practising registered nurse (RN) with experience in wound management and not directly involved in the provision of care to the people who use the service at the time the pressure ulcer developed
- The adult safeguarding decision guide should be completed immediately or within 48 hours of identifying the pressure ulcer of concern. In exceptional circumstances this timescale may be extended but the reasons for extension should be recorded
- The outcome of the assessment should be documented on the adult safeguarding decision guide. If further advice or support is needed with regards to making the decision to raise a concern to Suffolk County Council, the Interim Head of Care or the Safeguarding Lead, Jan James, should be involved
- Where the people who use the service has been transferred into the care Seckford Care it may not be possible to complete the decision guide. Contact should be made with the transferring organisation to ascertain if the decision guide has been completed or any other action taken
- Following this, a decision should be made whether to raise a safeguarding adults concern with Suffolk County Council, in line with agreed local arrangements
- The decision as to whether there should be a Section 42 enquiry will be taken by the local authority, informed by a clinical view. A summary of the decision should be recorded and shared with all agencies involved
- Where an internal investigation is required, this should be completed by the organisation that is, or was, taking care of the people who use the service when the pressure ulcer developed, in line with the local policies
- The local authority needs to decide or agree after completion of the internal investigation if a full multi-agency meeting (virtual or face to face) needs to be convened to agree findings, decide on safeguarding outcomes and any actions
- The safeguarding decision guide assessment considers 6 important questions that together indicate a safeguarding decision guide score. This score should be used to help inform decision making regarding escalation of safeguarding concerns related to the pressure ulceration. It is not a tool to risk assess for the development of pressure damage
- The threshold for raising a concern is 15 or above in most instances. However, this should not replace professional judgement
- Photographic evidence to support the report should be provided wherever possible. Consent for this should be sought as per local policy but great sensitivity and care must be taken to protect the identity of the individual
- A body map should be used to record skin damage and can be used as evidence, if necessary, at a later date. If 2 workers observed the skin damage, they should both sign the body map where possible
- Documentation of the pressure ulcer should include as a minimum:
  - Site
  - Size (including its maximum length, width and depth in centimetres)
  - Tissue type
  - Category
- Where the decision guide score is 15 or higher, or where professional judgement determines safeguarding concerns, copies of the completed decision guide and safeguarding concern proforma should then be sent to the adult safeguarding team within Suffolk County Council. Copies of both should also be retained in the people who use the service's Care Plan

- Where there is no indication that a safeguarding concern needs to be raised, the completed decision guide should be retained in the people who use the service's Care Plan Medication Errors

Seckford Care must follow local safeguarding reporting procedures for medication errors and ensure that notifications are made to the CQC in line with statutory requirements. Seckford Care will have an open and transparent approach to medication incidents, ensure that staff follow the Medication Management Policy at Seckford Care and understand their duty of candour responsibilities.

5.27 Exploitation by Radicalisers who Promote Violence

5.28 Self-neglect and Refusal of Care

Seckford Care must ensure that staff understand the importance of delivering care as detailed in the Care Plan. Where the people who use the service refuses care, this must always be documented. Where refusal occurs repeatedly, it must be escalated by Seckford Care as a safeguarding concern and a request for a review of the people who use the service's care will be instigated.

5.29 Abuse and Sexual Safety

We recognise that culture, environment and processes support the people who use the service's sexuality and keep them and staff safe from sexual harm. As such, Seckford Care will ensure that sexuality is discussed as part of the Care Plan process and is addressed positively to support people to raise concerns where necessary.

The CQC publication on sexuality and sexual safety can be referred to for further guidance in this area.

5.30 Criminal offences

Everyone is entitled to the protection of the law and access to justice. Behaviour which amounts to abuse and neglect, for example physical or sexual assault or rape, psychological abuse or hate crime, wilful neglect, unlawful imprisonment, theft and fraud and certain forms of discrimination also often constitute specific criminal offences under various pieces of legislation.

Suffolk County Council has the lead role in making enquiries. However, where criminal activity is suspected, the early involvement of the police should take place.

5.31 Risk Assessment and Management

Achieving a balance between the right of the people who use the service to control their care package and ensuring that adequate protections are in place to safeguard wellbeing is a very challenging task. The assessment of the risk of abuse, neglect and exploitation of people who use the services will be integral in all assessment and planning processes. Assessment of risk is dynamic and ongoing, especially during the adult safeguarding process, and must be reviewed throughout so that adjustments can be made in response to changes in the levels and nature of risk.

5.32 Training and Competencies

Seckford Care has a robust training program relating to Safeguarding, ensuring that staff understand different types of abuse, how to recognise and respond to incidents, allegations or concerns of abuse or harm.

Seckford Care will benchmark its training and competencies within the service with the framework outlined in the Royal College of Nursing Intercolligiate Guidance, 'Adult Safeguarding: Roles and Competencies for Health Care Staff'(2024), which it recognises applies to social care staff also and does not replace any local or contractual requirements but acts as a minimum benchmark.

Seckford Care will also refer to the 'NHS Prevent Training and Competencies Framework' for more specific training requirements in relation to the Prevent strategy.

Staff, including volunteers at, are trained in recognising the symptoms of abuse or neglect, how to respond and where to go for advice and assistance.

Training takes place at all levels in Seckford Care and is updated regularly to reflect current best practice. To ensure that practice is consistent, no staff group is excluded, including the Interim Head of Care and the Safeguarding Lead, Jan James at Seckford Care.

Jan James will cascade safeguarding information about adults at risk to appropriate staff members. Jan James will undertake and provide internal training and attend local safeguarding partnership updates, education and development sessions including regular group-based supervision.

Training needs to make a difference to the understanding, confidence and competence of staff. Assess what changes it has prompted through regular supervision sessions as well as annually during appraisals. Arrange refresher training if the annual check indicates this is needed.

5.33 Audit and Compliance

It is essential that the implementation of this policy and associated procedures is audited to ensure that Seckford Care is doing all it can to safeguard those receiving its services. The audit of this policy will be completed through a systematic audit of:

- Recruitment procedures and disclosure and barring checks
- Incident reporting, frequency and severity
- Training processes, including reviews of uptake of training and evaluations

Safeguarding concerns and incidents will be reviewed by the senior management team as part of a root cause analysis with the following terms of reference:

- Review incident themes
- Reports from the lead responsible for safeguarding within Seckford Care
- Look in detail at specific cases to determine learning or organisational learning
- Ensure implementation of the Safeguarding Adults Policy

Seckford Care should maintain and regularly audit care records (in addition to external checks, such as audits or Care Quality Commission inspections) and ensure that they are complete and available in case they are needed if a safeguarding concern is raised.

5.34 Sharing of Information

Seckford Care acknowledges that the sharing of information may be required when dealing with Safeguarding concerns.

Information will be made accessible to health professionals, advocates, families, legal representatives acting on behalf of people who use the services, and those close to them. The process for sharing information will follow the steps set out within the Data Protection and UK GDPR Policies and Procedures at Seckford Care.

6. Definitions

6.1 A Person with Care and Support Needs

- According to the Care Act 2014: an older person, a person with a physical disability, a learning difficulty or a sensory impairment, someone with mental health needs, including dementia or a personality disorder, a person with a long-term health condition, someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living

6.2 Investigation

- Investigation is a process that focuses on gathering 'good evidence' that can be used as a basis for the decision as to whether or not abuse has occurred
- It must be a rigorous process, and the evidence must be capable of withstanding close scrutiny as it may later be required for formal proceedings. Referral
- Referral is when information regarding a possible safeguarding incident is passed on to another person for their direction. In the case of this policy, from the Provider to the Adult Social Care Team
- Sometimes this may be referred to as 'reporting'

6.3 Multi-agency

- More than one agency coming together to work for a common purpose
- This could include partners of the local authority such as: Integrated Care Boards (ICBs), NHS trusts and NHS foundation trusts, Department for Work and Pensions, the police, prisons, probation services, and/or other agencies such as general practitioners, dentists, pharmacists, NHS hospitals, housing, health and care providers

6.4 Caldicott Principles

- The Caldicott Principles were developed in 1997 following a review of how patient information is protected and only used when it is appropriate to do so
- Since then, when deciding whether they needed to use information that would identify an individual, an organisation must use the Principles as a test
- The Principles were extended to adult social care records in 2000
- The Principles were revised in 2013

6.5 Adults at Risk

- Adults at risk means adults who need community care services because of mental or other disability, age or illness, and who are, or may be, unable to take care of themselves against significant harm or exploitation
- The term replaces ‘vulnerable adult’

6.6 Making Safeguarding Personal

- Making Safeguarding Personal is about person-centred and outcome-focused practice
- It is how professionals are assured by adults at risk that they have made a difference to people by taking action on what matters to people and is personal and meaningful to them

6.7 Honour-based Violence

- The terms 'honour crime', 'honour-based violence', and 'izzat' embrace a variety of crimes of violence (mainly but not exclusively against women), including physical

abuse, sexual violence, abduction, forced marriage, imprisonment and murder where the person is being punished by their family or their community

- They are punished for actually, or allegedly, 'undermining' what the family or community believes to be the correct code of behaviour
- In transgressing this, the person shows that they have not been properly controlled to conform by their family and this is to the 'shame' or 'dishonour' of the family
- 'Honour crime' may be considered by the person(s) alleged to have caused the harm as justified to protect or restore the 'honour' of a family

6.8 Forced Marriage

- The Anti-Social Behaviour, Crime and Policing Act 2014 protects people from being forced to marry without their free and full consent as well as people who have already been forced to do so
- We will ensure that staff are reminded of the **one chance rule**: i.e. our employees may only have one chance to speak to a potential victim of forced marriage and, therefore, only one chance to save a life
- Forced marriage can involve physical, psychological, emotional, financial and sexual abuse including being held unlawfully captive, assaulted and raped
- Law enforcement agencies will also be able to pursue person(s) alleged to have caused the harm in other countries where a UK national is involved under powers defined in legislation

6.9 Independent Mental Capacity Advocate (IMCA)

- An advocate appointed to act on a person's behalf if they lack capacity to make certain decisions
- Refer to the Mental Capacity Act (MCA) 2005 Policy and Procedure

6.10 Female Genital Mutilation (FGM)

- **Mandatory Reporting of Female Genital Mutilation (FGM)**
- Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act 2003 ('the 2003 Act')
- Seckford Care has a mandatory duty to report known cases of FGM in under 18-year-olds to the police via the non-emergency number 101. ‘Known’ means that you have either visually identified that FGM has been carried out, or you have had direct verbal disclosure from the person affected
- Other ways to report FGM include:
  - The national FGM helpline on 0800 028 3550
  - The social care team at your local council
  - Crimestoppers, confidentially and anonymously

6.11 Safeguarding Adults Board

- The Care Act 2014 required each local authority to set up a Safeguarding Adults Board
- This includes the local authority, the NHS and the police. They should meet regularly to discuss and act upon local safeguarding issues
- They develop shared plans for safeguarding, working with local people to decide how best to protect adults in vulnerable situations

6.12 Whistleblowing

- The act of reporting a concern about safety, malpractice or wrongdoing within an organisation to formal authorities

7. Key Facts - Professionals

Professionals providing this service should be aware of the following:

- The people who use the service to whom the incident has happened will be consulted and supported to be involved in the safeguarding process and provided with information they understand throughout
- Seckford Care is committed to supporting and protecting the wellbeing of people who use the services by preventing harm and reporting and dealing with incidents of abuse through a proper process
- If the alleged victim requires immediate removal from harm or medical attention, this will be done immediately
- Seckford Care will be led by the Local Authority Adult Safeguarding Team as to 'next steps' such as enquiries
- If it is suspected that a crime has taken place, the reporter of the incident must call the police immediately
- The Interim Head of Care will refer safeguarding concerns to the Local Authority Safeguarding Adults Team
- Staff of Seckford Care will report safeguarding concerns to the Interim Head of Care
- Safeguarding is everybody's business. Agencies have a duty to report safeguarding concerns to the local Safeguarding Adults Team

8. Key Facts - People Affected by The Service

People affected by this service should be aware of the following:

- Seckford Care will have reviewed your Care Plan and worked with you to support you through the enquiry process and moving on in the future
- When the facts are brought together and a way forward has been decided with your input if possible, you will be talked through the findings
- Seckford Care has a duty to safeguard the people using its service
- If it seems a crime has taken place, the police will be called immediately
- Other agencies may be involved in getting to the facts of the incident
- If you need extra support such as an advocate, one will be provided for you
- If something happens that may be a safeguarding incident which involves you, Seckford Care will make sure that you understand your choices and the next steps, and that you are included as much as you want and can be
- Seckford Care will provide information and Care Plans to help you understand safeguarding and what to look out for

Further Reading

Home Office - Mandatory Reporting of Female Genital Mutilation: Procedural information:

https://assets.publishing.service.gov.uk/media/5a8086f2ed915d74e33faefc/FGM_Mandatory_Reporting_-_procedural_information_nov16_FINAL.pdf

GOV.UK - Criminal Exploitation of Children and Vulnerable Adults: County lines:

https://www.gov.uk/government/publications/criminal-exploitation-of-children-and-vulnerable-adults-county-lines

CQC - Promoting Sexual Safety Through Empowerment:

https://www.cqc.org.uk/sites/default/files/20200225_sexual_safety_sexuality.pdf

Prevent E-Learning:

https://www.elearning.prevent.homeoffice.gov.uk/edu/screen1.html

Worcestershire Safeguarding Adults Board - Protocol for responding to allegations about people in a position of trust (PiPoT) working with adults:

https://www.safeguardingworcestershire.org.uk/wp-content/uploads/2022/01/Position-of-Trust-Protocol-Final-Version-v2.1.pdf

Hillingdon Safeguarding Partnership - Adult Local Authority Designated Officer (ALADO) Process 2024-2026:

https://hillingdonsab.org.uk/wp-content/uploads/2024/05/Adult-LADO-Process-2024-2026-1.pdf

Support and Help:

- **Hourglass - Resources and Forums:** https://wearehourglass.org/
- **NHS - Social Care Telephone Helplines and Forums:** https://www.nhs.uk/conditions/social-care-and-support-guide/help-from-social-services-and-charities/helplines-and-forums/
- **NHS - Someone to Speak Up for You (advocate):** https://www.nhs.uk/conditions/social-care-and-support-guide/help-from-social-services-and-charities/someone-to-speak-up-for-you-advocate/
- **NHS - Guide to Support Options for Abuse:** https://www.mind.org.uk/information-support/guides-to-support-and-services/abuse/
- **Citizens Advice - Domestic Abuse:** https://www.citizensadvice.org.uk/family/gender-violence/domestic-violence-and-abuse/

What action must you take if you have concerns?

Seckford Care follows Suffolk County Council safeguarding procedures and its own policy and procedure details the responsibilities and action required by all staff. If you have any concerns that someone is at risk of harm or abuse, is being harmed or abused, you **must** take action.

- Ensure your own safety – leave the situation if you are at risk of harm
- Where there is clear evidence of harm or an imminent danger, call the emergency services immediately
- Treat all allegations of abuse seriously
- Report concerns to your line manager as soon as possible

Who do you report your concerns to?

At Seckford Care the person responsible for safeguarding is:

Jan James

They can be contacted on **01394386520** or **cparratt@seckford-foundation.org.uk**

Escalating Concerns

We report our concerns to **Suffolk County Council**

Endeavour House, 8 Russell Road, Ipswich IP1 2BX

03456061499

Raising a Concern to the CQC

You can also contact the CQC if you feel that you cannot use the Whistleblowing policy at Seckford Care

The CQC can be contacted by using the following methods:

Phone: 03000 616161

Email: Enquiries@cqc.org.uk

Post: CQC National Correspondence, Citygate, Gallowgate, Newcastle upon Tyne. NE1 4PA

This statement and our full Safeguarding Adults Policy and Procedure is available online and in other languages by accessing www.qcs.co.uk

Compliance and Monitoring Arrangements

This policy will be subject to a thorough review process including consideration at the Care Committee, C&R Committee and ratification by the Governing Body on an annual basis. This will ensure that practice across Seckford Care is in line with this policy, the Complaints procedure and with current guidance and legislation.