

## **LANTERN COMMUNITY SAFEGUARDING ADULT POLICY AND PROCEDURES**

Prepared by The Lantern Community Registered Manager and the Safeguarding Adult

Co-ordinator and endorsed by The Lantern Council

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This document relates to the response to and prevention of harm and needs to be used alongside the Dorset Multi-Agency Safeguarding Adults Policy and as set out by the relevant host authority.

## **1. AIMS OF THE LANTERN COMMUNITY ADULT PROTECTION POLICY**

- To enhance the quality of life of adults at risk
- To improve the health of adults at risk
- To promote the welfare of adults at risk
- To secure the safety of adults at risk.

## **2. THE POLICY**

It is the policy of the agency:

**2.1** To uphold the right of everyone to live free from harm and the fear of harm

**2.2** To ensure clients are protected from harm and exploitation

**2.3** To promote the human rights of all clients irrespective of nationality, race, culture, religion, disability, gender, age and sexual orientation

**2.4** To ensure the agency's safeguarding and protection arrangements are up to date and entirely in line with UK and Dorset CC best practice

**2.5** To liaise effectively with external agencies and bodies regarding the reporting of harm or suspected harm

**2.6** To ensure a proportionate, timely, professional and ethical response is made to any adult at risk of harm.

**2.7** To make all decisions and actions are taken in line with the Mental Capacity Act 2005.

**2.8** To train its workforce to ensure the risk of harm within the agency is minimised

This procedure to be supported by other Lantern Community documents as at Appendix 1.

### 3. DEFINITION OF 'ADULT AT RISK'

**3.1. The term 'adult at risk' has been used to replace 'vulnerable adult' and 'harm' will replace 'abuse' as used throughout 'NO SECRETS'(March 2000)**

**An adult at risk is: "one who is or maybe in need of community care services by reason of mental or other disability; age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation"**

**3.2. 'Safeguarding Adults' (ADSS October 2005) proposes** we need to ensure protection procedures are inclusive and enable any adult to receive an appropriate response. Safeguarding adults at risk is everyone's business, raising a concern about harm involves:

- Recognising if a person is an adult at risk
- Recognising signs and signals of harm
- Responding to disclosures
- Acting when necessary to protect an adult and to preserve evidence
- Reporting a disclosure, concern or allegation.

**3.3. As an alerter you are not being asked to prove that information is true.** You are being asked to log concerns/disclosures with your manager or if this is not possible with the appropriate regulatory body. It is then the responsibility of the statutory agencies to decide whether to instigate a full investigation. The agency should deal with the information as part of its own disciplinary or internal procedures.

### 4. DEFINITION OF HARM

**4.1. Harm is:**

**"A violation of an individual's human and civil rights by another person or persons"**

**4.2. Harm may consist of a single act or repeated acts.** It may be physical, verbal or psychological. It may be an act of neglect or omission to act or it may occur when an adult at risk is persuaded to enter into a financial or sexual transaction to which he or she had not consented or cannot consent. Harm can occur in any relationship and may result in significant harm to, or exploitation of the person subjected to it

**4.3. It is the adult at risk's experience of an incident not the intent of the alleged person causing harm which is the basis for reporting.**

### 5. WHO CAN BE A PERSON CAUSING HARM?

**5.1. Adults at risk may be harmed by a wide range of people including relatives and family members, professional staff, co-workers, volunteers, paid workers, other adults at risk, neighbours, friends and strangers.** There is often a particular concern when harm is perpetrated by someone in a position of power or authority who uses his or her position to the detriment of an adult at risk.

## 6. IN WHAT CIRCUMSTANCES CAN HARM OCCUR?

6.1 Harm can take place in any context.

6.2 The seriousness or extent of harm to an adult at risk is often not clear when anxiety is first expressed. It is important, therefore, when considering the appropriateness of intervention, to approach reports of incidents or allegations with an open mind. In assessing seriousness, the following factors need to be considered:

- The **vulnerability** of the individual.
- The **nature and extent** of the harm.
- The **length of time** it has been occurring.
- The **impact** on the individual.
- Risk that serious harm could result if no action was taken.
- Illegality of the act or acts.
- The risk of **repeated or increasingly serious** acts involving this or other adults at risk.

**Remember:** concerns, no matter how minor, should be reported to the Registered Manager/ Safeguarding Adults Coordinator in 24 hours as this may lead to identifying patterns of behaviour that could lead to more serious incidents or alerts.

## TYPES OF HARM, INDICATORS AND EXAMPLES

TYPE OF HARM	DEFINITION	EXAMPLES (not exhaustive)	What are the signs of harm? (not exclusive)
<b>PHYSICAL</b>	<p>*Non-accidental harm to the body. *Can range from careless rough handling to direct physical violence.</p> <p>*Unlawful or inappropriate use of restraint or physical interventions and/or deprivation of liberty is also physical harm.</p>	<p>Hitting, slapping, pinching, shaking, Pushing , scalding, burning, dragging, kicking, physical restraint, locking an individual in a room or a car, harassment, enforced sedation, inappropriate use of medication, catheterization of a patient for management ease, inappropriate sanctions, exposure to heat or cold, not giving adequate food or drink.</p>	<p>History of unexplained falls or minor injuries Bruising which is characteristic of non-accidental injury – hand slap marks, pinch marks, grip marks Black eyes/injuries to the face Marks made by implements Bruising to buttocks, lower abdomen, thighs Bite marks Burns/scalds Individual flinches at physical contact Reluctant to undress or uncover body Loss of weight</p>
<b>SEXUAL</b>	<p>Direct or indirect involvement in sexual activity without capacity and/or consent. Individual did not fully understand or was pressured into consenting. Consent is defined as not given when a person has mental capacity but does not want to give consent, a person lacks mental capacity and is therefore unable to give consent, a person feels coerced into activity because the other person is in a position of trust, power of authority or the other party is a close relative and the action would be classed as incestuous.</p>	<p><b>Non contact:</b> Inappropriate looking, pornography, photography, indecent exposure, harassment, serious teasing or innuendo, coercion to watch sexual activity.</p> <p><b>Contact:</b> Coercion to touch e.g. of breasts, genitals, anus, mouth, masturbation of either self or others, penetration or attempted penetration of vagina, anus, mouth with or by penis, fingers and or other objects</p>	<p>Physical signs may apply to male or female and may include urinary tract infections, vaginal, penal or anal infection, sexually transmitted disease Pregnancy in a women unable to give consent Difficulty in walking or sitting with no apparent explanation Torn, stained or bloody underclothes or bedding Bleeding, bruising, torn tissue or injury to the rectal, anal and/or vaginal area Bruising to thighs and/or upper arms Behavioural changes Uncharacteristic sexually explicit/seductive behaviour Promiscuity Use of explicit language Self-harm Obsession with washing Fear of pregnancy may be exaggerated Remember individuals may partially disclose using repeating phrases like “it’s a secret” or “shut up” or “I’ll hurt you”</p>

<b>TYPE OF HARM</b>	<b>DEFINITION</b>	<b>EXAMPLES</b> (not exhaustive)	<b>What are the signs of harm?</b> (not exclusive)
<b>PHYSICAL/ EMOTIONAL</b>	<p>Behaviour which has a harmful effect on an individual's emotional well-being, causing mental distress undermining their self-esteem and affecting individual's quality of life.</p> <p>Willful infliction of mental suffering by a person in a position of trust and power.</p> <p>Psychological harm may present with other forms of harm.</p> <p>Behaviour which deliberately causes serious psychological and emotional harm may constitute a criminal offence.</p>	<p>Shouting, controlling, coercion, bullying, blaming, swearing, insulting, ignoring, threats of harm or abandonment, intimidation, harassment, humiliation, depriving an individual of the right to choice and their privacy, dignity, self-expression, deprivation of contact, undermining self-esteem, isolation and over-dependence.</p> <p>Treating a person in a way which is inappropriate to their age and/or cultural background.</p>	<p>Indicators may include one or more of the following:</p> <p>Loss of interest, withdrawn, anxious or depressed</p> <p>Appear to be frightened, fearful or avoiding eye contact</p> <p>Irritable, aggressive or challenging behaviour, unexplained sleep disturbance</p> <p>Poor concentration</p> <p>Self-harm, refusing to eat, deliberate soiling</p> <p>Eating problems, unusual weight gain or loss</p>
<b>FINANCIAL / MATERIAL</b>	<p>The unauthorized taking (theft) or misuse of any money, income, assets, personal belongings or property or any resources of an adult at risk without their informed consent or authorization.</p> <p>Factors that may increase vulnerability:</p> <p>Person unable to manage own money</p> <p>Person isolated in community</p> <p>Person is dependent on others to handle finances</p> <p>Person has no independent advocates</p> <p>Financial harm is a crime.</p>	<p>Misuse of enduring power of attorney, lasting power of attorney or appointeeship.</p> <p>Money and possessions stolen</p> <p>Misappropriating money, valuables or property</p> <p>Forcing changes to will</p> <p>Denying the adult at risk the right to access personal funds, property possessions or inheritance</p> <p>Unauthorized disposal of property or possessions</p> <p>Being asked to part with money on false pretences</p> <p>Stealing</p>	<p>The following situations or observations may indicate financial harm</p> <p>Unexplained or sudden inability to pay bills</p> <p>Power of Attorney obtained and misused when a person lacks or does not lack mental capacity to understand</p> <p>Unexplained withdrawal of money with no benefits</p> <p>Person lacking goods or services that they can afford</p> <p>Extortionate demands for payments for services</p>

<b>TYPE OF HARM</b>	<b>DEFINITION</b>	<b>EXAMPLES</b> (not exhaustive)	<b>What are the signs of harm?</b> (not exclusive)
<b>NEGLECT / ACTS OF OMISSION</b>	<p>Failure of any person who has responsibility for the charge, care or custody of an adult at risk to provide the amount and type of care or treatment that a responsible person could be expected to provide. Neglect can be intentional or unintentional.</p> <p>It is intentional if the neglectful individual is aware of the consequences and potential for harm resulting from lack of actions.</p> <p>Unintentional may result from failure to understand the needs, not knowing about available services or possible effect of lack of action or because their own needs prevent giving the care needed to the adult at risk.</p>	<p>Failure to provide:</p> <ul style="list-style-type: none"> <li>Appropriate and adequate food and drink</li> <li>Shelter</li> <li>Heating</li> <li>Clothing</li> <li>Medical care</li> <li>Educational services</li> <li>Hygiene</li> <li>Personal care</li> <li>Inappropriate use or withholding of medication/over medication</li> <li>Repeated deprivation of medical or physical or social care</li> <li>Failure to intervene in behaviour which is dangerous/failure to report harm</li> <li>Being prevented from receiving visitors or interacting with others</li> <li>Not meet basic standards of care</li> </ul>	<p>This form of harm may be identified within a person's accommodation, their physical presentation or in the standard and care provided. Indicators may include</p> <ul style="list-style-type: none"> <li>Inadequate heating and lighting</li> <li>Neglect of accommodation</li> <li>Poor physical condition (e.g. leg ulcers or ulcerated bed sores)</li> <li>Clothing or bedding in poor condition including being wet or soiled</li> <li>Failure to ensure access to health or social care</li> <li>Weight loss or gain through inadequate or unsuitable food</li> <li>Medication not given as prescribed</li> <li>Failure to ensure appropriate privacy and dignity</li> </ul>

<b>TYPE OF HARM</b>	<b>DEFINITION</b>	<b>EXAMPLES</b> (not exhaustive)	<b>What are the signs of harm?</b> (not exclusive)
<b>INSTITUTIONAL/ CORPORATE</b>	<p>Involves the collective failure of an organisation to provide safe, appropriate and acceptable standards of service to adults at risk.</p> <p>Occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice which affects the whole setting and denies, restricts or curtails the dignity, privacy, choice, independence or fulfillment of adults at risk.</p> <p>Can occur in any setting providing health and social care.</p> <p>It is most likely to occur when employees: Receive little or no support from management. Are inadequately trained. Are poorly supervised and poorly supported in their work. Receive inadequate guidance.</p> <p>The risk of harm is also greater in institutions: With poor management. With too few employees. Which use rigid routines and inflexible practices. Which do not use person-centred care plans. Where there is a closed culture.</p>	<p>Lack of individualized care Inappropriate confinement or restriction Sensory deprivation Inappropriate use of rules Custom and practice No flexibility on bedtimes or waking times Dirty clothing or bed linen Lack of personal possessions or clothing Deprived environment or lack of stimulation Misuse of medical procedures Medication errors Dietary needs not met Poor moving and handling</p>	<p>Unacceptable practice encouraged, tolerated or left unchanged Organisational standards not meeting those laid down by regulatory bodies Service users not treated with dignity and respect Diverse needs not recognized and valued in terms of age, gender, disability, ethnic origin, race or sexual orientation Services not flexible Organisation do not promote choice and individual focus Communication discouraged Whistle blowing policy not in place and accessible Insufficient employees training and development .</p>

TYPE OF HARM	DEFINITION	EXAMPLES (not exhaustive)	What are the signs of harm? (not exclusive)
<b>DISCRIMINATORY HARM</b>	<p>Exists when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals. Principles of discriminatory harm are provided by legislation, includes Race Relations Act 1976, Disability Discrimination Act 1995, Sex Discrimination Act 1975, Equality Act 2010 and Human Rights Act 1998.</p> <p>Consists of harmful or derisive attitudes or behaviour based on a person's gender, sexuality, ethnic origin, race, culture, age, disability, faith or belief or any other discriminatory harm, includes hate crimes</p> <p><b>Hate crime</b> is any criminal offence committed against a person or property that is motivated by an offender's hatred of someone because of one or more of the above.</p>	<p>Verbal harm Harassment or similar treatment Unequal treatment Deliberate exclusion from services such as education, health, justice and access to services and protection Harmful or derisive attitudes</p>	<p>Lack of respect for an individuals beliefs and cultural background Unable to eat culturally acceptable foods Religious observances not encouraged or anticipated Isolation due to language barriers Signs of sub-standard service offered to minority groups or individuals Repeated exclusion from rights afforded to citizens such as health, education, employment and criminal justice.</p>

## **7. RISKS ARISING FROM SELF-NEGLECT OR A PERSON'S OWN BEHAVIOUR OR LIFESTYLE THAT MAY BE CAUSING CONCERN**

An adult at risk will be considered under this procedure where they are unable to provide adequate care for themselves **and** one or more of the following situations apply:

- They are unable to obtain necessary care to meet their needs
- They are unable to make reasonable or informed decisions because of their state of mental health or because they have a learning disability or an acquired brain injury
- They are unable to protect themselves adequately against potential exploitation or harm
- They have refused essential services without which their health and safety needs cannot be met.

Often, the cases which give rise to the most concern are those where an adult at risk refuses help and services and is seen to be at grave risk as a result. If an agency is satisfied that the adult at risk has the capacity to make an informed decision, then that person has the right to refuse services.

In these circumstances, agencies must discuss their concerns at a Safeguarding case conference convened under this procedure where information can be shared with the adult at risk. Exclusion of the adult at risk from this process is to be the exception, and then only with good reason.

Where the adult at risk continues to refuse all assistance, this decision, together with any reasons, should be fully recorded and maintained on the person's file, with a full record of the efforts and actions taken by the agencies to assist the adult at risk.

Appropriate communication should be forwarded to the adult at risk concerned setting out what services were offered and why and the fact of the person's refusal to accept them. This needs to make clear that the person can contact the relevant agency at any time in the future for services. In cases of high risk, consideration should be given to arrangements for monitoring the case to ensure that circumstances do not deteriorate to an unacceptable degree.

## **8. STAGES OF SAFEGUARDING ADULT PROCESS**

There are seven key stages of the Safeguarding Adults process in Dorset Safeguarding Adult Policy and Procedures:

**Stage One:** Raising an alert/concern.

**Stage Two:** Response to an alert/concern and deciding which Pathway to follow.

**Stage Three:** Strategy discussion or meeting.

**Stage Four:** Investigation.

**Stage Five:** Case conference and Safeguarding plan.

**Stage Six:** First Review of the Safeguarding plan.

**Stage Seven:** Subsequent reviews and closing the Safeguarding Adults process.

The multi-agency policy identifies distinct roles in the protection of adults in these seven stages.

- Alerters
- Investigators
- Responsible Manager for Safeguarding Adults
- Lead Officer for Safeguarding Adults
- Safeguarding Adults Board

In this policy, we will focus on Stage One and the roles of an alerter. The other stages of the safeguarding process can be read in Dorset Safeguarding Adult Policy and Procedures.

## **9. STAGE ONE: RAISING AN ALERT/CONCERN**

This section covers:

- Responsibilities of the person raising the alert/ concern.
- Preserving evidence and record keeping.
- Responsibilities of the alerting manager.

Alerts/concerns may be made to Safeguarding Adults contact points by any person concerned about an adult at risk of harm.

Raising an alert/ concern refers to the duty of all employees/persons of any service involved with adults at risk immediately to inform the relevant Safeguarding Co-ordinator/ Registered Manager and the Safeguarding Adult contact point of a concern that an adult at risk:

- Has been harmed or neglected or
- Is being harmed or neglected or
- Is at risk of being harmed or neglected.
- Is suspected of being harmed or neglected.

An alert/concern may be:

- A direct disclosure by the adult at risk.
- Raised by co-workers, employees or volunteers, others using the service, a carer, parent, guardian or friend or a member of the public.
- An observation of the behaviour of the adult at risk, of the behaviour of another person(s) towards the adult at risk or of one service user towards another.

### **9.1 RESPONSIBILITIES OF THE PERSON RAISING THE ALERT**

- Taking immediate action
- Make an immediate evaluation of the risk and take reasonable and practical steps to ensure that the adult is in no immediate danger.

- Inform the registered manager/safeguarding adult co-ordinator immediately.
- If it is not possible to inform the manager, and the matter is urgent, inform the Safeguarding Adults Contact Point in the Local Authority immediately.
- Do not try to question the alleged victim, except in relation to immediate needs.
- Where appropriate, dial 999 for an ambulance if there is need for emergency medical treatment, in line with information-sharing considerations.
- Contact the Police if a crime has been or may have been committed. All involved should recognise that civil litigation is always possible.
- Do not disturb or move articles that could be used in evidence, and secure the scene for example, by locking the door to a room.
- Contact Children's Social Care if a child is also at risk.
- If possible, make sure that other service users are not at risk.

## **9.2 RESPONDING TO AN ADULT AT RISK WHO IS MAKING A DISCLOSURE**

- Assure them they are being taken seriously.
- Listen carefully to what they are saying, stay calm, get as clear a picture possible but avoid asking questions at this stage. It could compromise any future investigation.
- Do not give promises of complete confidentiality.
- Explain there is a duty to tell the manager or other designated person and that their concerns may be shared with others who could have a part to play in protecting them.
- Reassure them that they will be involved in decisions about what will happen.
- Explain that everything possible will be done to protect them from further harm or neglect.
- If they have specific communication needs, provide support and information in a way that is most appropriate to them.
- Do not be judgemental or jump to conclusions.
- Do not discuss the allegation / incident with the person alleged to have caused harm.
- Do not discuss the disclosure with other employees/public. Appropriate confidentiality is essential at all times.
- Be aware that different versions of events can arise through loose talk and misinterpretation by others. See section 13.

### **9.3 PRESERVING EVIDENCE**

The first concern must be to ensure the safety and well-being of the adult at risk. However, in situations where there has been or may have been a crime and the police have been called it is important that forensic and other evidence is collected and preserved. The police will attend the scene and agencies and individuals can play an important part in ensuring that evidence is not contaminated or lost.

- Try not to disturb the scene, clothing or victim if at all possible
- Secure the scene, for example, lock the door
- Preserve all containers, documents, locations, etc.
- Evidence may be present even if it cannot actually be seen
- If in doubt contact the police and ask for advice.

### **9.4 EVIDENCE GATHERING AND VICTIM CARE**

The Police will always be responsible for the gathering and preservation of evidence to pursue criminal allegations against people causing harm and should be contacted immediately. However, other organisations and individuals can play a vital role in the preservation of evidence to ensure that vital information or forensics are not lost. Police are required to obtain oral (spoken) evidence in specific ways.

The early involvement of the police may have benefits, in particular:

- It will help ensure that evidence is not lost or contaminated
- Early referral or consultation with the police will enable them to establish whether a criminal act has been committed and this will give them the opportunity of determining if and at what stage, they need to become involved
- A higher standard of proof is required in criminal proceedings than in disciplinary or regulatory proceedings (where the test is the balance of probability)
- Police officers have considerable skill in investigating and interviewing and their early involvement may prevent the harmed adult being interviewed unnecessarily on subsequent occasions
- Police investigations should proceed alongside those dealing with health and social care issues
- In addition, the Police can provide information to adults at risk to help them to protect themselves

## **10. ALLEGATIONS OF HARM**

Any allegation of harm should be taken seriously and investigated with due diligence.

### **10.1 Anonymous Allegations**

People may make allegations anonymously. Such allegations should not be dismissed as mischievous simply because they are anonymous; adults at risk (or others) may be understandably afraid to speak out openly.

## **10.2 False Allegations**

People can sometimes make false allegations of harm.

Formal risk assessments should be written for adults at risk who are known to have told falsehoods in the past about being victims. All allegations of harm must be heard and investigated but some allegations can be conducted with respect to previous experience of the record of previous falsehoods. The involvement of the police is generally helpful.

Staff training, induction and supervision should include discussion of the possibility of a false allegation of harm.

After an investigation has concluded that there is no evidence to support an allegation, the person accused should be given a written exoneration and acknowledgement of the stress involved in the investigation.

## **11. INCIDENTS OF PHYSICAL AND/OR SEXUAL ASSAULT**

- The most important priority is to ensure that the urgent medical and welfare requirements of the adult at risk are met.
- Preserve any potential forensic opportunities, and record verbatim the disclosure made by the adult at risk.
- Any sexual activity that is not freely consented to is criminal and must be reported immediately to the police via 999, before any internal investigation/ interview.
- Following allegations of physical and/or sexual assault, consideration will be given to organizing, with the adult's consent, a medical examination. The Police have specialised units that investigate rape and serious sexual assaults. A specially trained officer will be responsible for arranging a forensic examination. This will normally be conducted at a sexual assault referral centre. However, if it is not appropriate for a client to be taken by police to a sexual assault referral unit, the officer will make arrangements for the examination to be facilitated elsewhere. Any examination will ideally be carried out by a Forensic Medical Examiner.
- If the assaulted person has a physical injury and it is appropriate for the person on the scene to examine it, always obtain their consent first.
- Only touch what is essential. Wherever possible, leave things as they are.
- Strongly advise the assaulted person not to wash or remove clothing.
- Preserve the assaulted person's clothing and footwear, do not wash or wipe them.
- Handle them as little as possible.
- Preserve anything that is used to comfort the assaulted person, for example, a blanket.
- Do not clean up, do not wash anything or in any way remove fibres, blood and the like.
- Try not to touch items/weapons. If necessary, as before keep handling to a minimum. Put them in a clean dry place until the Police collect them.

- The room should be secured and no-one allowed to enter, unless necessary to support the person present, the assaulted person and/or the person alleged to have caused the harm, until the Police arrive.
- If the person alleged to have caused the harm is also a service user, a separate employee needs to be assigned to them.
- Sexual relationships or inappropriate sexual behaviour between an employee and a service user are always harmful and will lead to disciplinary proceedings. This is additional to any criminal action that has been taken.  
A sexual relationship between the service user and a care worker is a criminal offence under Sections 38–42 of the Sexual Offences Act 2003.
- There may be Safeguarding Adults referrals that involve sexual innuendo or remarks that will not result in a criminal investigation; however, all Safeguarding Adults referrals that indicate any form of sexual assault require a risk assessment, intelligence gathering and appropriate information sharing with relevant partners.

## **12. INCIDENTS OF THEFT /FINANCIAL HARM**

- With the person's consent, secure all receipts, bankbooks, bank statements, benefit books and the like.
- **Methods of Preservation**

For most items use clean paper, a clean paper bag or a clean envelope.

Do not lick the envelope to seal it.

For liquids, use a clean glass.

Do not handle items unless really necessary to move and make safe.

## **13. MAKING A RECORD**

It is vital that a written record of any incident or allegation of crime is made as soon as possible after the information is obtained, and kept by the person raising the concern and checked by the manager informed. Written records must reflect as accurately as possible what was said and done by the people initially involved in the incident either as a victim, suspect or potential witness. The notes must be kept safe as it may be necessary to make records available as evidence and to disclose them to a court.

Make an accurate record at the time, including:

- Date and time of the incident.
- Exactly what the adult at risk said, using their own words (their account) about the harm and how it occurred or exactly what has been reported.
- Appearance and behaviour of the adult at risk.

- The views of the adult at risk.
- Any injuries observed.
- What the person alleged to have caused the harm said or did, if present.
- Details of the person alleged to have caused harm.
- Likely movements of the adult at risk and the alleged harmer within the next 24 hours.
- Any actions and decisions taken.
- Name and signature of the person making the record.
- If the incident was witnessed, write down exactly what was seen.
- The record should be factual. However, if the record does contain an opinion or an assessment, it should be clearly stated as such and be backed up by factual evidence. Information from another person should be clearly attributed to them.

#### **14. INFORMING THE MANAGER**

The Lantern Community has identified two Safeguarding Adults coordinators, one of whom is the Registered Manager. All alerts need to be brought to their attention. These two named individuals, B. Bilge Hunt and Emma Borbely are responsible for reporting all actual and suspected incidents of harm to one of the statutory agencies and other individuals. e.g. the chairs of the Governing Councils.

#### **15. WHO SHOULD THE SAFEGUARDING ADULT CO-ORDINATOR INFORM?**

If the alerting Safeguarding Adult Co-ordinator agrees that harm or neglect has taken or may take place and the following has not already been done, he or she should inform:

- The Registered Manager if not previously involved.
- The Safeguarding Adults Contact Point in the Local Authority.
- The police, if a crime has been or may be committed. Discuss risk management and any potential forensic considerations.
- The unit or service manager responsible for the management of the service.
- CQC if the adult is receiving care from a registered health or social care provider. Calls should be made to the National Contact Centre on 03000 616161(Registered Manager).
- Children's Social Care if children are also perceived as being at risk from harm. And also: If there is a need for an immediate Safeguarding plan, refer to the relevant adult social care team or the relevant adult social care out-of-hours services if out of normal office hour's e.g: weekends evenings and Bank Holidays.

- If the person causing the harm is also an adult at risk, arrange an employee to attend to their needs but do not discuss the alleged harm or question them.
- In line with the organisation's disciplinary procedures, take appropriate action in relation to an employee suspected of harming an adult or adults at risk.
- For adults at risk who involved in the incident and do not have capacity, their relatives will be informed (where appropriate and in their best interest). Adults at risk who are involved in the incident and have capacity will be asked whether they wish for their relative/representative to be informed.

## **16. MAKING A DECISION TO RAISE AN ALERT/CONCERN WITHOUT CONSENT**

If there is overriding public interest or vital interest or if gaining consent would put the adult at risk of serious harm, an alert must be made.

This would include situations where:

- Other people or children could be at risk from the person causing harm. It is necessary to prevent crime.
- Where there is a high risk to the health and safety of the adult at risk.
- The person lacks capacity to consent.

The adult at risk would normally be informed of the decision to raise an alert and the reasons, unless telling them would jeopardize their safety or the safety of others.

If the adult at risk is assessed as not having mental capacity to make decisions about their own safety and to consent to an alert being made, the alerting manager must make a decision in their best interests in accordance with the provisions set out in the Mental Capacity Act 2005, Best Interests decisions must be specifically recorded as such.

The key issue in deciding whether to make an alert is the harm or risk of harm to the adult at risk and any other adults or children who may have contact with the person causing harm or contact with the same organisation, service or care setting.

If the alerting manager is unsure whether to raise an alert, they should contact the relevant Local Authority Safeguarding Adults contact point for advice. If in doubt make the alert and discuss with the local Social Services or the Police.

## **17. RESPONSIBILITY OF SAFEGUARDING ADULT CO-ORDINATORS**

Safeguarding Adult Co-ordinators are responsible for:

- Supporting any person who raised the concern.
- Enabling and supporting relevant co-workers / managers / employees or other relevant persons to play an active part in the Safeguarding Adults process.
- Ensuring that any employees delivering a service to the adult at risk are kept up to date on a need-to-know basis and do not take actions that may prejudice the investigation.

- Actions to safeguard adults at risk are given top priority and they are supported throughout the process.
- Clear records are kept of any contact with, or actions taken to support or care for, the adult at risk.
- There is support and supervision for staff carrying out this work.
- The organisation actively co-operates with other organisations taking part in the investigation, risk assessment and Safeguarding Adults enquiry.
- The Investigating Manager from social services is kept up to date and informed of any new information or changes in the situation or the plan as soon as possible.
- Any agreed enquiries are conducted without delay.
- Clear records are kept of any enquiries or investigation findings which emerge about the circumstances of the Safeguarding Adults concerns.
- A written report of the findings is prepared and sent to the Investigating Manager, which will form the basis of the organisation's input into the safeguarding plan.

## **18. CONFIDENTIALITY AND INFORMATION SHARING**

- Adult at risk enquiries, investigations and conferences can only be successful if professional staff share and exchange all relevant information. That information must be treated as confidential at all times and staff will be bound by the ethical and statutory codes that cover confidentiality and data protection.
- Disclosure of confidential personal information without the consent of the person providing it may take place under circumstances, which must be capable of justification. Problems around the disclosure of information can be avoided if the consent of the individual is obtained, preferably in writing, so long as they have mental capacity.
- Disclosure may be necessary in the public interest where a failure to disclose information may expose another to risk of death or serious harm.
- All those providing information should take care to distinguish between fact, observation, allegation and opinion. It is important that, should any information exchange be challenged in respect of a breach of confidentiality or, for example, as a breach of the Human Rights Act, the information can be supported by evidence.
- Concerns may arise within an agency as information comes to light about a person with whom the service is already in contact. Whilst professionals should seek in general to discuss any concerns with the individual and their carers and seek agreement to share the knowledge with other relevant agencies, this should not be done where such discussion and agreement-seeking will jeopardise the safety of the individual.
- Information must be adequate, relevant and not excessive in relation to the purpose for which it is held and must be held no longer than is necessary for that purpose.

- Each agency is responsible for maintaining their own records on work with adult at risk protection cases. The agency should have a policy stating the purpose and format for keeping the records and for their destruction.
- Safeguarding procedure can be an emotional and distressing time for the people concerned. It is essential to keep people informed in a way that is suitable to their role.
  - The person who **alerts** one of the agencies to concerns about actual or suspected harm should have their referral acknowledged, preferably in writing, with a summary of the action likely to be taken
  - The **adult at risk** should be central to the whole process and be aware of, and participating in, any action taken or planned
  - The **informal carer** will normally be kept informed of progress but how much and the type of information they get may depend on the wishes of the adult at risk and whether or not they are the alleged perpetrator
  - The **alleged perpetrator** will need to be informed of the allegation and how this is done will be guided by the strategy meeting. For example, the Police will want to manage this if there is a criminal investigation. The alleged perpetrator also needs to be informed of the outcome of an investigation and again this should be agreed by the multi-agency meeting.

## 19. PROTOCOL FOR INTER-AGENCY INFORMATION SHARING

A protocol, regarding the proper level and line of communication, should be adhered to when confidential information concerning clients and records needs to be shared with a partner agency e.g. NHS Trust, CQC, Police, and Social Services.

### **This protocol will adhere to the principles within:**

- The Data Protection Act
- Human Rights Act
- Existing protocols for Social Services and NHS Trusts and third party disclosure to the Police
- Police disclosure to Social Services
- Disclosure by the Police in care proceedings, civil proceedings and matrimonial proceedings
- Disclosure of videos/statements
- Caldicott Guardianship Rules
- Freedom of Information Act
- Further guidance can be found in the legal framework

## **APPENDIX 1.**

### **RELATED POLICIES:**

- \* The Lantern Community Concern Procedures for Co-workers
- \* The Lantern Community Guidance on Suspension
- \* Lantern Community Complaint Handling Policy and Procedure
- \* Easy-read Version of Complaint Handling Policy and Procedure
- \* ‘No Secrets’ Guidance for the service users
- \* Lantern Community Equal Opportunities and Anti Discriminatory Policy
- \* Lantern Community Lone- working Policy
- \* Lantern Community Lone working risk management
- \* Lantern Community Policy on Companions’ Personal Relationship and Sexuality
- \* Lantern Community Reporting Procedures for Incidents/Accidents/Harm Allegations
- \* Lantern Community Equality Scheme
- \* Lantern Community Protection of Co-workers’ and Employers’ Children
- \* Lantern Community Gift Policy
- \* Lantern Community Cash Handling and Financial Support Policy & Procedure
- \* Lantern Community Policy on the Use of Restrictive Physical Intervention