

## CQC Outcome 7: Safeguarding Service Users from Abuse or Harm Policy

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### Policy Statement

This policy is written to show the commitment of this service to the safeguarding of its users and to show how it complies with Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and Outcome 7: Safeguarding People Who Use Services from Abuse of the CQC's *Guidance about Compliance: Essential Standards of Quality and Safety*. It should be read and used in association with a range of other policies designed to make sure that users are safe from abuse and the risks of their coming to harm are kept to the minimum and well managed. They include:

- a. Aggression Towards Staff
- b. Complaints
- c. Financial Irregularities Investigation
- d. Gender-related Care Issues
- e. Gifts and Legacies
- f. Missing Persons
- g. Physical Intervention by Staff
- h. Physical Restraint
- i. Professional Boundaries
- j. Referring Employees to the Disclosure and Barring Service Barred Lists
- k. Rights, Risks and Restraint
- l. Safeguarding Children Visiting or Living in Care Homes for Adults
- m. Safeguarding Service Users from Significant Risk of Harm
- n. Sexuality
- o. Staff Whistleblowing.

The policy and accompanying procedures are produced in line with local safeguarding authorities' (adults and children) guidance and procedures.

The central aim of this safeguarding policy is to set out for all relevant parties the:

- a. principles and values underlying this care home's approach to the safeguarding of its service users
- b. ways in which the home does this
- c. steps taken to avoid abuse/harm taking place
- d. actions taken to deal with abuse/harm if it occurs.

This home believes that service users must be safeguarded from all forms of abuse/harm. It recognises that it must at all times protect its service users and identify and deal with specific instances of abuse/harm if they occur.

The care home is always aiming for the very best quality of care and will not be satisfied with anything that falls short of this. It takes every possible action to prevent abuse/harm and to deal with it as promptly and

effectively as possible if it occurs.

## Legislation

This care home seeks to work in line with local safeguarding adults authority policies and procedures and guidance from the Care Quality Commission (CQC). It recognises the importance of national guidance such as that contained in the Department of Health's *No Secrets* and seeks to comply in all respects with current safeguarding legislation and regulations.

The care home recognises that service users who lack mental capacity are particularly vulnerable to abuse/harm and exploitation. It is accordingly mindful of the need to follow the principles and practice guidance that has accompanied the Mental Capacity Act 2005. These apply particularly to investigations of possible abuse/harm in which it is important to seek means of ascertaining the experiences and views of any victim or indeed alleged perpetrator who might lack capacity, eg by seeking the services of independent advocates.

## Defining Abuse

The care home recognises that abuse/harm of service users may take the following forms:

- a. physical abuse/harm
- b. financial or material abuse/harm
- c. psychological abuse/harm
- d. sexual abuse/harm
- e. neglect
- f. discriminatory abuse/harm
- g. self-harm
- h. inhuman or degrading treatment
- i. inappropriate or excessive restraint and other forms of organisational abuse/harm.

## Bullying as a form of abuse or harm

All service users, whether children or adults, have the right to be treated with dignity and respect. Bullying of any vulnerable adult or child is harmful; it causes distress and can lead to accidents, illness, non-participation and low achievements. Bullying is a form of abuse, although since much of it is the result of peer behaviour it has to be treated in many cases on its merits.

Bullying is defined as any unsolicited or unwelcome act that humiliates, intimidates or undermines the individual involved. No form of bullying of a service user from any source will be condoned by any staff employed by this domiciliary care service. The management of the care service will take every step to prevent and eliminate any of its service users from being bullied in line with its general safeguarding from abuse/harm policies and procedures.

When appropriate, every effort will be made to resolve the situation with the parties concerned involving the victim of bullying, the bullies and their families and guardians/representatives. It should be acknowledged that some service users might also engage in bullying behaviour, which must be addressed as any other bullying issue.

The priority for the care service is always to keep a victim safe from further bullying and to reduce the bullying behaviour of the perpetrator if the person is also subject to service provision.

Care staff who observe or can identify that one of their service users is being bullied or bullying another service user should report the matter to their manager, who can begin to investigate the situation with the individuals concerned and their representatives. Any form of bullying that is clearly causing significant harm to the person or persons being bullied should be investigated and addressed using the following formal safeguarding procedures, which are described below.

## **Identifying Abusers — Those who Harm People at Risk**

The care home accepts that abuse/harm can be committed by a range of possible people. It therefore accepts its responsibility to protect the people who live in the home from possible abuse from all sources, which include:

- a. the staff and management of the home
- b. volunteers working in the home
- c. visiting health and social care practitioners and other official visitors
- d. service users' friends and relatives
- e. people who have contact with service users while they are temporarily outside the premises
- f. other service users.

## **The Role and Accountability of Staff in Relation to Abuse**

The home insists that all its staff have a responsibility to:

- a. provide service users with the best possible care
- b. desist from any abusive/harmful action in relation to service users
- c. report anything they witness which is or might be abusive/harmful
- d. co-operate in every possible way in any investigation into alleged abuse
- e. participate in training activities relating to abuse/harm and protection from harm.

The care home requires its managers to take responsibility for:

- a. developing the systems and structures within which it is possible to deliver the best possible care
- b. encouraging a culture and ethos that is hostile to any sort of abuse/harm
- c. producing and regularly revising the policies and procedures to prevent and deal with abuse/harm
- d. operating personnel policies which identify, appropriately deal with and if necessary exclude from practice potential or actual abusers
- e. providing training for staff in all aspects of safeguarding, abuse/harm and protection
- f. investigating any evidence of abuse/harm speedily and sympathetically
- g. implementing improvements to procedures if an investigation into abuse/harm reveals deficiencies in the way in which the home operates
- h. collaborating with all other relevant agencies in combating abuse/harm and improving the safeguarding and protection of service users

- i. liaising with the relevant safeguarding adults authority teams and following their guidance and instructions where applicable, including the issues arising from multi-agency involvement.

## Recruitment Practices

The care home takes great care in the recruitment of staff, carries out all possible checks on recruits to ensure that they are of a high standard, and co-operates in all initiatives regarding the sharing of information on care workers who are found to be unsuitable to work with people at risk. The home ensures that new employees employed in regulated activity have been checked against DBS criminal records and barred lists in line with the current requirements. (See the Staff Recruitment and Selection policy.)

## Preventing Abuse from Occurring

The home is committed to taking all possible steps to prevent abuse or harm of service users from occurring, including:

- a. setting out and making widely known the procedures for responding to suspicions or evidence of abuse/harm
- b. operating personnel policies which ensure that all potential staff in regulated activity are rigorously checked, by the taking up of references and clearance through DBS criminal records and barred list checks, with equivalent checks for staff employed from overseas
- c. incorporating material relevant to abuse/harm into staff training at all levels
- d. maintaining vigilance concerning the possibility of abuse/harm of service users from whatever source
- e. encouraging among staff, service users and all other stakeholders a climate of openness and awareness that makes it possible to pass on concerns about behaviour that might be abusive or that might lead to abuse/harm
- f. devising systems that minimise the risk of abuse of service users by other service users by understanding and dealing appropriately with any form of aggression
- g. maintaining robust procedures for regulating any contact the staff of the home need to have with service users' property, money or financial affairs
- h. communicating concerns to the appropriate officers of the local Adults' Safeguarding Board, and the Care Quality Commission in line with current policies and authoritative professional guidance
- i. helping service users as far as possible to avoid or control situations or relationships that would make them vulnerable to abuse/harm.

## Identifying Actual or Possible Abuse

The home aims to identify any instances of actual or possible abuse/harm involving our service users by all possible means including:

- a. fostering an open and trusting communication structure so that staff, service users and others feel able to discuss their concerns with someone authorised to take action
- b. ensuring that all staff and service users know whom they may turn to for advice and action if they become aware or suspect that abuse/harm is occurring

- c. encouraging staff to recognise that a commitment to the highest possible standards of care must, when necessary, overrule loyalty to colleagues individually or corporately
- d. making it clear to staff that failing to report incidents or suspicions of abuse is itself abusive and may lead to disciplinary or criminal proceedings
- e. operating systems of management, supervision, internal inspection and quality control that have the potential to reveal abuse/harm where it exists.

## **Procedures for When Abuse has Occurred or is Alleged to Have Occurred**

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

### **Initial procedures**

1. A staff member who witnesses a situation in which a service user is in actual or imminent danger must use their judgment as to the best way to stop what is happening without further damage to anyone involved including themselves, either by immediately intervening personally or by summoning help.
2. Any staff to whom actual or suspected abuse/harm is reported — usually the manager or a senior staff member — must immediately take any further action necessary to provide protection, support or additional care to a service user who has been harmed.
3. The manager will discuss with the known or suspected abused/harmed person what actions they consider to be appropriate. In some circumstances the person might not wish any action to be taken or agree to a referral being made on their behalf. In such cases the manager will consider whether there are reasons for overriding the person's wishes, eg because it is in the public interest and to prevent further harm. This could include seeking advice on the correct action to take on an anonymous basis from the Adults' Safeguarding Board.
4. Any "victim" whom it is thought might lack mental capacity to give their consent for the abuse/harm to be reported will be assessed for their capacity to decide and a "best interests" decision will be taken in line with Mental Capacity Act procedures.
5. The senior staff member or manager (or whoever has authority at the time) will then alert the local Adults' Safeguarding Board and follow its procedures and guidance from that point on. This will usually involve a strategy meeting and an action plan to be implemented from the strategy meeting.
6. In some instances the registered manager might need to report the matter directly to the police and take guidance from them on the measures to be taken.
7. The registered manager must take steps to ensure that there is no further risk of the victim being abused/harmed by the alleged or suspected perpetrator.
8. The registered manager must ensure that the needs of the alleged victim of the abuse/harm for any special or additional care, support or protection or for checks on health or wellbeing are met at the outset and subsequently throughout the proceedings.
9. If the alleged abuser is a staff member and there is sufficient evidence that abuse/harm has or might have occurred, the registered manager will suspend the person from duty pending the outcome of a disciplinary investigation. The manager will receive guidance on the steps to be taken following the

local safeguarding adults authority strategy meeting, which will be held following the reporting of the abuse or suspected abuse/harm.

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

## Investigating alleged abuse

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

1. An appointed investigating officer will usually consult the person who may have been abused/harmed to hear their account of what has occurred and their views about what action should be taken, involving the service user's relatives, friends or representatives if that is appropriate and in line with the wishes of the service user.
2. The investigating officer is expected to take into account in his or her conducting of the investigation:
  - a. the fears and sensitivity of the abused/harmed person
  - b. any risks of intimidation or reprisals
  - c. the need to protect and support witnesses
  - d. any confidentiality or data protection issues
  - e. the possible involvement of other agencies, including the police, local safeguarding team and the CQC
  - f. the obligation to keep the abused/harmed person and in specific instances the alleged perpetrator informed on the progress of the investigation.
- 3.
4. The investigating officer will assure the person who may have been abused/harmed that they will be taken seriously, that the comments will as far as possible be treated confidentially, that they will be protected from reprisals and intimidation, and that they will be kept informed of actions taken and of the outcome.
5. The investigating officer will consider whether the service user needs independent help or representation in presenting their evidence and, in conjunction with the registered manager if necessary, will arrange for the appropriate help or support to be made available.
6. If the abused/harmed person expressly states a wish that no further action should be taken, the investigating officer will consider whether:
  - a. a danger to others exists from not investigating further
  - b. in the light of that assessment it is possible to follow the person's wishes
  - c. in any case precautionary measures should be taken to protect others from the possibility of abuse from the same source.The person will be informed of what is to happen.
- 7.
8. If it is decided that an investigation should proceed, the investigating officer will, as discreetly and confidentially as possible, look into all aspects of the situation.

9. The investigation will include interviewing the staff involved in the incident up to that point, hearing and assessing evidence from any others who might be in a position to supply information, exploring every other possible source of evidence, maintaining appropriate contact with any other agencies involved, and if necessary seeking expert advice on any technical aspects of the situation which are outside the knowledge or expertise available within the organisation.
10. Any staff from whom evidence is taken will be assured that they will be dealt with in a fair and equitable manner and informed of their employment, legal and procedural rights.
11. The alleged victim of the abuse/harm, and where appropriate their relatives, friends or representatives, will at all times be kept as fully informed as possible of what is happening regarding the suspected abuse/harm.
12. The investigation will be carried out as quickly as possible and the findings presented to the local safeguarding adults strategy group, which will then decide what further action to take.

## **Following the investigation**

1. If it seems from the investigation that on the balance of probabilities abuse/harm did indeed take place, the registered manager will, if the abuser is a staff member, initiate and carry through proceedings according to the home's disciplinary policy or, if the abuser is not a member of staff, take action to involve other responsible bodies.
2. If abuse/harm is proved against a care staff member, the registered manager will initiate appropriate action, which most likely will be dismissal and referral to the Disclosure and Barring Service to prevent them from being employed further in regulated activity.
3. Other employment sanctions could apply depending on whether there might have been mitigating or extenuating circumstances. In some cases retraining could be appropriate.
4. The service user or representatives will be informed of the outcome of the investigation and any further action and will be consulted about whether any redress or apology would be appropriate and helpful to them.
5. The registered manager will take appropriate steps to inform the Disclosure and Barring Service for possible inclusion of the person on its barring lists as someone who is unsuitable to work again in regulated activity with at-risk adults and/or children.
6. At all stages of the process, a careful record will be kept of all actions taken, paying particular attention to the sensitivity of the abused/harmed person.

## **Planning further action**

At the end of an incident involving possible or actual abuse/harm, managers should review what has happened with a view to assessing whether the home or its management has been in any way culpable, ineffective or negligent, learning lessons for the way the home should operate in the future, and passing on any appropriate information to other agencies.

If necessary the home's policies, procedures and training arrangements should be modified in response to any material that has emerged from the incident or the investigation. The home might carry this out with advice and guidance from the local Adults' Safeguarding Board.

## Contacts and sources of assistance

List here the names and contact details of:

- a. the local Adults' Safeguarding Authority (including emergency contact telephone numbers)
- b. the Care Quality Commission
- c. the police (including Adult Protection Team details if known)
- d. advocacy and victim support services
- e. any medical practitioners who might be needed
- f. other relevant voluntary organisations that could be of help.

## Record Keeping

The care home ensures that all details associated with allegations of abuse/harm are recorded clearly and accurately. The records are kept securely and the home's rules on confidentiality are carefully followed. Reports are made as required to the Care Quality Commission and other safeguarding agencies involved.

## Referrals to DBS Barred Lists

The care home always complies with its legal requirement to refer a care worker, where it has evidence that the staff member in question has been guilty of misconduct by harming or putting at risk of harm a service user or other person at risk, during the course of their work, to the DBS barred lists following the procedures issued by the DBS.

## Related Policies

This policy should be read in conjunction with the several other policies of the home that relate to safeguarding of service users. They include the policies on complaints, physical restraint, the management of service users' money and financial affairs, recruitment, induction, staff development and training, staff supervision and importantly whistleblowing. The policy on mental capacity will also be relevant in some circumstances.

## Training

All staff receive training in recognising abuse/harm and carrying out their responsibilities under this policy as part of their induction programme in line with 2010 Common Induction Standard 6: "Principles of Safeguarding in Health and Social Care" and within 12 weeks of their employment.

All staff will receive further training to ensure that they are familiar with the local authority's "safeguarding of adults at risk of harm" policies.

**Please note that a signed dated version of this policy with relevant review date details is available for inspection within the Home in hard copy format.**