Safeguarding Adults at Risk Policy

CQC Fundamental Standards

Legislation	Details
Regulation 13: Safeguarding service users from abuse and improper treatment	Providers must have robust procedures and processes to prevent people using the service from being abused by staff or other people they may have contact with when using the Service, including visitors

Key Lines of Enquiry

KLOE	How this applies to Safeguarding
Safe	This Safeguarding policy is an aspect of ‘Safe’ as it is designed to ensure staff understand the company’s processes for safeguarding adults at risk and realising our duty of care.
Effective	In order to practice safeguarding effectively, it is important that staff at Micrah Healthcare understand and can recognise what abuse is, as well as any signs of abuse or neglect, and the way to report any sign of abuse. The safety of our service users is our priority.

This policy should be read in conjunction with our:

- Bullying and Harassment Policy
- Complaints Policy
- Disciplinary and Grievance Policy
- Data Protection Policy.
- Equality Diversity and Inclusion Policy
- Mental Capacity Act Policy
- Safer Recruitment Policy

Policy Statement

Policy Aims

This policy will explain what Safeguarding is and how it operates at Micrah Healthcare with respect to caring for adults at risk.

It will help you to understand how we go about safeguarding through monitoring our performance and the quality of the services we deliver and it will describe your role in keeping adults at risk safe and free from harm.

Reading this policy should enable you to:

- Understand what Safeguarding is;
- Understand your role in our Safeguarding processes;
- Understand how we can all work together to safeguard vulnerable people and realise our duty of care.

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Introduction & Key Legislation

This policy identifies the roles and responsibilities of Micrah Healthcare in relation to safeguarding adults at risk. It complies with the Safeguarding Vulnerable Groups Act 2006, Care Act 2014, Working Together 2013, The Mental Capacity Act 2005, and the NHS CB “Arrangements to Secure Children and Adult Safeguarding in the Future NHS – A New Accountability and Assurance Framework – Interim Advice September 2012”.

The safeguarding adult's legislation creates specific responsibilities on Local Authorities, health and the Police to provide additional protection from abuse and neglect to adults at risk.

What is Safeguarding?

Safeguarding is defined as 'protecting an adult's right to live in safety, free from abuse and neglect. Safeguarding is about preventing and responding to concerns of abuse, harm or neglect of adults.

Principles
The Care Act 2014 introduced a duty to promote well-being whilst delivering care. This is referred to as the well-being principle.

Micrah Healthcare's Safeguarding Adults at Risk Policy incorporates the wellbeing principle together with the six principles of safeguarding adults embedded in the Care Act 2014, as follows:

- Empowerment – people being supported and encouraged to make their own decisions with informed consent
- Proportionality – the least intrusive response appropriate to the risk presented
- Accountability - the way in which the safeguarding process is conducted should be transparent and consistent
- Partnership – people can be satisfied that agencies are working together to make them safe
- Protection – ensuring that people are safe and that they have support and representation as necessary during the process
- Prevention – minimising the likelihood of repeated abuse and recognizing the person’s own contribution to this

Lead Responsibility

The Safeguarding Lead for Micrah Healthcare is the Registered Manager. Their name is Adetutu Adeyinka.

The Registered Manager, of Micrah Healthcare is the Safeguarding Officer and has Lead Responsibility and Accountability for ensuring that all operations are carried out in compliance with this Policy and that any concerns that arise are dealt with in accordance with the reporting procedures outlined in this Policy. Day-to-day responsibilities may be delegated to the acting manager or care coordinator at Micrah Healthcare.

Purpose of this Policy
The purpose of this policy is to protect adults at risk and their care**,** recognizing the risks involved in lone working and includes :

- Clarifying the roles and responsibilities for staff and all healthcare professionals working with Micrah Healthcare and together contribute to the prevention of abuse of adults at risk through raising awareness.
- Outlined practices and procedures for all parties within the scope of the policy.
- A clear framework for action when abuse is suspected.

Key Question: What is the definition of an Adult at Risk?

In order to practice safeguarding effectively, it is important that staff at Micrah Healthcare understand and can recognise what an adult at risk is.

At Micrah Healthcare we **define an adult at risk** as:
"…a person over the age of 18 who is in, or maybe in need of, care services by reason of mental or other disability, age, or illness; and who is unable to take care of himself/herself, or unable to protect himself or herself against significant harm or exploitation."

An adult at risk may include someone who:

- Is elderly and frail;
- Has a mental illness, including dementia;
- Has a physical or sensory disability;
- Has a learning disability;
- Has a severe physical illness;
- Is a substance misuser;
- Is homeless.

Definition of Abuse
In order to practice safeguarding effectively, it is important that staff at Micrah Healthcare understand and can recognise what abuse is, as well as any signs of abuse or neglect.

At Micrah Healthcare we **define abuse as:**
"…the harming of another individual usually by someone who is in a position of power, trust or authority over that individual. The harm may be physical, psychological or emotional or it may be directed at exploiting the vulnerability of the victim in more subtle ways (for example, through denying access to people who can come to the aid of the victim, or through misuse or misappropriation of his or her financial resources). The threat or use of punishment is also a form of abuse... In many cases, it is a criminal offence."

Types of Abuse
Abuse takes place in all manner of forms. It is important that staff at Micrah Healthcare are aware of the wide range and manners of abuse to ensure any signs are recognised early. Below are examples of different types of abuse. Staff are reminded this list is not exhaustive; it is the responsibility of all staff to remain vigilant to all signs of abuse.

Physical abuse

- Bodily assaults resulting in injuries e.g. hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions;
- Bodily impairment e.g. malnutrition, dehydration, failure to thrive;
- Medical/healthcare maltreatment.

Sexual abuse

- Rape, incest, acts of indecency, sexual assault;
- Sexual harassment or sexual acts to which the Adult at risk has not consented, or could not consent or was pressured into consenting;
- Sexual abuse might also include exposure to pornographic materials, being made to witness sexual acts and encompasses sexual harassment/non-contact abuse

Psychological/emotional abuse

- Including threats of harm, control, intimidation, coercion, harassment, verbal abuse, enforced isolation or withdrawal from services or supportive networks;
- Humiliation;
- Bullying, shouting, swearing.

Neglect

- Including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services;
- Withholding life's necessities, such as medication, adequate nutrition and heating.

Financial or material abuse

- Theft and fraud;
- Exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Discrimination

- Including racist, sexist, or based on a person's disability, and other forms of harassment, slurs or similar treatment.

Organisational Abuse

When a service, agency or care home is putting its own needs before those of the service users.

- Including inflexible daily routines, and re-organising a staff rota to suit its own costs.

Modern Slavery

- The use of individuals working for little or no wages is now the business of the Safeguarding Adults Boards

Domestic Violence

- Domestic violence is now recognized as the jurisdiction of the Safeguarding Adults Boards across the country when it is committed against an adult in need of care services.

Self Neglect

- Where the individual refuses to attend to their personal care and hygiene, their environment or even refusal of care services offered to them.

Care workers should be educated on this condition and prepared to work with the individual to improve their situation.

Multiple forms of abuse may occur in an ongoing relationship or abusive service setting to one person, or to more than one person at a time, making it important to look beyond single incidents or breaches in standards, to underlying dynamics and patterns of harm. Any or all of these types of abuse may be perpetrated as the result of deliberate intent and targeting of vulnerable people, negligence or ignorance.

At Micrah Healthcare we hold a **zero-tolerance policy,** whereby we strongly articulate that no abuse is acceptable; abuse is a criminal offence and must be reported to the Safeguarding Adults Board.

At Micrah Healthcare we ask all incidents or concerns related to abuse or safeguarding are reported immediately to your Registered Manager (who is the Safeguarding Officer), who will then report to the Safeguarding Adults Board, if appropriate. In extreme cases of abuse or imminent danger, individuals are advised to call the Police.

Identification of Abuse

At Micrah Healthcare we understand abuse can be perpetrated and shown in many ways. Abuse can also happen anywhere and be carried out by anyone e.g. Informal carer's, family, friends, neighbours, paid staff, volunteers, other service users and strangers or tenants. Staff should be vigilant of all of the following signs and act on any other signs they may feel concerned about.

Physical Abuse Signs

- A history of unexplained falls or minor injuries;
- Bruising in well-protected areas, or clustered from repeated striking;
- Finger marks;
- Burns of unusual location or type;
- Injuries found at different stages of healing;
- Injury shape similar to an object;
- Injuries to head/face/scalp;
- History of GP or agency hopping, or reluctance to seek help;
- Accounts, which vary with time or are inconsistent with physical evidence;
- Weight loss due to malnutrition, or rapid weight gain;
- Ulcers, bedsores and being left in wet clothing;
- Drowsiness due to too much medication, or lack of medication causing recurring crises/ hospital admissions;

Note: *Some ageing processes can cause changes which are hard to distinguish from some aspects of physical assault e.g. skin bruising can occur very easily due to blood vessels becoming fragile.*

Sexual Abuse Signs

- Disclosure or partial disclosure (use of phrases such as 'it's a secret');
- Medical problems, e.g. genital infections, pregnancy, difficulty walking or sitting;
- Disturbed behaviour e.g. depression, sudden withdrawal from activities, loss of skills, sleeplessness/nightmares, self-injury, showing fear/aggression to one particular person, repeated or excessive masturbation, inappropriately seductive behaviour, loss of appetite/difficulty in keeping food down;
- The behaviour of others towards the Adult at risk.

Psychological/Emotional Abuse Signs

- Isolation;
- Unkempt, unwashed, smell;
- Over meticulous;
- Inappropriately dressed;
- Withdrawn, agitated, anxious not wanting to be touched;
- Change in appetite;
- Insomnia, or need for excessive sleep;
- Tearfulness;
- Unexplained paranoia or excessive fears;
- Low self-esteem;
- Confusion.

Neglect Signs

- Poor physical condition;
- Clothing in poor condition;
- Inadequate diet;
- Untreated injuries or medical problems;
- Failure to be given prescribed medication;
- Poor personal hygiene.

Financial or Material Abuse Signs

- Unexplained or sudden inability to pay bills;
- Unexplained or sudden withdrawal of money from accounts;
- Disparity between assets and satisfactory living conditions;

- Extraordinary interest by family members and other people in the vulnerable person's assets.

Discriminatory Abuse Signs

- Lack of respect shown to an individual;
- Signs of substandard service offered to an individual;
- Exclusion from rights afforded to others (i.e. health, education, criminal justice).

Organisational Abuse Signs

- Staff rotas are designed purely to save the organisation money
- putting potential financial gains before the welfare of service users

Domestic Abuse Signs

- Suspected physical, emotional, or sexual abuse within the home

Modern Slavery Signs

- Individuals working for none or very little remuneration

Self-Neglect Signs

- Lack of willingness to care for oneself
- Lack of attention to personal hygiene
- Not taking prescribed medications

Other Signs of Abuse

- Inappropriate use of restraints;
- Sensory deprivation e.g. spectacles or hearing aid;
- Denial of visitors or phone calls;
- Failure to ensure privacy or personal dignity;
- Lack of flexibility of choice e.g. bedtimes, choice of food;
- Restricted access to toilet or bathing facilities;
- Lack of personal clothing or possessions;
- Controlling relationships between care staff and service users;
- Any errors in medication administration.

Abuse & Recognising the Signs

This section of our Safeguarding Adults at Risk Policy has highlighted that abuse can happen at any time and in any place and can be perpetrated by anyone.

At Micrah Healthcare staff have a duty of care towards all service users and colleagues. It is your responsibility to remain vigilant towards to presence and perpetration of abuse and act quickly as soon as signs of abuse have been identified by confiding in your Registered Manager or other senior members of staff, or the Safeguarding Officer.

What to do when there is suspected Abuse?

Any member of staff who suspects abuse or notices any of the signs listed above **must immediately make their concerns known** to the registered manager. Action should also be taken if it is felt that colleagues are not following the Micrah Healthcare **Protection of adults at risk Policy and Guidelines.**

All allegations or suspicions are to be treated seriously. No abuse is acceptable and some abuse is a criminal offence and must be reported to the Police as soon as possible. To determine the appropriate action, it is important to consider:

- Risk – Does the Adult at risk or staff member understand the nature and consequences of any risk they may be subject to, and do they willingly accept such a risk?
- Self-determination – Is the Adult at risk able to make their own decisions and choices, and do they wish to do so?
- Seriousness – A number of factors will determine whether intervention is required. The perception of the victim must be the starting point.

Factors informing the assessment of seriousness will include:

- The perception by the individual and their vulnerability;
- The extent of the abuse;
- The length of time it has been going on;
- The impact on the individual;
- The risk of repetition or escalation involving this or other adults at risk;
- Is a criminal offence being committed?

Micrah Healthcare acknowledges that reporting safeguarding concerns is an extremely sensitive issue for staff and assures all staff and persons working on its behalf that it will fully support and protect anyone who, in good faith, reports a concern that a colleague is, or may be, abusing Adult at risk.

Concerns will be handled in the strictest confidence, in line with our Confidentiality policy, the Data Protection Act 2018 and the GDPR, the Human Rights Act 1998 and any other legal obligations. Confidentiality will be maintained so that only managers and staff who are leading the investigation know the contents of the case. Anyone disclosing information to others who are not directly involved in the case should be dealt with under disciplinary procedures.

Preventing abuse/ Harm

Care service managers have wide responsibilities for taking action to prevent abuse/harm.

- Setting out and making widely known the procedures for responding to suspicions or evidence of abuse/harm
- Recruitment procedures should make it possible to consider very carefully the background of anyone whose work will bring them into contact with service users.
- 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
- Staff training at all levels should deal with abuse/harm and protection.
- Staff working alone with service users should be supervised carefully.
- Any suspicion, evidence or reports of abuse/harm should be followed up promptly.
- Staff should be encouraged to watch for any evidence of abuse/harm and to report these immediately.
- A climate of openness should be created which allows for the passing on of any concerns whatever their source.
- Any person in the work setting who might be abusive of others should be observed carefully.
- Service users should be helped to avoid or counter abuse/harm where this is possible.
- Policies and procedures relating to abuse/harm should be widely publicised and kept up to date.

Rights and Responsibilities

With a view to Safeguarding, the responsibilities of Micrah Healthcare are:

- To ensure staff are aware of the Safeguarding Adults at Risk Policy and are adequately trained;
- To ensure staff are aware of who the Safeguarding Officer is within the organisation
- To notify the appropriate authorities if abuse is identified or suspected;
- To support and, where possible, secure the safety of individuals;
- To ensure that all referrals to services and authorities have full information in relation to identified risk and vulnerability;
- To instruct staff to promote good practice to all healthcare professionals;
- To DBS check all professionals who have access to or work with adults at risk.

Safeguarding is not achieved in isolation. We work in partnership with healthcare professionals and identify their responsibilities to be:

- To be familiar with the Safeguarding Adults at Risk Policy policy and procedures;
- To take appropriate action in line with the policies of Micrah Healthcare.
- To declare any existing or subsequent convictions. Failure to do so will be regarded as gross misconduct as per our policy disclosure.

Micrah Healthcare develops its policies and procedures in line with our local Safeguarding Adults Boards (SABs) recommendations and guidance, as found on its website together with relevant documentation for, eg raising alerts and staff training.

As an employer, Micrah Healthcare has a **duty of care** towards its employees. To this end it is our responsibility to **support those who report abuse:**

All those making a complaint/allegation or expressing concern, whether they are staff, service users, carers or members of the general public, should be reassured they will be taken seriously and their comments will be treated confidentially; however, concerns may be shared if they (or others) are at significant risk as determined by the Safeguarding Officer. In such cases, service users will be given immediate protection from the risk of reprisals or intimidation; staff, will be given support and afforded necessary protection in line with the Public Interest Disclosure Act 1998.

To promote safeguarding effectively, it is essential staff understand the rights of the Adult at risk. Their rights are:

- To be made aware of this policy;
- To have alleged incidents recognised and taken seriously;
- To receive fair and respectful treatment throughout;
- To be involved in any process as appropriate;
- To receive information about the outcome.

Good Practice

At Micrah Healthcare, we implement good practice on a daily basis to ensure safe, effective and high-quality services.

Recruitment: Our recruitment procedures and policies of healthcare professionals are designed to uphold the highest levels of safeguarding and are written in line with Schedule, Regulations 4 to 7 and 19(3) CQC regulations.

Record Keeping: A written record of any concerns will be kept on file. This confidential information will be stored securely and appropriately and will be kept for as long as deemed necessary, in line with Data Protection principles.

All incidents should be discussed in supervision with your Registered Manager. Records kept should only include:

- Contacts made;
- Referrals made, including date, time, reasons and referral agency; Micrah Healthcare may have specific projects that need to keep more detailed records, and these will be identified by the Team Leader and made known to the team.

Information to Record:
In all situations, including those in which the cause for concern arises from a disclosure made in confidence, it is vitally important to record the details of an allegation or reported incident, regardless of whether or not the concerns are shared with a statutory agency.

As far as possible an accurate note should be made of:

- The date and time of the incident and disclosure;
- The parties who were involved;
- What was said and done by whom;
- Description of any visible injuries or bruising;
- Any further action taken by Micrah Healthcare to investigate the matter;
- Any further action e.g. the suspension of a worker;
- Where relevant, reasons why there was no referral to a statutory agency;
- The full name of the person(s) reporting and to whom reported.

Records and reports should be stored securely and shared only with those who need to know. All referrals made to the Adult Safeguarding Board should be confirmed in writing and followed up with a copy of the incident report within 24 hours. If you have not heard back within 3 working days, contact your local Safeguarding Board again.

You should also record the member of staff to whom concerns were passed and the date and time of the call and subsequent letters sent.

These procedures not only serve to protect Adults at risk but also protect the employees.

Reporting Safeguarding Concerns
When reporting a safeguarding concern, the following guidelines should be adhered to:

- Write down the details of the incident.
- Pass this report to your Registered Manager at the earliest opportunity.
- The Registered Manager should then take appropriate action to ensure the safety of the Adult at risk and any other person(s) who may be at risk.
- The Registered Manager should then proceed with investigating the allegation.
- If the matter relates to abuse, the matter should be referred to the local Adult Safeguarding Board, CQC or the Police.
- If the matter relates to poor practice and/or abuse by the manager or staff, the matter should be referred to the local Adult Safeguarding Board, and the employee must be suspended pending the outcome of an investigation into the allegations.

If abuse/harm is clearly occurring or is alleged to have occurred, Micrah Healthcare 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 Safeguarding Adults' Authority.

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. Once a person has consented to further action being taken, or for someone unable to give their consent it has been decided that it is in their best interests to do so, the senior staff member or manager (or whoever has authority at the time) will then alert the local Safeguarding Adults' Authority 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. The specific procedures to be followed and referral forms are those available on the local Safeguarding Authority Board (SAB) website.

7. In some instances, the registered manager/person responsible for safeguarding might need to report the matter directly to the police and take guidance from them on the measures to be taken.

8. 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.

9. 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.

10. If the alleged abuser is a staff member and there is sufficient evidence that abuse/harm has or might have occurred, the 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.

11. 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.

12. However, it should be noted that in the event of a referral being made to the police because a criminal offence might have been committed the police investigation will take precedence and no action should be taken that might jeopardise its enquiries, which might contaminate the evidence it is seeking and collecting.

13. The CQC should be notified when there is an abuse or allegations of abuse concerning any service users. The CQC should be notified by email or by online submission if any of the following apply:

- the person is affected by abuse
- they are affected by alleged abuse
- the person is an abuser
- they are an alleged abuser

The email should be sent to HSCA_notifications@cqc.org.uk

Online notification: https://services.cqc.org.uk/public/login?destination=public/gp-hub/notify-us-allegation-abuse

Reporting a concern about the registered manager

If the registered manager of Micrah Healthcare is the subject of the concern, the report must be made to the Designated Safeguarding Officer (DSO).

If the registered manager of Micrah Healthcare is also the DSO, then the report must be made to the Registered Manager of Possible Stars Healthcare, with whom Micrah Healthcare has a supervision and safeguarding partnership. The contact details are as follows:

Name: Marian Otoo

Telephone: 01442 956 000

Email: support@possiblestars.co.uk

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 SAB. 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:

- the fears and sensitivity of the abused/harmed person
- any risks of intimidation or reprisals
- the need to protect and support witnesses
- any confidentiality or data protection issues
- the possible involvement of other agencies, including the police, local safeguarding team and the CQC
- the obligation to keep the abused/harmed person and in specific instances the alleged perpetrator informed on the progress of the investigation.

3. 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.

4. The investigating officer will consider whether the service user needs independent help or representation, including the services of an independent advocate, 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.

5. If the abused/harmed person expressly states a wish that no further action should be taken, the investigating officer will consider whether; a danger to others exists from not investigating further; in the light of that assessment it is possible to follow the person's wishes; 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.

6. 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. The investigation will include interviewing the staff involved in the incident or circumstances

7. 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.

8. 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.

9. 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, eg that a Safeguarding Plan should be developed and implemented.

How will the CQC help safeguard service users?

When a safeguarding concern is raised to the CQC, they will help to safeguard service users by:

- Using the information received to look at the risks to the service users using the service.
- referring concerns to local authorities or the police for further investigation
- carrying out inspections, where they will talk to the service users to help them identify the safeguarding concerns
- taking action if they find that Micrah Healthcare does not have suitable arrangements to keep the service users safe
- publishing their findings on safeguarding in the inspection report.

Alert

An alert is an adult safeguarding referral that is made when an adult at risk has been identified as possibly having been harmed, abused or neglected. An allegation of abuse can arise from the following sources:

- A direct disclosure by the Adult at risk at risk
- Raised by staff or volunteers, others using the services of Micrah Healthcare, a carer 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

Criteria for an alert/referral

Referrals should be made to the adult safeguarding board, the CQC or the Police.

A referral to the local Adult Safeguarding Board (ASB) or the CQC should be made if one or more of these factors apply:

- The person is an adult at risk and there is a concern that they are being, or at risk of being, abused or neglected.
- A crime has been or may have been committed against an adult at risk without mental capacity to report a crime and a 'best interests' decision is made
- The abuse or neglect has been caused by a member of staff or a volunteer (please following Micrah Healthcare 'Procedures for allegations of abuse against staff')
- Other people or children are at risk from the person causing the harm
- The concern is about institutional or systemic abuse
- The person causing the harm is also an adult at risk adults at risk can potentially be abused within the family, community and organisations by employees (including those employed to promote their welfare and protection from abuse), visitors, volunteers, and fellow students.

Information requested by another organisation
The safety and well-being of the Adult at risk override considerations of confidentiality. However, every effort should be made to ensure that confidentiality is maintained for all concerned both when the allegation is made and whilst it is being investigated.
Micrah Healthcare has a duty to share information with other agencies and authorities if requested in connection with an assessment of an adult at risk or in connection with court proceedings. Although the Data Protection Act 2018 and the GDPR, Human Rights Act 1998 or common law duty of confidence would need to be considered the welfare of the Adult at risk would normally override the need to keep the information confidential.

Training

All staff members receive training during their induction to make sure they understand the provider's policy regarding adults at risk of harm, who need specific measures to keep them fully safe.

Staff will receive further and more specialised training in the care of adults at high risk of harm in line with their roles and responsibilities.

Care providers and established staff are provided with regular training updates, which will reflect local Safeguarding Adults' Boards requirements.

Monitoring and Review

The Company Secretary will check this policy is working properly and they will review it at least once a year. We will make improvements to the policy wherever we can.

Employees are invited to suggest any ways the policy can be improved.

This policy does not form part of any employee's contract of employment, and it may be amended at any time.

Key Points to Take Away

- Abuse takes place in all manner of forms. It is important that staff at Micrah Healthcare are aware of the wide range and manners of abuse to ensure any signs are recognised early.
- At Micrah Healthcare we define an adult at risk as:

"…a person over the age of 18 who is in, or maybe in need of, care services by reason of mental or other disability, age, or illness; and who is unable to take care of himself/herself, or unable to protect himself or herself against significant harm or exploitation."

- **If you suspect abuse, please inform your Registered Manager or Safeguarding Officer who will, if applicable, report to the local Adult Safeguarding Board.**
- **If you feel you or someone else is in danger, call 999 immediately.**
- **The Safeguarding Officer for Micrah Healthcare is the Registered Manager. Their name is Adetutu Adeyinka.**
- **The local safeguarding board can be contacted using the following details:**
  - **Name: Hertfordshire Safeguarding Adults Board**
  - **Address: Adult Care Services, Farnham House Six Hills Way**
  - **Main Telephone: 0300 123 4042**
  - **Out-of-hours line: 0300 123 4042**
  - **Website:https://www.hertfordshire.gov.uk/home.aspx**
- **If you can't get through to the local council, contact the CQC:**
- **Phone: 03000 616161**
- **Email: enquiries@cqc.org.uk**

After reading this Policy, you should be able to:

- Understand what Safeguarding Adults at Risk Policy is and how the Safeguarding Adults at Risk Policy operates;
- Understand how Safeguarding Adults at Risk Policy operates at Micrah Healthcare and have an awareness of the actions we take in preventing, identifying and reporting concerns;
- Understand the role you play in Safeguarding Adults at Risk Policy.

If you have not understood any of these points, please ask your Line Manager or trainer for further help.

Policy Review

A Director will review this policy at least once a year to make any updates needed.

Authorisation and Signature

This Policy is the authorised version agreed by the Directors of Micrah Healthcare.

All employees are expected to follow this policy and failure to do so could result in disciplinary action.

Adetutu Adeyinka

Director's Signature

Adetutu Adeyinka

Director