

Safeguarding Children in an Adult Residential Setting Policy

Introduction

Quality Statement associated with this policy:

Quality statements are the commitments that providers, commissioners and system leaders should live up to. Expressed as 'we statements', they show what is needed to deliver high-quality, person-centred care.

When they refer to 'people' we mean people who use services, their families, friends and unpaid carers. This includes:

- people with protected equality characteristics
- those most likely to have a poorer experience of care or experience inequalities.

Elizabeth Finn Homes will commit to the following quality statement for Safeguarding.

We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 12, 13, 17, 18, 20

Scope

This policy should be read in conjunction with the local authority policies and procedures for safeguarding children. Elizabeth Finn Homes (EFH) provides the regulated activity of accommodation for people who require nursing or personal care.

EFH recognises children are at risk of abuse. Staff may encounter resident's or their family's children at the care home and become concerned for their safety.

Staff have a duty of care to raise safeguarding concerns and this policy supports staff in meeting their responsibilities to children they may encounter while fulfilling their role.

This policy and procedure are provided for the regulated activity of accommodation for people with personal care and nursing.

Equality Statement

EFH is committed to equal rights and the promotion of choice, person-centred care and the promotion of independence. This policy demonstrates our commitment to creating a positive culture of respect for all individuals. The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to reflect the Human Rights Act 1998 to promote positive practice and value the diversity of all individuals.

Key Points

EFH is aware of its duty to protect and safeguard children who, whilst not residents, may visit the care home. Please Note: at no time do staff act in loco parentis as defined under the Children Act 1989.

Our designated organisational safeguarding lead is: Catherine Lines Clinical Director

Policy Statement

EFH aims to ensure that children, when encountered as part of the service delivery, are protected from harm and that staff are trained to raise concerns to managers and relevant agencies (e.g., Police). EFH aims to fully adhere to all safeguarding legislation.

These duties extend to other organisations, including statutory agencies such as the local authority, the NHS, CCG and Police.

It is vital that everyone working with children and families, including those who work with parents/carers, understands they have a role to play in identifying concerns, sharing information, and taking prompt action.

The Registered Manager is responsible for reviewing all guidance, regulatory and legislation changes and implementing policies, procedures, and training as appropriate.

The Policy

It is EFH policy to provide management and staff with training, policies and procedures which integrate with the local authority Safeguarding Children's Boards policies and procedures. Staff will be required and encouraged to raise concerns in an open and honest environment through the agreed processes. Staff will be provided training and quarterly supervision which will include competency assessment on safeguarding policies and procedures.

EFH will follow all local authority safeguarding team instructions including, where directed to, investigating safeguarding allegations made against staff, management, the service and auditing all allegations to identify themes and trends, learning and continuous improvement actions.

The Registered Manager, or designated safeguarding lead, is responsible for identifying best practice updates, e.g., Children's Local Safeguarding Boards, NICE and CQC guidance, and will disseminate pertinent learning from various sources including the NHS England's case reviews and the Safeguarding Children Board's annual report.

What is Abuse?

Abuse and neglect can take many forms. EFH should not be constrained in its view of what constitutes abuse, neglect or harm and should always consider the circumstances on an individual basis.

To report concerns, simply state what was seen or heard that has caused concern. Employees do not need to know what type of abuse or harm is happening to report concerns.

Incidents of abuse may be one-off or multiple and can affect one child or more. Managers, when investigating and reviewing incidents, should look beyond single incidents or individuals to identify patterns of harm. For example, repeated instances of poor care may be an indication of more serious problems. It is important that information is recorded and appropriately shared so that themes, trends, and patterns can be identified.

For types of abuse please see Appendix 1 which provides an overview for staff to consider.

Concerns about a child or young person

Your observations in an adult care setting may be the first opportunity to identify a child is being abused or neglected, or that a family needs some support to prevent risks from increasing.

Safeguarding training and competence assessment will enable staff to understand their responsibilities, recognise potential signs of abuse and raise concerns through the safeguarding processes of EFH and the local authority.

The main principles EFH will follow for addressing potential child abuse and neglect in service settings are as follows:

Safeguarding mandatory training for all staff will include reference to children.

Clear identification of Safeguarding Champions and Safeguarding Lead for advice to staff and easy access to organisation policies and procedures for safeguarding.

High quality care and support holistic assessments to identify risks and concerns which may impact on all family members. Promote professional curiosity of staff to ensure they remain vigilant and raise concerns regarding child abuse or neglect.

Keep a non-judgemental and open-minded attitude.

All organisations providing health services are expected to comply with:

- Children Act 2004, Section 11.
- Working Together to Safeguard Children 2018
- Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (RCN, Safeguarding Children and Young People: Roles and Competencies for Healthcare)

Child or young person raising a concern

Where a child or young person confides in, or discloses a concern to a member of staff then they should do the following:

1. Stay calm - do not alarm them. You may be the first person they have told.
2. Support them - reassure them that they are not to blame and that they should tell someone what has happened. However, don't ask too many questions.
3. Take them seriously - listen to the child or young person voice.
4. Avoid leading questions. Get the facts.
5. Re-assure them - but do not promise confidentiality or outcomes that might not be possible.
6. Record everything in writing - what has been seen and heard as soon as possible.
7. Report concerns - to your manager, on-call manager or out of hours service immediately.

The manager will take advice from the Children's Safeguarding Team. Managers will be aware of their roles and responsibilities as set out in the guidance provided by the local authority. Confidentiality must be maintained, and information should be shared as per Working Together to Safeguard Children guidance. Records must be stored in a secure location at the home.

Children with disabilities may have additional barriers when raising concerns, and it can be more difficult for them to disclose abuse than for other, e.g., a communication need.

Staff need to be especially aware of these children's needs when listening to their concerns.

Allegations About Staff

Where staff have concerns, or receive a complaint or allegation about another member of staff who has, or may have:

- harmed a child,
- placed a child at risk
- committed a criminal offence in relation to a child; or
- behaved in a way that indicates they may be unsuitable to work with vulnerable adults and/or children.

Staff must immediately report this to their line manager who will telephone the local Children's Safeguarding Team who will advise on what to do next, for example to contact the LADO for advice. Staff must immediately inform the EFH Safeguarding Lead and / or Director of HR

The LADO is a dedicated role within the local authority where the allegation concerns an employee.

It therefore applies to all adults whether paid or working in a voluntary capacity including agency workers in every setting. If a concern is raised outside of office hours staff should contact the local children's out of hours team at the local authority.

Suspension of the staff member concerned from his or her employment will be considered if:

- There is cause to suspect a child has suffered abuse or neglect, and/or
- The allegation warrants investigation by the Police, and/or
- The allegation is so serious that it might be grounds for dismissal.

Employer's Responsibility

Employers are responsible for supporting staff to identify abuse or neglect and to raise these concerns with the appropriate authority/agency, e.g. Police, to minimise the risk to the individual child. In addition, and as soon as possible, inform the local authority, CQC and CCG (where the latter is the commissioner).

Employee's Responsibility

All staff have a duty to report and escalate concerns of abuse they identify or suspect as part of their role within the organisation. This includes, identifying abuse by staff, family members, or other third parties e.g., healthcare professionals. Concerns may include abusive behaviour, poor professional practice, neglect, or any other issues which staff observe or suspect.

See Appendix 2 for indicative roles and responsibilities.

Recording Information about your Concerns

Information recorded must be accurate, or to the best of your knowledge, e.g., you may not know full details such as full DoB as it may be used in any investigation. Where possible record:

The child or young person's

- name,
- address
- date of birth
- The allegation, disclosure or description of concern.
- Description of visible bruising or other injuries etc.
- The child's first-hand account, in their own words, of what has happened.
- Observations made by the person recording the information, e.g., did they appear scared, tearful etc.
- Times, locations, dates, and other relevant information.
- Be clear what is fact, opinion and hearsay.
- Record your relationship to and knowledge of the child or young person.

Keep a record of who you spoke to and about what they advised/told you to do.

When you raise a concern about a child at risk, complete the appropriate statutory notification (Abuse and allegations of abuse) and send it to the Care Quality Commission (CQC). A copy should be sent to the Clinical Director.

All safeguarding events will be discussed through the EFH Safeguarding Board and any changes to practice implemented without delay.

Children's Safeguarding Staff Training

All staff will receive training in Children's Safeguarding as part of their Induction to Safeguarding and the 15 Care Certificate Standards. In addition, staff will receive regular update training commensurate with the EFH training schedule.

Staff will:

- Know how to recognise types of abuse
- Know how to respond to suspected or alleged abuse
- Understand the national and local context of safeguarding and protection from abuse
- Understand what you can do to reduce the likelihood of abuse
- Know how to recognise and report unsafe practices
- Understand the principles for online safety
- Understand the links between safeguarding and domestic violence
- Know how to safeguard children
- Also receive Mental Capacity training (see Mental Capacity Policy)

The Registered Manager will have level 3 training in safeguarding, and will:

- Monitor performance of their staff
- Assess safeguarding knowledge and competence at least annually
- Provide learning and development opportunities to staff when identified or required and at least annually

Whistleblowing policy

- Staff should be aware of the company's whistleblowing policy and use this where appropriate to raising a concern if you feel unable to raise this internally.
- Staff must consider the safety of the individual child and the circumstances they are in and, if they believe them to be in danger, then contact the Police immediately (without putting themselves at risk) by dialling 999.
- If they do not believe the child is at immediate risk, and they do not feel they can discuss this internally within the company, they should contact the Children's Safeguarding Team as soon as possible by phone or email on the contact details provided within this policy.

References and Further Reading

Children Act 2004, Section 11 and the current statutory guidance (Working Together to Safeguard Children 2018)
RCN - Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff
Child abuse and neglect, NICE (<https://www.nice.org.uk/guidance/ng76>)
Child maltreatment: when to suspect maltreatment in under 18s, NICE
Creating a safeguarding culture, NICE
Equality Act 2010
Equality Act 2010: Chapter 1 (Protected Characteristics) Chapter 2 (Prohibited Conduct) and Chapter 3 (Services and Local Authority Multi-Agency Adult/Children Safeguarding Guidance/Protocol)

Appendix 1: Types of Abuse

The following is not an exhaustive list but provides a wide range of examples of the types of abuse children may experience. If staff are unsure whether the behaviour that they are witnessing children being subjected to is abuse they should raise their concerns, which will be discussed with the local authority safeguarding teams for guidance.

Physical abuse

Including assault, hitting, kicking, slapping, punching, pushing, misuse of medication, inappropriate restraint or inappropriate physical sanctions.

Sexual abuse

Including rape and sexual assault, sexual harassment, or sexual acts to which the child has not consented or was pressured into consenting. This can include 'non-contact' sexual acts such as indecent exposure, online abuse, non-consensual pornographic activities

Sexual exploitation

Means any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including profiting monetarily, socially, or politically from the sexual exploitation of another.

This may take the form of:

- Individuals being groomed as children or young people.

- Children or young people being at risk and threatened or coerced, have drug dependencies and/or mental health needs which are exploited.
- Children or young people with learning disabilities may be led into harm because they believe they are being offered friendships.

Controlling Behaviour

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, depriving them of their means for independence or resistance and escape and managing their daily behaviour.

Coercive Behaviour

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten the victim into doing as the perpetrator requires.

Forced Marriage

Forced marriage and/or luring someone overseas for the purpose of marriage is a criminal offence. Perpetrators will automatically be prosecuted where it is overwhelmingly in the public interest to do so, however victims should be able to choose how they want to be assisted, which may include Forced Marriage Protection Orders.

A forced marriage is where one or both spouses do not or, in the case of people who lack the mental capacity to make the decision, cannot, consent to the marriage. Violence, threats and other forms of coercion are often involved and can include emotional force, physical force, or the threat of force or financial pressure.

Modern Slavery

The Modern Slavery Act 2015 encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive, and force individuals into a life of abuse, servitude, and inhumane treatment. Trafficking is the movement of people by means such as force, fraud, coercion, or deception with the aim of exploiting them. It is a form of Modern Slavery. People can be trafficked for many different forms of exploitation such as forced prostitution, forced labour, forced begging, forced criminality, forced marriage, domestic servitude or forced organ removal. Trafficking does occur within the UK, and it is paramount for organisations to have on their radar.

Human Trafficking

Is the illegal movement of people through force, fraud, or deception with the intention of exploiting them, typically for the purposes of forced labour or sexual exploitation? Men, women, and children are forced into a situation through the use (or threat) of violence, deception or coercion. Victims may enter the UK legally or on forged documentation or secretly under forced hiding, or they may even be a UK citizen living in the UK who is then trafficked within the country but should not be confused with people smuggling, where the person has the freedom of movement upon arrival in the UK. There is no 'typical' victim of human trafficking and modern slavery. Victims can be men, women and children of all ages, ethnicities, nationalities and backgrounds. It can, however, be more prevalent amongst the most vulnerable members of society, and within minority or socially excluded groups.

Cuckooing

Cuckooing is a practice where people take over a person's home and use the property to facilitate exploitation. There are different types of cuckooing including using the property to/for:

- Deal, store or take drugs
- Sex work
- Them to live
- Financially abuse the tenant

The most common form of cuckooing is where drug dealers take over a person's home and use it to store or distribute drugs. People who choose to exploit will often target the most vulnerable in society. They establish a relationship with the vulnerable person to access their home. Victims can be people who misuse drugs or alcohol, or people with learning difficulties, mental health issues, physical disabilities or are socially isolated

Internet/cyberbullying

Can be defined as the use of technology, and particularly mobile phones and the internet, to deliberately hurt, upset, harass, or embarrass someone else. Often an extension of face-to-face bullying, with the technology providing the bully an alternative route to their victim, or it can be motiveless. Cyberbullying can use practically any form of digital media, from text and image messages on mobile phones, to blog and social networking posts, or emails and instant messages, to malicious websites created solely for the purpose of intimidating an individual or abuse during an online game.

Psychological abuse

Psychological abuse involves the regular and deliberate use of a range of words and non-physical actions used with the purpose to manipulate, hurt, weaken, or frighten a person mentally and emotionally; and/or distort, confuse, or influence a person's thoughts and actions within their everyday lives, changing their sense of self and harming their well-being. This includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Financial or material abuse

Including theft, fraud and exploitation, coercion in relation to financial affairs or arrangements, including pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits. This can include 'cuckooing' where a person's property is taken over and used for illegal activities.

Neglect and acts of omission

Including wilfully ignoring medical or physical care needs, failure to provide access to appropriate health and social care, including not supporting a person to access clinical appointments and support, the withholding of the necessities of life, such as medication, adequate nutrition and heating or depriving someone of stimulation or company, adaptations, equipment, or aids to communication. Pressure ulcers are one of the many indicators for neglect.

Self-neglect

Covering a wide range of behaviour such as neglecting to care for one's personal hygiene, health or surroundings and can include behaviour such as hoarding and non-attendance at necessary health/dental appointments. Consideration must be given to the impact on other family members and/or the wider community, mental capacity legislation and whether this gives rise to a safeguarding concern.

Domestic abuse

The cross-government definition of domestic violence and abuse is 'Any incident or pattern of incidents of controlling, coercive, threatening behaviour, honour based violence, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality.' The offence of coercive and controlling behaviour in intimate and familial relationships was introduced into the Serious Crime Act (2015).

Discriminatory abuse or hate crime

Harassment, slurs, violence, and unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as 'protected characteristics' under the Equality Act (2010)).

Organisational abuse

Incident, or a series of incidents, involving ongoing ill treatment. It can be through neglect or from poor professional practice resulting from inadequate structure, policies, processes, and practices within an organisation. This may range from isolated incidents to continuing ill treatment in an institution or in relation to care provided in one's own home.

Female Genital Mutilation (FGM)

FGM is a criminal offence, child abuse and violence against women or girls. Existing structures of Adult and Children Safeguarding processes, policies, procedures and reporting mechanisms are used to manage these cases, unless the local authority provides alternative guidance.

Exploitation by radicalisation

Anti-terrorism PREVENT strategy, of which CHANNEL is part, Channel and Prevent Multi-Agency Panel (PMAP) guidance to play in safeguarding people who meet the criteria, and contact should be made with the police regarding any individuals who present a concern regarding violent extremism.

Prevent is a government strategy that seeks to stop people becoming terrorists and supporting violent extremism. There are numerous government departments and local partners involved in the strategy, and one of the main organisations involved are healthcare services.

EFH will work with staff to identify what measures are available to support people and stop people becoming drawn into terrorism and how to challenge the extremist ideology. Sign posting information will be identified on how to obtain support for people being exploited by radicalising influences.

The key message is that all staff must escalate a concern and have confidence that each issue will be taken seriously, handled appropriately and that, where necessary, specialist advice will be available

Staff should:

- Notice – there is a change in the behaviour of a resident or staff member, or you see something that concerns you.
- Check – discuss your concerns with your manager.
- Share – your concerns with your manager.

If staff believe that a child is at risk is being exploited or radicalised, then safeguarding procedures will be used to raise concerns, which may then escalate concerns to Channel (the multi-agency early intervention process designed to safeguard adults and children at risk from being drawn into violent extremist or terrorist behaviour).

Where there is an immediate risk to an individual or others contact should be made to the police via 999. Where there is no immediate threat referral should be made through normal safeguarding procedures.

Organisational abuse

An incident, or a series of incidents, involving ongoing ill treatment. It can be through neglect or from poor professional practice resulting from inadequate structure, policies, processes, and practices within an organisation. This may range from isolated incidents to continuing ill treatment in a care or nursing home.

Organisational abuse (also known as institutional abuse) is distinct from other forms of abuse or neglect because it is not directly caused by individual action or inaction. Instead, it is a cumulative consequence of how services are managed, led and funded. Some aspects of organisational abuse may be hidden (closed cultures), and staff may act differently when visitors are there (disguised compliance). Organisational abuse can affect one person or many residents. Therefore, it is important to consider each unique case, and the impact on individual residents, as well as the whole care home.

Consider organisational abuse when:

- Safeguarding leadership or governance arrangements are unclear (for example, there is no Registered Manager or named safeguarding lead).

- Managers rarely or never observe their staff at work or are rarely, or never, available to speak to residents (or their families and carers), staff, or other professionals.
- Managers are overly controlling, constantly interfere when staff are working, and stop staff from trying to improve resident safety or care.

The care home does not have policies and procedures covering:

- Safeguarding
- Whistleblowing
- Complaints
- The care home has policies and procedures covering safeguarding, whistleblowing and complaints, but does not use them.
- The care home policy and procedure on safeguarding is inconsistent with the Care Act 2014 or the NICE guidance this policy is based on.
- Residents, visitors, staff, and other people working in care homes do not have access to policies and procedures covering safeguarding, whistleblowing and complaints.
- The care home enforces blanket procedures and decisions, regardless of residents' individual needs, wishes and circumstances, and which generally conflict with safeguarding policies and procedures.
- The care home does not explain the concepts of safeguarding, abuse and neglect to residents.
- Residents are not involved in how the care home is run.
- Not meeting contractual or regulatory requirements

Consider organisational abuse when care homes:

- Do not meet contractual safeguarding requirements.
- Do not meet national regulations, including the fundamental standards of quality and safety monitored by the Care Quality Commission.
- Fail to improve or respond to actions or recommendations arising from inspections or audits by professionals, commissioners and regulators (for example clinical commissioning groups, local authorities, the Care Quality Commission and Healthwatch).
- Fail to sustain improvements.
- Do not monitor the quality of their care using the Care Quality Commission's Quality Statements to ensure that the service is safe, effective, caring, responsive and well-led.
- Mismanagement of safeguarding concerns and poor record-keeping

Consider organisational abuse when:

- Safeguarding issues are not always reported.
- No audits or actions are taken after a disclosure.
- There is no clear safeguarding policy or information about how to raise a safeguarding concern.
- Serious incidents are not reported (for example, unexplained deaths, serious fires, or infectious disease outbreaks).
- There is a lack of safeguarding concerns recorded or referrals made.
- The care home has poor or outdated records.
- There are inconsistent patterns of safeguarding concerns logged (for example, if all concerns originate from one member of staff, then other staff may not be taking enough responsibility for safeguarding).
- Safeguarding concerns have been reported via complaints procedures rather than through safeguarding procedures.
- The care home does not comply with Mental Capacity Act requirements on deprivation of liberty and liberty protection safeguards (when enacted).

Consider organisational abuse when:

- The care home does not have clear, safe recruitment processes (including reference checks and enhanced Disclosure and Barring Service checks).
- Staff are not properly supervised and supported, or there is no documentation that this is happening.
- There is no evidence that safeguarding training or induction is taking place.

- There are high rates of staff absence.
- Staff work excessive hours without enough breaks.
- Staff are working under poor conditions.
- There is high staff turnover and high dependency on contract or temporary staff, as this can have an effect on quality of care and service provision.
- There is evidence of poor medicines management (for example, excessive use of 'as needed' medicines).
- Restrictive practice is used, i.e.: Residents are prevented from moving around the home freely or independently.
- Staff teams have inflexible and non-negotiable routines that do not take account of what individual resident's want or need.
- Staff do not help residents live as independently as they can.
- Meaningful and structured activities for residents are not available or accessible.
- Behaviours of concern are mismanaged (for example, overuse of restrictive practices, including misuse of medication).
- Care and support plans are changed suddenly, without discussion with residents or others involved with their care.
- Residents do not receive person-centred care, for example care is focused on completing tasks and ignores individual circumstances and preferences (including cultural preferences).
- Staff routinely make assumptions about residents or their needs and miss hidden needs or disabilities.
- Staff do not respond to requests from residents or interfere with residents' preferences and choices.
- Residents are reluctant to ask for changes or to make complaints.
- Certain residents routinely receive preferential treatment over others.
- There are general inconsistencies in the standard of service provision.
- Failure to refer for appropriate care or support

Consider organisational abuse when:

- Residents miss appointments or are not referred to other professionals or services (such as GPs or dentists).
- People who require independent advocacy are denied access to it.
- Financial mismanagement and lack of investment

Consider organisational abuse when:

There are not enough staff on each shift to meet the needs of residents.

There are problems with care home equipment:

- It does not meet the needs of residents
- It is poorly maintained
- There is not enough equipment for all residents
- The care home admits or accepts referrals for residents that staff do not have the skills to care for.
- There is a lack of investment in the services the care home provides, compared with the fees it charges.
- Resources (such as one-to-one support) for residents with assessed needs are not provided, despite funding being allocated for this.
- Residents' money is not adequately protected (for example, they do not have personal allowances).
- Physical signs and lack of openness to visitors

Consider organisational abuse when:

- The care home is odorous and not clean or is not compliant with basic infection control
- Call bells have been removed or deactivated.
- There is a lack of engagement with visitors, or places in the care home that visitors are not allowed to see.
- The care home discourages visitors without justification or adherence to visiting guidance.
- There is a lack of engagement with the organisation the care home is part of.

Suspect organisational abuse when:

- Incidents of abuse or neglect are not reported, or there is evidence of incidents being deliberately not reported.

- There is evidence of redacted, falsified, missing or incomplete records.
- There have been multiple hospital admissions of residents, resulting in safeguarding enquiries.
- There are repeated cases of residents not having access to nursing, medical or dental care.
- There is frequent, unexplained deterioration in residents' health and well-being.
- Residents' money is being misused by the care home (for example, to purchase gifts for staff or other residents without permission).
- There is a sudden increase in safeguarding concerns in which abuse, or neglect has been identified.
- Residents are repeatedly evicted or threatened with eviction after making complaints.
- Repeated instances of residents, families and carers feeling victimised if they raise safeguarding concerns.
- The care home fails to improve or respond to actions or recommendations in local inspections or audit frameworks from clinical commissioning groups or the local authority, or reviews and inspections by the Care Quality Commission or Healthwatch and deteriorates over time.

Staff action

If you consider organisational abuse may be occurring, raise the issue with the Registered Manager, safeguarding lead or other senior member of EFH, such as an operational lead, director or nominated individual.

Explain the impact of your concerns on residents, ask for a response from the home within a specified timeframe and check the changes do happen. If the situation does not improve, raise your level of concern to 'suspect' and take further action to alert the appropriate authorities including the Local Authority Safeguarding Team and CQC.

If you 'suspect' abuse or neglect:

Contact your local authority and tell them that you want to make an adult safeguarding referral.

When local authorities receive adult safeguarding referrals:

- They should gather information, under section 4 of the Care Act. They must decide if there is reasonable cause to suspect that an adult with care and support needs is experiencing abuse or neglect and is unable to protect themselves from harm — if this criteria is met, they must conduct a section 42 enquiry.
- If many residents of a care home are affected, local authorities may conduct a largescale enquiry, following their own local procedures.
- If you are not satisfied with the response from your local authority, you can make a complaint to the Local Government and Social Care Ombudsman and give feedback to the Care Quality Commission.

Appendix 2: Safeguarding Responsibilities by Role

EFH Safeguarding Board

EFH operates a Safeguarding Board which consists of:

- EFH Board Member
- EFH Safeguarding Lead
- Turn2 Us Safeguarding Lead
- Health and Safety Manager
- Compliance Manager
- Operational Leads
- General Manager

This Board meets quarterly per annum and reviews all EFH safeguarding concerns raised and subsequent investigations and organisational learning.

Named Safeguarding Lead for EFH

- To ensure that safeguarding vulnerable children/ adults is integral to clinical governance and audit arrangements carried out by EFH.
- To ensure that EFH meets the contractual and clinical governance arrangements on safeguarding adults.

The Registered Manager

- To ensure that safeguarding children is integral to clinical governance and audit arrangements within EFH.
- To ensure that the home meets the contractual and clinical governance arrangements on safeguarding.
- To ensure that all staff in contact with children are alert to the potential indicators of abuse or neglect and know how to act on those concerns in line with local guidance.
- To ensure that the provider operates safe recruitment processes in line with national and local guidance including disclosure and barring and managing allegations against staff.
- To regularly review safeguarding records to ensure accuracy, quality and appropriateness.
- To ensure safeguarding responsibilities are reflected in all job descriptions.
- Be responsible for facilitating training opportunities for individual staff groups.
- Ensure there is a nominated Safeguarding Champion
- To take part in training, including attending regular updates so that they maintain their skills and are familiar with procedures aimed at safeguarding children / adults and implementation of the Mental Capacity Act.
- Understand the principles of confidentiality and information sharing in line with local and government guidance.
- To contribute, when requested to do so, to the multi-agency meetings established to safeguard and protect vulnerable children/ adults.
- Recognise the importance of sharing information, in confidence and with a lead person, regarding concerns they have about a colleague's behaviour.
- To minimise any potential risk to vulnerable children / adults. Ensure that the staff team complete the EFH benchmark for safeguarding and agreed incident forms and analysis of significant events forms.
- Be fully conversant with the EFH safeguarding adult's policy, the policies and procedures of the Local Safeguarding Children / Adults Board; and the integrated processes that support safeguarding.
- Act as a point of contact for family members to bring any concerns that they have, to document those concerns and to take any necessary action to address concerns raised.

EFH safeguarding lead is: Catherine Lines – Clinical Director who can be contacted on catherine.lines@efhl.co.uk

EFH Mental Capacity Act lead is: Catherine Lines – Clinical Director

Their role is to:

- Disseminate information in relation to safeguarding children/ adults/Mental Capacity Act to all staff members.
- Share information received on safeguarding concerns promptly with the safeguarding team, clarifying or obtaining more information about the matter as appropriate and as advised.
- Share information received on safeguarding children/ adults / Mental Capacity Act to the EFH Executive Leads, EFH Board and EFH Safeguarding Board.

Review date	Next Review Date
March 2024	January 2027

EFH Safeguarding Children in an Adult Residential Setting Policy reviewed March 2024

