



ADULT SAFEGUARDING POLICY & PROCEDURE

Scope

1.0 Policy Statement

1.1 Multi-Agency Safeguarding (Adults) Protocol

2.0 Care Act 2014

2.0.1 Health and Care Act 2022

Data submission - Capacity Tracker

2.1 Definition of an Adult at Risk

2.2 Adult Safeguarding, what it is and why it matters

Adult Safeguarding Training

2.3 Safeguarding is not a substitute for:

2.4 The Care Act requires that each Authority must

2.5 Aims of Adult Safeguarding

2.6 The Six Principles that underpin all Adult Safeguarding

3.0 Types of Abuse and Neglect

3.1 Patterns of Abuse

3.2 Who Abuses and Neglects Adults

3.3 Safeguarding Children in an Adult Setting

4.0 The Mental Capacity Act 2005

5.0 Reporting and responding to Abuse and Neglect

- Safeguarding Concern and Action Procedure
- Contact Safeguarding Team

6.0 Local Authority's role in carrying out enquiries

6.1 Information Gathering Diagram



6.2 Decision-making Tree

7.0 Procedures for responding in individual cases

7.1 When should an enquiry take place

7.2 Who can carry out an enquiry

7.3 What happens after an enquiry

7.4 Safeguarding Plans

8.0 Information Sharing

8.1 Record Keeping

8.2 Confidentiality

8.3 Front Line Staff

Part 2 The Policy

9.0 Making Enquiries -

9.1 Staff – How to Report a Safeguarding Concern - the name of the Designated Safeguarding Lead

9.2 Service Users – How to Report a Safeguarding Concern

9.3 The Role of the Manager

9.4 Supporting staff who are subject to a safeguarding enquiry

9.5 Learning lessons from Safeguarding concerns, referrals and enquiries

Accessibility of Reporting Procedures

10.0 Statutory Notifications to CQC

11.0 Restrictive Interventions

12.0 Related Policies

13.0 Related Guidance



14.0 Training Statement

15.0 Provider Designated Lead and Contacts

16.0 Making Safeguarding Personal (MSP) and Risk Assessment

1.0 Policy Statement

Divine Touch Care Limited is committed to safeguarding the safety, dignity, rights, and well-being of all adults with care and support needs who use our supported living services. Safeguarding is central to our organisational values, leadership, and operational practice, and underpins all support provided to people with learning disabilities and autistic people.

This commitment is fully aligned with the expectations of the **Care Quality Commission (CQC)** and is delivered in accordance with the Care Act 2014, the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, the Mental Capacity Act 2005, and all relevant statutory safeguarding guidance.

This policy replaces any previous generic care policies and has been developed specifically for our supported living model, where individuals live in their own homes with personalised support. Our approach promotes independence, autonomy, choice, and control, while ensuring that people are protected from abuse, neglect, discrimination, and improper treatment. We recognise that safeguarding in supported living requires a proactive, flexible, and person-centred approach that is embedded into everyday practice and respects each individual's human rights.

Divine Touch Care Limited fully adopts the statutory definition of safeguarding under the Care Act 2014. This applies to any adult who:

- Has needs for care and support (whether or not these are met by the local authority);
- Is experiencing, or is at risk of, abuse or neglect; and
- As a result of those needs, is unable to protect themselves from the risk or experience of abuse or neglect.

We acknowledge that safeguarding is a shared responsibility that extends beyond local authorities to include care providers, health services, and law enforcement agencies. Divine Touch Care Limited fulfils its safeguarding responsibilities by:



- **Preventing abuse and improper treatment** through safer recruitment practices, comprehensive induction, ongoing safeguarding training, effective supervision, environmental safety checks, and a culture that promotes openness, accountability, and whistleblowing without fear of reprisal.
- **Identifying and responding promptly** to all forms of abuse, including physical, emotional, sexual, financial, discriminatory, organisational abuse, neglect, and acts of omission. This includes recognising and responding to improper treatment such as unlawful restraint or inappropriate deprivation of liberty.
- **Maintaining clear and accessible reporting procedures** for staff, Service Users, families, visitors, and professionals to raise safeguarding concerns, including concerns involving senior staff or management. All concerns are escalated immediately to the Designated Safeguarding Lead (DSL) and, where required, reported to the Local Authority Safeguarding Team, the Care Quality Commission, and/or the Police.
- **Ensuring the lawful and proportionate use of restraint**, only as a last resort to prevent immediate harm, in line with legislation and best practice. Any use of restraint is formally assessed, recorded, reviewed, and monitored to ensure it is the least restrictive option available.
- **Promoting autonomy, empowerment, and inclusion**, by involving Service Users in safeguarding decisions wherever possible, respecting their capacity to consent, and applying best interests decision-making when individuals lack capacity, in accordance with the Mental Capacity Act.
- **Maintaining effective governance, oversight, and record-keeping**, ensuring safeguarding concerns, incidents, and outcomes are clearly documented, reviewed, and used to drive continuous improvement across the organisation.

Through these measures, Divine Touch Care Limited ensures that no Service User is subjected to abuse, neglect, discrimination, or unlawful restraint, and that all safeguarding concerns are addressed promptly, proportionately, and in the individual's best interests. This policy demonstrates full compliance with **Regulation 13: Safeguarding service users from abuse and improper treatment**.

Divine Touch Care Limited recognises that safer recruitment is fundamental to safeguarding. We are committed to thoroughly assessing the skills, experience, qualifications, values, and suitability of all prospective staff. Given the rewarding and challenging nature of supporting individuals with learning disabilities and autism, we ensure that all staff are appropriately trained, supported, and competent to deliver safe, respectful, and high-quality support that protects Service Users from harm.

Refer to the Recruitment and Selection Policy for details.



Accessing this policy

This Safeguarding Adults Policy applies to:

- All staff employed by Divine Touch Care Limited
- Volunteers, contractors, and agency workers engaged by the organisation
- Service Users living in our supported living properties
- Family members, visitors, advocates, and other relevant stakeholders

This policy is accessible to all staff, volunteers, and Board members via the organisation's online systems and is also available in a paper format upon request.

- Incorporated into each service user's care plan, retained in their home.
- Available on request in alternative formats, in line with the Accessible Information Standard.
- Displayed in public areas within Divine Touch Care Limited ' office and the supported living premises.
- Reviewed with carers and staff as part of their induction programme, and available in the staff handbook.

Service Users, family members, visitors, and other stakeholders may request access to this policy by contacting the Registered Manager.

Divine Touch Care Limited is committed to making safeguarding information accessible and inclusive. Where required, this policy can be provided in alternative formats, including **Easy Read**, to support people with learning disabilities and autistic people to understand their rights, how to stay safe, and how to raise safeguarding concerns.

Dissemination of Responsibilities to Staff

The Registered Manager and Named Complaints Lead (**Eva Joseph**) is responsible for ensuring that all staff clearly understand their roles and responsibilities in handling complaints. This is achieved through:

- Comprehensive review of the complaints policy during induction training for all new staff.
- Annual refresher training sessions, and whenever the policy is updated.



- Inclusion of periodic discussions on complaints management and lessons learned during team meetings.
- Written guidance and step-by-step procedural flowcharts available via the internal policy folder.
- Ongoing supervision and line management to ensure correct procedures are followed and staff are supported in addressing complaints.
- Regular observations and audits to monitor compliance and competence in complaints handling.

To ensure compliance with safeguarding protocols, responsibilities are disseminated to staff through the following mechanisms:

- **Mandatory Training & Induction:** All our staff receive safeguarding training upon induction, with refresher courses provided at regular intervals.
- **Policies & Procedures:** Clear internal policies outline reporting procedures, roles, and responsibilities in safeguarding vulnerable adults.

All Local Authorities are required to produce safeguarding guidance. When contracted with more than one authority, we ensure all relevant protocols are identified, listed, and followed in accordance with each respective local authority's requirements.



1.1 Multi-Agency Safeguarding (Adults) Protocol & Transforming Care Programme

All local authorities have updated their multi-agency safeguarding arrangements to reflect national legislative and policy changes. These arrangements reflect current legislation, statutory guidance, and national policy, including the principles of the Transforming Care Programme for people with learning disabilities and autistic people.

Multi-agency safeguarding adults protocols within the Local Authority are overseen by the **Safeguarding Adults Board (SAB)**. The SAB is a statutory, strategic partnership responsible for coordinating and assuring the effectiveness of safeguarding arrangements across partner agencies. This includes health, social care, housing, the police, and providers of supported living services.

The SAB operates within the statutory framework of the Care Act 2014 and promotes a person-centred, outcome-focused approach to safeguarding. This ensures that adults with learning disabilities and autistic people living in supported living settings are supported to live safely, exercise choice and control, and are protected from harm while having their rights respected.

Supported living providers are required to work in partnership with the Local Authority and other agencies to:

- Identify, respond to, and report safeguarding concerns in line with local multi-agency procedures
- Ensure staff are appropriately trained in safeguarding adults, learning disability, autism, and the Mental Capacity Act
- Promote least restrictive practice, positive behaviour support, and the prevention of institutional or inappropriate care settings in line with Transforming Care principles
- Evidence effective safeguarding practice in accordance with CQC Key Lines of Enquiry (KLOEs), particularly **Safe**, **Well-Led**, and **Responsive**

Further information on the Local Authority's safeguarding adults policies, procedures, and reporting pathways is available via the Local Authority's Safeguarding Adults website and associated multi-agency guidance documents.

Below are the contact details for the various Safeguarding departments with whom Divine Touch Care Limited collaborate as part of the Multi-Agency Safeguarding Team.



Bexley Care Hub: Tel: 0208 303 7777 Email: bsab@bexley.gov.uk / screeners@bexley.gov.uk Address: Civic Offices, 2 Watling Street, Bexleyheath, Kent, DA6 7AT	Greenwich Adult and Social Services: The Woolwich Centre, 35 Wellington Street, London SE18 6HQ On -call Team 24/7: 07850 183 589 Safeguarding: 020 8854 8888 Out of hours: 020 8854 8888
Bromley Adult Safeguarding Board Bromley Council: 020 8461 7777 Out of Hours: 0300 303 8671 Email: adultsocialcare@bromley.gov.uk adult.early.intervention@bromley.gov.uk MASH: 020 8461 7373 / 020 8461 7026 Address: Civic Centre, Stockwell Close, Bromley, BR1 3UH Email: mash@bromley.gov.uk	Lewisham Adult Gateway: Tel: 020 8314 7777 (Option 1) Out of Hours: 020 8314 7766 Text: 07730 637 194 Email: gateway@lewisham.gov.uk

All LAs are required to produce and maintain these safeguarding guidance documents. When working under contract with more than one authority, we ensure that the protocols from each relevant LA are listed, adhered to, and followed accordingly.

2.0 Care Act 2014

The changes introduced in April 2015 are fully detailed in the Care and Support Statutory Guidance issued under the Care Act 2014 (Chapter 14) of the Act. This replaces current guidance and covers the following:

- Adult safeguarding, what it is and why it matters.
- Abuse and neglect
 - What they are and spotting the signs
 - Reporting and responding to abuse and neglect
- Carers and adult safeguarding
- Adult safeguarding procedures
- Local authority's role and multi-agency working
- Criminal offences and adult safeguarding
- Safeguarding enquiries
- Safeguarding Adult Boards; (SABs)
- Safeguarding Adults Reviews (SARS)



- Information sharing, confidentiality and record keeping.
- Roles responsibilities and training in local authorities, the NHS, and other agencies.

The government also reissued the Care and Support Statutory Guidance on May 9th, 2016 issued under the Care Act.

As an organisation, we are aware of the changes within chapter 14 about Local Authorities' responsibilities.

Please note:

Where someone is 18 years old or over but whose services are arranged via children's services, any safeguarding issue is dealt with via the adult safeguarding arrangement within the local authority or other statutory partners such as NHS or Police.

2.0.1 Health and Care Act 2022

The Act introduced measures to tackle the COVID-19 backlogs and rebuild health and social care services, backed by £36 billion over 3 years through the Health and Care Levy. It will also contain measures to tackle health disparities and create safer, more joined-up services that will put the health and care system on a more sustainable footing.

This Act introduced other measures including:

- Safeguarding women and girls by banning the harmful practices of virginity testing and hymenoplast.
- Crackdown on the use of goods and services in the NHS tainted by modern slavery and human trafficking to ensure that the NHS is not buying or using goods or services produced by or involving any kind of slave labour
- To continue to safeguard people in our service in relation to the Covid-19

Data submission - Capacity Tracker

To continue to safeguard people in our service particularly concerning acute respiratory infection, the Health and Care Act 2022 Adult Social Care Provider Information provisions: guidance for Divine Touch Care Limited on data collection requires us to submit a core subset of the data which has previously been submitted through the Capacity Tracker (CT). This is gathered monthly. We are required to update data by the end of the 14th day of each month, or the next working day where the 14th falls on a weekend or public holiday. Data must be no more than a week out of date – that is, data must be correct to no further back than the 8th of each month.



In our procedures, we have established a structured process for the monthly submission of required data to ensure compliance and maintain high-quality service delivery. This process is overseen by our named person, Eva Joseph, who is responsible for ensuring the accuracy, completeness, and timely submission of all necessary data.

Each month, the named person collects data from various internal sources, including service logs, progress notes, and individual support plans. The named person meticulously reviews this information to verify its accuracy and consistency, adhering to best practices in data management. This includes implementing data validation checks to identify and rectify any discrepancies, thereby maintaining the integrity of our records.

As a provider, the mandatory information required is:

- How many service users are currently registered and receiving care from Divine Touch Care Limited
- Number of staff in the organisation that have face-to-face contact with the people being supported
- Number of staff delivering care that are not working because of COVID-19
- How many hours we have paid direct employees to work in the last month or 4 weeks, including any overtime
- How many hours of overtime we have paid for in the last month or 4 weeks
- How many hours of agency staff time we have paid for in the last month or 4 weeks
- How many days or hours of absence we have recorded in the last month or 4 weeks
- COVID-19 vaccination (during a campaign and up to the mandation week following the end of a campaign):
 - Number of staff known to have received a seasonal booster
- Flu vaccination (seasonal: 1 September to 31 July):
 - Number of staff known to have received this season's flu vaccination
- Packages of care:
 - In the last 28 days, how many current NHS and local authority-funded service users' care packages we have had to return
 - In the last 28 days, how many current self-funded service users' care packages we have had to end



- Other data items in CT are often key for local operational support and we may be asked to provide more regular updates to these items – for example:
 - Confirmed and suspected COVID-19 cases in staff and residents
 - Vaccination updates
 - Daily bed vacancy updates
 - Workforce data

2.1 Definition of a Vulnerable Adult

The term “vulnerable adult” is in itself contentious. By labelling adults “vulnerable” there is a danger that they will be treated differently.

The label can be stigmatising and result in assumptions that an individual is less able than others to make decisions and to determine the cause of their lives. In this way, the term can level too subtle forms of inappropriate discrimination. Throughout this policy, the distinction between an adult with the capacity to make decisions and adult lacking capacity is emphasised. Adults who have the capacity retain the right to make their own decisions and to direct their own lives. Adults lacking the capacity to make decisions, retain the right to be involved in decision-making as far as possible but will nevertheless require decisions to be made on their behalf and so the overall approach shifts to promoting their best interests. The judgement that an adult is vulnerable should not be confused with a decision about their capacity. They are distinct questions although a lack of capacity will, ordinarily, contribute to an adult’s vulnerability.

Vulnerable Individuals may find it difficult to fit in with mainstream society. This can be for several reasons, as they may face prejudice and discrimination in their everyday lives. They might not have the ability to effectively communicate with other people. They may not understand certain aspects of social etiquette, or they may simply find it difficult to access their local communities and community services. In short, they are not always adequately protected like other people in society as they are sometimes excluded from it.

It is for this reason that Vulnerable Individuals may be classed as vulnerable. Their vulnerability might be due to their learning disability, physical disability, sensory



impairment, or illness. Generally, a vulnerable person is someone who is aged over 18 but may not have the ability to not only look after themselves and may also be at risk because they cannot protect themselves from harm or exploitation.

They may be at risk in their own homes, in their local communities or whilst using public transport. It has been suggested that vulnerable people are less at risk from crime in general, but they are more at risk from actually being attacked than other people. It is thought that Vulnerable Individuals also have an increased risk of becoming victims of sexual abuse, and they may also be less able to defend themselves against violence.

A vulnerable person may be seen as an easy target, seemingly less protected and helpless in the face of attack, bullying or abuse.

2.2 Adult Safeguarding, What it is and Why it Matters:

It is a means of protecting an adult's safety, free from abuse and neglect. It means people and organisations working together to prevent and stop such abuse and neglect, whilst making sure that the adult's well-being is promoted, including, where appropriate, due regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear, or unrealistic about their circumstances.

Organisations should always promote the adult's well-being in their safeguarding arrangements. People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with adults to establish what being safe means to them and how that can best be achieved. Professionals should not be advocating "safety" measures which do not take into account individual well-being as defined in Chapter 1 of the Care and Support Statutory Guidance issued by the Department of Health.



Adult Safeguarding Training

Divine Touch Care Limited will ensure that our safeguarding lead has had suitable safeguarding training and competencies and has the right knowledge and skills to ensure the protection and safety of our Service Users and to support other staff.

Training for all staff is supplied by **HNL Care Services** and a training matrix is in place outlining the safeguarding training requirements for people at different levels. Areas covered also include mental capacity, deprivation of liberty safeguards, consent and access to easy-read resources.

In addition to the comprehensive training provided by HNL Care Services, our staff receive specialized instruction tailored to meet the diverse needs of our service users. This includes training in areas such as dementia care, mental health awareness, and positive behavior support, ensuring our team is equipped to deliver compassionate and effective support. We also emphasize person-centered care approaches, enabling staff to respect and respond to the unique preferences and needs of each individual. Regular refreshers and updates are conducted to keep our team informed of the latest best practices and legislative requirements, fostering a culture of continuous professional development and excellence in care delivery.

At **Divine Touch Care Limited** we safeguard our Service Users from abuse and harm by using the skills and experiences of our safeguarding champions. Our safeguarding champions understand the safeguarding policy and procedure and help to ensure our procedures are followed. They are available to support other staff, champion best practices and support reflective learning. Divine Touch Care Limited will ensure our safeguarding champions are supported by training and development opportunities to ensure they have the right knowledge and skills to be safeguarding champions. It is important to note that a safeguarding champion is not a replacement or alternative to the safeguarding lead.



2.3 Safeguarding is not a substitute for:

- **Divine Touch Care Limited's** responsibilities to provide safe and high-quality care and support.
- Commissioners' duty to regularly assure themselves of the safety and effectiveness of the services they commission.
- The role of the Care Quality Commission (CQC) in ensuring that regulated services, such as Divine Touch Care Limited, comply with fundamental standards of care or take enforcement action where necessary.
- The core duties of the Police, which include preventing and detecting crime, and protecting life and property.

2.4 The Care Act Requires that Each Authority Must:

- Make enquiries or cause others to do so, if it believes an adult is experiencing or is at risk of abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect and if so by whom.
- Set up a Safeguarding Adults Board (SAB).
- Arrange where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR) where the adult has substantial difficulty (such as a profound Learning Disability) in being involved in the process and where there is no other suitable person to present and support them.
- Co-operate with each of its relevant partners to protect the adult. In their turn, each relevant partner must cooperate with the local authority.

2.5 Aims of Adult Safeguarding/Preventing Abuse

The Act sets out the following which applies to all local authorities and their relevant partners. Relevant partners include NHS, Police, and Ambulance Service. Regulated or unregulated providers and all parties involved in the enquiry.



- Stop abuse or neglect wherever possible.
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
- Safeguard adults in a way that supports them in making choices and having control over how they want to live.
- Promote an approach that concentrates on improving life for the adults concerned.
- Raise public awareness so that communities, alongside professionals, play their part in preventing, identifying, and responding to abuse and neglect.
- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and
- Address what has caused the abuse or neglect.

To achieve these aims and prevent harm and abuse we:

- Ensure that everyone, both individuals and all who are involved with them, is clear about their roles and responsibilities.
- Create strong multi-agency partnerships that provide timely and effective prevention of and responses to abuse or neglect.
- Support the development of a positive learning environment across these partnerships and at all levels within them to help break down cultures that are risk-averse and seek to scapegoat or blame practitioners.
- Enable access to mainstream community resources such as accessible leisure facilities, safe town centres and community groups that can reduce social and physical isolation which in itself may increase the risk of abuse or neglect.
- Clarify how to respond to safeguarding concerns that may arise from poor quality and inadequacy of the services being provided.
- Ensure that individuals are given information in a format that is accessible.



Proactive Measures to Prevent Abuse

Divine Touch Care Limited is committed to preventing abuse before it occurs by implementing:

- **Safer Recruitment Practices:** All staff are subject to enhanced DBS checks, thorough references, and values-based interviews.
- **Regular Staff Supervision:** Staff receive supervision and reflective practice reviews to address concerns early.
- **Whistleblowing Policy:** Staff are trained and encouraged to report poor practice without fear of reprisal.
- **Training and Competency Checks:** All staff undergo induction and annual refresher training in safeguarding, including spotting early warning signs.
- **Positive Behaviour Support:** We use person-centred approaches that reduce the risk of restrictive practices or coercive behaviour.
- **Service User Empowerment:** Individuals are educated about their rights and how to speak up if something feels wrong.
- **Environmental Safeguards:** Communal areas are monitored; closed-door sessions with service users are risk assessed; visitors are logged and supervised as appropriate.
- **Quality Audits:** Regular internal audits flag early signs of neglect or poor practice and prompt immediate intervention.



Divine Touch Care Limited – Safeguarding Adults Framework

Preventing Abuse & Neglect: Flowchart

PREVENTION: BUILDING A SAFE CULTURE



1. Staff recruitment → DBS checks → Induction
2. Regular staff safeguarding training
3. Empower residents (education, choices)
4. Person-centred support plans
5. Foster open, blame-free reporting
6. Maintain clear policies, audits, & supervision



IDENTIFY: SPOT SIGNS EARLY ↓

7. All staff alert to signs of - Physical / Emotional / Financial abuse - Neglect, Discrimination, Institutional abuse ↓
8. Staff trained: ask, listen, document

RESPOND: TAKE IMMEDIATE ACTION ↓

9. Is the person in immediate danger?

Yes → **Call 999** (Police / Ambulance)

No → Continue **(10)** ↓

10. Report to Safeguarding Lead (DSL) → Complete internal safeguarding form



REPORT: ESCALATE CONCERN ↓

11. DSL triages concern: - Is it a safeguarding issue?- Has a crime occurred?

(If yes, call 101)

12. DSL refers to:- Local Authority Safeguarding Adults Team (via MASH) - Care Quality Commission (if provider-level risk)



ENQUIRY: INVESTIGATE & PLAN



13. Multi-agency safeguarding enquiry (**Care Act Section 42**)

14. Service user involved ("Making Safeguarding Personal")

15. Risk assessment + safeguarding plan created



OUTCOME: ACTION & REVIEW



16. Risk: - Removed / Reduced / Ongoing

17. Plan implemented, reviewed, monitored

18. Internal review: - Lessons learned - Policy / Training updates



Person-Centred Planning

Person-centred planning is a process of constant review, learning and listening. Person-centred planning focuses on the immediate and the future, taking into account the needs, thoughts, concerns and opinions of the individual, and consulting their family and friends and others within their 'personal network'. Safeguarding is at the core of this approach by taking a balanced approach to risk to ensure Vulnerable Individuals can take positive risks that improve their well-being and quality of life.

Safeguarding is at the core of this approach by taking a balanced approach to risk to ensure individual's can take positive risks that improve their well-being and quality of life.

Person-centred planning is an approach that tries to include not just specialist services, but also services used by mainstream society. This in turn helps to connect them with mainstream society and fosters a greater move towards inclusion and realisation of life goals.

Person-centred Planning is an ongoing problem-solving process used to help people with individual plan for their future. In person-centred planning, groups of people focus on an individual and that person's vision of what they would like to do in the future. This "person-centred" team meets to identify opportunities for the focus person to develop personal relationships, participate in their community, increase control over their own lives, and develop the skills and abilities needed to achieve these goals. Person-centred Planning depends on the commitment of a team of individuals who care about the focus person.

These individuals take action to make sure that the strategies discussed in planning meetings are implemented.



Purpose

- To look at an individual differently.
- To assist the focus person in gaining control over their own life.
- To increase opportunities for participation in the community.
- To recognise individual desires, interests, and dreams.
- Through a team effort, develop a plan to turn dreams into reality.

When Valuing People was published, there was great emphasis on the fact that for person-centred planning to become a widespread normal practice, there had to be major changes in organisational practices.

Six Principles Underpinning all Adult Safeguarding Work

The Care Act sets out the steps that local authorities must implement to meet the legal requirements of the Act. All staff must become familiar with these requirements. Guidance developed by our local authority partners will be included in this policy as it becomes available. All Local Authorities will review and amend the Multi-Agency Safeguarding Protocol which is available from the Local Authorities Safeguarding Adult Board (SAB) website.

Any changes to training are incorporated with immediate effect.

2.6 The Six Principles that underpin all Adult Safeguarding

Divine Touch Care Limited adopt the six safeguarding principles outlined in the Care Act 2014:

Empowerment – Supporting individuals to make their own informed decisions.



"I am asked what I want from the safeguarding process and these directly inform what happens".

Prevention – Taking proactive steps to prevent abuse before it occurs.

"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."

Proportionality – Ensuring our response is appropriate to the level of risk.

"I am sure that the professionals will work in my interest, as I see them, they will only get involved as much as needed."

Protection – Providing support to those at greatest risk.

"I get help and support to report abuse and neglect. I get help so that I can take part in the safeguarding process to the extent I want."

Partnership – Working closely with local authorities, healthcare Divine Touch Care Limited , and others.

"I know that staff treat any personal or sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."

Accountability – Being open and transparent in our safeguarding duties.

"I understand the role of everyone involved in my life and so do they."

These principles apply to our settings including care and support services, commissioning, regulation and provision of health and care services, social work, healthcare, welfare, benefits, housing, wider local authority function and the criminal justice system. The principles should inform how professionals and other staff work with adults. They can also help SABs and other organisations more widely, by using them to examine and improve their local arrangements. In addition to these principles, the Act seeks to broaden a community approach to establishing their safeguarding arrangements.



Divine Touch Care Limited recognise that adult safeguarding arrangements are there to protect the individuals we support . We all have different preferences, histories, circumstances, and lifestyles so it is unhelpful to prescribe a process that must be followed whenever a concern is raised; and the case study below helps illustrate this.

3.0 Types of Abuse and Neglect

- **Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint, or inappropriate physical sanctions.
- **Domestic violence** – including psychological, physical, sexual, financial, emotional abuse and so, and called ‘honour-based violence. Reference to the Domestic Abuse Act 2021 can be found here [Domestic Abuse Bill 2020: factsheets - GOV.UK](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/901237/Domestic_Abuse_Bill_2020_factsheets.pdf) (www.gov.uk)
- **Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
- **Sexual exploitation:** The term “sexual exploitation” means any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. It may be very important in specific cases to be clear about the context in which concerns about sexual exploitation arise. Some individuals may have been groomed as children or young people, whilst others may be engaged as sex workers and so are at risk because they are threatened or coerced, have drug dependencies and/or mental health needs. Vulnerable Individuals may be led into harm because of perceptions that 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, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday 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.
- **Forced Marriage:** Although forcing someone into a marriage and/or luring someone overseas for marriage is a criminal offence, the civil route and the use of 'Forced Marriage Protection Orders' are still available. These can be used as an alternative to entering the criminal justice system. It may be that 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
- **Exploitation by radicalisation:** The Home Office leads on the anti-terrorism PREVENT strategy, of which CHANNEL is a part (refer to www.gov.uk for information). This aims to stop people from becoming terrorists or supporting extremism. All local organisations have a role to play in safeguarding people who meet the criteria. Contact should be made with the police regarding any individuals identified who present concerns regarding violent extremism.
- **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyberbullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- **Financial or material abuse** – including theft, fraud, internet scamming, coercion about an adult's financial affairs or arrangements, including regarding wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions, or benefits.



- **Modern slavery** – 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.
- **Human Trafficking:** The definition of human trafficking is the illegal movement of people through force, fraud or deception to exploit them, typically for 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 illegally using forged documentation or secretly under forced hiding, or they may even be UK citizen living in the UK who is then trafficked within the country but this should not be confused with people smuggling, where the Individual 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:** refers to the relatively recent identification of a new type of controlling and coercive criminal activity. This involves gangs using adults at risk (and children and young people) to move, store and deliver drugs.
- **Discriminatory abuse:** including forms of harassment, slurs or similar treatment, because of race, gender, gender identity, age, disability, sexual orientation or religion.
- **Internet/cyberbullying:** can be defined as the use of technology, particularly mobile phones and the internet, to deliberately hurt, upset, harass or embarrass someone else. It can be an extension of face-to-face bullying, with the technology offering the bully another route for harassing their victim, or can be simple without motive. Cyberbullying can occur using practically any form of connected media, from nasty text and image messages using mobile phones to unkind blog and social



networking posts, emails and instant messages, to malicious websites created solely to intimidate an individual or virtual abuse during an online multiplayer game.

- **Organisational abuse** – including neglect and poor care practice within an institution or specific care setting such as a supporting living facility , hospital or care home, or about the care provided in one's own home. This may range from one-off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes, and practices within an organisation.
- **Neglect and acts of omission** – including ignoring medical, emotional, or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition, and heating.
- **Self-neglect** – this covers a wide range of behaviour neglecting to care for one's hygiene, health or surroundings and includes behaviour such as hoarding.

Incidents of abuse may be one-off or multiple and affect one person or more. Professionals and others should look beyond single incidents or individuals to identify patterns of harm, just as the Care Quality Commission, as the regulator of service quality, does when it looks at the quality of care in health and care services. Repeated instances of poor care may be an indication of more serious problems and are what we now describe as organisational abuse. To see these patterns, it is important that information is recorded and appropriately shared.



Signs of abuse

Physical Abuse

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

Sexual Abuse

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



Psychological

- An air of silence when a particular person is present.
- Withdrawal or change in the psychological state of the Individual.
- Insomnia.
- Low self-esteem.
- Uncooperative and aggressive behaviour.
- A change of appetite, weight loss/gain.
- Signs of distress: tearfulness, anger.
- Apparent false claims, by someone involved with the Individual, to attract unnecessary treatment.

Financial

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



- The disparity between the Individual's living conditions and their financial resources, e.g. insufficient food in the house.
- Unnecessary property repairs.

Domestic abuse

- Appears to be afraid of their partner and/or of making choices for themselves.
- Behaves as though they deserve to be hurt or mistreated.
- May have low self-esteem or appear to be withdrawn.
- Appears unable or unwilling to leave the perpetrator.
- Leaves perpetrator and then returns to them.
- Makes excuses for or condones the behaviour of the perpetrator.
- Blames abuse on themselves.
- Minimises or denies abuse or seriousness of the harm.
- The perpetrator is always with the victim and will not let the victim speak for themselves, e.g., at GP visits.
- Low self-esteem
- Feeling that the abuse is their fault when it is not.
- Physical evidence of violence such as bruising, cuts, and broken bones.
- Verbal abuse and humiliation in front of others.
- Fear of outside intervention.
- Damage to home or property.
- Isolation – not seeing friends and family.
- Limited access to money.

Domestic violence and abuse include any incident or pattern incidents of controlling, coercive or threatening behaviour, violence, or abuse between those aged 16 or over who are or have been, intimate partners or family members regardless of gender or sexuality.



It also includes so-called 'honour-based violence, female genital mutilation and forced marriage.

Modern Slavery

- Signs of physical or emotional abuse.
- Appearing to be malnourished, unkempt or withdrawn.
- Isolation from the community, seeming under the control or influence of others.
- Living in dirty, cramped, or overcrowded accommodation and or living and working at the same address.
- Lack of personal effects or identification documents.
- Always wearing the same clothes.
- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers.
- Fear of law enforcers.

Discriminatory Abuse

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

Organisational Abuse

- Incidents of abuse or neglect are not reported, or there is evidence of incidents being deliberately not reported.
- Lack of flexibility and choice for people using the service.
- Inadequate staffing levels.
- People being hungry or dehydrated.
- Poor standards of care or frequent, unexplained deterioration in Service Users' health and well-being.



- Repeated cases of the Service User not having access to nursing, medical or dental care.
- Lack of procedures and safeguards in place relating to the safe handling of Service Users' money.
- A sudden increase in safeguarding concerns in which abuse or neglect has been identified.
- Repeated instances of Service Users, families and carers feeling victimised if they raise safeguarding concerns.
- The service fails to improve or respond to actions or recommendations in local compliance visits or audit frameworks from the local authority, clinical commissioning groups or the Care Quality Commission.
- Lack of personal clothing and possessions and communal use of personal items.
- Lack of adequate procedures.
- Poor record-keeping and missing documents or evidence of redacted, falsified, or incomplete records.
- Absence of visitors.
- Few social, recreational, and educational activities.
- Public discussion of personal matters.
- Unnecessary exposure during bathing or using the toilet.
- Absence of individual support plans.
- Lack of management overview and support.

Neglect and Acts of Omission

- Poor environment – dirty or unhygienic.
- Poor physical condition and/or personal hygiene.
- Pressure sores or ulcers.
- Malnutrition or unexplained weight loss.
- Untreated injuries and medical problems.
- Inconsistent or reluctant contact with medical and social care organisations.



- Accumulation of untaken medication.
- Uncharacteristic failure to engage in social interaction.
- Inappropriate or inadequate clothing.

Self-Neglect

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

(Social Care Institute for Excellence. Oct 2020).

3.1 Patterns of Abuse

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



3.2 Who Abuses or Neglects Adults?

Anyone can carry out abuse or neglect, including:

- Spouses/partners
- Other family members
- Neighbours
- Friends
- Acquaintances
- Local residents
- People who deliberately exploit adults they perceive as vulnerable to abuse
- Paid staff or professionals; and
- Volunteers and strangers.

While a lot of attention is paid, for example, to targeted fraud or internet scams perpetrated by strangers, it is far more likely that the Individual responsible for abuse is known to the adult and is in a position of trust and power.

Vulnerable Individuals are more likely to be exploited because of their disability. This is because they may be easily manipulated by not fully understanding the nature of the abuse and will readily be compliant. After all, they feel they are doing something positive to improve a personal relationship.

Staff need to be extra vigilant when working with Vulnerable Individuals and so Divine Touch Care Limited will provide training for those staff who work with this vulnerable group of people to ensure they are protected.

Eva Joseph is designated to handle concerns in relation to people in the position of trust. Please refer to the Position of Trust Policy.



3.3 Safeguarding Children in an Adult Setting

Divine Touch Care Limited is aware of its obligations under the Health and Social Care Act 2008 (Regulated Activities) 2010 to protect and safeguard children who, whilst not Service Users, sometimes accompany Service Users, their representatives or families, and are present during the delivery of the service. We apply the Think Family principles and promote the whole family approach when working in a family situation.

Eva Joseph is designated to handle concerns in relation to People in Position of Trust. Please refer to the Position of Trust Policy.

4.0 The Mental Capacity Act 2005

In recent years, the Government sought to improve the lives of Vulnerable Individuals and their families. There has been much progress in taking the necessary steps to do this, with advocacy (the ability to control their own lives and make important changes) and the ability for a person to have equal opportunities for independent living, and protection at the root of the changes.

One such piece of legislation that has contributed to these positive changes is the Mental Capacity Act.

The main aim of the Act is to ensure that adults with learning disabilities or mental health conditions (or for any other reason such as brain injury, stroke, or dementia), are adequately protected if they cannot make decisions for themselves. It also aims to enable people to make as many of their own decisions as is possible, for as long as they are deemed capable of doing so. This also applies when those responsible for such adults do not necessarily agree whether the decision being made is 'right' or 'wrong' – the opportunity and right of the individual to make that decision should be upheld.

The Act does also state that whilst others, such as a family member or staff member, should help a person to make decisions for themselves, they can also override any decisions that are made if they believe that the individual 'lacks capacity. It is not just



psychiatrists and other qualified health professionals that deem the individual to be 'lacking capacity'- this decision can also be made by staff members, family, and carers.

It is more likely that people with a health challenges will have issues with capacity and so for this reason, there are stringent checklists and rules to ensure the protection of individuals when this occurs, and the circumstances in which overruling of decisions may take place. It is also for this reason that everybody involved in any aspect of the individual's life should have a satisfactory knowledge of how the Act works.

One major issue with learning disabilities is that sometimes communication may be impaired, so establishing mental capacity can be difficult. A person with learning disabilities may have trouble with cognitive abilities that allow them to understand and process specific issues, their effects, and the consequences of decision-making. Likewise, communicating their decisions may prove difficult.

The Independent Mental Capacity Advocate service has been set up to assist vulnerable people, such as those with severe learning disabilities to help them understand the issues that require important decision-making. It is generally involved where people who do not have anyone else speak for them to ensure that they are involved in the decision-making as far possible for as long as possible.

People must be assumed to have the capacity to make their own decisions and be given all practicable help before anyone treats them as not being able to make their own decisions. Where an adult is found to lack the capacity to make a decision then any action taken, or any decision made for, or on their behalf, must be made in their best interests.

Professionals and other staff need to understand and always work in line with the Mental Capacity Act 2005 (MCA). They should use their professional judgement and balance many competing views. They will need considerable guidance and support from their employers if they are to help adults manage risk in ways and put them in control of decision-making if possible.



Regular face-to-face supervision from our skilled managers is essential to enable staff to work confidently and competently in difficult and sensitive situations.

Mental capacity is frequently raised about adult safeguarding. The requirement to apply the MCA in adult safeguarding enquiries challenges many professionals and requires utmost care, particularly where it appears an adult has the capacity for making specific decisions that nevertheless place them at risk of being abused or neglected.

The MCA created the criminal offences of 'ill-treatment' and 'wilful neglect' in respect of people who lack the ability to make decisions. The offences can be committed by anyone responsible for that adult's care and support, it can be paid staff but also family carers as well as people who have the legal authority to act on that adult's behalf (i.e. persons with power of attorney or Court-appointed deputies).

These offences are punishable by fines or imprisonment. Ill-treatment covers both deliberate acts and also those acts which are reckless and result in ill-treatment. Wilful neglect requires a serious departure from the required standards of treatment and usually means that a person has deliberately failed to carry out an act that they knew they were under a duty to perform.

Abuse by an attorney or deputy: If someone has concerns about the actions of an attorney acting under a registered Enduring Power of Attorney (EPA) or Lasting Power of Attorney (LPA), or a Deputy appointed by the Court of Protection, they should contact the Office of the Public Guardian (OPG). The OPG can investigate the actions of a Deputy or Attorney and can also refer concerns to other relevant agencies. When it makes a referral, the OPG will make sure that the relevant agency keeps it informed of the action it takes. The OPG can also make an application to the Court of Protection if it needs to take possible action against the attorney or deputy. Whilst the OPG primarily investigates financial abuse, it is important to note that it also must investigate concerns about the actions of an attorney acting under a health and welfare Lasting Power of Attorney or a personal welfare deputy. The OPG can investigate concerns about an attorney acting under a registered Enduring or Lasting Power of Attorney, regardless of the adult's capacity to make decisions.



Safeguarding Vulnerable Groups Act 2006

This Safeguarding Vulnerable Groups Act (SVGA) 2006 was passed to help avoid harm, or risk of harm, by preventing people who are deemed unsuitable to work with children and vulnerable adults from gaining access to them through their work. Refer to the Disclosure and Barring Service (DBS) and (DBS) Referral Policy for more details.

5.0 Reporting and Responding to Abuse and Neglect

Divine Touch Care Limited recognise that our role as a service provider is key to promoting good practice and therefore preventing harm, or allowing harm to take place. Ensuring safe recruitment practices, effective supervision, focussed training and direct observation of staff practice are all critical elements that contribute to the prevention of harm.

Refer to the Recruitment and Selection Policy for safe recruiting practices along with the Code of Conduct for Workers Policy for more details.

We also have a responsibility to work in partnership with commissioners to ensure that when things do go wrong we report it and, if appropriate, seek help to put matters right without delay.

It is important to understand the circumstances of abuse, including the wider context such as whether others may be at risk of abuse, whether there is any emerging pattern of abuse, whether others have witnessed abuse and the role of family members and paid staff or professionals.

Concern should be raised when there is reason to believe an adult at risk may have been, is, or might be the subject of harm, abuse or neglect by any other person or persons. This may include anyone self-neglecting where there is a significant risk to their health or well-being.

The local authority will determine if the concern meets the criteria for a Section 42 Enquiry and if not, what other actions may be taken. In doing so, the local authority will



consider the circumstances surrounding any actual or suspected case of abuse or neglect.

It is important to recognise that abuse or neglect may be unintentional and may arise because a carer is struggling to care for another person. This makes the need to act no less important, but in such circumstances, an appropriate response could be a support package for the carer and ongoing monitoring. However, the primary focus must still be on how to safeguard the adult who is at risk. In other circumstances where the safeguarding concerns arise from abuse or neglect deliberately intended to cause harm, then it would not only be necessary to immediately consider what steps are needed to protect the adult but also whether to refer the matter to the police to determine whether a criminal investigation would be required or appropriate.

The nature and timing of the intervention and who is best placed to lead will be, in part, determined by the circumstances and always directed by the local authority safeguarding team. For example, where there is poor, neglectful care or practice, resulting in pressure sores for example, then an employer-led disciplinary response may be more appropriate; but this situation will need additional responses such as clinical intervention to improve the care given immediately and a clinical audit of practice. Commissioning or regulatory enforcement action may also be appropriate.

Early sharing of information is the key to providing an effective response where there are emerging concerns. To ensure effective safeguarding arrangements:

- Divine Touch Care Limited have arrangements in place which set out the processes and the principles for sharing information between each other, with other professionals and with the SAB; this could be via an Information Sharing Agreement to formalise the arrangements; and,
- We do not assume that someone else will pass on information that they think may be critical to the safety and well-being of the adult we support. If a professional has concerns about the adult's welfare and believes they are suffering or likely to suffer abuse or neglect, then we will share the information with the local authority and, or the police if they believe or suspect that a crime has been committed.



Reporting Concerns

Staff Reporting

All staff must report concerns immediately to the Designated Safeguarding Lead (DSL). Our DSL is: **Eva Joseph**

Email: safeguarding@divinetouchcare.co.uk

Service User Reporting

Service users can raise concerns via:

- Easy-read leaflets and posters in communal areas
- Support staff or keyworkers
- Anonymous contact forms or family representatives

External Reporting

Concerns can also be raised directly with:

- Local Authority (LA) Safeguarding Adults Board (ESAB)
- The Care Quality Commission (CQC)
- Local Police or NHS services



Divine Touch Care Limited

Safeguarding Concern and Action Procedure

Followed by the Designated Safeguarding Lead (DSL)

1. Concern Raised

2. DSL Acknowledges Report (within 12- 24 hours)

→ Immediate risk assessed
(Low – Medium- High Risk)
Low – Medium (Step 3 -5)

3. DSL Reviews Concern

→ Considers service user's history and records

4. DSL Determines Threshold for Referral If the threshold met

5. Referral to Local Authority Safeguarding Team (under Section 42 of the Care Act) High Risk (Step 6 -10)

6. Notify CQC and Nominated Individual (if required)

└─► If threshold is not met:

DSL records decision and continues internal monitoring



7. DSL Liaises with External Agencies (as appropriate)

→ e.g., Police, NHS, Advocacy Services

8. DSL Logs All Actions

→ Detailed safeguarding log maintained

→ Dates, people involved, outcomes

9. Provide Support

→ To affected individual and staff

→ Debriefing and emotional/practical support

10. Follow-up Actions

↳ Corrective Action:

- Action against perpetrator
- Support for the victim

↳ Preventive Action:

- Review policies and procedures
- Staff training or disciplinary steps

11. Quality Review

→ Case reviewed at management level

→ Trends and lessons identified



Divine Touch Care Limited

Safeguarding Concern Reporting Process

1. Concern Identified



- Any Divine Touch Care Limited staff member notices or suspects abuse/neglect involving an adult at risk.
-

2. Is the person in immediate danger?

- **YES** → **Call 999 immediately** (Police / Ambulance) ↓ then proceed to step 3
 - **NO** → Proceed to step 3
-

3. Internal Reporting



- Inform **Register Manager** or **Designated Safeguarding Lead (DSL)** immediately
 - If unavailable → escalate to another **senior personnel**
 - **Record details** on Divine Touch Care Limited Safeguarding Concern Form:
 - Adult's full details (name, DOB, contact info)
 - Nature, time, and location of incident
 - Names involved (including alleged perpetrator)
 - Immediate actions taken
-



4. Referral to Local Authority



- DSL / Manager completes **Safeguarding Adults Referral Form** or uses **MASH online portal/secure email**
 - Submit within **24 hours** of concern being identified
 - Include Divine Touch Care Limited contact details for follow-up (unless anonymity required)
-

5. Local Authority (MASH) Action



- Acknowledge referral
 - Assess risk & decide if **Section 42 Care Act enquiry** is required
 - Take any urgent protective action
-

6. Follow-up & Support



- Divine Touch Care Limited may be asked for extra information or to contribute to enquiry
 - Maintain confidentiality – share only on a '**need to know**' basis
 - Record all follow-up actions in Divine Touch Care Limited safeguarding records
-

7. Case Closure / Ongoing Monitoring



- If risk is resolved → close case and record outcome
- If ongoing → implement safeguarding plan and review regularly with multi-agency partners



6.0 Local Authority's Role in Carrying Out Enquiries

Local authorities must make enquiries, or cause others to do so, if they reasonably suspect an adult who meets the criteria in paragraph 14.2 is or is at risk of, being abused or neglected.

An enquiry is an action taken or instigated by the local authority in response to a concern that abuse or neglect may be taking place. An enquiry could range from a conversation with the adult, or if they lack capacity, or have substantial difficulty in understanding the enquiry with their representative or advocate and will be before initiating a formal enquiry under section 42, right through to a much more formal multi-agency plan or course of action. Whatever the course of subsequent action, the professional concerned should record the concern, the adult's views and wishes, any immediate action that has been taken and the reasons for those actions.

The purpose of the enquiry is to decide whether or not the local authority or another organisation, or person, should do something to help and protect the adult. If the local authority decides that another organisation should enquire, for example, a care provider, then the local authority should be clear about timescales, the need to know the outcomes of the enquiry and what action will follow if this is not done.

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

The adult should always be involved from the beginning of the enquiry unless there are exceptional circumstances that would increase the risk of abuse. If the adult has substantial difficulty in being involved, and where there is no one appropriate to support them, then the local authority must arrange for an independent advocate to represent them for facilitating their involvement.



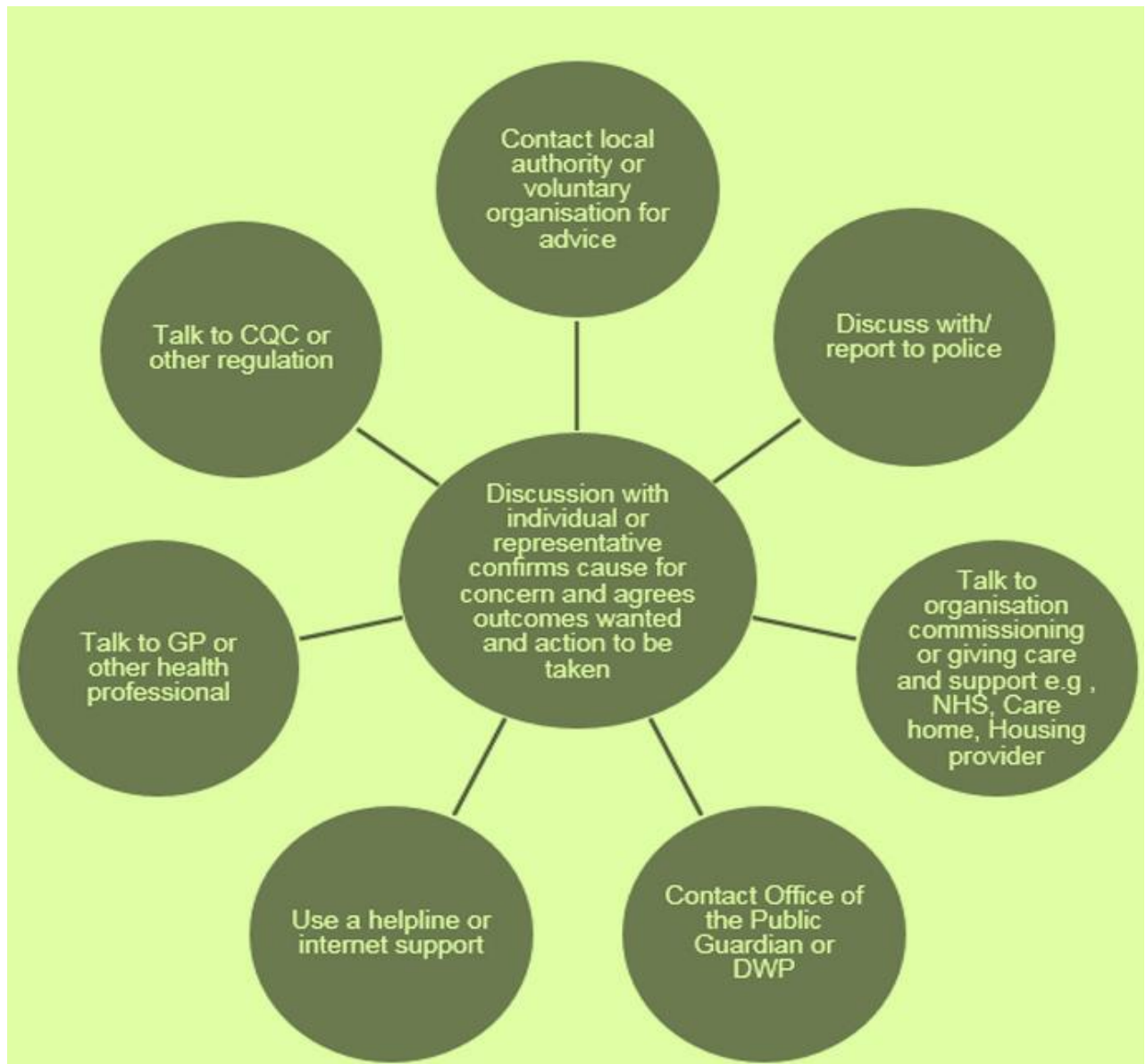
Professionals and other staff need to handle enquiries in a sensitive and skilled way to ensure distress to the adult is minimised. Many enquiries will likely require the input and supervision of a social worker, particularly the more complex situations and to support the adult to realise the outcomes they want and to reach a resolution or recovery. For example, where abuse or neglect is suspected within a family or informal relationship a social worker will likely be the most appropriate lead. Personal and family relationships within community settings can prove both difficult and complex to assess and intervene in. The dynamics of personal relationships can be extremely difficult to judge and rebalance. For example, an adult may choose to be in a relationship that causes them emotional distress which outweighs, for them, the unhappiness of not maintaining the relationship.

Whilst work with the adult may frequently require the input of a social worker, other aspects of enquiries may be best undertaken by others with more appropriate skills and knowledge. For example, health professionals should undertake enquiries and treatment plans relating to medicine management or pressure sores.

For clarity: Section 42 Enquiries are the mechanism for Safeguarding Enquiries as set out in the Care Act 2014 Chapter 14. It is the legal duty of local authorities to make enquiries or causes someone else to make enquiries.

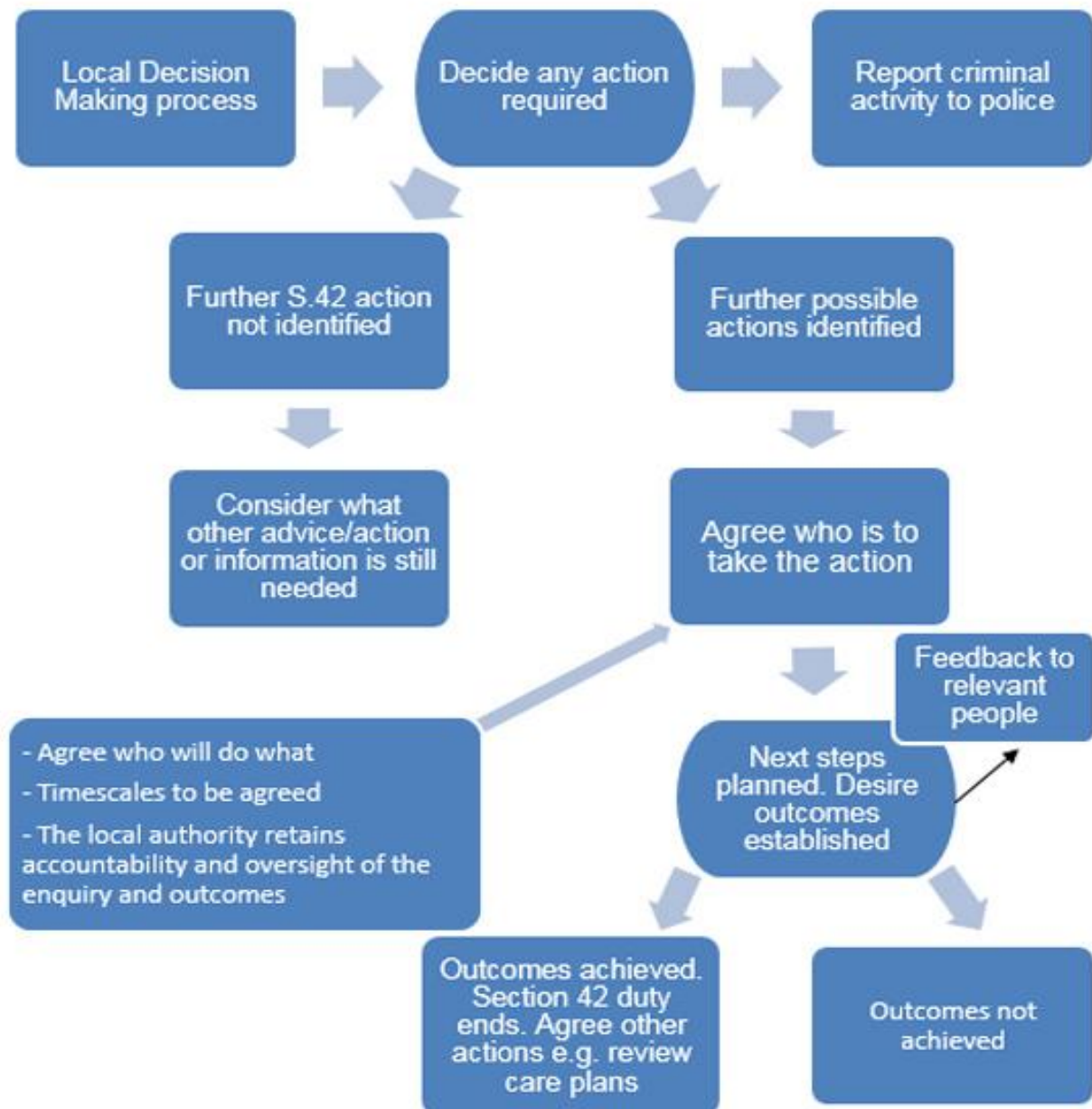


6.1 INFORMATION GATHERING DIAGRAM USED BY LOCAL AUTHORITY SAFEGUARDING TEAMS



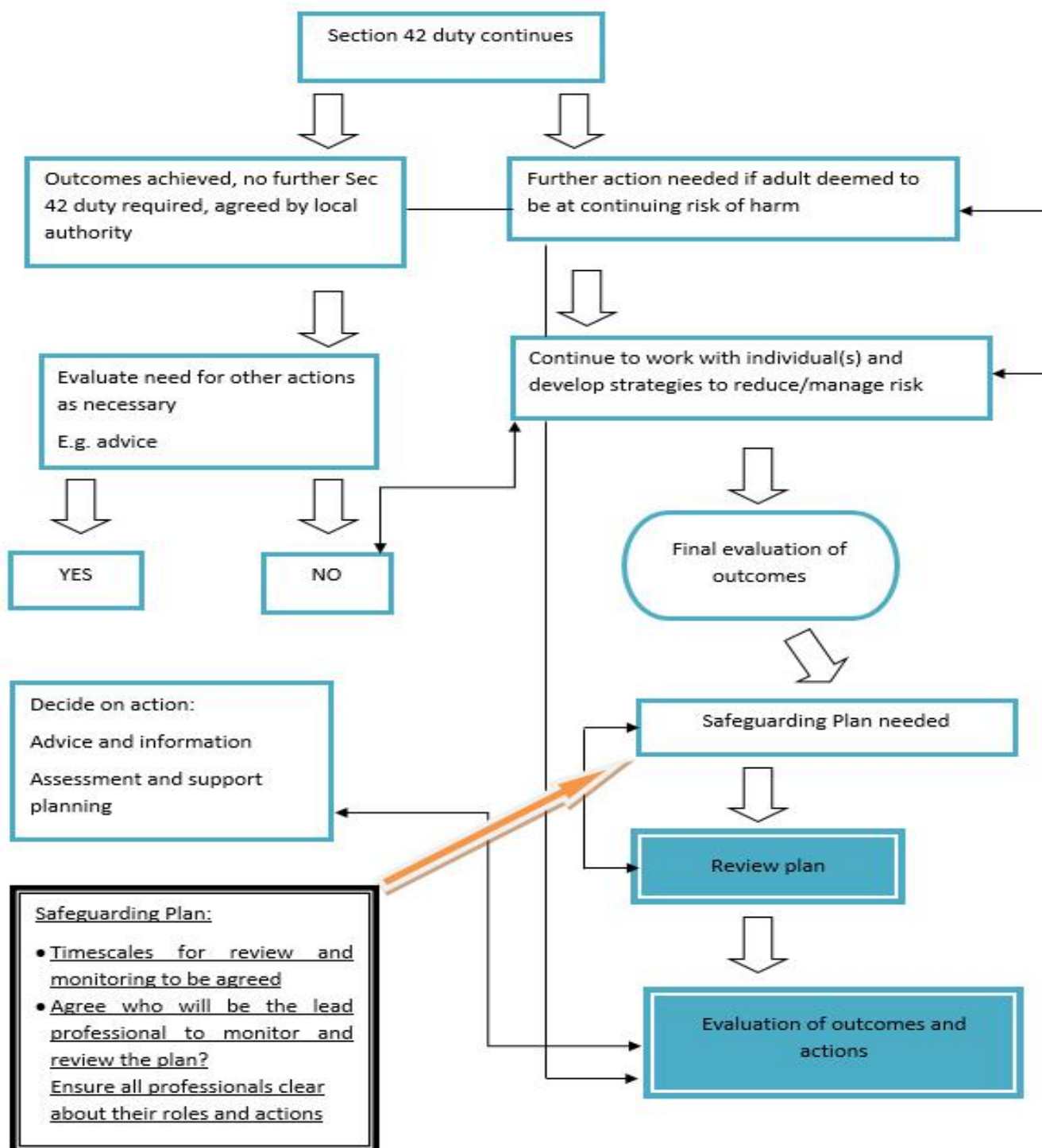


6.2 LOCAL AUTHORITY DECISION-MAKING TREE





DECISION TREE CONTINUED





7.0 Procedures for Responding in Individual Cases

7.1 When Should an Enquiry Take Place?

Local authorities must make enquiries, or cause another agency to do so, whenever abuse or neglect is suspected about an adult and the local authority thinks it necessary to enable it to decide what (if any) action is needed to help and protect the adult. The scope of that enquiry, who leads it and its nature, and how long it takes, will depend on the circumstances. It will usually start with asking the adult their view and wishes which will often determine what next steps to take. Everyone involved in an enquiry must focus on improving the adult's well-being and work together toward that shared aim. At this stage, the local authority also must consider whether the adult requires an independent advocate to represent and support the adult in the enquiry. The decision-making tree highlights appropriate pauses for reflection, consideration and professional judgment and reflects the different routes and actions that might be taken.

Objectives of an enquiry

The objectives of an enquiry into abuse or neglect are to:

- Establish facts.
- Ascertain the adult's views and wishes.
- Assess the needs of the adult for protection, support, and redress and how they might be met.
- Protect from abuse and neglect, by the wishes of the adult.
- Make decisions as to what follow-up action should be taken regarding the Individual or organisation responsible for the abuse or neglect.
- Enable the adult to achieve resolution and recovery.

The priority should always be to ensure the safety and well-being of the adult. The adult should experience the safeguarding process as empowering and supportive. Practitioners should wherever possible seek the consent of the adult before taking action. However,



there may be circumstances when consent cannot be obtained because the adult lacks the capacity to give it, but it is in their best interests to undertake an enquiry. Whether or not the adult has the capacity to give consent, action may need to be taken if others are or will be put at risk if nothing is done or where it is in the public interest to take action because a criminal offence has occurred. It is the responsibility of all staff and members of the public to act on any suspicion or evidence of abuse or neglect and to pass on their concerns to a responsible person or agency.

Working with Adults at Risk who do not wish to engage with services and are or may become at serious risk of harm.

Key Practice Principles

When an adult at risk with capacity is deemed to be at serious risk of harm but declines to engage with suggested care and support, good practice requires consideration of the following:

- **Rights:** Individuals have a right to receive advice and support to make choices about their service needs and take risks, subject to the degree of impact those risks may have on other adults and children.
- **Duty of Care:** Risk assessment and risk management are essential to establishing the likelihood and impact of risks that may be so serious that agencies need to take action to protect individuals.
- A duty of care is established in common law about all services. For an action to succeed in negligence, there must be an identified duty of care. An action will only be successful where a duty of care is breached through negligent acts or omissions and where an injury is suffered as a result.
- Councils, health bodies, private care Divine Touch Care Limited and individual care staff owe a duty of care to individuals to whom they provide services.
- **Information:** This should be provided in a format that the individual can understand.



- Equality: Services and support should be provided with dignity and respect and not discriminate against because of disability, age, gender, sexual orientation, race, religion or belief or lifestyle.

Work to engage: Every effort should be made to engage with the individual highlighting the triggers that may increase dependency or harm and actions that may minimise or eliminate risks.

Note: where a competent adult explicitly refuses any supporting intervention, this should normally be respected. Exceptions to this may be where a criminal offence may have taken place or where there may be a significant risk of harm to a third party. If for example, there may be an abused adult in a position of authority about other adults at risk, it may be appropriate to breach confidentiality and disclose information to an appropriate authority. Where a criminal offence is suspected it may also be necessary to take further advice - ongoing support should also be offered. Because an adult initially refuses the offer of assistance they should not, therefore, be lost to or abandoned by relevant services. The situation should be monitored and the individual informed that they can take up the offer of assistance at any time.

7.2 Who Can Carry Out an Enquiry?

Although the local authority is the lead agency for making enquiries, it may require others to undertake them. The specific circumstances will often determine who the right person to begin an enquiry is. In many cases, a professional who already knows the adult will be the best person. They may be a social worker, a housing support worker, a GP, or other health workers such as a community nurse. The local authority retains the responsibility for ensuring that the enquiry is referred to the right place and is acted upon. The local authority, in its lead and coordinating role, should assure itself that the enquiry satisfies its duty under section 42 to decide what action (if any) is necessary to help and protect the adult and by whom and to ensure that such action is taken when necessary. In this role, if



the local authority has asked someone else to make enquiries, it can challenge the body enquiring if it considers that the process and/or outcome is unsatisfactory.

Where a crime is suspected and referred to the police, then the police must lead the criminal investigations, with the local authority's support where appropriate, for example by providing information and assistance. The local authority has an ongoing duty to promote the well-being of the adult in these circumstances.

7.3 What Happens After an Enquiry?

Once the wishes of the adult have been ascertained and an initial enquiry was undertaken, discussions should be undertaken with them as to whether further enquiry is needed and what further action could be taken.

That action could take several courses: it could include disciplinary, complaints or criminal investigations or work by contracts managers and CQC to improve care standards. Those discussions should enable the adult to understand what their options might be and how their wishes might best be realised. Social workers must be able to set out both the civil and criminal justice approaches that are open and other approaches that might help to promote their wellbeings, such as therapeutic or family work, mediation and conflict resolution, and peer, or circles of support. In complex domestic circumstances, it may take the adult some time to gain the confidence and self-esteem to protect themselves and take action and their wishes may change. The police, health service and others may need to be involved to help ensure these wishes are realised.

7.4 Safeguarding Plans

Once the facts have been established, a further discussion of the needs and wishes of the adult is likely to take place. This could be focused on safeguarding planning to enable the adult to achieve resolution or recovery, or fuller assessments by health and social care agencies (e.g., a needs assessment under the Care Act). This will entail joint discussion, decision making and planning with the adult for their future safety and well-being. This



applies if it is concluded that the allegation is true or otherwise, as many enquiries may be inconclusive.

The local authority must determine what further action is necessary. Where the local authority determines that it should take further action (e.g., a protection plan), then the authority would be under a duty to do so.

The MCA is clear that local authorities must presume that an adult has the capacity to make a decision until there is a reason to suspect that capacity is in some way compromised; the adult is best placed to make choices about their well-being which may involve taking certain risks. Of course, where the adult may lack the capacity to make decisions about arrangements for enquiries or managing any abusive situation, then their capacity must always be assessed and any decision made in their best interests.

If the adult has the capacity to make decisions in this area of their life and declines assistance, this can limit the intervention that organisations can make. The focus should therefore be, on harm reduction. It should not however limit the activities that may be required to protect others who are at risk of harm.

To make sound decisions, the adult's emotional, physical, intellectual, and mental capacity for self-determination and consent and any intimidation, misuse of authority or undue influence will have to be assessed.



8.0 Information Sharing

8.1 Record Keeping

Good record-keeping is a vital component of professional practice. Whenever a complaint or allegation of abuse is made, all agencies should keep clear and accurate records and each agency should identify procedures for incorporating, on receipt of a complaint or allegation, all relevant records into a file to record all action taken. When abuse or neglect is raised, managers need to look for past incidents, concerns, risks, and patterns. We know that in many situations, abuse and neglect arise from a range of incidents over some time. In the case of Divine Touch Care Limited registered with the CQC, records of these should be available to service commissioners and the CQC so they can take the necessary action.

Staff should be given clear directions as to what information should be recorded and in what format. The following questions are a guide:

- What information does staff need to know to provide a high-quality response to the adult concerned?
- What information does staff need to know to keep adults safe under the service's duty to protect people from harm?
- What information is not necessary?
- What is the basis for any decision to share (or not) information with a third party?

Recording information about an allegation of abuse should be completed as soon as possible on the same day. When you refer to a safeguarding concern, you should make a chronological written record of what you have seen, been told or have concerns about. Try to make sure anyone else who saw or heard anything relating to the concern also makes a written record.

The written record will need to include:



- The date and time of the disclosure, or when you were told about or witnessed the incident/s,
- Who was involved, any other witnesses including Service Users and other staff,
- Exactly what happened or what you were told, in the Individual's own words keeping it factual and not interpreting what you saw or were told,
- The views and wishes of the adult,
- The appearance and behaviour of the adult and/or the Individual making the disclosure, any injuries observed,
- Any actions and decisions are taken at this point,
- Any other relevant information, e.g., previous incidents that have caused you concern.

Records should be kept in such a way that the information can easily be collated for local use and national data collection.

All agencies should identify arrangements, consistent with principles and rules of fairness, confidentiality, and data protection for making records available to those adults affected by, and subject to, an enquiry. If the alleged abuser is using care and supports themselves, then information about their involvement in an adult safeguarding enquiry, including the outcome, should be included in their case record. If it is assessed that the individual continues to pose a threat to other people, then this should be included in any information that is passed on to service Divine Touch Care Limited or other people who need to know.

To carry out their functions, SABs will need access to information that a wide number of people or other organisations may hold. Some of these may be SAB members, such as the NHS and the police. Others will not be, such as private health and care Divine Touch Care Limited or housing Divine Touch Care Limited /housing support Divine Touch Care Limited or education Divine Touch Care Limited .

In the past, there have been instances where the withholding of information has prevented organisations from being fully able to understand what “went wrong” and so has hindered them from identifying to the best of their ability, the lessons to be applied to prevent or



reduce the risks of such cases reoccurring. If someone knows that abuse or neglect is happening, they must act upon that knowledge, not wait to be asked for information.

A SAB may request a person to supply information to it or another person. The Individual who receives the request must provide the information provided to the SAB if:

- The request is made to enable or assist the SAB to do its job.
- The request is made of a person who is likely to have relevant information and then either:

I. The information requested relates to the Individual to whom the request is made and their functions or activities or

II. The information requested has already been supplied to another person subject to a SAB request for information.

Registered managers should ensure that:

- All actions taken to safeguard Service Users are recorded and shared with other staff as necessary.
- Safeguarding records are focused on the well-being of the individual.
- All records are clear and easily accessible for purposes such as performance management, audits, court proceedings, Care Quality Commission inspections, or learning and development.
- Reviews of safeguarding records include checks of accuracy, quality and appropriateness.

8.2 Confidentiality

Agencies should draw up a common agreement relating to confidentiality and set out the principles governing the sharing of information, based on the welfare of the adult or of other potentially affected adults. Any agreement should be consistent with the principles set out in the Caldicott Review 2020 ensuring that:



- Information will only be shared on a 'need to know basis when it is in the interests of the adult.
- Confidentiality must not be confused with secrecy.
- Informed consent should be obtained but, if this is not possible and other adults are at risk of abuse or neglect, it may be necessary to override the requirement; and
- It is inappropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other adults may be at risk.

Where an adult has refused to consent to information being disclosed for these purposes, then practitioners must consider whether there is an overriding public interest that would justify information sharing (e.g., because there is a risk that others are at risk of serious harm) and wherever possible, the appropriate Caldicott Guardian should be involved.

Decisions about who needs to know and what needs to be known should be taken on a case-by-case basis, within agency policies and within the constraints of the legal framework.

Principles of confidentiality designed to safeguard and promote the interests of an adult should not be confused with those designed to protect the management interests of an organisation. These have a legitimate role but must never be allowed to conflict with the welfare of an adult. If it appears to an employee or person in a similar role that such confidentiality rules may be operating against the interests of the adult, then a duty arises to make full disclosure in the public interest.

In certain circumstances, it will be necessary to exchange or disclose personal information which will need to be following the law on confidentiality and UK Data Protection legislation where this applies. The Home Office and the Office of the Information Commissioner have issued general guidance on the preparation and use of information-sharing protocols to comply with the UK Data Protection Act 2018.



8.3 Front-line Staff within the Service

Operational front-line staff are responsible for identifying and responding to allegations of abuse and substandard practice. Staff at the operational level need to share a common view of what types of behaviour may be abuse or neglect and what to do as an initial response to suspicion or allegation that it is or has occurred.

It is not for front-line staff to second-guess the outcome of an enquiry in deciding whether to share their concerns. There should be effective and well-publicised ways of escalating concerns where immediate line managers do not take action in response to a concern being raised.

Concerns about abuse or neglect must be reported whatever the source of harm. Poor or neglectful care must be brought to the immediate attention of managers and responded to swiftly, including ensuring the immediate safety and well-being of the adult. Where the source of abuse or neglect is a member of staff it is for the employer to take immediate action and record what they have done and why (similarly for volunteers and or students).

There should be clear arrangements in place about what each agency should contribute at this level. These will cover approaches to enquiries and subsequent courses of action. The local authority is responsible for ensuring effective coordination at this level.

Line management and supervision of frontline staff

The registered manager and other staff with line manager responsibilities must:

- Promote reflective supervision to help staff understand how to identify and respond to potential abuse and neglect.
- Provide feedback (through supervision and appraisals) acknowledging how staff have learned from their experience of identifying, reporting and managing safeguarding concerns.
- Encourage staff to discuss the organisation's culture, learning and management concerning safeguarding (e.g. in exit interviews) when leaving employment.



Be aware that staff may be reluctant to challenge poor practice or raise concerns about potential abuse or neglect, particularly if they feel isolated or unsupported.

Registered managers should also be aware of the potential for under-reporting of safeguarding concerns by staff who may be afraid of losing their job (for example staff who have their housing or work permit linked specifically to their current role)



Part-2 The Policy

9.0 Making Enquiries

Making enquiries is the term now used as a response to any adult safeguarding concern and the following procedures are in place for all staff who need to report an adult safeguarding concern.

9.1 Staff – How to Report a Safeguarding Concern

Any suspicion of a safeguarding situation must be reported as soon as possible to the registered manager or, in their absence, to the senior manager on duty at the time.

The designated safeguarding lead at Divine Touch Care Limited is **Eva Joseph**, who can be contacted at **safeguarding@divinetouchcare.co.uk**.

If the safeguarding concern involves a member of the management team, i.e. registered manager, nominated individual, or director, the Individual reporting the concern must approach the next, or other, senior management member of staff and follow the reporting procedure.

- Always believe the Individual who is disclosing the actual or potential abuse or neglect.
- Make sure that no one is in immediate danger. If there is immediate danger, call 999 and stay with the Service User at risk until help arrives E.g., the ambulance and police service.
- Depending on the risks the Service User is facing, and who the alleged abuser is, advice will be sought from a safeguarding lead (unless they are implicated in the alleged abuse or neglect).
- The worker should be supportive and listen but should not ask investigative questions.
- It is not the worker's job to decide if they are telling the truth or not, but it is their responsibility to report it to the Individual in charge/office manager immediately.



- Even if the Individual asks for it not to be reported, it is the worker's responsibility to report and explain that they have no choice but to follow policy.
- It is also important to tell the Individual to whom the report will be made that they will need to come and talk to them about it.
- Remember it is your responsibility to report - the Local Authority Safeguarding Team will make or arrange the enquiries and listen to the individual's views and choices.
- Do not confront the abuser or alert them to what has been alleged, do not put yourself in danger and call for backup as soon as possible.
- Support needs to be given to the Individual, especially through the initial stages of the enquiries and later if an investigation takes place.
- If there is a possibility that forensic evidence can be identified, protect the Individual and the evidence, and do not clean up. Inform your manager.
- Think about who should be immediately notified. For example, the registered manager, a healthcare professional, or the NHS 111 service if there is a serious medical issue.
- If a crime is suspected but the situation is not an emergency, encourage and support the Service User to report the matter to the police. If they cannot or do not wish to report a suspected crime (for example, because they have been coerced or lack capacity), report the situation to the manager who will report the situation to the police.
- Relevant documents to be completed, recording what you have seen or has been disclosed must be completed as soon as possible, recording only the facts and not opinions or views

Remember. If you suspect abuse or neglect, you must act on it.

Do not assume that someone else will.



Complaint or allegation about another member of staff

If a member of staff has concerns or receives a complaint or allegation about another member of staff who has,

- Behaved in a way that has potentially harmed, or harmed the Service User.
- Possibly committed a criminal offence against the Service User.

They must immediately report to their line manager who will immediately make an assessment, obtain further advice, and take steps to ensure the safety and protection of the Service Users. A notification will be sent to the Local Safeguarding Team and CQC.

When a complaint or allegation has been made against a member of staff, including people employed by the adult, they will be made aware of their rights under employment legislation and internal disciplinary procedures. This may include staff to be suspended (or transferred to other duties) pending consideration or investigation of an allegation of abuse or serious concern relating to the safety or well-being of individuals”.

A disciplinary investigation, and potentially a hearing, may result in the employer taking informal or formal measures which may include dismissal and possibly referral to the Disclosure and Barring Service.

If someone is removed dismissed or redeployed to a non-regulated activity following a safeguarding incident, or a person leaves their role (resignation, retirement) to avoid a disciplinary hearing following a safeguarding incident and the employer/volunteer organisation feels they would have dismissed the Individual based on the information they hold, the regulated activity provider has a legal duty to refer to the Disclosure and Barring Service and relevant professional bodies where applicable, for example, the Nursing and Midwifery Council



9.2 Service Users – How to Report a Safeguarding Concern

During the information gathering process within our quality assurance systems Service Users and/or their representatives need to be informed and asked about any inappropriate behaviour verbal or physical that they have observed or been subject to by staff or visitors. This needs to be handled sensitively.

Vulnerable Individuals may be more reluctant to raise concerns because the abuser may have a high degree of control over the individual.

As part of the information given to new Service Users and or their representatives, our Service User Guide explains and details how to report a safeguarding concern.

This information will be in an accessible format that is aligned with the individual's communication needs. It is important to discuss this information in person to ensure the individual at risk understands the importance of reporting a concern.

Offering reassurance to the Individual that it is ok to report a concern is paramount. It is vital that the Individual doesn't feel afraid or intimidated, in these cases, it is good practice to have named person that the Individual knows and trusts i.e., the Lead Support Worker or Social Worker.

Posters displayed in communal areas of the office will also draw attention to safeguarding and feeling safe and these will be in an accessible format where required.

Information on raising a safeguarding concern can also be found at the back of the Service Users' support plan in their homes and on the organisation's website.

Service Users and or their representatives can inform any staff on duty at any time of their concerns. Staff will then report to the designated manager.

9.3 The Role of the Register Manager

An immediate assessment of the alleged abuse should be undertaken by the manager about the following:



- The health safety and well-being of the adult
- Their needs, preferences and wishes concerning any action to be considered.
- Their mental capacity to understand comprehend and make decisions regarding the actions to be considered.

From this assessment, the manager will then take further advice from the director, **Ebun Ann Odiahi** or, institute steps to ensure the protection and safeguarding of the adult; as appropriate; with immediate effect.

The manager will notify the local safeguarding team, CQC and the police if required

The manager, in this context, is the person to whom the concern has been reported, whether during office hours or out of hours. They will be the Responsible Manager until they are informed otherwise. Records and notes of all actions should be taken. This includes any advice given to the Responsible Manager by any triage arrangements that are in place.

9.4 Supporting staff who are subject to a safeguarding enquiry

Where the source of abuse or neglect is a member of staff it is for the employer to take immediate action and record what they have done and why (similarly for volunteers and or students).

Following immediate action to safeguard Service Users, and through any subsequent safeguarding enquiry, the registered manager should:

- Be aware of how safeguarding allegations can affect the way other staff and Service Users view staff subject to a safeguarding enquiry.
- Take steps to protect the staff member from victimisation or discriminatory behaviour.
- Check with the local authority what information they can share with staff at each stage of the enquiry subject to the employer's usual duties of confidentiality with its employees.
- Tell the staff member about any available Employee Assistance Programme.
- Tell the staff member about professional counselling and occupational health services (if available).



- Nominate someone to keep in touch with the staff member throughout the enquiry if they are suspended from work.
- Staff who are subject to a safeguarding enquiry should be able to request that the nominated person be replaced if they think there is a conflict of interest. The nominated person must not be directly involved with the enquiry.

If a member of staff returns to work after being suspended, the manager should:

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

If staff are concerned about working with a Service User who has made allegations, the registered managers should:

- Provide support, additional training and supervision to address these concerns.
- Ensure that the Service User is not victimised by staff.

9.5 Learning lessons from Safeguarding concerns, referrals and enquiries

As an organisation committed to continuous learning and driving improvement, we recognise the opportunities of learning lessons and improve our practice with safeguarding concerns, referrals and enquiries. Divine Touch Care Limited is committed to identifying key lessons to drive improvements at:

- An individual level – for example, changes to support, supervision, retraining, and performance management.
- An organisational level for example through, observations of practice, discussion and watching people work across the supported living facilities . And/or, changing practices, procedures, policy and learning, and group training (including training from other health and social care practitioners).

We also ask for feedback about safeguarding from our Service Users (and their families, friends and carers) and other people working in the service.



We ask them about their experience of safeguarding concerns and how these have been identified, reported, managed and resolved.

We respond to feedback and tell people about any changes made in response to their comments.



Accessibility of Reporting Procedures



Service Users – How to Report a Safeguarding Concern

Safeguarding concerns can be reported easily and confidentially by all stakeholders, with support provided throughout the process.

The Registered Manager ensures accessibility for everyone involved.

Who Can Report and How:

- **Staff:**
Access reporting procedures through internal policy documents, safeguarding training, and regular supervision.
- **Service Users:**
Informed during induction and supported by:
 - Easy-read guides
 - Visual posters on site
 - Verbal communication from staff
- **Advocates and Legal Representatives:**
Can report concerns via:
 - Written request
 - Phone
 - Email
- **Family Members and Close Contacts:**
May report concerns through:
 - **Email :** safeguarding@divinetouchcare.co.uk
 - **Phone:** 07940259910 / 07985142181
 - **In Person:** by speaking with any staff member or the Registered Manager

Additional Support:

- All individuals are encouraged and supported to report concerns without fear of retaliation.
- Interpreters and communication aids are available on request to support those with additional needs.



10.0 Statutory Notifications to CQC

CQC must be notified without delay concerning allegations of abuse or suspected abuse if any of the following applies:

- the Individual is affected by abuse.
- they are affected by alleged abuse.
- the Individual is an abuser.
- they are an alleged abuser.

It is the registered person's responsibility to ensure that notifications are made, this is usually the registered manager or an appropriate delegated individual.

A statutory notification is sent to CQC concerning any abuse or alleged abuse involving a person(s) using our service. This includes where the Individual(s) is either the victim(s) or the abuser(s), or both.

We notify CQC about abuse or alleged abuse at the same time as alerting our local safeguarding authority for adults, and the police where a crime has been or may have been committed.

If unable to use the Provider Portal the Individual submitting the statutory notification must use the electronic form supplied on the CQC website to notify both alleged and actual abuse and email the form to CQC at the address stated on the form.

Guidance: Statutory Notifications for non-NHS Trust Divine Touch Care Limited

includes guidance for Adult Social Care and can be found here:

<https://www.cqc.org.uk/guidance-Divine Touch Care Limited /notifications/notification-finder>

The CQC website is regularly checked to ensure the above guidance we use is up to date.



11.0 Restrictive Interventions

This policy and Divine Touch Care Limited all responses to restrictive practices reflect the guidelines in the document below.

Positive and Proactive Care: reducing the need for restrictive interventions

Prepared by the Department of Health. Published in April 2014.

This guidance is of significance for health and social care services where individuals who are known to be at risk of being exposed to restrictive interventions are cared for. Such settings may provide services to people with mental health conditions, autistic spectrum conditions, learning disabilities, dementia and/or personality disorder, older people, and detained Service Users. It is more broadly applicable across general health and social care settings where people using services may on occasion present with behaviour that challenges but cannot reasonably be predicted and planned for on an individual basis.

A closed culture is a poor culture in a health or care service that increases the risk of harm. This includes abuse and human rights breaches. The development of closed cultures can be deliberate or unintentional – either way, it can cause unacceptable harm to a person and their loved ones.

CQC has published guidance for inspectors which is also helpful for Divine Touch Care Limited in being alert to the risk of, identifying and tackling closed cultures.

https://www.cqc.org.uk/sites/default/files/20200623_closedcultures_guidance.pdf

Guidance on pressure ulcers and safeguarding

The risk of sustaining pressure damage is often seen to be the problem of the health or social care professional; however, the individual at risk is central to successful prevention. Pressure ulcers are considered an important part of the wider Safeguarding agenda and each local Safeguarding Adults Board has guidance in place to ensure that people with pressure ulcers are referred into the safeguarding process appropriately which aligns with the NHS reporting mechanisms.



To date, the government has advised that anyone who develops category 3, category 4 or un-gradable pressure ulcers be referred to as a safeguarding risk.

Adult Safeguarding Information including this policy will be available as required, in accessible formats for the people who use Divine Touch Care Limited service`s, advocates. those lawfully acting on their behalf and those close to them, as well as our staff members.

12.0 Related Policies

Accessible Information	Handling of money – Service Users who lack capacity
Behaviour that Challenges	
Code of Conduct for workers	Meeting Needs
Confidentiality	Mental Capacity Act 2005
Cyber Security	Notifications
Data Protection (UK GDPR)	Position of Trust
Deprivation of Liberty in Community Settings	Radicalisation
Duty of Candour	Record Keeping
Female Genital Mutilation	Recruitment and Selection
Financial Irregularities	Restraint
	Safeguarding Children in an Adult Setting

13.0 Related Guidance

Related Guidance

LA Multi-Agency Adult Safeguarding Guidance/Protocol

All Local Authority (LA) Multi-Agency Adult Safeguarding Guidance and Protocols consistently include a framework that aligns with national policy requirements—including robust practices for prevention, reporting, and responding to abuse or neglect among adults



with care and support needs. Key features common to these protocols that ensure compatibility with your policy include:

- **Clear multi-agency working arrangements:** All partner organisations' responsibilities are explicitly defined, and agencies are required to cooperate, share information appropriately, and act jointly in safeguarding enquiries and actions.
- **Roles and responsibilities:** Protocols emphasize that every agency involved in safeguarding should have designated leads, accountable governance, and procedures for managing allegations or concerns, meeting statutory duties under the Care Act.
- **Safeguarding principles:** Empowerment, prevention, proportionality, protection, partnership, and accountability are established as guiding principles.
- **Assessment and response procedures:** Protocols provide step-by-step guidance for raising, assessing, and referring safeguarding concerns, ensuring decisions are made with the adult's involvement and wishes at the core.
- **Safeguarding plans and reviews:** There are timescales for creating safeguarding plans (e.g., within five working days), detailing measures to support the adult, risk management strategies, review processes, and clear assignment of lead professionals to monitor progress.
- **Training and quality assurance:** Multi-agency safeguarding arrangements require staff training at appropriate levels, safeguarding to be included in inductions, regular reviews of practice, and annual reporting to ensure continuous improvement.
- **Information sharing:** Procedures set standards for secure, proportionate, and legally compliant sharing of information across agencies, safeguarding adults' rights and privacy.



In summary, these protocols are crafted to ensure full alignment with statutory guidance and national best practice. They are designed to fit—and often exceed—most local and organizational safeguarding policy requirements, providing assurance that your policy will be compatible and compliant when working within LA multi-agency safeguarding frameworks.

Care Act 2014: Safeguarding Adults:

<http://www.legislation.gov.uk/ukpga/2014/23/part/1/crossheading/safeguarding-adults-at-risk-of-abuse-or-neglect/enacted>

SCIE-Safeguarding Adults Reviews/SARs under the Care Act:

<https://www.nice.org.uk/guidance/qs132>

NICE Guidance [NC22] Older People with Social Care Needs and Multiple Long-Term Conditions, November 2015:

<https://www.nice.org.uk/guidance/ng22>

NICE Quality Standard [QS132] Social Care for Older People with Multiple Long-Term Conditions:

<https://www.nice.org.uk/guidance/qs132>

Making Safeguarding Personal:

<https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/making-safeguarding-personal>

Making Safeguarding Personal Booklet:

https://www.local.gov.uk/sites/default/files/documents/25.142%20Making%20Safeguarding%20Personal_03%20WEB.pdf



Department of Health and Social Care (2018) Safeguarding Adults Protocol Pressure Ulcers and the interface with a Safeguarding Enquiry:

<https://improvement.nhs.uk/resources/department-health-and-social-care-pressure-ulcers-safeguarding-adults-protocol/>

NHS Improvement (2018) Pressure ulcers: revised definition and measurement. Summary and recommendations:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/756243/safeguarding-adults-protocol-pressure-ulcers.pdf

Gov. UK - Domestic Abuse Bill 2020: factsheets:

<https://www.gov.uk/government/publications/domestic-abuse-bill-2020-factsheets>

Health and Care Act 2022

<https://www.gov.uk/government/publications/health-and-care-act-2022-adult-social-care-provider-information-provisions>

NICE guideline [NG227]: Advocacy services for adults with health and social care needs

<https://www.nice.org.uk/guidance/ng227>



14.0 Training Statement

At Divine Touch Care Limited staff will be made aware of the changes outlined above. This will include the Multi-Agency Safeguarding Agreement from the local authority, as amended. All staff, during induction, are made aware of the organisation's policies and procedures, all of which are used for training updates. All policies and procedures are reviewed and amended where necessary and staff are made aware of any changes. Observations are undertaken to check skills and competencies. Various methods of training are used including one-to-one, online, workbook, group meetings, individual supervision and external courses sourced as required.

15.0 Designated Safeguarding Lead and Contacts

Designated Lead in the organisation:

Eva Joseph | Email: safeguarding@divinetouchcare.co.uk



Safeguarding Contact List

Safeguarding Lead

Divine Touch Care Limited



Mrs. Eva Joseph

21 Highbanks Close,

Welling, Kent, DA16 3ES

Email: info@divinetouchcare.co.uk

Care Quality Commission (CQC)



Citygate, Gallowgate, Newcastle upon Tyne, NE1 4PA

Tel: 03000 616161

Website: www.cqc.org.uk

Local Government Ombudsman (LGO)

10th Floor, Millbank Tower, Millbank, London, SW1P 4QP

Tel: 0300 061 0614

Website: www.lgo.org.uk



Local Authority Safeguarding Contacts



Bexley Care Hub
Telephone: 0208 303 7777
Email: bsab@bexley.gov.uk
Email: screeners@bexley.gov.uk
Bexley Safeguarding Adult Board
Civic Offices,
2 Watling Street, Bexleyheath, Kent, DA6 7AT



Bromley Adult Safeguarding Board (BSAB)
020 8461 7777
Social worker outside of office hours
Telephone 0300 303 8671
Email: adultsocialcare@bromley.gov.uk
Email: adult.early.intervention@bromley.gov.uk
Multi-Agency Safeguarding Hub (MASH)
Telephone: 020 8461 7373 | 020 8461 7026
Address: Civic Centre,
Stockwell Close, Bromley, BR1 3UH



Email: mash@bromley.gov.uk



Greenwich Adult and Social Services
The Woolwich Centre, 35 Wellington Street,
London SE18 6HQ
ONCALL TEAM 24-7 LINE 078501835895
SAFEGUARDING 020 8854 8888
For out-of-hour emergencies,
020 8854 8888. SMELL GAS



Lewisham Adult Gateway
Monday - Friday 9am - 5pm
Tel: 020 8314 7777 (select option 1)
Tel: 020 8314 7766 (outside of office hours)
Text Message: 07730 637 194
Email: gateway@lewisham.gov.uk



Whistleblowing

The government has set up a whistleblowing helpline for NHS and social care. This is available to both managers for advice and staff for reporting purposes. This telephone number is 08000 724 725 and the website is

<https://www.gov.uk/government/news/nhs-whistleblowing-helpline-to-be-extended-to-social-care-staff>

CQC, November 2013: Whistleblowing Guidance for Providers who are Registered with CQC: www.cqc.org.uk/whistleblowing

Care Quality Commission (CQC)

Citygate, Gallowgate, Newcastle Upon Tyne, NE1 4PA



Staff Awareness, Training, and Policy Updates – Divine Touch Care Limited

All staff will be made aware of any changes to organisational policies and procedures, including the Multi-Agency Safeguarding Agreement from the Local Authority (as amended).

During induction, every staff member is introduced to Divine Touch Care Limited ' full range of policies and procedures. These form the foundation of ongoing training and professional development.

All policies and procedures are regularly reviewed and updated where necessary to reflect best practice, legislative requirements, and local authority guidance. Any amendments are promptly communicated to staff.

Competence and skills are monitored through observations and ongoing assessment. A variety of training methods are employed to ensure learning is accessible and effective, including:

- One-to-one training sessions
- Online learning modules
- Workbooks
- Group meetings
- Individual supervision sessions

Where appropriate, external training courses are sourced to meet specific learning needs or service requirements.



Divine Touch Care Limited

Safeguarding Concern Reporting Process

1. Concern Identified



- Any Divine Touch Care Limited staff member notices or suspects abuse/neglect involving an adult at risk.
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2. Is the person in immediate danger?

- **YES** → **Call 999 immediately** (Police / Ambulance) ↓ then proceed to step 3
 - **NO** → Proceed to step 3
-

3. Internal Reporting



- Inform **Register Manager** or **Designated Safeguarding Lead (DSL)** immediately
 - If unavailable → escalate to another **senior personnel**
 - **Record details** on Divine Touch Care Limited Safeguarding Concern Form:
 - Adult's full details (name, DOB, contact info)
 - Nature, time, and location of incident
 - Names involved (including alleged perpetrator)
 - Immediate actions taken
-



4. Referral to Local Authority



- DSL / Manager completes **Safeguarding Adults Referral Form** or uses **MASH online portal/secure email**
 - Submit within **24 hours** of concern being identified
 - Include Divine Touch Care Limited contact details for follow-up (unless anonymity required)
-

5. Local Authority (MASH) Action



- Acknowledge referral
 - Assess risk & decide if **Section 42 Care Act enquiry** is required
 - Take any urgent protective action
-

6. Follow-up & Support



- Divine Touch Care Limited may be asked for extra information or to contribute to enquiry
 - Maintain confidentiality – share only on a '**need to know**' basis
 - Record all follow-up actions in Divine Touch Care Limited safeguarding records
-

7. Case Closure / Ongoing Monitoring



- If risk is resolved → close case and record outcome
- If ongoing → implement safeguarding plan and review regularly with multi-agency partners



Making Safeguarding Personal (MSP) and Risk Assessment

This is an initiative built on the CQC 5 Core Domains being led by Local Authorities via the Local Government Association. We are aware of this as an ongoing resources toolkit that gathers together outstanding practices across commissioning and CQC.

Under MSP the adult is best placed to identify risks, provide details of its impact and whether or not they find the mitigation acceptable. Working with the adult to lead and manage the level of risk that they identify as acceptable creates a culture where:

- Adults feel more in control
- Adults are empowered and have ownership of the risk
- There is improved effectiveness and resilience in dealing with a situation
- There are better relationships with professionals
- Good information sharing to manage risk, involving all the key stakeholders
- Key elements of the Individual's quality of life and wellbeing can be safeguarded.

Not every situation or activity will entail a risk that needs to be assessed or managed. The risk may be minimal and no greater for the adult than it would be for any other person.

- Risks can be real or potential;
- Risks can be positive or negative;
- Risks should take into account all aspects of an individual's wellbeing and personal circumstances.

Sources of risk might fall into one of the four categories below:

- Private and family life: The source of risk might be someone like an intimate partner or a family member;
- Community based risks: This includes issues like 'mate crime, anti-social behaviour, and gang-related issues;



- Risks associated with service provision: This might be concern about poor care which could be neglect or organisational abuse, or where a person in a position of trust because of the job they do financially or sexually exploits someone;
- Self-neglect: Where the source of risk is the Individual themselves.

The primary aim of a safeguarding adults risk assessment is to assess current risks that people face and potential risks that they and other adults may face. Specific to safeguarding, risk assessments should encompass:

- The views and wishes of the adult;
- The Individual's ability to protect themselves;
- Factors that contribute to the risk, for example, personal, environmental;
- The risk of future harm from the source;
- Identification of the Individual causing the harm and establishing if the Individual causing the harm is also someone who needs care and support;
- Deciding if domestic abuse is indicated
- Identify people causing harm
- It may increase risk where information is not shared.

It is the collective responsibility of all organisations to share relevant information, make decisions and plan interventions with the adult. A plan to manage the identified risk and put in place safeguarding measures includes:

- What immediate action must be taken to safeguard the adult and/others
- Who else needs to contribute and support decisions and actions
- What the adult sees as proportionate and acceptable
- What options there are to address risks
- When action needs to be taken and by whom
- What the strengths, resilience and resources of the adult are
- What needs to be put in place to meet the ongoing support needs of the adult



- What the contingency arrangements are
- How will the plan be monitored

Positive risk management needs to be underpinned by widely shared and updated contingency planning for any anticipated adverse eventualities. This includes warning signs that indicate risks are increasing and the point at which they become unacceptable and therefore trigger a review.

Effective risk management requires exploration with the adult using a person-centred approach, asking the right questions to build up a full picture. Not all risks will be immediately apparent; therefore risk assessments need to be regularly reviewed as part of the safeguarding response.

Reviewing Risk

The individual need will determine how frequently risk assessments are reviewed and wherever possible there should be multi-agency input. These should always be in consultation with the adult.

Risk assessments will be reviewed and amended when any part of our safeguarding procedures is changed.

All Safeguarding-related risk assessments are reviewed following a concern or a disclosure being raised and amended as required.

All Safeguarding risk assessments are stored following UK GDPR requirements and audited as part of our Safeguarding quality assurance system. Records may be disclosed in courts in criminal or civil actions. Quality recording of adult safeguarding not only safeguards adults but also protects workers by evidencing decision-making based on the information available at the time



Date Reviewed: 12 December 2025

Person Responsible for Updating this Policy: Eva Joseph

Next Review Date: December 2026, or earlier if required