Proxycare Personnel Ltd

Safeguarding Adults Policy Community

Regulatory Links

- **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**
- Regulation 12: Safe care and treatment – care must be provided safely, including assessing and mitigating risks
- Regulation 13: Safeguarding service users from abuse and improper treatment – people must be protected from abuse, neglect, degrading treatment, and inappropriate restraint
- Regulation 17: Good governance – systems must assess, monitor and improve quality and safety, including safeguarding
- Regulation 18: Staffing – sufficient qualified staff with appropriate safeguarding training
- Regulation 20: Duty of candour – openness and honesty when things go wrong

- **CQC Quality Statements**
- **Safeguarding:** "We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately."
- **Safe systems, pathways and transitions:** "We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured."
- **Governance, management and sustainability:** "We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support."
- **Partnerships and communities:** "We understand our duty to collaborate and work in partnership, so our services work seamlessly for people."

Scope

This policy applies to:

- All staff, including permanent, temporary, bank, and agency workers
- Volunteers and apprentices
- Management at all levels
- All community-based services we provide, including domiciliary care and supported living
- All adults receiving care and support from our organisation
- Any contractor, self-employed worker, or third-party provider working on behalf of the organisation who may come into contact with people we support

This policy and procedure are provided for the regulated activity of personal care.
This policy should be read alongside our local authority's multi-agency safeguarding adults procedures, and our Whistleblowing Policy, Mental Capacity Policy, Complaints Policy, and Safeguarding Children in an Adult Setting Policy.

Equality Statement

Our organisation is committed to equal rights and the promotion of choice, person centred care and independence. This policy demonstrates our commitment to creating a positive culture of respect for all individuals. The intention is, as

required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to reflect the Human Rights Act 1998 to promote positive practice and value the diversity of all individuals.

Policy Statement

We are committed to protecting the people we support from abuse, neglect, and harm. Safeguarding is everyone's responsibility. We expect all staff to recognise concerns, report them promptly, and act to protect people at risk.
We work within the Care Act 2014 framework, which defines adult safeguarding as protecting an adult's right to live in safety, free from abuse and neglect. Safeguarding is about more than responding to concerns – it is about empowering people to make their own choices, preventing harm before it occurs, and working in partnership with other agencies.
Our approach follows Making Safeguarding Personal principles. We will always involve the person at the centre of any concern, listen to their views and wishes, and support them to achieve their desired outcomes wherever possible. People have the right to make their own decisions, including decisions others might consider unwise, provided they have mental capacity to do so.

Policy Detail

Key Definitions

Adult at risk: Under the Care Act 2014, an adult (aged 18 or over) who has needs for care and support, is experiencing or at risk of abuse or neglect, and because of those care needs cannot protect themselves.
Safeguarding concern: Any worry that an adult at risk may be experiencing, or is at risk of, abuse or neglect. This is the starting point – it does not mean abuse has definitely occurred.
Safeguarding enquiry (Section 42 enquiry): The formal investigation that the local authority must make (or cause to be made) when it has reasonable cause to suspect an adult at risk is being abused or neglected. The purpose is to decide what action is needed and by whom.
Making Safeguarding Personal: The approach that puts the person at the centre of safeguarding. It means involving them from the start, asking what outcomes they want, and measuring success by whether those outcomes were achieved.

The Six Safeguarding Principles

All safeguarding in our organisation follows the Care Act 2014 principles:
Empowerment – Support people to make their own decisions and give informed consent.
Prevention – Act before harm occurs. Identify risks early and put preventative measures in place.
Proportionality – Use the least intrusive response appropriate to the risk.
Protection – Provide support and representation for those in greatest need.
Partnership – Work with other organisations and the community to prevent and respond to abuse.
Accountability – Be transparent and accountable for safeguarding actions.

Who is an Adult at Risk?

Safeguarding duties apply to an adult who meets **all three** criteria:

- Has needs for care and support (whether or not the local authority meets those needs)
- Is experiencing, or at risk of, abuse or neglect
- Because of those care needs, cannot protect themselves from abuse or neglect

Staff should raise concerns about anyone they believe may be at risk. We will then assess whether safeguarding duties apply.

Types of Abuse

The Care Act 2014 identifies ten types of abuse. Staff must be alert to all of them.
Physical abuse

Hitting, slapping, pushing, kicking, misuse of medication, inappropriate restraint, or inappropriate physical sanctions.
Example: A carer roughly handles someone during personal care, leaving bruises on their arms.

Domestic abuse

Any incident or pattern of controlling, coercive, threatening behaviour, violence or abuse between those aged 16+ who are or have been intimate partners or family members. This includes psychological, physical, sexual, financial, and emotional abuse. It also includes 'honour'-based violence, female genital mutilation (FGM), and forced marriage.
The Domestic Abuse Act 2021 recognises that domestic abuse is not limited to physical violence. **Coercive control** – a pattern of behaviour that seeks to take away the victim's liberty or freedom – is now a criminal offence. Signs include:

- Isolating the person from friends, family, or support services
- Controlling their finances, movements, or daily activities
- Monitoring their phone, social media, or whereabouts
- Making threats or creating fear through intimidation
- Depriving them of basic needs

Example: A son controls his elderly mother's pension, decides when she can eat, and prevents her friends from visiting.

Sexual abuse

Rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography, witnessing sexual acts, and any sexual act to which the adult has not consented or was pressured into consenting.
Example: A care worker makes sexual comments to a person with learning disabilities during personal care.

Psychological abuse

Emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyberbullying, isolation, or unreasonable withdrawal of services or support.
Example: A family member repeatedly tells someone they are worthless and threatens to put them in a care home if they complain.

Financial or material abuse

Theft, fraud, internet scamming, coercion regarding financial affairs (including wills, property, inheritance), or misuse of property, possessions, or benefits.
Cuckooing is a specific form of financial/material abuse where criminals take over a person's home to use for illegal activities such as drug dealing. Warning signs include:

- Unfamiliar people coming and going at unusual hours
- The person appearing anxious, withdrawn, or frightened
- Signs of drug use or paraphernalia in the home
- The person suddenly having new possessions they cannot explain
- Deterioration in the person's living conditions or wellbeing

Example: A young man befriends a lonely elderly person, then moves into their home and uses it to sell drugs. The person is too frightened to say anything.

Modern slavery

Human trafficking, forced labour, domestic servitude, sexual exploitation, and debt bondage. Victims are often controlled through threats, punishment, violence, coercion, or deception.
Example: A person is brought to the UK with promises of employment but forced to work in a house as a cleaner without pay, with their passport confiscated.

Discriminatory abuse

Harassment, slurs, or unfair treatment because of race, gender, gender identity, age, disability, sexual orientation, religion, or other protected characteristics. Includes hate crime and hate incidents.
Example: A carer makes derogatory comments about a person's religion and refuses to support their cultural practices.

Organisational abuse

Poor care practice within an organisation or service. This may be isolated incidents or ongoing ill-treatment resulting from inadequate policies, processes, or practices. It can occur in any setting including someone's own home.

Example: A care agency routinely sends staff late, cuts visits short, and fails to report missed medication – affecting multiple people they support.

Neglect and acts of omission

Ignoring medical, emotional, or physical care needs; failure to provide access to appropriate services; withholding necessities such as medication, nutrition, or heating.

Example: A carer fails to reposition someone regularly, resulting in pressure ulcers. They do not report the deteriorating skin condition.

Self-neglect

Neglecting one's own personal hygiene, health, or surroundings. This includes hoarding. Self-neglect often requires a multi-agency response and can be one of the most complex safeguarding situations.

Understanding Hoarding and Self-Neglect

Self-neglect is different from other types of abuse because there may be no perpetrator – the person may be causing harm to themselves. This does not make it any less serious.

Self-neglect may present as:

- Very poor personal hygiene
- Living in squalid or dangerous conditions
- Hoarding items to a degree that creates health or fire risks
- Refusing essential medical treatment
- Not eating or drinking adequately
- Refusing to allow carers access to provide care

When working with someone who self-neglects, we must balance their right to make choices about their own life with our duty of care. Key considerations include:

- Does the person have mental capacity to make these decisions?
- Are there underlying conditions (such as depression, dementia, or trauma) affecting their decision-making?
- Is anyone else at risk (for example, from fire or infestation)?
- What is the person's history and what matters to them?

Self-neglect cases often require input from multiple agencies including housing, fire service, environmental health, and mental health services. Staff should report concerns so a coordinated response can be arranged.

Recognising Signs of Abuse

Signs that may indicate abuse or neglect include:

- Unexplained injuries, bruises, burns, or marks
- Poor personal hygiene, malnutrition, or dehydration
- Sudden changes in behaviour, mood, or withdrawal
- Fear or anxiety around particular people
- Unexplained changes in financial circumstances
- Reluctance to be alone with certain people
- Appearing isolated or restricted in movements
- Development of pressure ulcers or unexplained skin damage
- Medication errors or unexplained medication changes
- Living conditions that are unsafe, unhygienic, or unsuitable
- Unfamiliar people in the home or signs the property is being used by others

You do not need to be certain that abuse is occurring to report a concern. If something doesn't feel right, report it.

Online Abuse and Technology-Related Harm

Technology creates new opportunities for abuse. Staff should be alert to:

Online scams and fraud

- Emails, texts, or calls claiming to be from banks, HMRC, or other organisations

- 'Romance scams' where criminals build fake relationships to extract money
- Prize or lottery scams asking for fees to release 'winnings'
- Fake websites or pop-ups requesting personal information

Cyberbullying and harassment

- Abusive messages via email, social media, or messaging apps
- Sharing private information or images without consent
- Online stalking or monitoring by family members or others

Signs someone may be a victim of online abuse:

- Unexplained financial transactions or missing money
- Anxiety when receiving calls, texts, or emails
- Secretive behaviour around devices
- Mentions of sending money or gift cards to someone they've never met
- New 'friends' or 'relationships' the person has only met online

If you suspect online abuse, do not delete any evidence. Make a note of what you have seen and report it following normal safeguarding procedures.

Prevent Duty and Radicalisation

Under the Counter-Terrorism and Security Act 2015, we have a duty to have due regard to preventing people being drawn into terrorism (the 'Prevent duty').
Radicalisation is the process by which a person comes to support terrorism or extremist ideologies. It can happen to anyone, regardless of age, background, or religion. Vulnerable adults may be targeted by extremists who exploit their vulnerabilities.
Signs that may indicate someone is being radicalised:

- Expressing support for extremist groups or ideologies
- Voicing hatred towards particular groups
- Showing an obsessive interest in a cause or ideology
- Possessing extremist literature or imagery
- Significant changes in behaviour, friends, or appearance
- Secretive online activity
- Expressing a desire to travel to conflict zones

If you have concerns, report them to your manager or the Designated Safeguarding Officer. If you believe there is an immediate risk, call 999. The DSO will consider whether a referral to the local Channel panel is appropriate. Channel is a multi-agency group that provides support to people at risk of radicalisation. Concerns can also be reported via the police non-emergency number (101).

Pressure Ulcers and Safeguarding

Not all pressure ulcers are the result of neglect or abuse. However, some pressure ulcers may indicate safeguarding concerns and must be reported.
Consider a safeguarding referral when:

- There are concerns that the pressure ulcer developed due to neglect
- Care was not provided in line with the care plan
- Equipment was not provided, maintained, or used correctly
- Pressure-relieving advice was not followed without good reason
- There are multiple or recurring pressure ulcers
- The person has a category 3 or 4 pressure ulcer that developed while receiving care

Staff must report any new or worsening pressure damage immediately to their manager, regardless of category. Early intervention can prevent deterioration and harm.

Consent and Mental Capacity

We respect the right of adults to make their own decisions. Before sharing information or taking action, we will seek the person's consent wherever possible.
However, we may act without consent when:

- The person lacks mental capacity for this decision (we will act in their best interests under the Mental Capacity Act 2005)
- Others are at risk, including other adults at risk or children
- A crime has been or may be committed
- Staff are involved in the alleged abuse
- There is a wider public interest concern

We will always explain to the person why we need to share information, what will happen, and keep them informed throughout.
For guidance on assessing mental capacity and making best interests decisions, refer to our Mental Capacity Policy.
Where restrictions placed on a person amount to a deprivation of liberty, authorisation must be obtained under the Deprivation of Liberty Safeguards (DoLS) or through the Court of Protection. This applies particularly in supported living settings. Refer to our Mental Capacity Policy for the full process.

Roles and Responsibilities

All staff must:

- Be alert to signs of abuse or neglect
- Report concerns immediately to their manager or the Designated Safeguarding Officer
- Complete accurate, factual records of what they have seen or been told
- Preserve any evidence
- Complete safeguarding training at induction and annually
- Know who the Designated Safeguarding Officer is and how to contact them
- Cooperate with safeguarding enquiries

The Designated Safeguarding Officer (DSO) is responsible for:

- Acting as the main contact for safeguarding concerns within the organisation
- Making decisions about whether to refer concerns to the local authority
- Liaising with the local authority, police, and other agencies
- Ensuring staff receive appropriate safeguarding training
- Monitoring safeguarding concerns, patterns, and trends
- Leading on learning from safeguarding incidents

The Registered Manager is responsible for:

- Ensuring the organisation has effective safeguarding policies and procedures
- Creating a culture where staff are confident to raise concerns
- Ensuring safeguarding is discussed in supervision and team meetings
- Reporting notifiable incidents to CQC
- Ensuring lessons are learned from safeguarding incidents and near misses

Key Contact Information

Designated Safeguarding Officer:
The registered manager
Local Authority Adult Safeguarding Team:
wokinglocalityteam@surreycc.gov.uk ; spelthornelocalityteam@surreycc.gov.uk ; epsom.ewelllocalityteam@surreycc.gov.uk ; guildfordlocalityteam@surreycc.gov.uk ; surreyheathlocalityteam@surreycc.gov.uk ; runnymedelocalityteam@surreycc.gov.uk
Local Authority Children's Safeguarding Team:

wokinglocalityteam@surreycc.gov.uk ; spelthornelocalityteam@surreycc.gov.uk ; epsom.ewelllocalityteam@surreycc.gov.uk ; guildfordlocalityteam@surreycc.gov.uk ; surreyheathlocalityteam@surreycc.gov.uk ; runnymedelocalityteam@surreycc.gov.uk

Local Authority Designated Officer (LADO) – for concerns about staff:

No arrangement for this

Police (non-emergency): 101

Police (emergency): 999

CQC: 03000 616161

Multi-Agency Working

Effective safeguarding requires partnership working. We will cooperate with:

Safeguarding Adults Boards (SABs)

Each local authority has a Safeguarding Adults Board that coordinates safeguarding activity in the area. We will participate in SAB activities as required and implement learning from Safeguarding Adults Reviews.

The Police

Where a crime may have been committed, we will involve the police. We will preserve evidence and not interview the person ourselves – this is the role of trained police officers.

Health Services

We will work with GPs, district nurses, mental health teams, and hospitals to share relevant information and ensure coordinated care.

Other agencies

Depending on the situation, we may work with housing services, fire and rescue, environmental health, trading standards, immigration services, or the voluntary sector.

We will share information with partners when necessary to safeguard adults at risk. This is lawful under the Data Protection Act 2018 and Care Act 2014.

Allegations Against Staff

Concerns about staff conduct must be taken as seriously as concerns about anyone else. Staff must report concerns about colleagues, including:

- Behaviour that has harmed or may harm a person we support
- Conduct indicating they may pose a risk to adults at risk
- Conduct that brings the organisation into disrepute

If the allegation involves a manager, report to: Compliance Manager-Serena

Ensuring Impartiality in Investigations

All safeguarding investigations must be conducted impartially. Where an allegation is made against the Registered Manager or a senior manager, the investigation will be led by a person who is independent of the service and who has had no prior involvement in the matter. This may be a director, a manager from another service within the organisation, or an external investigator commissioned for this purpose. The organisation will also involve the local authority safeguarding team, the police where a crime may have been committed, the LADO where the allegation involves a person who works with children, and CQC where a notification is required. No person who is the subject of an allegation, or who has a conflict of interest, will have any role in the investigation or its outcome.

Where a staff member is alleged to have caused harm, we will contact the LADO and follow their guidance. We may need to:

- Suspend the staff member on full pay pending investigation
- Refer to the Disclosure and Barring Service if appropriate
- Report to professional bodies if the person is registered
- Notify CQC

Staff who raise concerns in good faith will be supported and protected from reprisal. See our Whistleblowing Policy for more information.

Training and Competence

All staff receive safeguarding training as follows:

- **Induction:** Basic safeguarding awareness before working unsupervised
- **Annual refresher:** Updated training including learning from local and national cases
- **Specialist training:** Additional training for DSOs and managers on topics such as chairing strategy meetings and conducting investigations

Training covers:

- Types of abuse and how to recognise them
- How to respond to disclosures and concerns
- Reporting procedures and timescales
- Mental capacity and consent
- Making Safeguarding Personal
- Recording and evidence preservation
- Prevent duty

Supervision and Reflective Practice

Safeguarding is discussed in every supervision session. Managers will ask about:

- Any concerns the staff member has about people they support
- Changes in circumstances or behaviour they have noticed
- Any situations where they felt uncomfortable or unsure
- How they would respond to hypothetical safeguarding scenarios
- Learning needs related to safeguarding

Team meetings also include safeguarding as a standing agenda item, including sharing learning from incidents and Safeguarding Adults Reviews.

Quality Monitoring and Audit

We monitor our safeguarding practice through:

- **Incident analysis:** Monthly review of all safeguarding concerns, referrals, and outcomes to identify patterns and trends
- **Record audits:** Quarterly review of safeguarding records to ensure they are accurate, timely, and complete
- **Training compliance:** Monthly monitoring of training completion rates
- **Feedback:** Seeking feedback from people we support and their families about feeling safe
- **Staff knowledge:** Spot checks and observations to assess staff understanding of safeguarding
- **External reviews:** Participating in multi-agency audits and learning reviews

Findings from monitoring are reported to senior management and used to drive improvement.

Procedures

Response timescales:

- Immediate danger: Call 999 immediately
- All concerns: Report to manager/DSO same working day
- Written record: Complete within 24 hours
- Local authority referral (where required): Within 24 hours of concern being raised

Step 1: Recognising a Concern

- Notice something that worries you – this could be something you see, something you are told, or a change in a person's behaviour or circumstances.

- Trust your instincts – if something feels wrong, it probably is.
- Do not ignore it or assume someone else will deal with it.
- If there is immediate danger, call 999 and take action to make the person safe.

Step 2: Responding to a Disclosure

If someone tells you they are being abused:

- **Stay calm** and listen carefully.
- **Believe them** and take what they say seriously.
- **Reassure them** that they have done the right thing by telling you.
- **Don't promise confidentiality** – explain you may need to share information to keep them safe.
- **Ask open questions** only if needed to clarify: "What happened?" "When?" "Where?" Avoid leading questions.
- **Don't investigate** – this is not your role. Do not contact the alleged perpetrator.
- **Preserve evidence** – do not clean up, wash clothes, or disturb the scene.
- **Ask the person** what outcome they would like (Making Safeguarding Personal).

Step 3: Reporting

- Report to your line manager or the Designated Safeguarding Officer immediately (same working day). If the DSO is unavailable during working hours, contact your line manager or the Registered Manager.
- Outside office hours, contact:
- If you cannot reach anyone internally, contact the local authority safeguarding team directly.
- If a crime is in progress or there is immediate risk, call 999.
- If the concern involves a manager, report to: Compliance Manager-Serena

Designated Safeguarding Officer:
The registered manager
Out of hours contact:

Step 4: Recording

Complete a written record within 24 hours. Include:

- Date, time, and location
- What you observed or were told (use the person's own words in quotation marks)
- Who was present
- Any visible injuries (describe in writing and, where appropriate, complete a body map to record the location and appearance of injuries). Do not photograph injuries on a personal device under any circumstances. If photography is required and the person has given informed consent, use a designated organisational device only and follow your manager's guidance
- The person's demeanour and emotional state
- Actions taken and who you reported to
- The person's wishes (what outcome do they want?)
- Your name, signature, and date

Record facts, not opinions. Write clearly and legibly. Keep records secure.

Step 5: Referring to the Local Authority

The DSO will decide whether to refer the concern to the local authority. Referrals are made when:

- The person meets the criteria for an adult at risk (all three criteria)
- The concern cannot be addressed through normal care management
- A crime may have been committed
- Others may be at risk

Referrals will be made within 24 hours. Contact details:

wokinglocalityteam@surreycc.gov.uk ; spelthornelocalityteam@surreycc.gov.uk ; epsom.ewelllocalityteam@surreycc.gov.uk ; guildfordlocalityteam@surreycc.gov.uk ; surreyheathlocalityteam@surreycc.gov.uk ; runnymedelocalityteam@surreycc.gov.uk
Referrals should follow the local authority's multi-agency safeguarding adults procedures: 03004709100; ascmash@surrey.gov.uk
Note: some local authorities route referrals through a Multi-Agency Safeguarding Hub (MASH), which brings together professionals from social care, police, health, and other agencies to assess concerns and agree a coordinated response. Where your local authority operates a MASH, referrals should be directed there in the first instance. The 03004709100; ascmash@surrey.gov.uk field above should confirm the correct local route.
The Registered Manager will consider whether a CQC notification is required and submit one within the required timescale.

Step 6: Working with the Enquiry

Once a referral is made, the local authority decides whether a Section 42 enquiry is needed. If so:

- Cooperate fully with the enquiry and provide information as requested.
- Attend strategy discussions or case conferences as required.
- Support the person throughout the process, keeping them informed and involved.
- Implement any agreed actions within the required timescales.
- Maintain confidentiality – only share information on a need-to-know basis.

Protecting the Rights of the Person During the Enquiry
Throughout any safeguarding enquiry, we will take active steps to protect the rights, safety, and wellbeing of the person who has been or may have been harmed. This means:

- Ensuring the person's immediate safety is maintained, including separating them from the alleged source of harm where necessary and adjusting the care rota, staffing arrangements, or visiting schedule to prevent further risk.
- Keeping the person informed at every stage, in a way they can understand, about what is happening, what the next steps are, and what the likely timescales will be.
- Asking the person what outcome they want and ensuring their wishes are central to the process, in line with Making Safeguarding Personal.
- Offering the person access to an independent advocate, particularly where they have substantial difficulty being involved in the process and no appropriate person is available to support them. This is a statutory requirement under the Care Act 2014.
- Ensuring the person is not subjected to any form of retaliation, pressure, or negative consequence as a result of the safeguarding concern being raised.
- Providing emotional support during the enquiry and signposting to counselling, specialist services, or peer support where appropriate.

Step 7: Learning and Improvement

After every safeguarding incident:

- Review what happened and whether it could have been prevented.
- Identify what worked well and what could be improved.
- Share learning with the team (while maintaining confidentiality).
- Update policies, procedures, or training as needed.
- Support any staff involved in the incident.

What Happens After You Report a Concern

Staff sometimes worry about what happens after they report. Here is what to expect:

- **Acknowledgement:** The DSO or manager will acknowledge your concern and may ask clarifying questions.
- **Initial assessment:** The DSO will assess the concern and decide on next steps, which may include internal action, referral to the local authority, or both.

- **Referral (if made):** The local authority will contact us, usually within 24-48 hours, to discuss the concern and agree actions.
- **Enquiry:** If a Section 42 enquiry is opened, you may be asked to provide a statement or attend a meeting.
- **Outcome:** You will be told the outcome where appropriate, though some details may be confidential.
- **Support:** If the process is stressful, speak to your manager about support available.

You will never be penalised for reporting a concern in good faith, even if the concern turns out to be unfounded.

Using the Whistleblowing Policy

If you feel your safeguarding concerns are not being taken seriously, or if the concern involves senior management, you can use our Whistleblowing Policy to raise concerns externally with:

- CQC: 03000 616161
- Local authority safeguarding team: wokinglocalityteam@surreycc.gov.uk ; spelthornelocalityteam@surreycc.gov.uk ; epsom.ewelllocalityteam@surreycc.gov.uk ; guildfordlocalityteam@surreycc.gov.uk ; surreyheathlocalityteam@surreycc.gov.uk ; runnymedelocalityteam@surreycc.gov.uk
- Police (if a crime has been committed)

References and Further Reading

Legislation

- Care Act 2014
- Mental Capacity Act 2005
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Domestic Abuse Act 2021
- Modern Slavery Act 2015
- Counter-Terrorism and Security Act 2015
- Safeguarding Vulnerable Groups Act 2006
- Equality Act 2010
- Human Rights Act 1998
- Data Protection Act 2018

Government Guidance

- Care and Support Statutory Guidance (Chapter 14: Safeguarding) – https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance
- Safeguarding adults protocol: pressure ulcers – https://www.gov.uk/government/publications/pressure-ulcers-how-to-safeguard-adults
- Channel and Prevent Multi-Agency Panel guidance – https://www.gov.uk/government/publications/channel-and-prevent-multi-agency-panel-pmap-guidance

CQC Guidance

- Regulation 13: Safeguarding – https://www.cqc.org.uk/guidance-regulation/providers/regulations-service-providers-and-managers/health-social-care-act/regulation-13
- Safeguarding quality statement – https://www.cqc.org.uk/guidance-regulation/providers/assessment/single-assessment-framework/safe/safeguarding

Other Guidance

- Making Safeguarding Personal, LGA – https://www.local.gov.uk/our-support/partners-care-and-health/care-and-health-improvement/safeguarding-resources/making-safeguarding-personal
- Types and indicators of abuse, SCIE – https://www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse/
- Adult Safeguarding: Roles and Competencies, RCN – https://www.rcn.org.uk/Professional-Development/publications/rcn-adult-safeguarding-roles-and-competencies-for-health-care-staff-011-256
- National FGM Centre – https://nationalfgmcentre.org.uk/

Local Authority Multi-Agency Procedures

03004709100; ascmash@surrey.gov.uk

Related Organisational Policies

- Safeguarding Children in an Adult Setting Policy
- Mental Capacity Policy
- Whistleblowing Policy
- Complaints Policy
- Pressure Ulcer Prevention Policy
- Duty of Candour Policy
- Staff Recruitment Policy
- Supervision Policy
- Disciplinary Policy

Appendix: Quick Staff Guide – Safeguarding Adults

Keep this guide accessible. Print and display in staff areas.

WHAT IS SAFEGUARDING?

Protecting adults who have care and support needs from abuse and neglect. Safeguarding is EVERYONE'S responsibility.

THE 10 TYPES OF ABUSE

Physical | Domestic | Sexual | Psychological | Financial | Modern Slavery | Discriminatory | Organisational | Neglect | Self-Neglect

WHAT TO DO IF YOU HAVE A CONCERN

- **STAY CALM** – Listen, believe, reassure
- **DON'T INVESTIGATE** – That's not your role
- **REPORT IMMEDIATELY** – Same working day
- **RECORD IN WRITING** – Within 24 hours

IF SOMEONE DISCLOSES ABUSE TO YOU:

- "Thank you for telling me"
- "I believe you"
- "It's not your fault"
- "I need to share this to help keep you safe"
- "What would you like to happen?"

DON'T:

- Promise to keep it secret
- Ask leading questions
- Contact the alleged abuser

- Clean up or destroy evidence
- Delete texts, emails, or screenshots – these may be evidence

KEY CONTACTS

Designated Safeguarding Officer: The registered manager
Out of hours:
If concern is about a manager: Compliance Manager-Serena
Local Authority Safeguarding: wokinglocalityteam@surreycc.gov.uk ; spelthornelocalityteam@surreycc.gov.uk ; epsom.ewelllocalityteam@surreycc.gov.uk ; guildfordlocalityteam@surreycc.gov.uk ; surreyheathlocalityteam@surreycc.gov.uk ; runnymedelocalityteam@surreycc.gov.uk
Police Emergency: 999
Police Non-Emergency: 101
CQC: 03000 616161

REMEMBER

- If in doubt, report it
- You won't get in trouble for reporting in good faith
- Not reporting IS a problem
- Ask the person what outcome they want

SIGNS TO WATCH FOR:

Unexplained injuries | Fear or anxiety | Withdrawal | Financial changes | Poor hygiene | Pressure ulcers | Unfamiliar visitors | Controlling behaviour by others

THE SIX PRINCIPLES

Empowerment – **P**revention – **P**roportionality – **P**rotection – **P**artnership – **A**ccountability