A guide to adult safeguarding for adult social care employers

Updated July 2018
Introduction and contents

Adult social care employers are responsible for ensuring that people who use their service can live free from harm, abuse and neglect – this is fundamental to high quality care and support.

As a manager or leader you need to understand your responsibilities around safeguarding and the standards you need to follow – you can find them by contacting your local Safeguarding Adults Board who will have a set of local policies and procedures, as guided by the Care Act.

You also need to think about how these policies and procedures are relevant to your service and how you can implement them. This guide gives you a quick way of making sure that you’ve covered all the key aspects of adult safeguarding in your workplace.

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The Care Act 2014 made all local authorities responsible for ensuring that any adult who needs care and support, and who is at risk of or experiencing abuse or neglect, and as a result of their needs is unable to protect themselves, is protected by the local authority.

To do this, local authorities have a Safeguarding Adults Board that coordinates local work to safeguard adults who need care and support.

They’re formed of a partnership between local commissioners and providers. They’re led by the local authority with statutory involvement of the police, local clinical commissioning groups and other organisations involved in supporting vulnerable adults such as social care and health providers, probation and community rehabilitation companies, prisons, social housing, fire service and the voluntary and community sector.

The board develops policies and procedures that all partners sign up to and agree to implement. It’s also required to investigate, or ensure others do so, if it believes that an adult is, or is at risk of, abuse or neglect. This means that the board could ask you to support or make enquires if abuse or neglect is reported within your service.

You should make contact with your local board – they’ll take the lead if there are any safeguarding concerns. Maintain an easily accessible list of contact details of your local safeguarding adults leads - you never know when you might need advice or to make a referral.

You should also ensure that you understand how the policies and procedures of your local board are specifically relevant to your service and work in practice.

- Know the policies and procedures in the local area in which your service is registered. If you relate to more than one safeguarding adults board familiarise yourself with each one’s policies and procedures.
- Use real and practical examples to bring policies and procedures to life.
- Understand what the board is saying about adult social care providers.
- Test the policies and procedures in your setting and tell your local authority adult safeguarding manager if you think there are any gaps or potential misunderstandings.

Being part of the board enabled the registered manager to forge new relationships with partners they wouldn’t normally have had the opportunity to meet.
Grove Residential Care in Walthamstow feature in our ‘Good and outstanding care’ guide. Their registered manager volunteered to be a representative for adult social care employers on their local board and they told us:

“This board meets quarterly and aims to gather the local providers ‘voice’ while considering the ‘making safeguarding personal’ policy. Being part of the board enabled the registered manager to forge new relationships with partners they wouldn’t normally have had the opportunity to meet.”

Download the full guide at www.skillsforcare.org.uk/GO. It provides examples and recommendations from services who are rated good and outstanding by the CQC, about how they achieved this rating. It includes a section on safeguarding.
Know what CQC inspectors consider to be evidence of effective adult safeguarding

Safeguarding should underpin everything that happens in your service – a personalised service is a safe service and a safe service is a personalised service – it’s not about one or the other. If a person isn't being treated with dignity and respect and doesn’t have choice and control, then inspectors may consider this to be abusive.

Therefore it’s important to know and understand the relevant regulations and how it’s translated, by inspectors, into what people who access care and support should experience.

Make sure you have a good understanding of the CQC fundamental standards and how you can evidence you’re providing them. You can read them from the CQC website at www.cqc.org.uk.

Evidencing your practice - triangulation

Inspectors observe practice, listen to what people who access care and support and their relatives have to say, talk with staff and managers, check your records and ask other involved professionals for their views. They do this at different levels – customer, service and organisation level - using different methods and sources of evidence.

A good way of evidencing your practice is through ‘triangulation’ – this concept is used to quality assure by inspectors and can be used to self-audit your service.

Simply put, it involves having at least three different ways of finding, testing and confirming a practice issue – good or bad. This can help you provide stronger and more reliable evidence to support your CQC inspections.

For example, care workers support Amy to do her shopping and manage her money.

They could record this in three different ways to evidence good practice.

1. They help her keep written records of how she spends her money and receipts for anything over £5 as set out in her care plan.

2. When staff hand over to the next member of staff they do an informal check that the shopping and any large purchases are there.

3. The manager of the service regularly calls to see Amy as a ‘spot check’; as part of this she asks Amy what she’s been up to recently and checks that Amy’s recollection of activities and purchases matches with the records. She records this in her care plan.

You can replicate aspects of the inspection process in self-audit or you could work with peers or critical friends to check the quality of what you’re doing.

Remember the CQC aren’t the only inspectors – there’s also environmental health, fire, health and safety and Healthwatch.
3 Talk to commissioners and people who access care and support regularly about your adult safeguarding responsibilities

Make sure you know what you’re contracted to provide in relation to adult safeguarding, whether the customer is private or publicly funded.

If the contract originates with your organisation then it should explain what actions you’ll take if someone raises a safeguarding concern, including complaints, suspicions or allegations from the person themselves, their relatives, visitors or members of the public.

If the contract is from a commissioner, make sure you know and understand what it says about safeguarding. If you have any questions make sure you ask them when the contract is being negotiated as it can be too late once a contract is agreed.

Keep an open conversation about personalisation and safeguarding as sometimes they can appear to be in conflict with each other, for example where they’re expressed as ‘risk.’ Sometimes conflict can arise when people who access care and support have different views of ‘risk’ to commissioners, inspectors or their own relatives.

You could also invite commissioners to your service and go to forums they organise – tell them about any safeguarding challenges you face and listen to their perspective.
Being part of local networks, membership organisations, and knowing other professionals will help you to gain and share knowledge and experiences of adult safeguarding.

This can make it easier to get advice and identify and solve any safeguarding challenges you face.

For example you might want to get in touch with your local:

- pharmacy
- police and community safety team
- nursing and self care team
- GPs
- teachers and intergenerational workers
- housing officers and anti social behaviour teams
- fire service and home safety.

You could also do wider work in the community to prevent misunderstandings about safeguarding and your service.

Enabling people to have choice and control over their own lives can bring lots of benefits - in fact restricting people’s independence is a form of abuse.

However to ‘outsiders' this can sometimes look like neglect. People might assume that care workers should always ‘do’ things ‘for’ people, or that people who access care and support should live their lives in a particular way – for example not going out alone or having a certain level of personal hygiene.

Having an open and transparent service that explains your approach to balancing individual's choice with risk management and safeguarding, will help families, visitors and the wider public understand why you work the way you do and what you're trying to achieve.

You can build these connections through a trade association, the chamber of commerce or a business network. Many of them have breakfast and lunch meetings and they often communicate through social media such as Facebook or LinkedIn.

You could also make links with community organisations and schools to give positive messages about disability – this could help to prevent bullying of people with disabilities in the future and reduce the risk of safeguarding incidents.

All of these are opportunities help to promote what you do and prevent misunderstandings.

Simply Care (UK) feature in our ‘Good and outstanding care’ guide. They attend local forums to share knowledge and learning, and they told us:

“We attend safeguarding team forums where incidents/ examples are shared, and group discussions take place on lessons learnt. Speakers from all expertise attend and give a presentation on their professional area so that we can implement these processes in our setting to further enhance and improve the service.”

Download the full guide at [www.skillsforcare.org.uk/GO](http://www.skillsforcare.org.uk/GO). It provides examples and recommendations from services who are rated good and outstanding by the CQC, about how they achieved this rating. It includes a section on safeguarding.
Ensure that anyone who has contact with your service knows what to do if they suspect someone is being abused or neglected. This ensures that any concerns are raised quickly and through the correct procedures, reducing the risk of it escalating.

When we say everyone’s business we include your insurers, legal advisers, accountants and HR support as well as care workers, visitors, students, people who access care and support and their families.

You should include adult safeguarding procedures in things like:

**Statement of purpose**
Include safety and quality, and how to recognise them, in your statement of purpose. This is an important touchstone.

**Welcome pack**
People who access care and support should be able to feedback and raise concerns or complaints about the service they receive in a range of ways. Include information and advice about safeguarding in your marketing materials, website and in your customer welcome pack.

**Workforce strategy**
Your workforce is your greatest asset and they’re vital in ensuring that your service meets safeguarding standards. Having an effective workforce strategy can help you recruit and retain people who know what it means to deliver high quality care and support.

It’s also important that your leaders and managers apply and set high standards of care – it’s important that they demand more than basic compliance of their team and seek continuous improvement.

**Induction**
Include adult safeguarding in induction and continue to monitor it over a worker’s first 6-12 months. Ensure that it includes more than just basic training and shows workers how it’s embedded in everyday practice.

**Whistle-blowing policies**
All workers and visitors should know what to do if they think somebody is being abused or neglected. They should also know what to do if they think the person they’ve trusted to act isn’t appearing to do so or if they wish to remain anonymous. Make sure people know how to complain to someone else within the organisation, how to contact the safeguarding adult team and the CQC.

*Thistle Hill Hall* feature in our ‘Good and outstanding care’ guide. They take a values-based approach to their recruitment to ensure that their workers understand what it means to deliver high quality care and support. They told us:

“We not only encourage, we expect staff to be aware of what bad practice looks like and also have the confidence and ability to challenge this without fear of any repercussions. If something looks or feels wrong then challenge it regardless of who is doing this.”

Download the full guide at [www.skillsforcare.org.uk/GO](http://www.skillsforcare.org.uk/GO). It provides examples and recommendations from services who are rated good and outstanding by the CQC, about how they achieved this rating. It includes a section on safeguarding.
You should share your knowledge and experience within your organisation through team meetings, learning and development, newsletters and blogs.

Reflecting after a safeguarding incident has been resolved can be invaluable to help you develop best practice.

Case studies are a great way to show how you’ve worked well and how you can learn from safeguarding incidents in the past.

You could discuss them within your service or with different members of your local social care system, to see how everyone could work together in certain situations – knowing how everyone would respond can help you anticipate and solve incidents.

You could do a case study in different ways – in writing, drawing, video or telling a story. It’s all about reflecting on an experience and sharing your learning, to help put an incident in context or find solutions.

### Most case studies have a simple structure

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<th>Most case studies have a simple structure</th>
<th>An example in the case of adult safeguarding</th>
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<tbody>
<tr>
<td>A person or people who want to achieve something.</td>
<td>A person who has the right to live free from harm and abuse, or is in need of protection – for example if someone would like to go out on their own, however it isn’t safe to do so.</td>
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<tr>
<td>A hurdle to get over or a problem to resolve.</td>
<td>The person has dementia and the care team assess that it isn’t safe for them to go out by themselves. There’s also a busy road outside the care home they live in and they’re at risk of forgetting where they live now.</td>
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<tr>
<td>The outcome, and how they got here.</td>
<td>The person is able to go out safely, according to their wants and needs – the care team do a risk assessment and agree with the individual that a member of staff will go out with them twice a week.</td>
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<tr>
<td>Reflection and learning.</td>
<td>Reflect on what went well, what could have gone better and what you’ve changed or learned as a result of this experience.</td>
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Anne lives alone and has early symptoms of dementia. Homecare workers visit her every day to prepare her meals.

The care worker notices that she’s not eating the food but when she asks why, Anne says she isn’t hungry. This continues over a number of weeks. The care worker reported this to her team leader who recorded it in Anne’s care plan.

Anne’s daughter visits and is alarmed to see that her mother has lost weight and appears disorientated. She contacts the local authority and a safeguarding enquiry is started.

Eventually we realised that Anne’s dementia was affecting her more than we’d realised. Because Anne was left alone to eat, she didn’t recognise that it was time to eat so she didn’t.

Anne’s social worker helped her find a lunch club to go to each weekday. The volunteers there noticed that Anne particularly enjoyed spicy food. They researched on the Alzheimer’s Society website and found that dementia could dull people’s sense of taste and make food bland. The care workers who visit in the evening and weekend can take this into account when helping Anne to prepare her meals.

Next time, the team leader could have contacted Anne’s daughter earlier to raise their concerns – she should gain Anne’s agreement to do this.

They could have arranged a meeting with Anne and her daughter to understand why she wasn’t eating – for example she might not have enjoyed the food we were cooking, she might have depression or her medication might have been affecting her appetite.

We now know that dementia can dull a person’s sense of taste, so we can take this into account with all our clients and look out for this. This could have fed into wider discussions about Anne’s care and support – for example she might be referred to a dietician.

We’ll also ensure that all staff have training around nutrition and understand the processes to follow to raise such concerns.
Invest in high quality learning and development around adult safeguarding

High quality learning and development is important to ensure your workforce has the right skills and knowledge around adult safeguarding.

Our ‘Learning and development guide’ can help you find high quality learning and development. You can download it from www.skillsforcare.org.uk/ongoinglearning.

Before you purchase learning, check that your learning provider understands adult safeguarding from a social care service’s perspective, that they can adapt their training for your particular service, and that it’ll help you share learning across your whole organisation (rather than limiting training to a training room or computer screen).

There’s lots of free advice and resources out there to support learning and development around adult safeguarding.

Visit the Social Care Institute for Excellence’s website (SCIE) for free resources and training and consultancy services at www.scie.org.uk/safeguarding/adults.

Our ‘Good and outstanding guide’ provides practical tips and examples from adult social care services who are rated good and outstanding by the CQC, about how they achieved this rating. It includes a section on safeguarding. One CQC inspection report said:

“The service developed their own learning materials that included films where management acted out various safeguarding scenarios. This saw the leadership team portraying roles such as people accessing care and support, staff and visitors, and had showed potential abusive situations for staff to recognise and discuss. The videos helped staff to recognise the potential abuse and report it in an informal and non-threatening atmosphere.”

Download the full guide at www.skillsforcare.org.uk/GO.
It’s important to keep high quality records. Poor record keeping is regularly identified as one of the main safeguarding challenges, and can put both your staff and the people you support at risk.

You should set high standards of record keeping for everyone to follow and ensure that they have good record keeping skills.

Records should be only as long as necessary and written in everyday plain English without abbreviations. They should be stored securely but shared with the person they’re about.

In relation to adult safeguarding, here are some of the main records you should keep:

- risk assessments
- care plans
- observations
- financial transactions
- complaints and compliments
- safeguarding referrals and investigations
- medication records and administration sheets
- rosters and logs of hours worked and/or journeys made
- training, supervision and appraisal.

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Social Care Institute of Excellence’s (SCIE) ‘prevention checklist’ explains some of the things that you can do to prevent poor record keeping (slightly amended)

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<th>Care plans are person-centred and accurate</th>
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<tr>
<td>✔</td>
<td>Care plans include risk assessment and risk enablement</td>
</tr>
<tr>
<td>✔</td>
<td>There’s evidence that staff follow care plans and they’re regularly updated</td>
</tr>
<tr>
<td>✔</td>
<td>All records are clear and in a manner that can be easily understood by others</td>
</tr>
<tr>
<td>✔</td>
<td>The registered manager regularly monitors the standard of record keeping</td>
</tr>
<tr>
<td>✔</td>
<td>All records are accessible to those that need them, while appropriate levels of confidentiality are maintained</td>
</tr>
<tr>
<td>✔</td>
<td>Where the service manages any aspect of a customer’s finances, either through their choice or lack of capacity, the records are subject to robust and regular checks</td>
</tr>
<tr>
<td>✔</td>
<td>There’s evidence that the service uses complaints to improve quality and practice</td>
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<tr>
<td>✔</td>
<td>There are records of regular staff supervision and team meetings and evidence that actions are followed up</td>
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Ensure your service has confident leaders and managers with strong investigation and report writing skills

Safeguarding professionals, the CQC and commissioners will expect you to make an honest, open and considered response to all adult safeguarding incidents, including investigating incidents and writing reports.

Where it’s a member of staff who is potentially abusive or neglectful you need to understand the law and your own policies around the actions to be taken. This will include when and how to suspend a member of staff pending an investigation and how to support both whistle-blowers and people who are accused.

Investigation skills might include:
- clarifying incidents and information
- planning an investigation
- interviewing and questioning
- analysing and triangulating information
- understanding the legislation around the mental capacity act and deprivation of liberties safeguards and any other relevant legislation
- recording the incident.

Your local adults safeguarding board might offer training, or if you’re a large organisation you could commission training to workers in different areas (so it becomes possible for investigations to be done by people within your organisation but outside the service under investigation).

Report writing skills
It’s important that leaders and managers can write high quality reports, keep accurate documentation and are able to analyse evidence.

These reports should be written in a way that people who access care and support, their families and the wider public can understand.

A good report will include:
- what is the safeguarding enquiry being investigated and why
- the method used to gather data and information
- description of what happened - sometimes called a chronology of events
- findings – carefully focussing on facts and identifying where things are views or opinions
- analysis – what the facts indicate and comment on weight of opinion
- conclusions – was, on the balance of probability, the safeguarding alert or complaint found to be justified
- recommendations including:
  - actions to go into a service improvement plan that focus on ensuring the person is protected, that further recurrence is prevented and good practice and learning promoted
  - any HR actions such as disciplinary actions
  - referrals to the police where criminal activity is suspected
  - formal or informal apologies to those who have experienced harm.
A service improvement plan is a plan that outlines how you’re going to improve your service – it should include:

- why you’re providing a service
- what you want to achieve
- how you’re going to achieve it (including resources such as the workforce).

Your service improvement plan can capture any previous adult safeguarding incidents, complaints, allegations or ‘near misses’, and how you’re going to learn from them and improve.

This will help you deliver a ‘safe’ service and learn from past experiences, to take greater control of safeguarding incidents in the future.

The big tip here is to recognise that safeguarding is not just a matter of compliance – it’s integral to improvement and learning. Safeguarding and quality assurance should go hand in hand.

Our ‘Good and outstanding guide’ provides practical tips and examples from adult social care services who are rated good and outstanding by the CQC, about how they achieved this rating. It includes a section on safeguarding. One CQC inspection report said:

“A poster with the local authority and CQC contact details on was placed beside each phone in the setting in case staff or people who needed care and support wished to raise concerns.”

Download the full guide at www.skillsforcare.org.uk/GO.