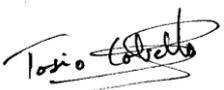


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Document Control Information

Version History			
Version	Date	Detail	Author
2.0	Oct 2015	Policy added to MDI. Full review of content scheduled	Richard Brine
2.1	Feb 2018	Update of contents	Tasio Cabello
2.2	June 2018	Update of contents	Tasio Cabello

Current Version	
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CONSULTATION TRACKING SHEET

This document must be completed and accompany the document through the final ratification and authorisation process. A copy of this sheet should be included at the front of the final published policy.

Name of Document: AUKKC Safeguarding Policy

Name of person / team / committee asked to provide feedback	Date feedback request sent	Feedback received (Y/N)	Feedback incorporated into Policy (Y/N)

Document History and Change Record

The following are registered holders of controlled copies of this document:

Position	Version
Business Manager (Management Representative)	2.0

Amendment History			
Version	Date	Amendment	Approved By
2.0	Oct 2015	Document control information added	Richard Brine

AUKKC Safeguarding Policy**Safeguarding Adults - Policy and Procedure****Policy Statement**

1. Age UK Kensington & Chelsea recognises that it has a duty to protect older people from the risk of abuse. As an organisation it is committed to working with Social Services and other agencies to formulate and operate policies and procedures which will help to achieve this aim. Age UK works to the Pan London Safeguarding Strategy and follow the guidelines from the Charity Commission Serious Incident Reporting Guidance in order to protect our beneficiaries and others who come into contact with Age UK Kensington & Chelsea.
2. Age UK Kensington & Chelsea will ensure that their staff are trained to work with service users in a way that respects and promotes their right to live safely and securely in their own homes, free from the fear of abuse, whether emotional, physical, psychological, financial or through neglect.
3. Age UK Kensington & Chelsea will train staff to be aware of the possibility of abuse and to take appropriate steps to report any instances of abuse that they have identified.

Procedure

Staff will be given the following advice on the appropriate procedure to follow:

When an older person decides to tell an Age UK Kensington & Chelsea member of staff or volunteer that they are being abused, they place a huge amount of trust with that individual to act appropriately and supportively. In accepting that trust, we must ensure that the needs and wishes of the older person remain the focus of our action.

As a member of staff or a volunteer it is your responsibility to:

1. Treat abuse or potential abuse seriously
2. Act on any concern of abuse
3. Know what to do and who to tell if you have concerns
4. Know about the Policy & Procedure in place at Age UK Kensington & Chelsea
5. Keep clear contemporaneous records of all your actions.

Definition

An 'adult at risk' is a person 18 years or over who is receiving or could be in need of community care services and is unable to protect him or herself from harm or exploitation.

Identifying Abuse

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1. Abuse is the mistreatment of any person that violates his or her human and civil rights.
2. This can happen anywhere, and can consist of single or repeated acts, which can vary from neglect to treating someone with disrespect.
3. Different forms of abuse:
 - Verbal Abuse
 - Sexual Abuse
 - Financial Abuse
 - Psychological or Emotional Abuse
 - Physical Abuse
 - Racial Abuse
 - Neglect
 - Abuse through the misapplication of drugs
 - Pressure Sore neglect
 - Domestic Violence

How can we minimise the risks?

1. Staff awareness
2. On-going training
3. Policies and procedures in place
4. Rapport with service users
5. Regular team meetings
6. Regular support & supervision

Who may be the abuser?

People who abuse adults at risk are often well known to the individual and may be:

1. A paid carer or volunteer
2. A relative, friend of partner
3. A health, social care or other worker
4. A visitor
5. The person who is abusing or who may cause harm, may also be an adult at risk.

Action to take when you suspect abuse:

1. Check that the person or you are not in any immediate danger.

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2. Make contact immediately with line manager.
3. Call emergency services if required.
4. If a crime has been committed, call the police.
5. Do not disturb anything that may be evidence.
6. Assure the person making the complaint that they will be taken seriously.
7. Stay calm.
8. Listen to what is being said.
9. Do not jump to conclusions.
10. Explain that you must report these allegations to your line manager.
11. Do not question the alleged abuser.
12. Inform your line manager or any other manager immediately.
13. Keep clear and detailed records of all actions which must be signed, dated and timed, which will include:
 - a) Completing a witness statement about the facts as you have been told or observed.
 - b) Accurately recording details of the allegation or the grounds for suspecting abuse.
 - c) Include the time and date of the incident, people involved, and any observed injuries.
 - d) Recording the behaviour and appearance of the victim and what they said
14. If the allegation or concern involves another member of staff or a volunteer, you have a duty to report this immediately. This will be reported to your line manager or another designated manager and handled in accordance with Whistle Blowing Policy
15. Normally, your manager will refer the person to the relevant contact point. In most cases the referral will be made to Social Services. If the service user is receiving services from the At Home service then the Service Manager will also inform the Care Quality Commission.
16. All situations of suspected abuse need to be reported. In some cases this may conflict with the wishes of the service user, however, staff should note that they are legally required to report all cases of abuse or suspected abuse to their line managers.
17. Staff must discuss any issues of trust arising from cases of suspected abuse with their line manager and social services must also be notified. Consent from client must be obtained unless there is a public interest. Social services will assess the level of risk of abuse, the number of people at risk affected and whether the person at risk has capacity. Social services will also talk to the service user to gain an understanding of their views.

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18. It is important that service users are made aware that staff are required to report all cases of abuse or suspected abuse in line with current government legislation. This can be explained by discussion, through relevant information in service user agreements and through the issue of service user leaflets relating to Safeguarding.
19. Agencies have agreed that they will work together in order to decide what action to take to investigate the situation and to plan with the person at risk the safest way to protect them.
20. Occasionally situations arise when workers may feel that the decision made by a worker from another agency is not a safe decision. There will always be differences of professional opinion. However, practitioners and agencies have a responsibility to challenge when it is believed that other agencies are failing to recognise maltreatment and/or their response leaves older people at risk of significant harm. This should be discussed with your manager.
21. The neglect of pressure sores is now treated as a safeguarding concern. If you find an older person with a non-identified pressure sore or a skin problem which appears to be in need of attention please ensure that the person's GP and Social Worker are notified immediately and record this information.
22. Staff and volunteers should not take for granted that an older person subject to potential abuse, do not have the capacity to deal with the situation and take their own decisions. Staff and volunteers are not qualified to assess if a client has or does not capacity. Mental capacity is the ability to make a decision, whether it is an everyday decision. A person is unable to make a decision if they cannot:
 - Understand information about the decision to be made.
 - Retain that information in their mind.
 - Use or weigh that information as part of the decision making process.
 - Communicate their decision.

(Mental Capacity Act 2005)

Records of safeguarding cases:

Any reported concern to social services will be done using its referral form.

Those forms will be saved in the M server within the incidents, complaints and compliments folder, where only authorised people have access.

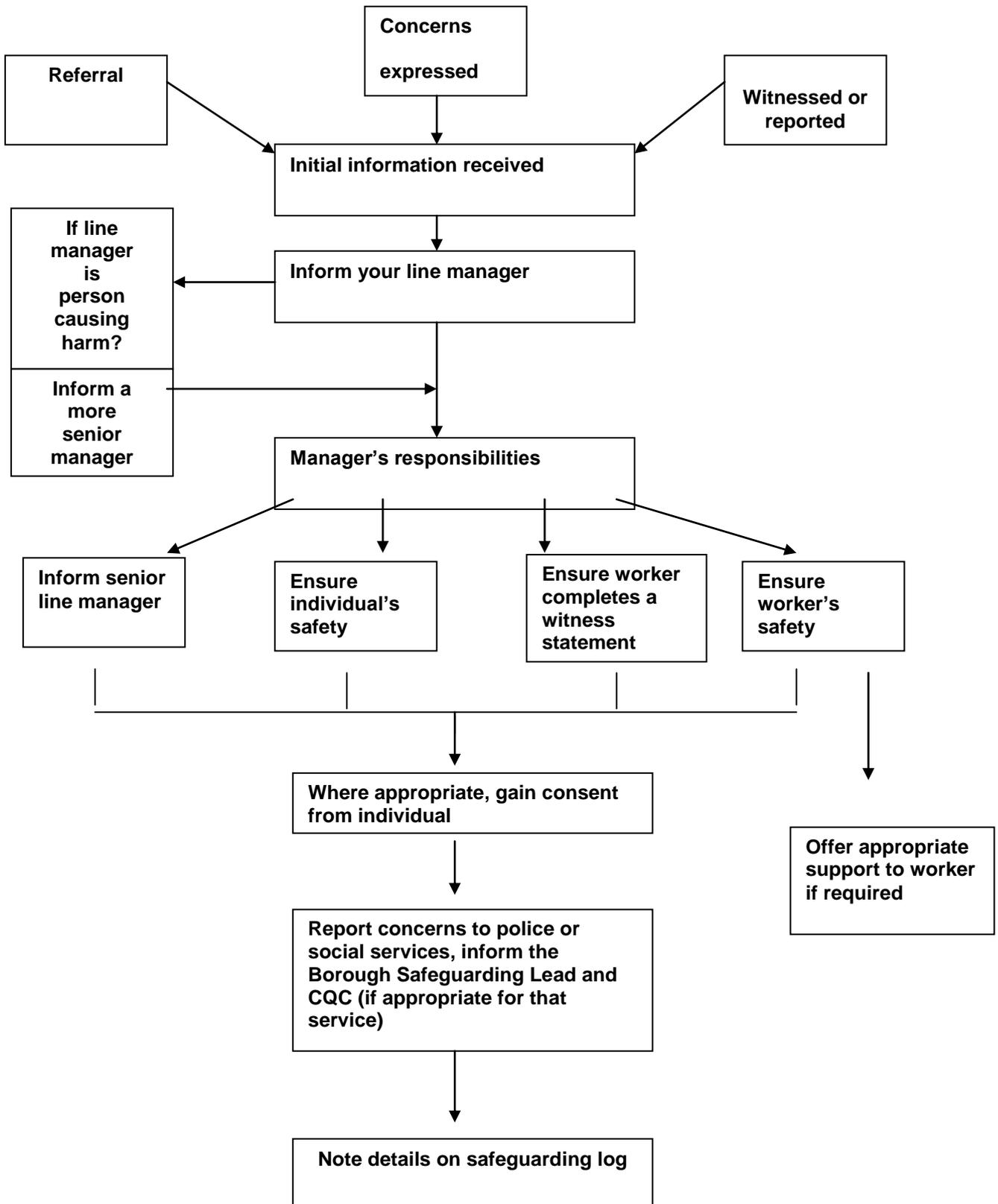
A log in document will be also keep up to date for ongoing discussion of the current safeguarding cases. This will happen at the Leadership Team meeting as standard item in the agenda.

Learning outcomes will be obtained for any future cases where those lessons can be applied.

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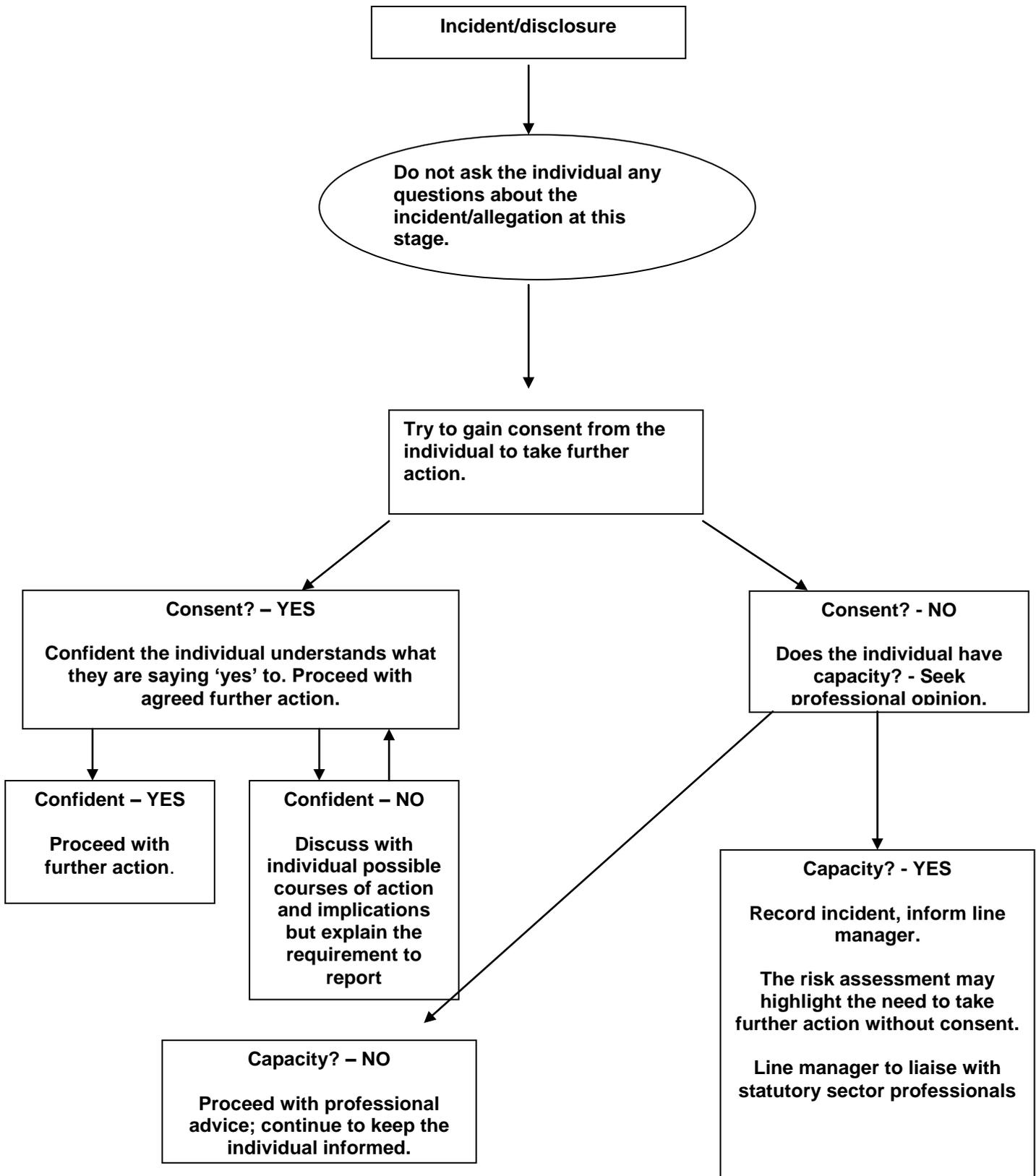
Flowchart of procedures

Where do I start?



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Capacity and gaining consent



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Alerting Procedure and Ongoing Safeguarding Arrangements with Social Services

