

Safeguarding & Mental Capacity Act Policy and Procedures

Adults, young people and children

Safeguarding Policy and Procedures

Policy Data Sheet

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1. Aim

Safeguarding is everyone's business. Shannon Court believes that it is always unacceptable for adults, young people and children to experience abuse of any kind and recognises its responsibility to safeguard the welfare of all adults at risk in line with The Care Act (2014) and all children at risk in line with The Children's Act (1989 /2004). The aim of this policy is to ensure that Shannon Court safeguards the welfare of adults, young people and children who may be at risk and are able to recognise the signs and respond appropriately to allegations of abuse. We aim to achieve this by ensuring that Shannon Court complies with statutory and local guidance for safeguarding and promoting the welfare of children, young people and adults at risk by creating a safe environment.

2. Scope of this policy

This policy and procedure applies to all Shannon Court staff, volunteers and visitors whose work brings them into contact with adults, young people and children that may be at risk of abuse or neglect.

3. Legislative Framework

Adults

The Care Act (2014) and corresponding guidance (Department of Health, 2014) is new legislation about care and support for adults in England and came into force on 1st April, 2014. The Care Act outlines key principles for supporting adults who have been or are at risk of abuse or neglect and; provides a framework for local authorities and partner organisations for making safeguarding enquiries.

Children

The standards in this policy build on and incorporate legislation and Government expectations in respect of children. This includes The Children Act 1989 and 2004 and the Government's Every Child Matters agenda. In 2010 HM Government issued 'Working Together to Safeguard Children'. The guidance is for statutory and voluntary organisations alike and covers all the expectations of Government in relation to safeguarding children in England. This has been further updated in 2013, 2015 and more recently in 2018.

Other relevant legislation and guidance:

- Mental Capacity Act (2005) - http://www.legislation.gov.uk/ukpga/2005/9/pdfs/ukpga_20050009_en.pdf
- Mental Capacity Act - Code of Practice (2007) - <https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>
- Mental Capacity Act - Deprivation of Liberty safeguards – Code of Practice to supplement the main Mental Capacity Act code of Practice (2008) -

- http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085476
- Human Rights Act (1998) - http://www.legislation.gov.uk/ukpga/1998/42/pdfs/ukpga_19980042_en.pdf
- Equality Act (2010) http://www.legislation.gov.uk/ukpga/2010/15/pdfs/ukpga_20100015_en.pdf
- Mental Health Act (2007) http://www.legislation.gov.uk/ukpga/2007/12/pdfs/ukpga_20070012_en.pdf
- Criminal Justice Act (2003) http://www.legislation.gov.uk/ukpga/2003/44/pdfs/ukpga_20030044_en.pdf
- Criminal Justice and Courts Act 2015, section 20-25 for care workers and care providers <http://www.legislation.gov.uk/ukpga/2015/2/contents/enacted>
- Counter Terrorism and Security Act (2015) http://www.legislation.gov.uk/ukpga/2015/6/pdfs/ukpga_20150006_en.pdf
- Data Protection Act (2018) <https://www.legislation.gov.uk/ukpga/2018/12/contents>
- Working Together to Safeguard Children (2018) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf
- Children Act (2004) http://www.legislation.gov.uk/ukpga/2004/31/pdfs/ukpga_20040031_en.pdf
- Safeguarding children and young people: roles and competencies for health care staff. Intercollegiate document (2019) - <https://www.rcn.org.uk/professional-development/publications/pub-007366>
- Adult Safeguarding: Roles and Competencies for Health Care Staff. Intercollegiate document (2018). <https://www.rcn.org.uk/professional-development/publications/pub-007069>
- NICE CG89 Child Maltreatment Guidance (2009-11) <https://www.nice.org.uk/guidance/cg89/evidence/full-guideline-pdf-243694625>
- Relationships & Sexuality in Adult Social Care Services <https://www.cqc.org.uk/sites/default/files/20190221-Relationships-and-sexuality-in-social-care-PUBLICATION.pdf>

4. Objective

The objective of this policy is to keep adults, young people and children at risk safe by:

- Preventing abuse and neglect wherever possible
- Supporting adults, young people and children in a way that supports them in making choices and having control about how they want to live
- Taking all safeguarding enquiries seriously and acting upon them.
- Raising awareness about what abuse is, how to stay safe and how to raise a concern about the safety or wellbeing of an adult, young person or child.

In safeguarding adults and those children aged between 16–18, we will always consider the best interests of the individual at risk in line with The Mental Capacity Act (MCA, 2005) and corresponding Code of Practice (see sections 20,21 & 22 for further detail)

All staff and volunteers are obliged by The Care Act (2014) and The Children’s Act (2004) to share information or concerns they may have in relation to harm or neglect being caused to an adult, young person or child at risk. Safeguarding is everyone’s responsibility: for services to be effective each professional and organisation should play their full part.

Local Authority Safeguarding Policies and Procedures

This policy and procedure must be read in conjunction with the Local Authority Safeguarding Policies and Procedures. These can be accessed at:

Adult

<https://www.bolton.gov.uk/homepage/131/bolton-safeguarding-adults-board>

<https://www.bolton.gov.uk/safeguarding-protecting-adults/safeguarding-adults-risk>

Children

<https://www.boltonsafeguardingchildren.org.uk/>

Shannon Court policies and procedures provide a framework within which we will:

- Give people greater choice and control to be independent
- Prevent unsuitable people from working with adults at risk
- Promote safe practice and challenge poor practice
- Identify any concerns about an adult at risk, young person or child being abused or neglected and take appropriate action to keep them safe
- Provide guidance for recording and reporting concerns

5. Definitions (Child) (Working Together 2018)

Child Protection

This refers to the activity which is undertaken to protect specific children who are at risk of suffering 'significant harm'. The following two terms elaborate on this:

Safeguarding

- Protecting children from maltreatment
- Preventing impairment of a child's health and development

Promoting Welfare

- Ensuring children are growing up in environments consistent with the provision of safe and effective care,
- Taking action to enable all children to have the best life chances.

Definition of a child

A child is defined in the Children Act 1989 and Children Act 2004, as anyone who has not yet reached their eighteenth birthday. Safeguarding children legislation applies to anyone under the age of 18 because this is the legal definition of a child. Throughout this policy when we refer to a child our meaning (unless otherwise stated) is a person under the age of 18.

Different types of abuse (Child)

Definitions of abuse are taken from Working Together to Safeguard Children (HM Government, 2018). Abuse is defined as a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). A child may be abused by an adult or adults, or another child or children.

- **Physical abuse** - This is a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm

to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

- **Emotional abuse** - This is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

- **Sexual abuse** - This involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

- **Neglect** – This is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. Once a child is born, neglect may involve a parent or carer failing to:
 - Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
 - Protect a child from physical and emotional harm or danger
 - Ensure adequate supervision (including the use of inadequate care-givers)
 - Ensure access to appropriate medical care or treatment

The term **Contextual safeguarding** is used to explain a young person's experience of significant harm outside their family setting, such as trafficking, child sexual exploitation and child criminal exploitation.

Early Help is the term used to describe support given to a family as soon as problems arise to hopefully prevent them from escalating into statutory child safeguarding procedures, this could be provided by a single agency or multiple agencies working together with the family.

6. Definitions (Adult)

Adults at risk

The term “adults at risk” has been used to replace vulnerable adults. This is because the term “adult at risk” focuses on the situation causing the risk rather than the characteristics of the adult concerned.

What is Safeguarding?

Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect.

Who is an adult at risk?

Guidance issued under The Care Act 2014 which supersedes the No Secrets guidance (2000) states that:

“.. safeguarding duties apply to an adult who has needs for care and support (whether or not the Local Authority is meeting any of those needs) is experiencing, or at risk of abuse or neglect and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect”.

An adult at risk can also present with the following;

- Learning or physical disability
- Physical or mental illness, chronic or otherwise, including addiction to alcohol or drugs: or
- A reduction in physical or mental capacity
- Being substantially dependent upon others in performing basic physical functions, or if ability to communicate with those providing services, or to communicate with others, is severely impaired, and, as a result, would be incapable of protecting themselves from assault or other physical abuse, or there is a potential that his/her will or his/her moral well-being may be subverted or overpowered

Recognising the signs of abuse (Adult)

What is abuse?

Local Authorities are encouraged within The Care Act (2014) guidance to ensure that they do not limit their view of what constitutes abuse or neglect. Each case should be considered on its own merit. Incidents of abuse may be one off or multiple and can affect one or more individuals.

Some staff may be particularly well-placed to spot abuse and neglect, as in many cases they may be the only professionals with whom the adult has contact. The adult may say or do things that hint that all is not well. It may come in the form of a complaint, a call for a police response, an expression of concern, or as part of a disclosure during an assessment. Regardless of how the safeguarding concern is identified, everyone should understand what to do, and where to go locally to get help, support and advice. It is vital that professionals, staff and members of the public are vigilant on behalf of those unable to protect themselves, including:

- Knowing about different types of abuse and neglect and their signs
- Supporting adults to keep safe
- Knowing who to tell about suspected abuse or neglect and
- Supporting adults to think and weigh up the risks and benefits of different options when exercising choice and control.

The Care Act 2014 defines the following areas of abuse and neglect; they are not exhaustive but are a guide to behaviour that may lead to a safeguarding enquiry. This includes:

Physical abuse

The physical mistreatment of one person by another which may or may not result in physical injury, this may include slapping, burning, punching, unreasonable confinement, pinching, force-feeding, misuse of medication, shaking.

Sexual abuse

Any form of sexual activity that the adult does not want and or have not considered, a sexual relationship instigated by those in a position of trust, 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.

Financial or material abuse

Financial or material abuse – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits

Psychological and/or Emotional abuse

This abuse may involve the use of intimidation, indifference, hostility, rejection, threats of harm or abandonment, humiliation, verbal abuse such as shouting, swearing or the use of discriminatory and or oppressive language. A deprivation of contact, blaming, controlling, coercion, harassment, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks. There may be a restriction of freedom, access to personal hygiene restricted, name calling, threat to withdraw care or support, threat of institutional care, use of bribes or threats or choice being neglected

Neglect and acts of omission

Behaviour by carers that results in the persistent or severe failure to meet the physical and or psychological needs of an individual in their care. This may include 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, wilful failure to intervene or failing to consider the implications of non-intervention in behaviours which are dangerous to them or others, failure to use agreed risk management procedures, inadequate care in residential setting, withholding affection or communication, denying access to services,

Self-neglect

This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. Self-neglect differs from other safeguarding concerns and forms of neglect as there is no perpetrator of abuse, however, abuse cannot be ruled out as a purpose for becoming self-neglectful

Discriminatory Abuse

This includes forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation, religion or health status and may be the motivating factor in other forms of abuse. It can be personal, a hate crime or institutional

Institutional or Organisational Abuse

Neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Domestic abuse (including Stalking)

Domestic abuse and violence is defined by the Home Office (2013) as:

“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between adults, aged 16 and over, who are or have been intimate partners or are family members, regardless of gender and sexuality. The abuse can encompass, but is not limited to psychological, physical, sexual, financial or emotional. This definition includes forced marriage, honour based violence and female genital mutilation”.

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 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 their victim.

DAV happens in all communities, regardless of gender, age, disability, gender reassignment, race, religion or belief, sexual orientation, marriage or civil partnership and pregnancy or maternity. When dealing with DAV it is important to recognise differences between all protected characteristics. It follows that different approaches and resources are needed when addressing DAV with different groups.

It is known that prolonged or regular exposure to domestic abuse can have a serious impact on the wellbeing and safety of children and young people. There is significant risk to the unborn child. 30% of domestic abuse cases start in pregnancy increasing the risk of miscarriage, stillbirth and premature birth and foetal injury. The new-born baby is at risk of injury, poor bonding and attachment and suboptimal development chances of a physical, psychological, cognitive and social nature.

MARAC is a multi-agency meeting where information is shared about high risk victims of domestic abuse (those at risk of murder or serious harm) and has the safety of these victims at the heart. This process may give rise to safeguarding concerns for children and young people.

Stalking can be defined as persistent and unwanted attention that makes a person feel pestered and harassed. It includes behaviour that happens two or more times, directed at or towards the person by someone else, which causes them to feel alarmed or distressed or to fear that violence might be used against them. What makes the problem particularly hard to cope with is that it can go on for a long period of time, making the person feel constantly anxious and afraid. Sometimes the problem can build up slowly and it can take a while for the person to realise they are caught up in an ongoing campaign of abuse. Social media and the internet are often used for stalking and harassment, and 'cyber-stalking' or online threats can be just as intimidating.

Support and Actions

In Bolton if a service user or member of staff is experiencing or has previously experienced Domestic Abuse or Violence then a referral for support can be made to Fortalice (<http://fortalice.org.uk/home>) by telephoning: 01204 365677. The person may self-refer or with their consent a referral can be made on their behalf.

For any adult safeguarding concerns please contact the Local Authority Adult Safeguarding Team on: 01204 337000 and for any immediate threats to life or emergency situations please contact the Police on 999.

'Think Family' and be aware if there are any children involved and follow the Local Children's Safeguarding procedures, which can be found at: <https://www.boltonsafeguardingchildren.org.uk/> or contact the Children's Multi Agency Safeguarding Screening and Assessment Service (MASSS) on: 01204 331500.

Follow your Local Authority policy and procedures in respect of any cases of Domestic Abuse whether this be to a service user or member of staff: <https://www.bolton.gov.uk/adult-safeguarding-board/professionals/5?documentId=547&categoryId=20116>

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.

Follow your Local Authority policy and procedures in respect of any cases of Modern Day Slavery: <https://www.bolton.gov.uk/safeguarding-protecting-adults/safeguarding-adults-risk> and/or <https://www.modernslaveryhelpline.org/>

Radicalisation to terrorism

CONTEST and PREVENT (Radicalisation of vulnerable people)

Contest is the Government's Counter Terrorism Strategy, which aims to reduce the risk from terrorism, so that people can go about their lives freely and with confidence. One part of this is called PREVENT which focuses on preventing Adults and Children from becoming involved in terrorism, supporting extreme violence or becoming susceptible to radicalisation. Alongside other agencies, such as education services, local authorities and the police, healthcare services have been identified as a key strategic partner in supporting this strategy. It is important to note that PREVENT operates within the pre-criminal space and is aligned to the multi-agency safeguarding agenda.

- **Notice:** if you have a cause for concern about someone, perhaps their altered attitude or change in behaviour
- **Check:** discuss concern with appropriate other (safeguarding lead)
- **Share:** appropriate, proportionate information (safeguarding lead/PREVENT lead)

Health and Social Care professionals may meet and treat people who are vulnerable to radicalisation, such as people with mental health issues or learning disabilities, who may have a heightened susceptibility to being influenced by others. The key challenge for the health sector is to be vigilant for signs that someone has been or is being drawn into terrorism. Health and Social Care providers can be the first point of contact for most people and are in a prime position to safeguard those people they feel may be at risk of radicalisation.

Care staff who have concerns that someone may be becoming radicalised must seek advice and support from the Safeguarding Lead and/or Manager within Shannon Court and must follow the Local Authority safeguarding policy and procedures which can be found at: <https://www.bolton.gov.uk/safeguarding-protecting-adults/safeguarding-adults-risk> which may result in a PREVENT referral being completed.

Support can be sought from the CHANNEL Team duty phone line which is covered 9-5 Monday to Friday: 0161 227 3545 or for any non-urgent cases (office hours) you can contact NHS Bolton CCG Prevent lead Kaleel Khan on 01204 463390 or email kaleelkhan@nhs.net

You can report any online material promoting terrorism or extremism via www.gov.uk/report-terrorism and you can contact the Anti-Terrorism Hotline: 0800 789 321.

For urgent concerns or in an emergency contact the Police on 999.

7. Adult and Child Settings

People can be abused in any setting; they may be considered at risk if they receive:

- Accommodation and nursing or personal care in a care home, or
- Personal care in his own home through a domiciliary care agency, or
- Services provided in an establishment catering for a person with learning difficulties
- In consequence of any one or any combination, of the following factors, namely:
 - A substantial learning or physical disability, or
 - A physical or mental illness, chronic or otherwise, including an addiction to alcohol or drugs or
 - A substantial reduction in physical or mental capacity due to advanced age,

8. Who might abuse?

Abuse of adults at risk, young people and children may be perpetrated by a wide range of people including relatives, family members, professional staff, paid care workers, volunteers, other service users, neighbours, friends and associates, people who deliberately exploit vulnerable people and strangers.

9. Prevention of abuse

To assist in the prevention of abuse the following factors should be considered:

- Rigorous recruitment practices (including volunteers)
- Listening to the voice of the adult/ child
- Internal guidelines for staff
- Effective implementation of the Mental Capacity Act
- Training (including induction, responsive training to themes like catheter care)
- Information for users, carers and staff
- Monitoring and learning from incidents and complaints
- Effective supervision arrangements
- Including safeguarding responsibilities within job descriptions
- Adherence to CQC standards

10. Key Principles for adult safeguarding

There are a number of principles underpinning the work we carry out with adults. In the safeguarding of all adults, Shannon Court are guided by the principles set out in *The Care Act 2014* and aim to work within the following principles when developing and implementing services for adults:

- Empowerment
- Protection
- Prevention
- Proportionality
- Partnership
- Accountability

11. Relationships & Sexuality in Adult Care Services

CQC guidance is available for registered providers. It focuses on caring for people who need support to express their sexuality and to have their needs met. The guidance builds on the CQC quality framework, adding further detail on issues like relationships, diversity and protecting people from harm. It covers a diverse range of often complex issues, including supporting people to form and maintain relationships, while also helping them to understand risks. It also highlights the importance of offering an environment that is welcoming to LGBT+ people, as well as looking at how to support those with physical disabilities.

12. Safe Recruitment

Shannon Court have appropriate systems and procedures in place to ensure the safe recruitment of all staff and volunteers within the organisation who come into contact with adults, young people and children. This should include requirements set out by the Disclosure and Barring Service (DBS).

The enhanced DBS and PoVA checks are designed to identify those people who are considered as 'unsuitable' to work with vulnerable adults and are therefore prevented from obtaining employment in such positions. A responsibility is placed upon employers to identify such people and notify the DBS Service. They will also be required to check the PoVA list before offering employment to any new staff that are likely to have regular contact with vulnerable adults.

[Shannon Court Employment of Staff & Recruitment Policy](#)

Where appropriate refer to appropriate Professional Bodies requirements i.e. NMC

13. Sharing information

Sharing information is an essential part of effective safeguarding practice. It allows multiple staff and/or agencies to build a complete picture of a situation where one individual or agency would be unable to do so. Often it is only when information from a number of sources is shared that it becomes clear that an adult, young person or child is at risk of harm. This then enables early intervention and prevention work to be carried out.

Confidentiality and consent are two key issues and are clarified below:

Confidential information is information which is personal, sensitive, not already lawfully in the public domain, and shared in confidence or the reasonable expectation of confidence.

Confidential information may be shared with the consent of the person who provided it or to whom it relates.

However, before applying consent when sharing confidential information, the following circumstances should be considered (consent not required):

- If there is evidence or reasonable cause to believe that an adult, child or young person is suffering or at risk of suffering significant harm, or of causing significant harm to themselves or others, if it is for direct patient care
- Where an individual 16 years and over lacks capacity to consent supported by the Mental Capacity Act (2005)
- To prevent significant harm to children and young people.

Data Protection legislation supports this and makes sure information can be shared 'legally.' It is therefore important when sharing personal / confidential information the law is applied. Consent is just one of the legal bases.

"The duty to share information can be as important as the duty to protect patient confidentiality" (Caldicott Principle 7)

The failure to share information can put individual's life at risk.

All practitioners should not assume that someone else will pass on information that they think may be critical to keeping a child safe. If a practitioner has concerns about a child's welfare and considers that they may be a child in need or that the child has suffered or is likely to suffer significant harm, then they should share the information with local authority children's social care and/or the police (Working Together, 2018)

For additional guidance click on the link below:

[Shannon Court Consent Policy](#)
[Shannon Court Confidentiality Policy](#)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf

14. What to do if you are concerned about an Adult / Child

Where staff have concerns about the safety of an adult and/or child, they are duty bound to report these concerns to their line manager / registered manager in the first instance. The management team will then decide if referral to external agencies is required. Should these concerns involve the registered Manager, staff should refer to the organisations [Whistleblowing Policy](#) however this should not delay in following the Local Authority Safeguarding policies and procedures.

Please refer to section 13 for further advice on information sharing.

All staff should ensure that they assist the police or Social Services with investigations as and when required. In the event that someone is clearly at risk of immediate harm then it is appropriate for the reporting member of staff to ring the emergency number (999) to inform the police, ambulance service (as appropriate). The management team must be alerted as soon as is practicably possible in such circumstances.

It is important that the adult is supported throughout the process by the staff member:

- Remaining calm and not showing shock or disbelief.
- Listening carefully to what is being said
- Not asking detailed or leading questions
- Ensuring that any emergency action needed has been taken to ensure immediate safety of the adult and/or child
- Giving the person appropriate contact details so that they can report any further issues or ask any questions that may arise

Procedure for raising concerns and reporting (See appendices 2 & 3) Follow your Local Authority policy and procedures in respect of:

Adult - <https://www.bolton.gov.uk/safeguarding-protecting-adults/safeguarding-adults-risk>

Child - <https://www.boltonsafeguardingchildren.org.uk/worried-child>

See reporting flowcharts in appendix 2 and 3.

15. Allegations against staff and volunteers

Adults and Children can be subjected to abuse by those who work with them in any and every setting. All allegations of abuse or maltreatment of adults and/or children by an employee, agency worker, independent contractor or volunteer will be taken seriously and treated in accordance with the Bolton Safeguarding Children Board (BSCB) procedures accessed at: <https://www.boltonsafeguardingchildren.org.uk/downloads/file/136/managing-allegations-procedure> and/or the Bolton Safeguarding Adult Board (BSAB) procedures accessed at: <https://www.bolton.gov.uk/homepage/131/bolton-safeguarding-adults-board>

Under Section 42 of the Care Act, if there is reasonable cause to suspect that an adult has been abused or neglected, the Home is duty bound to report this to the Local Authority's safeguarding team.

Where allegations are made against staff regarding harm to children, referrals must also be made to the Local Authority Designated Officer (LADO) as per Working Together to Safeguard Children (2018).

Actions may involve the immediate suspension of the staff member while the investigation is carried out. Please refer to our [Employment of Staff & Recruitment Policy](#)

16. Whistleblowing

Shannon Court recognises that it is important to build a culture that allows staff to feel comfortable about sharing information, in confidence and with a lead person, regarding concerns about quality of care or a colleague's behaviour. [Whistleblowing Policy](#)

Complaints

All complaints are listened to, are taken seriously and dealt with in a way that is appropriate to the issue raised. Complaints remain confidential unless consent has been given to share the information, it is in the person's best interest to share the information or by not sharing information would put individuals at risk.

For details see the following policy: [Complaints Procedure](#)

17. Incident reporting

All incidents that involve a resident who receives nursing care are reported to Greater Manchester Integrated Care (GMIC)

Incidents that result in a fracture/break of a bone or death, pressure damage graded 2 or above must be reported to CQC via the CQC portal, safeguarding, GMIC and referred to Tissue viability Nurses, as well as the Local Authority.

High dementia needs residential are reported to safeguarding, CQC and Local Authority where appropriate.

Serious accidents at work are reported to Riddar.

For details see the following policy and documentation:

[Managing Serious Incidents Policy](#)
[Access to documentation](#)

18. Induction, Training and supervision

Induction

All Shannon Court staff and volunteers receive an induction (as per organisational requirements).

Training

All Shannon Court staff and volunteers receive mandatory training on joining the organisation; this includes safeguarding adults and children's training, including training on types of abuse; recognising signs of abuse; duty of reporting; their role in responding to suspected abuse; risk assessment and management.

Safeguarding training for Adults, Children, PREVENT & MCA is refreshed every three years for all staff and volunteers. PREVENT e-learning is available at:

<https://www.elearning.prevent.homeoffice.gov.uk/edu/screen1.html>

Supervision

Shannon Court are committed to ensuring that all staff who have contact with adults at risk or children receive an appropriate level of supervision and support.

For details see the following policy: [Shannon Court Staff Supervision Policy](#)

19. Safeguarding Lead

The Safeguarding Lead for Shannon Court is: Maria Williams

Roles of the safeguarding lead

The safeguarding lead has day to day responsibility for safeguarding across Shannon Court including:

- To act as a champion ambassador and provide leadership for Shannon Court in the capacity of adults and children at risk.
- To champion safeguarding within The Shannon Court; ensuring that it has a high profile within the organisation.
- To advise volunteers and staff within The Shannon Court on safeguarding issues (including implementation of policy, working with service users, development of services, policy developments – both national, regional and local developments, service audits etc).
- To keep Shannon Court staff/volunteers updated on relevant safeguarding issues/policy updates via email/other means of information dissemination.
- To act as an information source on safeguarding and to assist Shannon Court staff/volunteers with identification of key contacts/networks within the field of safeguarding/ adults at risk
- To keep up to date on any changes to policy and new policies, which could affect the different service areas of Shannon Court
- To attend any relevant multi agency safeguarding forums as required.

20. Safeguarding statement

All services must display the statement for service users on Safeguarding see **appendix 1** for a copy of the Safeguarding Statement.

21. Mental Capacity Act 2005 (MCA)

The MCA is applicable to individuals aged 16 years and over. It provides the legal framework to empower people to make certain decisions about themselves or professionals/care providers making decisions on behalf of individuals who lack the mental capacity to make particular decisions at a particular time. The MCA Code of Practice (2007) defines the lack of capacity as:

'A person who lacks capacity to make a particular decision or take a particular action for themselves at a time the decision or action needs to be taken'.

Shannon Court will need to ensure:

- That they meet their statutory responsibilities for people who lack capacity to consent to care and treatment.
- That all relevant employees are aware of their responsibilities under the MCA 2005 and DoLS 2009 framework.
- That staff operate at all times in accordance with the MCA 2005 and the accompanying statutory code of practice.
- That their organisation complies with Care Quality Commission (CQC) requirements for training MCA and DoLS (Outcome 7).

When a healthcare professional is considering undertaking a mental capacity assessment around a specific decision to be made the assessment must be time and decision specific. If

there is more than one decision to be made then a capacity assessment should be done for each decision.

This is underpinned by the Mental Capacity Act which sets out 5 statutory principles, the values that underpin the legal requirements in the Act. The Act is intended to be enabling and supportive of people who lack capacity, not restricting or controlling of their lives.

1. A person must be assumed to have capacity unless it is established that he/she lacks capacity.
2. A person must not be treated as unable to make a decision unless all practicable steps to help him/her to do so have been taken without success.
3. A person is not to be treated as unable to make a decision because he/she makes an unwise decision.
4. An act done or a decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his/her best interests.
5. Before any action is taken, or any decision is made, regard must be given to whether the purpose for which it is needed can be effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

Stage one: Diagnostic Test:

Does the individual have the signs, symptoms or behaviours that indicate an impairment or disturbance in the functioning of their mind or brain (either permanent or temporary)

Stage two: Functional Test, consider if the individual is able to do the following four points:

- To understand the information relevant to the decision
- To retain that information (for long enough - this is professional judgement)
- To use or weigh that information as part of the decision-making process
- To communicate the decision (whether by talking, using sign language or any other means)

If the individual is unable to do any one of these four points then on the balance of probabilities, they will lack capacity for that specific decision.

For some people, their ability to meet some or all of these criteria will fluctuate over time and it is therefore important that abilities to make decisions are reviewed regularly. Capacity is decided on the balance of probability, this is called the 'reasonable belief test' in other words you should be surer than not.

An individual may be competent to make certain decisions, but at the same time not have the capacity to make other, more complex decisions.

The MCA created the criminal offences of ill-treatment and wilful neglect in respect of people who lack the ability to make decisions. An example could be a person who has deliberately failed to carry out an act that they knew they were under a duty to perform. The offences can be committed by anyone responsible for that adult's care and support, including paid staff, 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).

22. Best Interests

Principle 4 of the Mental Capacity Act is that any action undertaken or decision made on behalf of someone who lacks mental capacity must be undertaken or made in the individual's best interest.

The only exception may be when an individual who lacks capacity has previously made an Advanced Decision to refuse specified treatment. For example if a person (who lacks capacity) made an advanced decision to refuse medical treatment at a time when they had capacity then this will prevent a healthcare professional from giving them the same treatment in their best interest as long as the advanced decision remains valid and applicable to present circumstances. For more information refer to the MCA code of practice:

<https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>

A best interest decision can only be made if the individual has been assessed as 'lacking capacity' to make a specific decision.

Examples of Best interest decisions may include (this is not an exhaustive list):

- Giving covert medication
- Restraint – physical and/or mental
- Change of accommodation
- Changes to care and treatment
- Being able to keep themselves safe

The process of decision making should be based on the five principles of the MCA and should, first and foremost, involve the person being given all 'practicable' and individualised support to make a decision for themselves. The Code of Practice provides guidance as to how this could be achieved and the information below is intended to complement that. Where possible:

- Delay the decision where the person's capacity may improve and the decision itself is not urgent.
- Provide support at a time when the person is at their highest level of functioning.
- Provide information in an appropriate format and address communication barriers e.g. sensory impairments.
- Use memory aids where helpful.
- Hold the discussion in an environment familiar to the person.
- Give the person enough time to process the information – decision making is often a process.
- Minimise external pressure or coercion that may impact on the individual.

Decisions made should be recorded in the patient's case notes or a specific Mental Capacity Act Assessment form.

All employees of Shannon Court will report any concerns around mental capacity and best interests decisions to the Safeguarding lead and/or Manager who will seek further support from the relevant funding authority (Local Authority or Clinical Commissioning Group) and/or the Bolton Safeguarding Adults and/or Children's Teams.

The MCA (2005) establishes an advocacy service to provide safeguards for people who lack Capacity to make a decision at the time it needs to be made and are unfriended. Contact the local IMCA service for support: referral@boltonadvocacy.org.uk or 01204 543930.

23. Deprivation of Liberty Safeguards (DoLS)

Before a DoLS is applied for, there are two questions that should be asked, this is known as the Acid test:

1. Is the person subject to continuous supervision and control and
2. Is the person free to leave

If these areas are in question, an application for DoLS should be made by the Managing Authority (Care Home/ Hospital) to the Supervisory Body (Local Authority). For those living in the community (i.e. supported living or own home) these applications are made by the funding authority (Local Authority or NHS Clinical Commissioning Group) to the Court of Protection.

Examples of what constitutes a deprivation of liberty are:

- Using locks or key pads which stop a person going out or into different areas of a building
- The use of some medication, for example, to calm a person
- The person loses autonomy because they are under continuous supervision and control
- Staff exercises complete and effective control over the care and movement of a person for a significant period.
- Requiring a person to be supervised when out
- Holding a person so that they can be given care or treatment
- Bedrails, wheelchair straps, and splints
- Restricting contact with friends, family and acquaintances, including if they could cause the person harm. The person is unable to maintain social contacts because restrictions place on their access to other people
- Physically stopping a person from doing something which could cause them harm

If any staff member at Shannon Court is concerned that a service user is being deprived of their liberty and a DoLS is not in place then this must be reported to the safeguarding lead and/or Manager who will contact the Funding Authority (Local Authority or NHS Clinical Commissioning Group) for further support.

24. Useful Local Safeguarding contact details

| Service Safeguarding Lead | Service Area | Contact |
|---|--|--------------|
| Kaleel Khan | Bolton CCG Head of Safeguarding Adults | 01204 463390 |
| Christine Dixon | Bolton CCG Head of Safeguarding Children | 01204 463390 |
| Clare Atherton | Bolton CCG Deputy Designated Nurse for Safeguarding Children and Looked After Children | 01204 463390 |
| Christine Morris | Bolton CCG Safeguarding Practitioner | 01204 462204 |
| Bolton Local Authority Adult Safeguarding Team | Bolton Local Authority Adult Safeguarding Team | 01204 337000 |
| Bolton Multi-agency Screening & Safeguarding Service – for Children | Bolton Local Authority Children's Safeguarding Team | 01204 331500 |
| Bolton Local Authority Emergency Duty Team | Bolton Local Authority 'out of hours' Safeguarding Duty Team | 01204 337777 |

25. References

- MCA 2005
<https://www.legislation.gov.uk/ukpga/2005/9/contents>
- MCA Code of Practice 2007
<https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>
- The Care Act 2014
<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>
- The Care Act 2014 guidance
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366104/43380_23902777_Care_Act_Book.pdf
- Disclosure and Barring Service (DBS)
<https://www.gov.uk/disclosure-barring-service-check/overview>
- Skills for Care – Codes of Practice
<http://www.skillsforcare.org.uk/Standards/Codes-of-practice/Codes-of-practice.aspx>
- The Rehabilitation of Offenders Act 1974, 1986 amendment
<http://www.legislation.gov.uk/ukpga/1974/53>
- Bolton Safeguarding Children's Partnership (early help and working together)
<https://www.boltonsafeguardingchildren.org.uk/early-help-working-together>
- PREVENT and Channel strategy (prevention of radicalisation against terrorism)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97976/prevent-strategy-review.pdf and
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/118194/channel-guidance.pdf
- Nursing and Midwifery Council (NMC)
<http://www.nmc.org.uk/>
- Working Together to Safeguard Children (2018)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf
- Equality Act (2010)
http://www.legislation.gov.uk/ukpga/2010/15/pdfs/ukpga_20100015_en.pdf
- Children Act (2004)
http://www.legislation.gov.uk/ukpga/2004/31/pdfs/ukpga_20040031_en.pdf

25. Appendix 1.

Safeguarding statement for Shannon Court

Shannon Court believes that it is unacceptable for anyone to experience abuse of any kind and recognises its responsibility to safeguarding the welfare of all adults, young people and children by a commitment to practice which protects them.

Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

Abuse of adults at risk, young people or children may be perpetrated by a wide range of people including relatives, family members, professional staff, paid care workers, volunteers, other service users, neighbours, friends and associates, people who deliberately exploit vulnerable people and strangers.

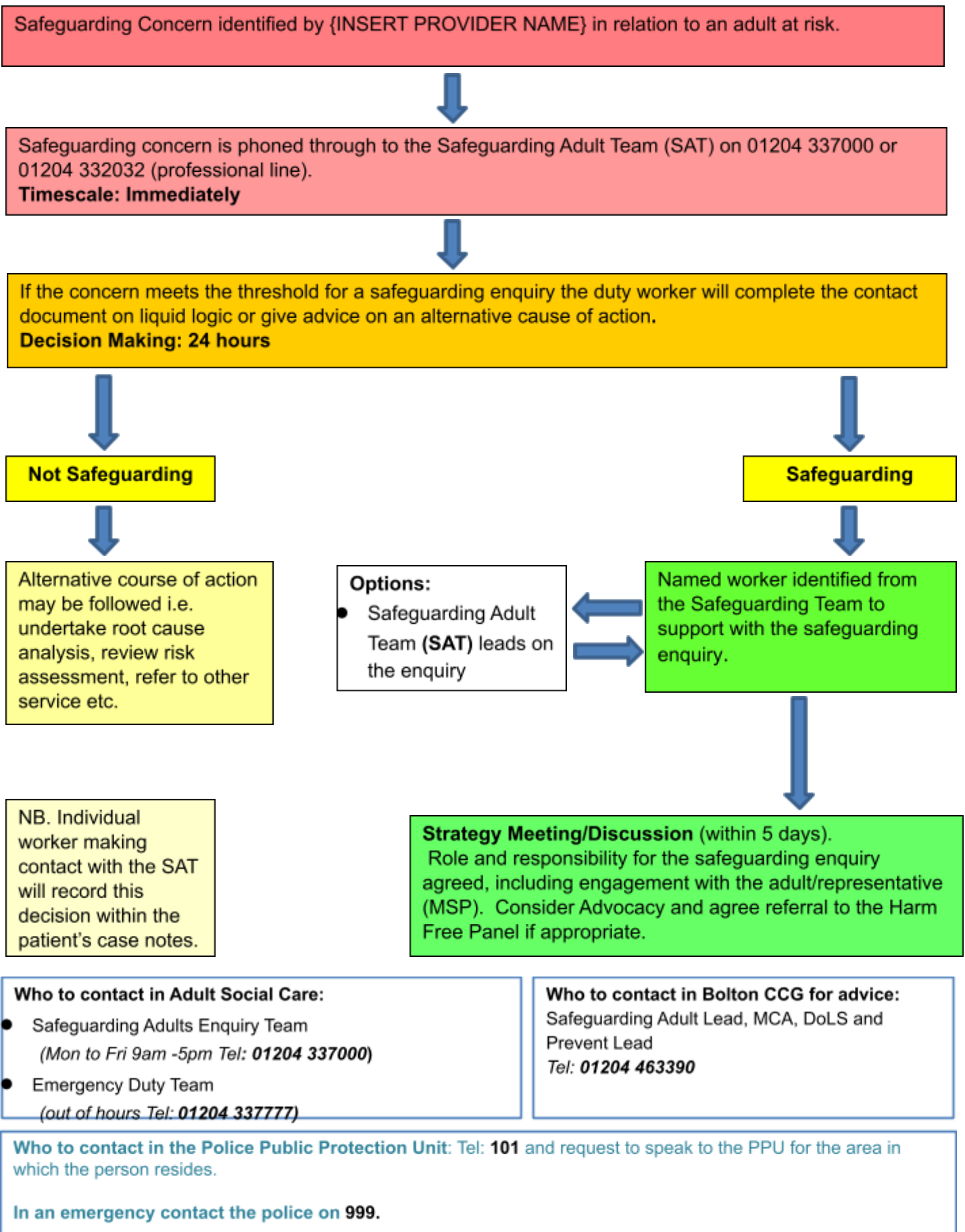
It is not always obvious when someone is being abused, there may be specific signs or your instincts may tell you something is wrong. Abuse is never acceptable in any circumstances and everyone has the right to be safe. Safeguarding adults, young people and children is everyone's business.

Working in partnership with the community and safeguarding authorities Shannon Court aims to make sure that adults at risk using its services are listened to and protected from abuse. Shannon Court staff must report all incidents or concerns they have relating to the wellbeing of an adult at risk, young person or child.

Members of the public who have concerns should follow guidance offered by their local Adult Safeguarding Board or Children's Safeguarding Board.

If you wish to notify or log a safeguarding concern about an adult at risk, young person or child accessing Shannon Court you can contact the Local Safeguarding Teams, see section 14 and 23 for contact details.

26. Appendix 2 – Safeguarding Adult Process



27. **Appendix 3 – Safeguarding Children Process - Practitioners’ Quick Guide to Making a Referral about the Safety or Welfare of a Child**

