



Safeguarding Policy

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Alva Healthcare Ltd, Albion Mills, Albion Road, Greengates, Bradford BD10 9TQ

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1. STATEMENT

Alva Healthcare Ltd will make suitable arrangements to ensure that Clients are safeguarded against abuse and will not tolerate any abusive practices. Should they occur, we will:

- Take reasonable steps to identify the possibility of abuse and prevent it before it occurs.
- Respond appropriately to any allegation of abuse.

2. PURPOSE

Alva Healthcare Ltd's Safeguarding Policy applies to all employees at all levels of the business. The purpose of the policy is to protect our clients from harm and to provide all employees with information about the Safeguarding Policy adopted by Alva Healthcare Ltd.

The policy is particularly important in the regulated activity that Alva Healthcare Ltd does with our clients.

Alva Healthcare Ltd has a responsibility to promote the welfare of our clients and to keep them safe. Alva Healthcare Ltd complies with all the legal obligations placed upon it by the Health and Social Care Act 2008.

As per regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Safe Care and Treatment we will assess the risks to people's health and safety during any care or treatment by completing/re assessing appropriate risk assessments and ensuring that employees and Carers have appropriate training, competence, skills, and experience to keep people safe. This is done through our induction and annual update training, specific training where necessary, face to face competency tests and regular supervisions.

The policy covers the arrangements for safeguarding during the recruitment and selection process and safeguarding issues that arise during employment/introductions in circumstances where Clients are placed at risk, or where they could have been placed at risk.

The policy also sets out the reporting obligations for all employees and the procedure that should be followed to report abuse if this occurs to one of Alva Healthcare Ltd's Clients.

3. RECRUITMENT PROCESS

Recruitment of Carers will be made conditional subject to the receipt of a satisfactory disclosure check. These will be conducted by the Disclosure and Barring Service.

The check will confirm that the applicant is suitable to carry out the role and has not been barred from performing this work.

If the background check reveals that an applicant is not suitable, Alva Healthcare Ltd will not offer the applicant work with our clients.

4. GUIDE TO ABUSE TYPES

An Adult at Risk is a person who is or may need community care services by reason of disability, age, or illness and who is or may be unable to take care of or protect themselves against significant harm or exploitation.

This definition of an Adult covers all people over 18 years of age.

Definition of Abuse

A single or repeated act or lack of appropriate action occurring within any relationship (professional or otherwise) where there is an expectation of trust which causes harm or distress to an adult at risk.

Who may be at Risk

- Those who are elderly and frail.
- Those with a mental disorder, including dementia or a personality disorder.
- Those with a physical or sensory disability.
- Those with learning difficulties.
- Those with severe physical illness.
- Those who misuse substances/alcohol.
- Unpaid Carers.
- Those who are homeless.
- Those who cannot defend themselves.
- Someone attending a day centre.
- Our clients.

Just because someone has a disability or is elderly or ill does not mean that they are unable to take care of themselves – they may be perfectly able to do so.

Generally, the more dependent a person is on the help of others for activities of daily life and support, the more at risk a person is likely to be.

Ten Categories of Abuse

There are ten categories of abuse that employees need to be aware of:

- Physical abuse.
- Domestic violence.
- Sexual abuse.

- Psychological abuse.
- Financial or material abuse.
- Modern slavery & radicalisation.
- Discriminatory abuse.
- Organisational abuse.
- Neglect or acts of omission.
- Self-neglect.

Any or all these types of abuse may take place as the result of:

- Deliberate intent.
- Negligence.
- Ignorance.

Examples and Indicators of Abusive Behaviour

Physical abuse – the following are examples of physically abusive behaviour:

- Hitting, slapping, kicking.
- Rough handling.
- Assaulting.
- Hair pulling.
- Pushing.
- Making someone purposely uncomfortable, i.e., removing blankets.
- Restraint or inappropriate physical sanctions.
- Involuntary isolation or confinement.
- Misuse of medication.
- Forcible feeding.

The following may be indicators of physical abuse:

- Injuries inconsistent with the account of how they happened.
- Lack of explanation as to how injuries happened.
- Injuries inconsistent with the lifestyle of the adult at risk.
- Multiple bruising and/or welts on face, lips, mouth, torso, arms, back, buttocks, and thighs.
- Clusters of injuries.
- Marks on the body appearing to be slap marks or finger marks.
- History of unexplained falls or minor injuries.

- Injuries at different stages of healing.
- Burns.
- Immersion burns or rope burns on arms, legs, and torso.
- Injuries or physical symptoms induced, falsely claimed, or exaggerated on behalf of the adult at risk by a “Carer”, spuriously attracting treatments or services.
- Medication misuse – excessive repeat prescriptions.
- Unexplained loss of hair in clumps.
- Cuts that are not likely to be because of self-injury.
- Subdued behaviour in the presence of a Carer.
- Being left in wet clothing.
- Late presentation for medical treatment.
- Flinching at physical contact.
- Reluctance to undress or uncover part of the body.

2. Domestic violence – definition of domestic abuse:

- Incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse... by someone who is or has been an intimate partner or family member, regardless of gender or sexuality.
- Includes: psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence; Female Genital Mutilation; forced marriage.
- Age range extended down to 16.

Domestic violence includes psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence. Honour based violence is a violent crime or incident which may have been committed to protect or defend the honour of the family or community. It is often linked to family members or acquaintances who mistakenly believe someone has brought shame to their family or community by doing something that is not in keeping with the traditional beliefs of their culture.

For example, honour-based violence might be committed against people who:

- Become involved with a boyfriend or girlfriend from a different culture or religion.
- Want to get out of an arranged marriage.
- Want to get out of a forced marriage.
- Wear clothes or take part in activities that might not be considered traditional within a culture.

3. Sexual abuse – the following are examples of sexually abusive behaviour:

Non-contact sexual abuse:

- Inappropriate looking.
- Indecent photography to which the adult at risk has not consented, or could not consent, or was pressurised into consenting.
- Indecent exposure.
- Serious teasing or innuendo.
- Involvement in pornography, to which the adult at risk has not consented, or could consent or was pressurised into consenting.
- Harassment.
- Enforced witnessing of sexual acts or sexual media.

Contact sexual abuse:

- Inappropriate touch anywhere.
- Masturbation of either or both persons.
- Penetration or attempted penetration of the vagina, anus, mouth, with or by penis, fingers, or other objects.

The following may be indicators of sexual abuse:

Physical indicators:

- Bruising and/or bleeding, pain or itching in genital area.
- Foreign bodies in genital or rectal openings.
- Infections or discharges in the above areas, or sexually transmitted diseases.
- Pregnancy in a woman who is unable to consent to sexual intercourse.
- Unusual difficulty in walking or sitting.
- Torn, stained or bloody underclothing.
- Bruising to thighs and upper arms.
- Wetting or soiling.
- 'Love' bites.
- Self-inflicted injury.

Behavioural indicators:

- Significant change in sexual behaviour or attitude.
- Overt sexual behaviour/language.
- Poor concentration.
- Withdrawal.
- Sleep disturbance.
- Excessive fear/apprehension of, or withdrawal from, relationships.
- Fear of Employee or other care assistants offering help with dressing, bathing etc.

- Reluctance of person to be alone with an individual known to them. - Self-harming.

4. Psychological abuse – the following are examples of psychologically abusive behaviour:

- Prevention of an adult at risk from using services or social activities.
- Denial of access to friends.
- Denial of religious and cultural needs.
- Ignoring.
- Lack of stimulation and meaningful occupation (common with people with Dementia).
- The use of threats, humiliation, bullying, swearing, and other verbal abuse.
- Intimidation.
- Deprivation of contact with others.
- Lack of positive reinforcement.
- Harassment.

The following may be indicators of psychological abuse:

- Air of silence in the home when the alleged perpetrator is present.
- General lack of consideration for the needs of the adult at risk.
- Adult at risk not allowed to express an opinion.
- Privacy denied in relation to care, feelings, or other aspects of life.
- Denial of access to an adult at risk, especially when the person needs assistance.
- Denial of freedom of movement e.g., locking a person in a room, tying them to a chair.
- Alteration in psychological state e.g., withdrawal or fear.

The following can occur in older people for a variety of social, psychological, or medical reasons, but could also be an indicator of psychological abuse:

- Insomnia.
- Low self-esteem.

- Excessive ambivalence, confusion, resignation agitation.
- Change of appetite.
- Weight loss/gain.
- Tearfulness.
- Unexplained paranoia.

5. 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.

The following are examples of financially abusive behaviour:

- Taking possessions.
- Misappropriating money, valuables, or property.
- Forcing changes to a Will or Testament.
- Preventing access to money, property, or inheritance.
- Stealing.
- Loans from the adult at risk to a member of Employee or paid Carer.
- Loan made to anyone if made under duress or threat or is dishonestly extracted.

The following may be indicators of financial or material abuse:

- Unexplained lack of money or inability to maintain lifestyle.
- Unexplained withdrawal from accounts or bank account activity.
- Power of Attorney obtained when the adult at risk is unable to comprehend and to give consent.
- Failure to register an Enduring Power of Attorney after the adult at risk has ceased to have mental capacity.
- Signs of financial hardship in cases where the financial affairs are being handled by an Appointee, Attorney or Receiver; or by anyone managing the adult's finances.
- Money being withheld.
- Recent changes of deeds or title to property.
- Unusual interest shown by family or others in the adult at risk's assets.
- Person managing the financial affairs is evasive or uncooperative.
- Lack of clear accounts held.
- Misuse of personal allowance by person managing finances for adult at risk.

- Informal Carers moving into a person's home, living rent free and there being no clearly set out financial arrangements.

6. Modern Slavery

Includes slavery, human trafficking, forced labour and domestic servitude (work imposed as punishment). 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.

As with other safeguarding concerns, the signs of slavery in the UK and elsewhere are often hidden, making it even harder to recognise victims around us.

Whilst not exhaustive, here is a list of some common signs which employees can be aware of:

- Physical appearance: Victims may show signs of physical or psychological abuse, look malnourished or unkempt or appear withdrawn.
- Isolation: Victims may rarely be allowed to travel on their own, seem under the control, influence of others, rarely interact or appear unfamiliar with their neighbourhood or where they work.
- Poor living conditions: Victims may be living in dirty, cramped, or overcrowded accommodation, and/or living and working at the same address.
- Few or no personal effects: Victims may have no identification documents, have few personal possessions, and always wear the same clothes day in day out. What clothes they do wear may not be suitable for their work.
- Restricted freedom of movement: Victims have little opportunity to move freely and may have had their travel documents retained, e.g., passports.
- Unusual travel times: They may be dropped off / collected for work on a regular basis either very early or late at night.
- Reluctant to seek help: Victims may avoid eye contact, appear frightened or hesitant to talk to strangers and fear law enforcers for many reasons, such as not knowing who to trust or where to get help, fear of deportation, fear of violence to them or their family.

Radicalisation

This is where people are taught extreme, often violent, ideas based on political, social, or religious beliefs, in most cases it is children and young people who are targeted. Signs of exposure to radicalisation could be behaviour changes, changes in the way they speak with others or having a new circle of friends, use of extremist terminology, reading material or messages.

7. Discriminatory abuse

Including forms of harassment, slurs, or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation, or religion.

The following are examples of discriminatory abusive behaviour:

- Unequal treatment.
- Verbal abuse.
- Inappropriate use of language.
- Derogatory remarks.
- Harassment.
- Deliberate exclusion.

The following may be indicators of discriminatory abuse:

- Lack of respect shown to the adult at risk.
- Signs of sub-standard service offered to the adult at risk.
- Repeated exclusion from rights afforded to ordinary citizens, such as health, education, employment, criminal justice, and civic status.
- Tendency to be withdrawn and isolated.
- Expressions of anger or frustration or fear and anxiety.
- Denial of a person's communication needs e.g., not allowing access to a signer or lip reader.

8. Organisational abuse

Including 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 because of the structure, policies, processes, and practices within an organisation.

Types of organisational or institutional abuse:

- Discouraging visits or the involvement of relatives or friends.
- Abusive and disrespectful attitudes towards people using the service, such as:
- Lack of respect for dignity and privacy.
- Not providing adequate food and drink, or assistance with eating.
- Not offering choice or promoting independence.
- Misuse of medication.
- Failure to provide care with dentures, spectacles, or hearing aids.

- Not taking account of individuals' cultural, religious, or ethnic needs.
- Failure to respond to abuse appropriately.
- Failure to respond to complaints.

The following may be indicators of organisational abuse:

- There is a serious or persistent failure to meet the needs of adults at risk.
- Carers as well as dependents show apathy, depression, withdrawal, hopelessness, or suspicion.
- A sequence of unexplained occurrences which have the potential to have a negative impact on people who use the services.
- Lack of choice, privacy, appropriate bedding, or clothing.
- A person's Health or Social Care needs are not being addressed.
- Lack of supervision or action to deal with abuse.
- Poor standards of care.
- Public discussion of personal matters.

9. Neglect and acts of omission

Including ignoring medical, emotional, or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition, and heating.

The following are examples of neglecting behaviour:

- Failure to provide food, clothing, shelter, heating.
- Failure to provide medical care.
- Failure to provide hygiene or personal care.
- Failure to administer medication.
- Denial of religious or cultural needs.
- Denial of educational, social, and recreational needs.
- Ignoring.
- Lack of stimulation.
- Lack of emotional warmth

The following may be indicators of neglect:

- Withholding or failure to provide care, food, clothing, or heating, which has a detrimental effect on the person's welfare.
- Physical condition of the adult at risk is poor e.g., pressure areas, unwashed, ulcers.
- Inadequate physical environment.
- Untreated injuries or medical problems.
- Failure to engage in social interaction.
- Poor personal hygiene.

- Malnutrition when not living alone.
- Person is not afforded privacy or dignity.

10. 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.

The following are examples of self-neglect:

- Portraying eccentric behaviours/lifestyles, such as hoarding or antisocial behaviour causing social isolation. This can impact on the living environment causing health and safety concerns.
- Neglecting household maintenance, and therefore creating hazards.
- Poor diet and nutrition, evidenced for example by little or no fresh food, or what there is being mouldy or unfit for consumption.
- Refusing to allow access to health and/or social care Employee in relation to personal hygiene and care.
- Personal or domestic hygiene that exacerbates a medical condition that could lead to a serious health problem.

5. CRIMINAL OFFENCES

Some instances of abuse may constitute a criminal offence. Examples of actions, which may constitute criminal offences, are assault (physical or psychological), sexual assault and rape, theft, fraud or other forms of financial exploitation and certain forms of discrimination, whether on racial or gender grounds.

Where a criminal offence has been committed, it may be relevant to telephone the Police.

6. REPORTING AND INVESTIGATING ABUSE

Alva Healthcare Ltd will treat all complaints, allegations, or suspicions of abuse with the utmost seriousness.

As per regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 we will:

- Ensure that Clients are confident to report concerns without worrying about consequences, as they are aware of their rights under the Public Interest Disclosure Act 1998 and will be taken seriously and treated with dignity and respect when they report abuse.
- Ensure that employees and people who use our service understand the aspects of the safeguarding processes that are relevant to them.

Training will be provided during both induction and annual update, as appropriate, to ensure that employees are aware of the warning signs of abuse and the correct reporting procedure to follow if they suspect abuse is, or has, taken place.

Employees that suspect abuse is occurring should refer the matter to the Quality and Safeguarding Team immediately with as much detail as possible.

What should I do if I see or suspect abuse, or abuse is reported to me?

- Stay calm.
- If necessary for the situation ensure that the correct medical attention is sought for the Client, for example an ambulance if the Client needs urgent medical attention.
- If you suspect a crime has been committed or the person is in danger from a third person, the police should be called.
- Listen to the Client's/informant's story.
- Keep an open mind, don't jump to conclusions: your job is to learn the Client's/informant's story.
- Let them speak without interruption, keep it going with verbal and non-verbal prompts.
- Do not ask leading questions: don't suggest conclusions to the Client/informant.
- Reassure the Client/informant that it is fine to talk about it.
- Find out if the Client has given consent for this information to be discussed and if not why – do they have the capacity to discuss this?
- When you are informed of suspected or actual abuse you should not confront the alleged perpetrator.
- Don't promise confidentiality. You may need to explain that you have a duty to pass the information to the Quality and Safeguarding team.
- Make a written account of what has been reported to you.

What should I record?

- Details of allegation/grounds for suspecting abuse, including:
- Date and time of incident.
- People involved.
- Observed injuries, a body map should be requested.
- Appearance and behaviour of the victim.
- Where it took place.
- What the victim has said using their words.

Employees may be asked to refrain from discussing alleged abuse with fellow colleagues, other than those specified by the Quality and Safeguarding Team, to avoid the spread of potentially harmful misinformation and to protect the validity of any investigation.

Alva Healthcare Ltd will take immediate action where any abuse is identified and suspected abuse by supporting the adult at risk in reporting abuse and ensuring that both the adult at risk and the person who made the complaint, if not the adult at risk, are safe. Alva Healthcare Ltd will also endeavour to involve the adult at risk in the investigation process and support them to make decisions and giving informed consent to investigate.

The allegations will be investigated fully by the Quality and Safeguarding Team and all such reports are taken seriously. The investigation will be conducted in a discrete and timely manner and will involve the collation of evidence typically derived from witness statements, care logs, electronic medication administration records, account record books and any surveillance footage where available.

If it is suspected that a criminal act may have been committed, Alva Healthcare Ltd will report the situation to the police.

Carers suspected of abuse will be removed from the person who uses our service pending a full investigation into the allegations. It should be noted that this is not an indication of guilt, but rather a necessity to protect both Client from further abuse and the Carer from further allegations.

Alva Healthcare Ltd will report the alleged abuse to the appropriate authority. Alva Healthcare Ltd will work collaboratively with other services, teams, individuals, and agencies in relation to all safeguarding matters, and will follow the relevant safeguarding policies for the appropriate authority.

All incidents of abuse at a regulated Client will be reported to a representative from the Care Quality Commission and they may wish to be involved in any investigation.

**Care Quality Commission Eastern
City Gate
Galloway
Newcastle Upon Tyne
NE1 4PA
Telephone: 03000 616161**

Once the allegations have been fully investigated and necessary actions agreed, the Quality and Safeguarding department of Alva Healthcare Ltd will ensure that the Client and any appropriate persons are informed of the outcome and are involved in implementing agreed outcomes and actions. As part of the outcome the Quality and Safeguarding Team will review the Client's documentation to ensure that lessons are learnt and to prevent future abuse.

7. MAINTAINING RECORDS

Alva Healthcare Ltd will ensure that all details associated with allegation of abuse are recorded clearly and accurately. The records will be maintained securely in line with Alva Healthcare Ltd's Client confidentiality and GDPR.

8. DUTY OF DISCLOSURE

Alva Healthcare Ltd is legally required to send information to the Disclosure and Barring Service if a decision is taken to no longer offer a Carer work with Alva Healthcare Ltd.

Alva Healthcare Ltd may also be required to inform the Disclosure and Barring Service if a Carer resigns in suspicious circumstances, as the referral duty criteria may already be met at that stage.