SAFEGUARDING ADULTS AT RISK POLICY (WINDHILL)

DATE APPROVED	September 2026	**DATE OF NEXT REVIEW**	September 2027
POLICY OWNER(S)	Deputy CEO and Assistant Director		
DESIGNATION	Windhill (Supported Living)		
APPROVED BY	Trustee Board		

Purpose of policy	To assist staff with understanding the safeguarding policy and what to do when matters of safeguarding arise
Links to other policies	Safer Recruitment policy Reportable Incidents policy Speaking Up (Whistleblowing) policy

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1. POLICY INTRODUCTION

St. Elizabeth's Windhill is registered to provide support to people in their own homes under the regulated activity '**personal care'**. St Elizabeth's Windhill wishes to ensure that all those who use the service have a safe and stimulating environment in which they can fulfil their potential, and we wish to safeguard people's welfare.

2. DEFINITIONS

In the terms of this policy an 'adult at risk' has the following definition:

"Under the Care Act 2014, an adult at risk (aged 18 or over) is defined as someone who has needs for care and support (whether or not the local authority is meeting them), is experiencing or is at risk of abuse or neglect, and as a result of those needs is unable to protect themselves."

(The Care Act 2014)

This may mean that they have a reduced ability to protect themselves from abuse or neglect. This can be as a result of a learning or physical disability a physical or mental illness chronic or otherwise (including an addiction to alcohol or drugs); or a temporary or permanent reduction, in mental capacity.

3. PRINCIPLES

The organisation is committed to safeguarding and promoting people's welfare every day.

Robust recruitment processes are in place to ensure all staff are fit to work with adults at risk.

The service recognises that it has a duty to help staff and people realise their responsibilities (through guidance, support and training), eliminate or reduce risk and avoid situations (where possible) where abuse or neglect might be alleged. The organisation ensures that they work to prevent abuse or neglect. If a safeguarding issue arises, it is reported immediately.

The organisation has clear policies and procedures and guidelines are consistent with related CQC guidance and regulations.

This policy uses the guidance from 'Safeguarding Adults at risk', the Hertfordshire Multi-Agency Policy, Procedure and Practice for working with adults at risk of abuse or neglect in Hertfordshire.

4. OVERALL AIMS

The aim of the policy is to ensure that:

- All trustees, governors, staff, tenants, families and carers have an understanding of what safeguarding is and work together to prevent abuse or neglect
- All **trustees, governors and staff** know what the safeguarding policy is and follow it if a safeguarding matter arises;
- All **those who use the service** know what safeguarding policy is and know what to do when safeguarding matters arise;
- All **families/carers** and residents know what the safeguarding policy is and know what to do when safeguarding matters arise.

5. STATUTORY AND REGULATORY FRAMEWORK

Safeguarding Vulnerable Groups Act 2006

Human Rights Act 1998

Mental Capacity Act 2005

GDPR 2018

Care Act 2014

Domestic Abuse Act 2021

Equality Act 2010

Criminal Justice and Courts Act 2021

Mental Health Act 1007

6. EQUALITIES STATEMENT

When carrying out our safeguarding responsibilities we will consider our duties under the Equality Act 2010. These general duties include:

1. Eliminate discrimination, harassment, victimisation, and other conduct that is prohibited by the Equality Act 2010.
2. Advance equality of opportunity between people who share protected characteristi c and people who do not share it.
3. Foster good relations across all protected characteristics between people who shar e a protected characteristic and people who do not share it.

4. Details of our specific duties are published under the Charity's Equality Equity, Diversity Policy and Inclusion Statement and Single Equality Plan.

Safeguarding practice must be respectful, inclusive and person-centred for all adults at risk, including people who are trans, non-binary, gender diverse, or questioning their gender. Staff must recognise that a person may be vulnerable to abuse, discrimination, bullying, harassment or neglect because of their sex, sexual orientation, gender reassignment, gender identity, gender expression, or because they are questioning their gender. Staff must use the person's chosen name and pronouns where known, respect confidentiality, and must not disclose information about a person's gender identity or gender questioning unless there is a lawful and proportionate safeguarding reason to do so.

7. ROLES AND RESPONSIBILITIES

- Safeguarding and promoting the welfare of adults who are at risk is everyone's responsibility. Everyone who comes into contact with people, their fa milies and carers, has a role to play.
- In order to fulfil this responsibility effectively, all professionals should make sure their approach is person-centred. This means that they should always consider what is in the best interests of the person.
- We take an 'it can happen here' approach where safeguarding is concerned.
- Everyone who comes into contact with adults at risk has a role to play in identifying concerns, sharing information and taking prompt action.
- Victims of harm should never be given the impression that they are creating a problem by reporting abuse, sexual violence, or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report.

St Elizabeth's Windhill is committed to safeguarding and promoting the welfare of adults at risk by:

- Providing a safe environment in which adults can live and thrive.
- Acting on concerns about a person's welfare immediately.
- Fulfilling our legal responsibilities to identify adults who may need early help or who are suffering, or are likely to suffer, significant harm.

St Elizabeth's Leadership team will ensure that this policy and the other policies and procedures referred to here which have been adopted by the Charity through its Trustees and Executive team are accessible, understood and followed by all staff.

8. THE ROLE OF THE DESIGNATED SAFEGUARDING LEAD (DSL)

For any safeguarding concern, the Registered Manager has the ultimate responsibility for ensuring that processes and procedures are followed to act quickly on concerns and protect people in our care. The Registered Manager may delegate this responsibility during periods of non-working hours (eg. out of hours on-call) or absence from work.

St Elizabeth's Windhill has designated people responsible for the safeguarding of residents. The role of these staff is to receive any allegations and reports of abuse and to guide and support staff and residents involved. These staff are designated by team and should be informed of any safeguarding matters relating to tenants in their care:

Assistant Director (Supported Living)
Registered Manager(s)
Deputy Manager(s)

In the designated person's absence contact should be made with the **Registered Manager**, who has overall responsibility for the safeguarding provision.

9. DESIGNATED SAFEGUARDING LEAD RESPONSIBILITIES: (SEE ALSO: PART 2 TY PES OF ABUSE)

It is the duty of the DSL/DDSL or other designated staff member to take immediate action and refer all cases of concern that relate to the categories of abuse as listed in Part 2 – Types of Abuse.

Referrals must be made via the Hertfordshire's Safeguarding Adults At Risk portal (https://hcsportal.hertfordshire.gov.uk/web/portal/pages/SAFA#hInstructions), police if a crime may have been committed, and to the Prevent programme in cases of radicalisation concern. In all cases where a safeguarding referral has been submitted, a statutory CQC notification must also be submitted. Specific safeguarding referrals may also require referral to the Health and Safety Executive (RIDDOR).

The DSL and or DDSL are also responsible for ensuring that they:

- Have a working knowledge of how local authorities conduct a Section 42 Enquiry conference and a case conference and be able to attend and contribute to these effectively when required to do so.
- Ensure each member of staff has access to and understands the Safeguarding Adults at Risk Policy and Procedures, especially new and part-time staff.
- Understand and work collaboratively with other departments and external partners about the
  requirements of the Prevent duty and be able to provide advice and support to staff on protecting adults at risk from the risk of radicalisation.
  Keep detailed, accurate, secure written records and reports of concerns and referr als.
- Together with their staff, are able to access refresher training courses.
- Encourage a culture of listening and responding to adults at risk and taking account of their wishes and feelings, among all staff, in any measures the that may be necessary may put in place to protect them.
- Take into account the Five Key Principles of the Mental Capacity Act 2005 when approaching safeguarding issues or concerns; presumption of capacity, supported decision making, a right to unwise decision making, best interest decisions and least restrictive options.

10. TRAINING

As identified within the policy statement, St Elizabeth's recognises it needs to provide staff with adequate support and training to provide a safe and secure environment for those who use the service.

A planned programme of formal e-safety training will be made available to staff. An audit of the e-safety training needs of all staff will be carried out regularly.

Mandatory training for all staff includes:

- Safeguarding and yearly refreshers
- Safer recruitment (e-learning for managers)
- Yearly Safeguarding modules for managers

11. POST INCIDENT SUPPORT FOR STAFF

St Elizabeth's will endeavour to support staff following any incidents of abuse, and follow guidance and instruction from the local safeguarding authority. Staff are entitled to in-house and external counselling services. This service will be offered to staff involved during an investigation and after an investigation, even if the allegation has not been upheld.

12. THE ROLE OF ALL STAFF:

1. All staff will read and understand the Safeguarding Adults policy at Windhill.
2. All staff should have access to Hertfordshire's Adult Safeguarding Policy and Procedure.
3. In addition to this all staff should follow the systems in place which support safeguarding including those set out in this Safeguarding Policy; the Behaviour Policy and the Staff Behaviour Policy (code of conduct) and the St Elizabeth's Centre Missing Person Policy; and the roles of the DSL.
4. All staff will receive appropriate safeguarding and child protection training.
5. Regular updates via bulletins, e-mails and refresher training will also be given to staff to improve their ongoing knowledge and understanding enabling effective safeguarding adults at risk.
6. All staff must undertake regular refresher and update training. Safeguarding matters will be discussed through supervision and appraisal processes to raise awareness of each individual's responsibilities.
7. All staff must make sure that they fully understand and are able to apply the systems and processes within Windhill and St Elizabeth's Centre so that they can immediately inform and record any safeguarding concern or incident. (See Appendix A).
8. All staff must be aware of the purpose of a referral and who has responsibility for undertaking and reporting.
9. All staff should know what to do if a person tells them he or she is being abused, exploited or neglected. Staff should know the requirement to maintain a level of confidentiality. Staff should never promise a person that they will not tell anyone else.
10. Staff should re-assure the person that they are being taken seriously and will be supported to keep safe.
11.

12. Staff should maintain the highest level of vigilance at all times because many people are not able to verbalise or indicate if they are experiencing abuse in any form. Concerns must be raised with the DSL immediately.

13. RESPONSIBILITIES OF THE HEALTH & CARE QUALITY COMMITTEE (HCQC):

The HCQC will:

1. Ensure there is an effective safeguarding policy in place;
2. Ensure safe recruitment practices are followed;
3. Ensure the provision has procedures for dealing with allegations against members of staff;
4. Access relevant safeguarding training.
5. Alongside the DSL inform the relevant Trustee member or Board of Trustees in relation to any SUI (Serious Untoward Incidents).

The Board of Trustees will

1. Discharge their duties to and ensure they comply with the legislation.
2. Ensure there is an effective Safeguarding Adults Policy in place and expectations and behaviours of staff are clearly defined.
3. Review any SUIs reported by the HCQC, DSL and ensure that any necessary learnings are actioned.

PART 2: TYPES OF ABUSE, NEGLECT AND EXPLOITATION

Physical Abuse

Action

Hitting, slapping, pushing, kicking, misuse of medication, restraint, inappropriate sanctions

Indicators

Series of unexplained falls or injuries, injuries/bruises at different stages of healing, bruising in unusual sites (e.g. inner arms/thighs), teeth indentations, and injuries to

head or face, changes in behaviour: individual very passive avoiding people or situations, increase in aggressive behaviours etc.

Sexual Abuse

Action

Rape and sexual assault or sexual acts to which the adult at risk has not consented.

Indicators

Change in behaviour, overt sexual behaviour or language, difficulty in walking/sitting, injuries to genital and/or anal area.

Neglect/ Acts of omission

Action

Ignoring physical or care needs, failure to provide access to appropriate health, social care or educational services, withholding necessities of life (e.g. medications, nutrition, heating), not following care plans or risk assessments

Indicators

Absence of food, heat, hygiene, clothing, absence of prescribed medication, not giving a person dignity, respect, not providing hearing aid, glasses, dentures, weight loss, pressure sores.

Psychological Abuse

Action

Emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks

Indicators

Withdrawal, depression, cowering and fearfulness, change in sleep patterns, agitation, confusion or change in behaviour, change in appetite/weight.

Financial/material Abuse

Action

Theft, fraud, exploitation, pressure in connection with financial transactions, misuse or misappropriation of property, loyalty card, possessions or benefits.

Indicators

Unpaid bills, basic needs not being met, lack of money on a day to day basis

Organisational Abuse

Action

Poor Fundamental Standards of Quality and Safety, lack of positive responses to complex needs, rigid routines, inadequate staffing, insufficient knowledge base within service

Indicators

Inability to make choices or decisions, agitation if routine broken, disorientation, patterns of challenging behaviour.

Discriminatory

Action

Racist, sexist or that based on a person's disability, other forms of harassment, slurs or similar treatment, failure of agencies to ensure that staff receive adequate anti-discrimination practice training. Discriminatory abuse may also include abuse, harassment, exclusion, deliberate misgendering, inappropriate disclosure of a person's gender identity, or denying a person dignity, care or support because they are trans, non-binary, gender diverse, or questioning their gender.

Indicators

Low self-esteem, withdrawal, depression, fear, anger.

Cyber Abuse

Use of internet, digital technologies to exploit, deceive, bully, harass, intimidate, threat, sexually abuse or steal

Indicators

Withdrawn, nervous, low in mood

Modern Slavery

Actions

Human trafficking, forced labour, domestic servitude, sexual exploitation, such as escort work, prostitution and pornography, debt bondage – (being forced to work to pay off debts that realistically they never will be able to)

Indicators

Appearing to be malnourished, unkempt or withdrawn, isolation from the community, control or under influence of others, living and working at the same address

lack of personal effects or identification documents, always wearing the same clothes
Avoidance of eye contact, appearing frightened or hesitant to talk to strangers
Fear of law enforcers

Domestic

Action

Includes 'honour' based abuse i.e. forced Marriage, Female Genital Mutilation (FGM), human trafficking, radicalisation

Indicators

Early onset of sexual activity or pregnancy, sexually transmitted infections and/or multiple partners, mood swings and changes in behaviour, aggressive outbursts, withdrawal, loss of interest, self-harm.

Self-Neglect

Action

Lack of self-care to an extent that it threatens personal health and safety, neglecting to care for one's personal hygiene, health or surroundings, inability to avoid self-harm, failure to seek help or access services to meet health and social care needs, inability or unwillingness to manage one's personal affairs

Indicators

Very poor personal hygiene, unkempt appearance, lack of essential food, clothing or shelter, malnutrition and/or dehydration, living in squalid or unsanitary conditions, neglecting household maintenance, hoarding, collecting a large number of animals in inappropriate conditions, non-compliance with health or care services, inability or unwillingness to take medication or treat illness or injury.

PART 3: SAFER RECRUITMENT

It is the responsibility of the Charity to create a culture of safeguarding. As such it is important that robust recruitment procedures are in place. The Trustees through the Charity's HR team will ensure that those involved in recruitment of staff have received:

At least one member of the interview panel has completed safer recruitment training

Processes and systems are clear and agreed in advance in relation to advertising, applications, shortlisting, employment history and references. The selection process and pre-appointment vetting checks, regulated activity and recording information. For further information, see St Elizabeth's Safer Recruitment policy.

PART 4. ALLEGATIONS/INCIDENTS OF CONCERN INVOLVING STAFF / VOLUNTEERS / VISITORS.

An allegation is any information which indicates that a member of staff, volunteer or visitor may have:

- Behaved in a way that has, or may have harmed a person
- Possibly committed a criminal offence against/related to a person
- Behaved in a way which indicates s/he/they will pose a risk of harm if they work regularly or closely with adults at risk
- Behaved or may have behaved in a way that indicates they may not be suitable to work with adults at risk

  This applies to any adult at risk with whom the member of staff, volunteer or visitor has contact within their personal, professional or community life.

  If an allegation is made an immediate response is required. The response will immediately take action to ensure the adult at risk is safe. Support will be called through the Bleep process if required.

There are two sections covering the two levels of allegation/concern:

1 Allegations that may meet the threshold

2 Allegations/concerns that do not meet the harm threshold – these are referred to as 'low- level concerns'

In determining the level of concern, the DSL is responsible for:

- Looking after the welfare of the person and ensuring the person is not at risk.
- Making referrals to the LA and other appropriate bodies, i.e. CQC
- Investigating and supporting the person subject to the allegation.

The Charity's internal processes and procedures will be followed alongside partnership arrangements with the relevant bodies.

PART 5 GUIDANCE FOR MANAGER/ON CALL MANAGER

- Evaluate the risk to the adult at risk and take practicable steps to safeguard them as appropriate.
- If the person alleged to have caused the harm is also an adult at risk, arrange for a member of staff to attend to their needs.
- Make sure the other service users are not at risk.
- If the person alleged to have caused the harm is a member of staff, decide whether any action is required under St. Elizabeth's disciplinary procedures.
- Review and ensure all documentation has been completed fully by staff/resident.
- Liaise/inform senior manager on call of any serious incidents.
- Complete the investigation part of the CPOMS form and progress notes as required.
- Refer to the police if the abuse suspected is a crime
- Arrange necessary medical treatment (note offences of a sexual nature will require expert advice from the police)
- Ensure that any staff or volunteer who has caused risk or harm not in contact with service users or others (person reporting the concern)
- *Gain and record the views of the adult at risk regarding what they would like to happen next (if appropriate).

Note:

*It is important to convey that the Safeguarding Team will need to assess the situation and would want to work with the adult at risk in determining what could or should happen next. They would want to respect the person's views and wishes, provided no-one is at immediate risk of harm.

The mental capacity of the adult at risk and their ability to give their informed consent for an enquiry to be taken under these procedures is a significant but not the only factor in deciding what action to take.

The test of capacity in this case is to find out if the adult at risk has the mental capacity to make informed decisions about:

1. Actions which may be taken under *safeguarding adults at risk;*
2. Their own safety, including an understanding of longer-term harm as well as immediate effects;
3. Their ability to take action to protect themselves from future harm.

If the adult lacks capacity to consent, a best interest decision under the **Mental Capacity Act 2005** can be made.

If an adult with capacity refuses consent, their views will be considered but this may be overridden if there is a risk to other adults, children or young people; (this also includes the sharing of information when necessary to prevent harm).

If the complainant is the adult at risk, questions should be kept to the minimum necessary to understand what is being alleged. Leading questions must be avoided, as the use of leading questions can cause problems for the subsequent investigation and any court proceedings.

PART 6 REPORTING 'NOTIFIABLE EVENTS' TO THE CARE QUALITY COMMISSION (CQC)

The registered manager will need to complete and send a statutory notification or, under the authority of the registered manager, the designated person will complete the statutory notification form. This can be completed on the CQC portal, which is accessible by the Registered Manager. In the absence of the Registered Manager, a form will need to be completed in MS Word and sent directly to CQC. Instructions are below.

Comprehensive guidance on how to complete these forms, when to complete them and descriptors of notifiable events can be found on www.cqc.org.uk.

Instructions for completing the CQC notification forms:

- Statutory notification forms are kept on the system under Domiciliary Care/CQC.
- Notifications may involve information about a person, we are required to use ID numbers for each resident and staff members so they are non-identifiable throughout the form.
- ID numbers for residents are found in Domiciliary Care/CQC. Other key information is on the individual's contact sheet.
- Completed forms are sent to CQC via e-mail to: **HSCA_notifications@cqc.org.uk**
- Copies of notification forms are stored electronically in the electronic file of the person affected.

PART 7 SUPPORT FOR THE ADULT AT RISK

St Elizabeth's will be proactive and take positive steps to inform those who use the service of their rights to safety and protection and the options available to express their fears or concerns. This will be in the following formats:

- Compliments, Complaints, Worries and Grumbles policy and forms (easy read available)
- Tenants Meetings will include reference to safeguarding issues and how to raise concerns. Meetings will discuss safeguarding themes and will be instrumental in promoting safeguarding and developing resources and information.
- Those who use the service will be consulted in the review and development of the policy.
- Promotion of the use of individual's social workers and independent advocates to promote choice and rights for individuals unable to communicate their needs or concerns effectively. See Advocacy policy and contacts (easy read available)

7.1: Support – During/Post Incident

St Elizabeth's will endeavour to support individuals who have been affected by an incident of abuse; including the person who may have caused the harm and follow guidance and instruction from the local Safeguarding Team.

Individuals are entitled to receive counselling services post-incident and the manager will make a referral for this as required. This service will be offered to those involved after any allegation, even if the allegation has not been upheld.

PART 8 CONFIDENTIALITY AND INFORMATION SHARING

Staff will take instruction from the Manager/on call manager on what to tell stakeholders in relation to allegations and/or suspicions of abuse. The Manager/on call manager will take guidance from the Safeguarding Team in relation to this.

- Adult at risk enquiries, investigations and conferences can only be successful if professional staff share and exchange all relevant information. That information must be treated as confidential at all times, and staff will be bound by the ethical and statutory codes that cover confidentiality and the General Data Protection Regulation (GDPR).

- Disclosure may be necessary in the public interest where a failure to disclose information may expose another to risk of harm to others.

- Consent should always be sought prior to sharing information. For those who do not have capacity a BI decision to share information will be made.

- All those providing information should take care to distinguish between fact, observation, allegation and opinion. It is important that, should any information exchange be challenged in respect of a breach of confidentiality or, for example, as a breach of the Human Rights Act, the information can be supported by evidence.

- Information must be adequate, relevant and not excessive in relation to the purpose for which it is held, and must be held no longer than is necessary for that purpose.

- Each agency is responsible for maintaining their own records on work with adults at risk. The agency should have a policy stating the purpose and format for keeping the records and for their destruction.

8.1: Protocols for Multi-Agency Information Sharing

The Hertfordshire Adults Safeguarding Board (HASB) sets out guidance on information sharing and communication between agencies (CCG, CQC, police and Social Services) on a need to know basis and states that all agencies must have their own policy on sharing information and data security to comply with The DATA Protection Act and Caldicott principles.

8.2: Record Keeping

The Manager will retain a record of all allegations and actions taken. This will include:

- The formal report on an Incident Reporting Form within the CPOMS system
- Any notes, memoranda or correspondence dealing with the matter
- Any other relevant material

Copies of reports, notes, etc. will be kept securely locked at all times, but will be shared in accordance with the General Data Protection Regulation (GDPR).

Review: This policy will be reviewed on a yearly basis.

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Date	Approved by	Added to policy log
16 September 2026	Trustee Board	Yes