

Safeguarding Residents Policy



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1. Introduction

- 1.1. Choosing to receive care and support is a significant life event, and all residents have the right to live free from abuse, neglect, harassment or harm.
- 1.2. CCH is committed to safeguarding and promoting a culture where safeguarding is everyone's responsibility and where concerns are identified and acted upon promptly.
- 1.3. This policy sets out how CCH will:
 - 1.3.1. Safeguard the wellbeing of residents
 - 1.3.2. Protect individuals from abuse, neglect, exploitation and harm
 - 1.3.3. Provide clear guidance and training for colleagues in identifying, reporting and managing safeguarding concerns
 - 1.3.4. Ensure a consistent and professional response to safeguarding across all services
- 1.4. This policy applies to:
 - 1.4.1. All residents receiving care and support.
 - 1.4.2. All colleagues, including permanent, temporary and agency staff.
 - 1.4.3. All situations involving external agencies or multi-agency working.

2. Safeguarding principles

- 2.1. Safeguarding is about protecting individuals' health, wellbeing, and human rights, enabling them to live free from harm, abuse, and neglect.
- 2.2. CCH will follow the principles set out in the Care Act 2014:
 - 2.2.1. Empowerment – supporting individuals to make their own decisions.
 - 2.2.2. Prevention – acting before harm occurs.
 - 2.2.3. Proportionality – responding in the least intrusive way.
 - 2.2.4. Protection – supporting those at greatest risk.
 - 2.2.5. Partnership – working with other organisations.
 - 2.2.6. Accountability – ensuring transparency in decision-making.
- 2.3. Safeguarding is the responsibility of all colleagues.

3. Responsibilities

3.1. CCH:

- 3.1.1. Provide training and supervision to staff to identify and respond to concerns.
- 3.1.2. Work collaboratively with local authorities, police, health services, and safeguarding boards.
- 3.1.3. Maintain a safe environment where residents feel protected and supported.

3.2. Safeguarding Lead/Registered Manager:

- 3.2.1. Ensure safeguarding concerns are acted upon promptly.
- 3.2.2. Assess risk and ensure immediate safety.
- 3.2.3. Make referrals to external agencies.
- 3.2.4. Ensure appropriate documentation and reporting.
- 3.2.5. Support residents and colleagues throughout the process.

3.3. All colleagues:

- 3.3.1. Recognise and respond to signs of abuse or neglect.
- 3.3.2. Report concerns immediately.
- 3.3.3. Record information clearly and accurately.
- 3.3.4. Maintain up-to-date safeguarding training.
- 3.3.5. Follow whistleblowing procedures where required.

4. Types of abuse and harm

- 4.1. Abuse is a violation of an individual's human or civil rights and may occur as a single act or repeated acts.
- 4.2. Abuse may be deliberate or unintentional and can occur in any setting, including within care environments.
- 4.3. Types of abuse include, but are not limited to:
 - 4.3.1. Physical abuse
 - Includes hitting, slapping, pushing, misuse of medication, inappropriate restraint, or physical intervention.
 - May also include withholding care such as food, drink or assistance with personal needs.

4.3.2. Sexual abuse

- Includes any unwanted sexual activity, inappropriate touching, sexual harassment or exploitation.
- This includes situations where a resident cannot consent.

4.3.3. Psychological or emotional abuse

- Includes intimidation, threats, humiliation, bullying, controlling behaviour or isolation.
- May involve verbal abuse, coercion, or preventing contact with others.

4.3.4. Financial abuse

- Includes theft, fraud, exploitation, or misuse of a resident's money, property or benefits.
- May involve pressure relating to wills, finances, or decision-making.

4.3.5. Neglect or acts of omission

- Includes failure to provide appropriate care, treatment, or support.
- This may include ignoring medical needs, poor hygiene support, or inadequate nutrition.

4.3.6. Discriminatory abuse

- Includes unfair treatment or harassment based on characteristics such as age, disability, gender, race, religion, or sexual orientation.

4.3.7. Organisational abuse

- Includes poor care practices within a service, such as lack of dignity, rigid routines, insufficient staffing, or unsafe systems.
- May result from poor leadership, culture, or processes.

4.3.8. Self-neglect

- Includes behaviours where a resident neglects their own health, hygiene or environment.
- May include refusal of care, poor living conditions, or failure to seek or accept medical support.

4.3.9. Resident-to-resident harm

- Includes bullying, intimidation, exploitation, or physical harm between residents.
- This must always be treated as a safeguarding concern.

5. Recognising signs and indicators of abuse

- 5.1. The signs of abuse are not always obvious, and residents may not disclose concerns directly.
- 5.2. Colleagues must remain vigilant to changes in behaviour, presentation or wellbeing.
- 5.3. General indicators of abuse:
 - Unexplained injuries such as bruises, cuts or burns
 - Changes in behaviour, mood or personality
 - Withdrawal, anxiety or low mood
 - Fear of certain individuals or situations
 - Poor hygiene or deterioration in physical health
 - Reluctance to engage in care or activities
- 5.4. Indicators of physical abuse
 - Injuries that are inconsistent with explanations
 - Frequent or unexplained falls
 - Signs of restraint or marks on the body
 - Delays in seeking medical treatment
- 5.5. Indicators of psychological or emotional abuse
 - Low self-esteem or withdrawal
 - Sudden changes in confidence or communication
 - Fearfulness or distress in the presence of others
 - Changes in sleep or appetite
- 5.6. Indicators of financial abuse
 - Missing personal belongings or money
 - Sudden changes in financial circumstances
 - Unexplained transactions or lack of funds
 - Concerns raised by family or professionals
- 5.7. Indicators of neglect
 - Poor personal hygiene
 - Malnutrition or dehydration
 - Untreated medical conditions
 - Inappropriate clothing or environment
- 5.8. Indicators of resident-to-resident harm
 - Withdrawal from social interaction
 - Fear of specific residents
 - Changes in behaviour or confidence
 - Missing belongings or unexplained injuries

5.9. Professional curiosity

5.9.1. Colleagues must exercise professional curiosity where concerns arise.

5.9.2. This includes:

- Asking appropriate questions
- Observing patterns over time
- Not accepting explanations without consideration
- Escalating concerns where unsure

6. Recognising and responding to safeguarding concerns

6.1. Recognising a safeguarding concern

6.1.1. A safeguarding concern may arise from:

- A disclosure by a resident
- Observed injuries or changes in behaviour
- Concerns raised by colleagues, family or professionals
- Repeated poor care or incidents

6.2. Immediate actions

6.2.1. If a resident reports abuse or you suspect abuse, colleagues must:

- Remain calm and listen carefully
- Take the concern seriously
- Reassure the resident they have done the right thing
- Ensure the immediate safety of the resident and others
- Seek urgent medical attention if required
- Contact emergency services if there is immediate danger
- Let them know that you have a duty to share this information confidentially with the appropriate person/authority.

6.3. What colleagues must not do:

6.3.1. Colleagues must not:

- Ignore the concern
- Ask leading or investigative questions
- Promise confidentiality or specific outcomes
- Confront the alleged person causing harm
- Delay reporting the concern

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6.4. Recording the concern

6.4.1. The concern must be recorded as soon as possible.

6.4.2. Records must:

- Use the resident's own words where possible
- Be factual and not include opinion
- Include dates, times and locations
- Describe any injuries or behaviours observed
- Be signed, dated and timed

6.5. Reporting the concern

6.5.1. All safeguarding concerns must be reported immediately to:

- The Registered Manager or the most senior colleague on duty

6.5.2. If the concern involves the Manager, colleagues must:

- Follow the Whistleblowing policy
- Report to the Executive Team

6.6. Escalation

6.6.1. The Registered Manager/senior colleagues will:

- Assess the level of risk
- Decide whether a safeguarding referral is required
- Contact the local authority safeguarding team
- Contact the police where a crime is suspected
- Notify regulators where required
- Notify the Executive Team (internal reporting)

6.7. Supporting the resident

6.7.1. The resident will be supported throughout the process.

6.7.2. This includes:

- Listening to their wishes and desired outcomes
- Keeping them informed
- Offering advocacy where required
- Maintaining dignity, privacy and respect

6.8. Duty to act

6.8.1. All colleagues have a duty to act on safeguarding concerns.

6.8.2. Colleagues must not assume that someone else will report the concern.

6.9. Whistleblowing

6.9.1. If a colleague feels a concern is not being acted upon appropriately, they must escalate concerns using the Whistleblowing policy.

7. Bullying

7.1. Definition

- 7.1.1. Bullying is repeated, intentional behaviour causing distress or harm.
- 7.1.2. It includes imbalance of power and can be physical, verbal, emotional, cyber, sexual, or racial.

7.2. Signs and symptoms

- 7.2.1. Residents may show:
 - Withdrawal or isolation
 - Damaged or missing possessions
 - Physical injuries or emotional distress
 - Changes in online or social behaviour

7.3. Procedures for disclosure

- 7.3.1. Staff must:
 - Listen calmly and reassure residents
 - Record exact words used by the resident
 - Report to senior staff immediately
- 7.3.2. Staff must not:
 - Confront alleged bullies
 - Make promises about outcomes
 - Share information unnecessarily

7.4. Investigation and reporting

- 7.4.1. All bullying concerns must be investigated by senior staff or external safeguarding authorities.
- 7.4.2. A Risk Management Plan may be implemented to manage current and future risks.
- 7.4.3. Detailed investigation reports must be recorded and shared according to UK GDPR.

7.5. Outcomes

- 7.5.1. Possible outcomes include:
 - Apology and behavioural change
 - Change of placement
 - Criminal prosecution if applicable
 - Feedback must be given to all parties involved.
 - Lessons learned should be incorporated into staff training and care planning.

8. Consent and mental capacity

- 8.1. Safeguarding decisions will follow the Mental Capacity Act 2005: presumption of capacity, support individuals to make decisions, the right to make unwise decisions, and where someone lacks capacity, any decision will be in their best interests and will be the least restrictive option.
- 8.2. Where consent cannot be obtained, decisions will be made in the resident's best interests.
- 8.3. It should be recognised that residents with capacity may choose to allow behaviours which could be considered as a safeguarding concern. In this instance they will be appropriately supported to identify what being safe means to them, assess risk and understand the consequences.

9. Confidentiality and information sharing

- 9.1. Information will be shared with the appropriate agencies where necessary to prevent serious harm or distress, or a life-threatening situation.
- 9.2. All information will be handled in accordance with the UK General Data Protection Regulation.

10. Monitoring and review

- 10.1. Safeguarding incidents are reported internally on a monthly basis or sooner for a serious incident.
- 10.2. Safeguarding incidents are reported to trustees via board reports for assurance purposes.
- 10.3. Safeguarding incidents will be monitored to identify trends and learning.
- 10.4. This policy will be reviewed regularly to ensure it remains effective and compliant.