



Instant Care Recruitment Agency



Standard 10

Safeguarding Adults

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The CARE CERTIFICATE

Safeguarding Adults

- What you need to know

Standard

THE CARE CERTIFICATE WORKBOOK

10

The principles of safeguarding adults

The Care Act 2014 defines adult safeguarding as protecting an adult's right to live in safety, free from abuse and neglect.

Safeguarding is about people and organisations working together to prevent and stop both the risks and the actual experience of abuse or neglect. Safeguarding balances the right to be safe with the right to make **informed choices**, while at the same time making sure that the adult's **wellbeing** is promoted. This includes taking the person's views, wishes, feelings and beliefs into consideration in deciding on any action. Health and social care organisations have particular responsibilities, but every worker has a part to play.



Wellbeing

In the Care Act 2014 '**wellbeing**' is described as relating to:

- personal dignity (including treating the individual with respect)
- physical and mental health and emotional wellbeing
- protection from abuse and neglect
- control by the individual over day-to-day life (including over care and support provided and the way it is provided)
- participation in work, education, training or recreation
- social and economic wellbeing
- domestic, family and personal wellbeing
- suitability of living accommodation
- the individual's contribution to society.

All these aspects of wellbeing are relevant to people with care and support needs, and to carers. There is no hierarchy, and all these aspects of wellbeing should be given equal importance when considering any person's wellbeing. Each of these aspects is a positive 'outcome' of good wellbeing.



Informed choices

Decisions made by people when they have been provided with all the information.

Hierarchy

This is when something is arranged in a graded order so something at the top of the order is more important than something at the bottom. So in considering wellbeing there is no one area more important than another.

Your responsibilities

As a worker, it may be thought of as abuse or neglect if you cause **harm** to someone or do not do the things you should to prevent **harm**. It is important that you know the ways of working to safeguard adults in your workplace. Your policies and procedures tell you how to meet the Care Quality Commission's Fundamental Standards of Quality and Safety. You should also follow the Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England. See:

www.skillsforhealth.org.uk/code-of-conduct or
www.skillsforcare.org.uk/code-of-conduct

The Code of Conduct states that workers must:

“Always make sure that your actions or omissions do not **harm** an individual's health or wellbeing. You must never abuse, neglect, harm or exploit those who use health and care services, their carers or your colleagues.”



Harm

Harm includes ill treatment (including sexual abuse, exploitation and forms of ill treatment which are not physical); the impairment of health (physical or mental) or development (physical, intellectual, emotional, social or behavioural); self-harm and neglect; unlawful conduct which adversely affects a person's property, rights or interests (for example, financial abuse).



Types of abuse and neglect - signs and indicators

There are 10 types of abuse and neglect that cause harm identified in the Care Act 2014. These are listed in the table below.

You should be able to identify the different types of abuse and neglect and the signs or 'indicators' that they are happening. The more you are able to get to know someone the more you are likely to notice any changes. In workplaces where care and support are short term, this can be more difficult, but you should still look out for any signs or indicators. Incidents may be one-off or multiple, and affect one person or more. Workers should look beyond single incidents or individuals to identify patterns of harm.

Type of abuse	Signs/Indicators
Physical abuse is an individual's body being injured or hurt due, for example, to assault, hitting, slapping or pushing. It can also be the wrong use of restrictive practices (see below). Examples could be the misuse of medication or using inappropriate restraint such as locking someone in a room, tying them to a chair or using inappropriate physical sanctions.	Injuries that are unexplained or haven't been treated. There could be a number of injuries of different ages and in different places. Examples include: ■ broken bones ■ bruises ■ unexplained loss of clumps of hair ■ bite, burn or scald marks.
Domestic violence – is any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality. It includes psychological, physical, sexual, financial and emotional abuse, and so-called 'honour-based' violence.	Signs of domestic violence can be any of those relating to the different types of abuse or neglect that can occur in any incident.
Modern slavery – this encompasses slavery, human trafficking, and 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.	■ Signs of physical or psychological abuse, being malnourished or unkempt, appearing withdrawn. ■ Rarely being allowed to travel on their own, seemingly under the control and influence of others, rarely interacting or appearing unfamiliar with their neighbourhood or where they work. ■ Having few or no personal belongings or documents. ■ Avoiding eye contact, appearing frightened or hesitant to talk to strangers and law enforcers.

Financial or material abuse is the use of a person's funds and belongings without their permission. This could be theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection to wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.	■ Bills not being paid. ■ Loss of assets such as a house being sold and the money from the sale disappearing. ■ Expenditure higher than the living conditions suggest. ■ Not having enough food or clothing.
Sexual abuse is when a person becomes involved in sexual relationships or activities that they do not want to be involved in. They may have said that they do not want to be involved or they may be unable to give consent. Sexual abuse includes 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 to.	■ Pain, sores and bruising around the inner thighs and genital, anal or breast areas. ■ Bloodstained underwear. ■ Pain and discomfort when walking or sitting. ■ Sexually transmitted infections and pregnancy are indicators for sexual activity and can indicate abuse if the person does not have the capacity to provide consent.
Neglect is also known as the 'omission to act' or 'failure to act'. It is a failure to meet the basic needs of the individual. It includes ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services and the withholding of the necessities of life, such as medication, adequate nutrition and heating.	Indicators of neglect by others and of self-neglect are similar. They include: ■ malnutrition ■ dehydration ■ bedsores ■ dirty clothing and bedding ■ taking the wrong dosage of medication.
Self-neglect is a person's failure or refusal to take care of their own basic needs. Neglecting to care for one's personal hygiene, health or surroundings can include a wide range of behaviours such as hoarding.	
Psychological abuse results in a person feeling worthless, unloved or uncared for. It includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.	■ Anxiety ■ Lack of confidence ■ Low self-esteem ■ Disturbed sleep.

Organisational abuse happens where services provided are focused on the needs of the organisation. For example, not providing choice over meal times or bed times because this is easier for the organisation. It includes neglect and poor care practice within an institution or specific care setting such as a hospital or care home or in relation to care provided in one's own home. This may range from one-off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, processes, policies and practices of the organisation.	■ Poor care standards ■ Rigid routines ■ Lack of staff learning, development and support.
Discriminatory abuse refers to an individual or group being treated unequally because of characteristics identified in the Equality Act 2010. It involves ignoring a person's values, beliefs and culture and includes forms of harassment, slurs or similar treatment because of race, sex, gender reassignment, age, disability, sexual orientation, religion or similar belief, marital or civil partnership status, pregnancy or maternity.	■ Poor service that does not meet the person's needs ■ Verbal abuse and disrespect ■ Exclusion of people from activities and/or services. Discrimination can be either <i>direct</i> or <i>indirect</i>—see Care Certificate standard 4 on equality and diversity.



Restrictive practices

This term refers to actions that may need to be used such as physical restraint or use of devices, medication or seclusion. Restrictive practice must always be legally and ethically justified and must ever only be used when absolutely necessary to prevent serious harm. Any restrictive practice that is used inappropriately will almost certainly be a breach of human rights.

Protecting adults from abuse and neglect

Under the Care Act 2014, your local authority has the lead role in relation to adult safeguarding. It must:

- make enquiries, or ensure others do so, if it believes an adult is subject to, or at risk of, abuse or neglect
- establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom
- set up a safeguarding adults board (SAB)
- arrange, where appropriate, for an independent advocate
- cooperate with each of its relevant partners.

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 is at risk of, abuse or neglect
- as a result of circumstances that put them at risk, is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

Although the local authority has the lead responsibility, the following six principles apply to **all care and support services** as well as to other settings that provide services to those whose circumstances put them at risk. The principles should inform the ways in which you work.

Six key principles underpin all adult safeguarding work

- **Empowerment** – People being supported and encouraged to make their own decisions and informed consent.
“I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”
- **Prevention** – It is better to take action before harm occurs.
“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”
- **Proportionality** – The least intrusive response appropriate to the risk presented.
“I am sure that the professionals will work in my interest, as I know them and they will only get involved as much as needed.”
- **Protection** – Support and representation for those in greatest need.
“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. *“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”*
- **Accountability** – Accountability and transparency in delivering safeguarding.
“I understand the role of everyone involved in my life, and so do they.”

Abuse and neglect can take place anytime and anywhere. However, some situations increase an individual's vulnerability to the risk of abuse or neglect happening. Examples are:

- In an individual's own home it is easier for an abuser to hide their actions from others.
- Organisational abuse is more likely to happen when standards are poor and routines are planned to fit around a rota, or when workers feel unsupported by their management. This can lead to incorrect ways of working that everyone begins to see as acceptable. They do not try to challenge the situation because they are afraid of speaking out about what is being accepted by the majority.

- Any workplace where individuals display difficult or challenging behaviour that workers are not trained or supported to deal with.
- Particular care and support needs of the individual such as a sensory impairment, a mental health issue, dementia or a learning disability. If the person has communication difficulties their reaction to abuse or neglect could be mistaken as a symptom of their condition rather than an attempt to tell someone what is happening to them.

To find out more about your responsibilities in preventing abuse and neglect, discuss your role with your manager and how it fits with the roles of other workers.

Safeguarding adults reviews (SARs)

Safeguarding adults boards (SABs), which are set up by local authorities, must arrange a SAR when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is suspicion that partner agencies could have worked more effectively to protect the adult. SABs must also arrange a SAR if an adult in their area, who has not died, is known or suspected to have experienced serious abuse or neglect. SABs are free to arrange a SAR in any other situation involving an adult in its area with needs for care and support.

Some of the factors featured in reports from used to be called 'serious case reviews' (now SARs) are:

- poor or absent communication between services, including not sharing important information
- ineffective partnership working between services
- those receiving care and support or their families and friends not being involved in decisions made about their care
- failure to identify signs of abuse
- lack of management support or presence
- limited learning and development opportunities for workers
- poor staff recruitment processes.

Sources of advice and information

In order to respond appropriately where abuse or neglect may be taking place, anyone in contact with the adult, whether in a voluntary or paid role, must understand their own role and responsibility and have access to practical and legal guidance, advice and support. This will include understanding local inter-agency policies and procedures.

Your organisation's policies and procedures or **agreed ways of working** will give you guidance on prevention and procedures to follow if and when abuse or neglect has happened or is suspected. Your manager or a senior member of staff should always be your point of contact for any questions or concerns you might have. A lot of organisations offer additional safeguarding training to raise awareness, explain signs and symptoms, and help workers understand how to report abuse and neglect.



Agreed ways of working

This refers to organisational policies and procedures. It includes those less formally documented by individual employers and the self-employed as well as formal policies such as the Dignity Code.

Examples of external sources of advice and information.

- Professional bodies/trades unions: for example, Royal College of Nursing, British Association of Occupational Therapists, Chartered Society of Physiotherapy (these are examples, some information is only available to members).
- Social Care Institute for Excellence (SCIE): this organisation aims to improve care by researching and analysing care practice to find out and share which strategies work best. www.scie.org.uk
- Social services: the adults' services department of your local authority will be able to provide advice and support on safeguarding and protecting vulnerable individuals.
- Care Quality Commission (CQC): the independent regulator gives guidance on government policies.
- Carers Direct helpline 0300 123 1053: offers all-week telephone support and advice to carers in regard to their own support and safeguarding and protection of the individuals they care for. www.nhs.uk/conditions/social-care-and-support-guide/pages/carers-rights-care-act-2014.aspx
- The internet can be a useful source of information. Be sure to use reputable websites and check the information you find.

Promoting dignity and rights

Putting individuals who receive care and support in control of their care can reduce the chance of abuse or neglect happening. It means making sure that in any care environment dignity and rights are promoted.

- Lines of communication between individuals and workers are always open.
- Relationships are based on trust.
- Individuals play an active part in decisions about their care and support.
- Individuals are aware that they can share their concerns or complain and that they will be taken seriously.
- Individuals are supported to be as independent as possible to reduce their reliance on others who may take advantage of them.
- Individuals know their rights and understand how they can expect to be treated.



The importance of individualised person-centred care

Person-centred care means working together with the individual to plan their care and support to meet their unique needs. This cuts down the risk of negative, unfair or harmful treatment and neglect. The individual is put at the centre, able to choose and control how they want their care and support to be.

Active participation describes a way of working that makes sure an individual can take part in the activities and relationships of everyday life as independently as possible. They are an active partner in their own care and support. Ensuring someone has the right equipment that they need to get around or to eat and drink without help are good examples of resources that support active participation.

Person-centred care should help the individual to make their own choices, assess and take risks. It is important they understand the consequences of the decisions they could make. For example, if a friend brings an individual food that has been out of the fridge for a while on a hot day it is their right to weigh up whether it is likely to make them ill and to decide whether to eat it. In this way those who receive care and support can contribute to their own safeguarding.

In adult social care, alongside the Care Act 2014, there is the 'Making Safeguarding Personal' initiative led by the Association of Directors of Adult Social Services and the Local Government Association. It introduced the phrase "no decision about me, without me" and asserts that safeguarding should be person-led and outcome-focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. Following the six principles above will help this to become a reality.

Multi-agency working

The main objective of a safeguarding adults board (SAB) is to assure itself that, through local safeguarding arrangements, partner organisations act to help and protect adults in its area who meet the criteria set out in the Care Act 2014. These boards promote information-sharing between workers and organisations to make sure that care meets all of the needs of each individual. If a worker has concerns they must share these with other workers to build up a full picture of the individual's situation. You should find out from your manager what your local arrangements are and how they link to your workplace's agreed ways of working.

Managers make decisions by following what is agreed locally and by their workplace as the 'threshold'—that is, the point at which something becomes a safeguarding issue. For example, a one-off situation where a team is short of a worker on shift, despite efforts to find a replacement, may not be seen as a safeguarding issue in that particular workplace. In another situation where individuals have complex and multiple needs, or in the community, the same staffing issue might be seen as a risk to people's health and wellbeing and thus be a safeguarding concern.

Managing risk

Risk enablement plays a natural part in self-directed care and support. It empowers the individual to take control over their care, doing what they can to prevent themselves from being harmed or injured and agreeing the care and support that they need. For example, if an individual wants to go to the bathroom on their own but has mobility problems and is also feeling weak due to being unwell, risk enablement would be used to ensure they have the mobility equipment they need, and that they have a way of calling for help if they get into difficulty. Being in control increases their self-confidence. As confidence grows they are more likely to be open about reporting anything they are unhappy about. As a result the risk of abuse and neglect happening is reduced.



Risk enablement

Involves supporting individuals to identify and assess their own risks, enabling them to take the risks they choose. It is a key part of person-centred care and emphasises that the individual is the expert on their care.

An organisation that is active and positive about safeguarding adults will:

- be open and clear about how they look out for each individual's wellbeing
- be open and clear about how they put into practice the CQC Fundamental Standards and the Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England
[www.skillsforhealth.org.uk /code-of-conduct](http://www.skillsforhealth.org.uk/code-of-conduct) or
[www.skillsforcare.org.uk/code of-conduct](http://www.skillsforcare.org.uk/code-of-conduct)
- show how workers should look out for abuse and neglect by publicising signs and indicators on posters or leaflets
- be responsible for providing learning and development for workers on safeguarding adults
- treat all allegations of abuse or neglect seriously
- promote the values of person-centred care.

Complaints

It is important that individuals feel able to challenge poor standards of care. They should know how to complain and feel confident to make a complaint without the fear of reprisal. Ask your employer to tell you what to do when someone wants to complain.

Information should be available in different, user-friendly formats. These should explain clearly what abuse is and also how to express concern and make a complaint. Individuals should be informed that their concern or complaint will be taken seriously, be dealt with independently and that they will be kept involved in the process to the degree that they wish to be. They should be reassured that they will receive help and support in taking action. They should also be advised that they can nominate an advocate or representative to speak and act on their behalf if they wish. If an adult has no appropriate person to support them, and has substantial difficulty in being involved, they must be informed of their right to an independent advocate.

An open and honest culture can encourage individuals to raise concerns before they come to harm. You should do what is appropriate in your role to try to resolve any concerns. If someone is still unhappy you must tell them how to complain. There should be a recorded process with agreed timescales. You may need to support the individual to make a complaint by explaining the process and supporting them to communicate. It is really important to make sure their voice is heard as this is part of developing a way of working that puts the individual at the centre of their care.

Spotting signs of abuse or neglect

Workers across a wide range of organisations need to be vigilant about adult safeguarding concerns in all walks of life. Findings from serious case reviews have sometimes stated that if professionals or other staff had acted upon their concerns or sought more information, then death or serious harm might have been prevented.

Regardless of what any particular safeguarding concern might be, everyone should understand what to do, and where to go locally to get help and advice. It is vital that professionals, other staff and members of the public are vigilant on behalf of those unable to protect themselves. This will include:

- 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
- supporting adults to think and weigh up the risks and benefits of different options.

Reporting and responding to abuse and neglect

You should know what to do if you suspect abuse or if abuse is disclosed or made known to you. All suspicions have to be followed up in a formal way. It is your responsibility to respond to allegations or suspicions in line with your workplace's safeguarding policies and procedures.

You must understand:

- what you should do if you suspect abuse or neglect is taking place, including who you should report to in the first instance
- what you should do if it is not appropriate to raise your concerns with that person
- what you should do if you feel that your concerns have not been addressed or if you experience a barrier in any part of the process.

Please refer to your employer's policies and procedures or speak to your manager to make sure you know what you should do in each of these circumstances.

In an emergency situation you must take action to protect the safety and wellbeing of the individual. If they need medical assistance you should call for a suitably qualified worker - this will be different in a hospital rather than in the community, where you would call 999 for an ambulance. If you suspect that injuries are not accidental, make the appropriate other workers aware of this so they can preserve evidence that could be used in a criminal case. You should speak to your manager about the next steps to take. If an offence has been committed it may be necessary to contact the police and a safeguarding investigation may need to be started immediately.

When abuse or neglect has taken place, it needs to be dealt with quickly and efficiently. Information about the safety and welfare of an individual must be shared with your manager. It is important that you take the matter further if management has failed to deal with it. This is a barrier that you might experience when trying to help and support an individual. You may also find that working with multiple agencies acts as a barrier if the concerns are not taken seriously. If this happens, one option is to report it to the next level of management, for example, the head of your organisation. They will be able take appropriate action. Other options could include informing the individual's advocate or social worker, Care Direct, the Care Quality Commission or the police.

Whistleblowing

Whistleblowing is the reporting of unsafe or illegal practices in the workplace. Most organisations have a policy or agreed ways of working that will tell you how to raise your concerns. Your employer should provide or explain their whistleblowing policy. You have a responsibility to report things that you feel are not right, are illegal, or if anyone at work is neglecting their duties. Speaking to your manager will normally be your first step. However, if it is this person's work that you are concerned about you can seek support from a more senior person or from someone outside of your organisation, for example from the Care Quality Commission (CQC), a union representative if you have one, or the local police.

If you raise a concern with the CQC the information you give them will be dealt with in confidence, and you can raise concerns anonymously. The CQC have a quick guide to whistleblowing or guidance for workers that gives helpful advice on speaking out about poor care and what protection you will have from the law. You can find more information here:
www.cqc.org.uk/content/report-concern-if-you-are-member-staff



Legislation

Key pieces of legislation are listed below.

The Care Act 2014 makes it the duty of local authorities to make enquiries if someone is being abused or neglected, or is at risk of abuse or neglect in their area. They must also set up multi-agency safeguarding adults boards to review cases when people die as a result of neglect or abuse and where it is suspected that agencies could have done more to safeguard them.

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

The Mental Capacity Act 2005 aims to protect and empower people who are unable to make choices for themselves.

www.gov.uk/government/collections/mental-capacity-act-making-decisions

The Human Rights Act 1998 gives specific rights to every person living in the UK, for example the right to life and freedom from torture and degrading treatment.

www.legislation.gov.uk/ukpga/1998/42/contents

The General Data Protection Regulation (GDPR) 2016 regulates the way in which personal data needs to be handled and therefore protects people's data from being placed in the wrong hands, which may increase the risk of abuse or neglect.

<https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/>

The Equality Act 2010 protects people from discrimination and disadvantage due to the protected characteristics of race, sex, gender reassignment, disability, sexual orientation, religion or similar belief, age, marital or civil partnership status, and pregnancy or maternity.

www.gov.uk/equality-act-2010-guidance

Information sharing

Record-keeping

Good record keeping is a vital part of good practice. You should be given clear direction as to what information should be recorded and in what format.



Confidentiality

The safeguarding adults board should draw up a common agreement relating to confidentiality and setting out the principles governing the sharing of information, based on the welfare of the adult or of other potentially affected adults. Any agreement should be in line with **the General Data Protection Regulation (GDPR) 2016** principles, ensuring that:

- information will only be shared on a 'need-to-know' basis when it is in the interests of the adult
- confidentiality must not be confused with secrecy
- informed consent should be obtained but, if this is not possible and other adults are at risk of abuse or neglect, it may be necessary to override the requirement; it is inappropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other adults may be at risk.

Where an adult has refused to consent to information being disclosed for these purposes, then the relevant workers must consider whether there is an overriding public interest that would justify information sharing (for example because there is a risk that others are at risk of serious harm) and wherever possible, the appropriate 'Caldicott Guardian' should be involved. This is a nominated senior person responsible for protecting the confidentiality of an individual's information and enabling appropriate information sharing. Decisions about who needs to know and what needs to be known should be taken on a case-by-case basis, and take into account an organisation's policies and the constraints of the legal framework.

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Safeguarding Adults

- What do you know now?

Standard

10

Activity 10.1a & b



Complete the boxes below to **explain** the term safeguarding adults and also to **explain** your own role and responsibilities in safeguarding adults.

Explain: to explain something you will need to provide a clear account of your understanding including details like why and how.

Safeguarding adults means...	My own role and responsibilities are...

Activity 10.1c & g



Complete the table below to make a **list** of the ten main types of abuse and their indicators (signs).

List: this term means to identify the main points which can be written as bullet points.

Type of abuse	Possible indicators

Activity 10.1d



Using your knowledge of the definition of harm, complete the sentence below.

The term harm means...

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Activity 10.1e & h

Part i) Why might an individual who requires care and support be more vulnerable to abuse and neglect than others?



Activity 10.1e & h



Part ii) For each of the examples below, **describe** why it may increase the likelihood of the individual experiencing abuse or neglect.

Describe: to describe means to create a picture with words but not simply writing a list of bullet points.

	Why might this increase the likelihood of the individual experiencing abuse and neglect?
Being cared for in their own home	
Being in residential or institutional care	
Experiencing a mental health issue	
Experiencing difficulties with communication	

Activity 10.1f



Complete the boxes below to **describe** what is meant by restrictive practice and when it may be used.

Describe: to describe means to create a picture with words but not simply writing a list of bullet points.

Restrictive practice means...	It may be used when...

Activity 10.1i

Complete the diagram to **list** factors that have featured in cases of adult abuse and neglect. An example has been provided for you.



List: this term means to identify the main points which can be written as bullet points.

A failure to identify signs of abuse

Factors that
have featured
in cases of
adult abuse and
neglect

Describe: to describe means to create a picture with words but not simply writing a list of bullet points.

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Activity 10.2a

Care environments can either promote or undermine people's dignity and rights. Provide an example of how a care environment can promote an individual's dignity and rights and an example of how a care environment can undermine an individual's dignity and rights:



A care environment that promotes an individual's dignity and rights...	
A care environment that undermines an individual's dignity and rights...	

Activity 10.2b & c

You can help to keep individuals safe by:



Explain: to explain something you will need to provide a clear account of your understanding including details like why and how.

- Providing individualised, person-centred concern support
- Encouraging active participation, and
- Promoting choice and rights.

Explain how to apply the above principles to help individuals to keep themselves safe.

Person-centred care and support	Active participation	Choice and rights

Activity 10.2d

Find out the local arrangements for the implementation of Multi-agency Adult Safeguarding policies and procedures and **explain** how they link to your workplace policies and procedures for safeguarding adults.



Explain: to explain something you will need to provide a clear account of your understanding including details like why and how.

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Activity 10.2e



Fill in the box below to **list** the ways in which the likelihood of abuse can be reduced by managing risk and focusing on prevention.

List: this term means to identify the main points which can be written as bullet points.

Managing risk and focusing on prevention could reduce the likelihood of abuse or neglect in the following ways...

Activity 10.2f

It is very important that complaints are dealt with as quickly as possible and the procedures are easily available to individuals - for example, available in Braille or alternative languages or formats. How can a clear complaints procedure reduce the likelihood of abuse or neglect?

Activity 10.2f

It is very important that complaints are dealt with as quickly as possible and the procedures are easily available to individuals - for example, available in Braille or alternative languages or formats. How can a clear complaints procedure reduce the likelihood of abuse or neglect?



Activity 10.3a

Obtain a copy of your workplace policies and procedures on safeguarding and whistleblowing and **explain** in your own words what you should do when abuse or neglect of an adult is suspected. Include ways in which you are expected to raise concerns through whistleblowing.



Explain: to explain something you will need to provide a clear account of your understanding including details like why and how.

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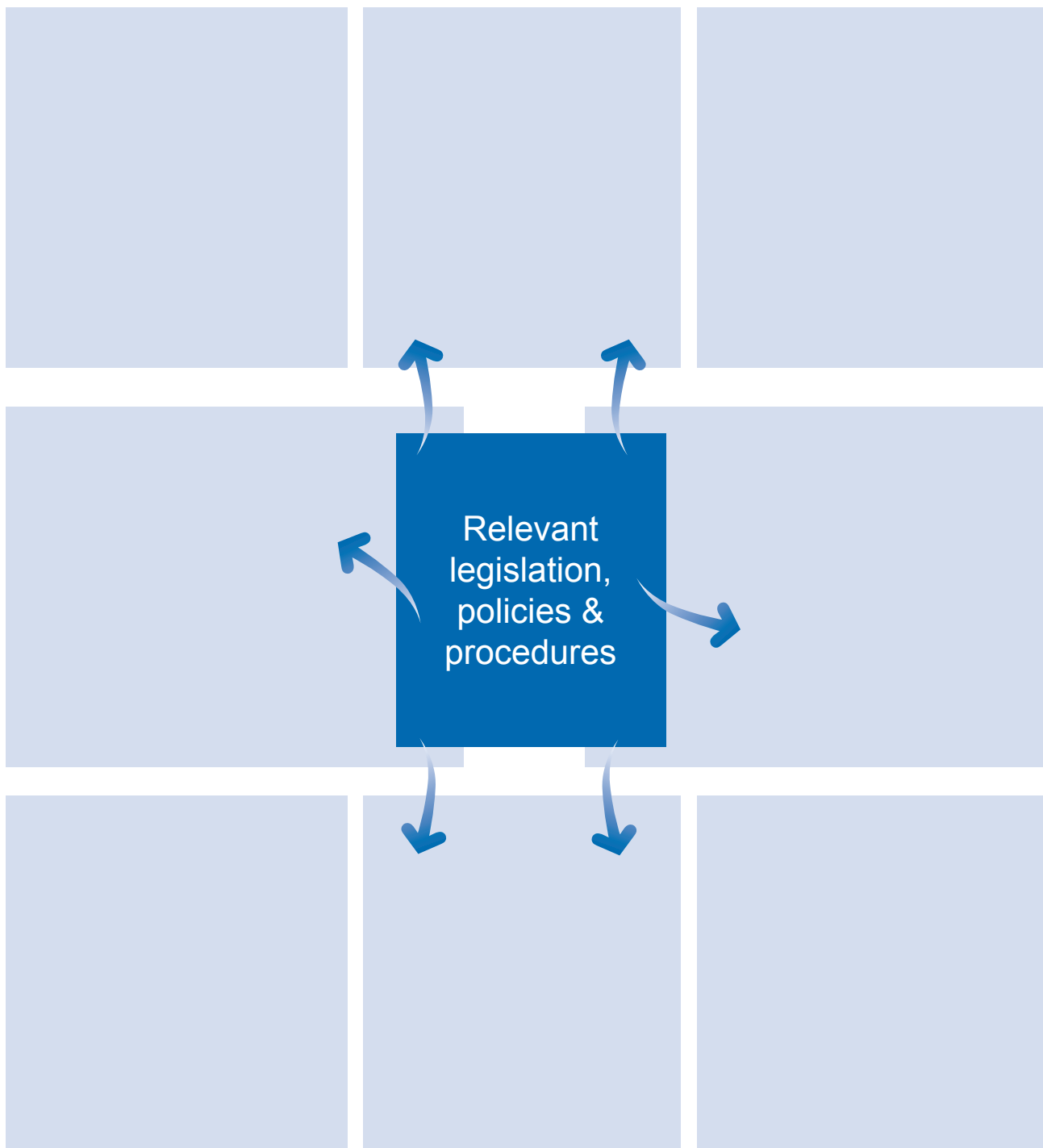
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Activity 10.4a

Complete the diagram to **list** relevant legislation as well as local and national policies and procedures which relate to adult safeguarding.



List: this term means to identify the main points which can be written as bullet points.



Activity 10.4b

When safeguarding adults it is essential to share information with relevant teams. **Explain** why it is important to share information with relevant key people and agencies.



Explain: to explain something you will need to provide a clear account of your understanding including details like why and how.

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Activity 10.4c

It is your duty of care to report any suspicions or concerns you might have that an adult is being abused or is suffering from neglect. What could you do if your concerns were not taken seriously or not passed on to other agencies? **Describe** 2 options.



Describe: to describe means to create a picture with words but not simply writing a list of bullet points.

Care Certificate *progress log, mapping and sign-off document*

Standard Number: 10

Standard Title: Safeguarding Adults

Document guidance

This document provides an overview of the outcomes and assessment criteria for Standard 10: Safeguarding Adults. It identifies the criteria within the Standard that should have been achieved upon successful completion of the underpinning knowledge within the Care Certificate workbook. Employees must demonstrate their competence in practice in order to fully achieve this Standard of the Care Certificate.

This progress log and sign-off document should be completed jointly by the employee and the manager/supervisor/assessor to confirm that all outcomes and criteria have been achieved in practice in the work setting. Supplementary evidence can be attached to demonstrate achievement and it is suggested to do so as good practice.

This document also provides an outline of the suggested mapping of outcomes and criteria within Standard 10: Safeguarding Adults of the Care Certificate to the recommended Qualifications and Credit Framework (QCF) unit, the National Minimum Training Standards for Healthcare Support Workers and Adult Social Care Workers in England and the Common Induction Standards. This document does not necessarily indicate direct mapping of criteria and therefore assessors and/or managers should ensure they follow the guidance below. Please note that when the term assessor is used throughout this document this could be the manager, supervisor or assessor and will be decided by the employing organisation.

This document should always be used in conjunction with the guidance provided in the Care Certificate Framework Technical Document.

Guidance for assessors

Assessors must ensure that the learner has produced evidence for each assessment criterion that is valid, authentic, reliable, current and sufficient. Therefore assessors **must not assume** that if the mapping document indicates a criterion could have already been achieved, the mapped criteria within the QCF unit should automatically be awarded. Learners and assessors are responsible for ensuring that the outcomes and criteria within the QCF unit and standards below have been achieved to the required standard. For reference, within the column that refers to coverage of the relevant QCF unit, a **P** indicates that the Care Certificate criteria provides partial coverage of the relevant criteria within the QCF unit, whereas an **F** indicates full coverage.

The **Assessment method used** column is included to allow assessors to provide evidence of the type of assessment method that has been used to assess the Care Certificate criteria. This is likely to be noted as the Care Certificate Workbook; however, further evidence could include professional discussion, observation, question and answer, e-learning, witness testimony, etc. This column can also be completed to evidence competence using these example assessment methods.

The **Evidence location** column is included to provide a clear signpost to where the learner's evidence can be found. This may be within a portfolio of evidence, a continued professional development (CPD) file or electronically via e-learning or e-portfolio.

Unit number	Unit title	Level	Credit
A/601/8574	Principles of safeguarding and protection in health and social care	2	3

Care Certificate Standard 10 Outcome	Care Certificate Standard 10 Criteria	Knowledge/ Competence	Question within workbook	QCF unit A/601/8574 Principles of safeguarding and protection in health and social care P = Partial F = Full	National Minimum Training Standards Standard 5: Duty of Care Standard 6: Safeguarding	Common Induction Standards Standard 5: Principles for implementing duty of care Standard 6: Principles of safeguarding in health and social care	Assessment method used	Evidence location	Sign-off initials	Date
10.1 Understand the principles of Safeguarding Adults	10.1a Explain the term safeguarding adults	K	10.1a and b							
	10.1b Explain their own role and responsibilities in safeguarding individuals	K	10.1a and b	AC 2.1 – P AC 2.2 – P AC 5.2 – P AC 5.3 – P	5.1.2 6.2.1 6.3.1 6.3.2 6.4.2	S5 – 1.2 S6 – 4.2				
	10.1c List the main types of abuse	K	10.1c and g	AC 1.1 – P	6.1.1	S6 – 1.1				
	10.1d Describe what constitutes harm	K	10.1d	AC 1.1 – P AC 1.2 – P	6.1.2	S6 – 1.1				
	10.1e Explain why an individual may be vulnerable to harm or abuse	K	10.1e and h Part i 10.1e and h Part ii	AC 1.3 – P	6.1.5	S6 – 1.3				
	10.1f Describe what constitutes restrictive practices	K	10.1f	AC 1.1 – P	6.1.3	S6 – 1.1				
	10.1g List the possible indicators of abuse	K	10.1c and g	AC 1.2 – P	6.1.4	S6 – 1.2				

	10.1h Describe the nature and scope of harm to and abuse of adults at risk	K	10.1e and h Part i 10.1e and h Part ii	AC 1.1 – P AC 1.3 – P	6.1.1 6.1.2	S6 – 1.1 S6 – 1.2				
	10.1i List a range of factors which have featured in adult abuse and neglect	K	10.1i	AC 3.3 – P		S6 – 4.3				
	10.1j Demonstrate the importance of ensuring individuals are treated with dignity and respect when providing health and care services	C		AC 4.1 – P	6.2.1	S6 – 2.1				
	10.1k Describe where to get information and advice about their role and responsibilities in preventing and protecting individuals from harm and abuse	K	10.1k	AC 3.4 – P	5.1.2 6.1.6	S6 – 1.4 S6 – 4.1				
10.2 Reduce the likelihood of abuse	10.2a Describe how care environments can promote or undermine people's dignity and rights	K	10.2a	AC 4.1 – P	5.1.2 6.2.1	S6 – 2.1				
	10.2b Explain the importance of individualised, person-centred care	K	10.2b	AC 4.1 – P	6.2.1	S6 – 2.1				

	10.2c Explain how to apply the basic principles of helping people to keep themselves safe	K	10.2c		5.1.2 6.2.1 6.3.1	S6 – 2.1				
	10.2d Explain the local arrangements for the implementation of multi-agency Safeguarding Adult's policies and procedures	K	10.2d	AC 3.1 – P AC 3.2 – P AC 5.3 – P	6.4.1	S6 – 4.1				
	10.2e List ways in which the likelihood of abuse can be reduced by managing risk and focusing on prevention	K	10.2e	AC 4.1 – P	6.2.1	S6 – 2.1				
	10.2f Explain how a clear complaints procedure reduces the likelihood of abuse	K	10.2f	AC 4.2 – P	6.2.2	S6 – 2.2				
10.3 Respond to suspected or disclosed abuse	10.3a Explain what to do if abuse of an adult is suspected including how to raise concerns within local whistleblowing policy procedures	K	10.3a	AC 2.1 – P AC 2.2 – P AC 3.1 – P AC 4.2 – P AC 5.2 – P AC 5.3 – P	6.3.1 6.3.2 6.4.1 6.4.2	S6 – 3.1 S6 – 3.2 S6 – 4.1				

10.4 Protect people from harm and abuse – locally and nationally	10.4a List relevant legislation, local and national policies and procedures which relate to safeguarding adults	K	10.4a	AC 3.1 – P AC 3.4 – P	6.4.1	S6 – 4.1				
	10.4b Explain the importance of sharing information with the relevant agencies	K	10.4b	AC 3.2 – P	6.4.1	S6 – 4.1				
	10.4c Describe the actions to take if they experience barriers in alerting or referring to relevant agencies	K	10.4c	AC 3.1 – P AC 3.2 – P AC 5.3 – P	6.4.1 6.4.2	S6 – 4.1 S6 – 4.2				

Declaration of completion

I confirm that the evidence provided by the employee meets the full requirements for **Standard 10: Safeguarding Adults**.

Employee signature:

Name of assessor*:

Assessor* signature:

Completion date:

*The Assessor can be your Manager, Supervisor or someone else authorised by your employing organisation. This individual provides confirmation that all learning outcomes and assessment criteria for the Care Certificate standard identified above have been completed and signed off by an authorising person.