



BEYOND LIMITS

Beyond the limits of conventional support

Safeguarding Adults Policy

This policy sets out the roles and responsibilities of Beyond Limits in working together with other professionals and agencies to promote the welfare of the people we support and safeguard them from abuse and neglect.

POLICY STATEMENT

Beyond Limits are committed to safeguarding individuals in our care. This means we consistently aim to provide high quality care and support that will protect the people we support from harm and promote their welfare. Safeguarding is paramount we strongly encourage all colleagues to raise any concerns about the quality and effectiveness of the care provided to speak up. We promote a psychologically safe environment where colleagues can speak up if they suspect wrongdoing or have any concerns about the quality of care provided.

Beyond Limits will not tolerate any form of inappropriate behaviour or conduct towards any of the people we support. This is a shared commitment and one that applies to all colleagues, regardless of position or status.

POLICY AIMS

This policy is intended to:

- **Ensure that individual for whom care and support is provided are protected from abuse or harm**
- **Underscore the need to promote a psychologically safe environment, where colleagues can raise any concerns at any time**
- **Clarify what should be done if a concern is raised, such as an allegations or disclosure made against a person/s working for Beyond Limits, indicating suspicions of suspected or actual harm against a person we support**
- **Ensure that every colleague understands that the safeguarding of people for whom care and support is provided is paramount**
- **Ensure that every colleague understands that Beyond Limits will not tolerate any form if inappropriate behaviour or conduct towards an individual in our care**

WHAT WE MUST DO

The Care Quality Commission (CQC) requires that Beyond Limits must have robust procedures and processes in place to prevent people who use our services from being abused or harmed by colleagues or other people that they may have contact with when using our services, including

visitors.

Abuse and harm can take many forms. It can be any action or behaviour that is degrading for people or that significantly disregards their individual care and support needs. This policy provides clear guidance and insight into various forms of abuse and harm. Colleagues are required to take full account of the information provided in this policy, which will be bolstered through training and direct support (such as supervisions for example).

Where any form of abuse or harm is suspected, occurs, is discovered, or reported by a third party, Beyond Limits will take robust and appropriate action without delay.

SIX PRINCIPLES OF SAFEGUARDING

The Six Principles of Effective Safeguarding were first introduced by the Department of Health (DoH) in 2011. They have subsequently been embedded in the Care Act. The principles apply to all Health and Care settings. Beyond Limits expects that colleagues will familiarise themselves with each principle, summarised as follows:

- **EMPOWERMENT**
People being supported and encouraged to make their own decisions and informed consent.
- **PREVENTION**
It is better to act before harm occurs
- **PROPORTIONALITY**
The least intrusive response appropriate to the risk presented
- **PROTECTION**
Support and representation for those who have the greatest need
- **PARTNERSHIP**
Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
- **ACCOUNTABILITY**
Accountability and transparency in safeguarding practice

WHO IS A VULNERABLE ADULT?

The Department of Health provides a working definition of a vulnerable adult as: *'a person aged 18 or over who may need community care services because of a disability, age or illness. A person is also considered*

vulnerable if they are unable to look after themselves, protect themselves from harm or exploitation or are unable to report abuse’.

SAFEGUARDING LEADS

The Designated Safeguarding Lead (DSL) is Kathleen Griffiths. Kathleen is responsible for ensuring that the practice of Beyond Limits is safe and effective.

You can call her on 07779 241386 or contact her via email at kathleen.griffiths@beyondlimits-uk.org

Kathleen is also the Registered Manager, she must be informed of all concerns, issues or incidents regarding any of the individuals we support. Upon receipt of any such concerns Kathleen must consult with Rebecca Chadwick (Managing Director). The purpose is to ensure that all reasonable measures are set in place to keep individuals safe from harm and/or abuse.

Ultimate legal responsibility for safeguarding rest with Rebecca Chadwick as Managing Director. Therefore, Rebecca is the Nominated Safeguarding Lead (NSL) for Beyond Limits. Although Rebecca is the NSL, the day-to-day lead responsibility for safeguarding rests with Kathleen as the DSL.

DUTIES AND RESPONSIBILITIES OF THE SAFEGUARDING LEADS

As Registered Manager and DSL, Kathleen is responsible for:

- **Taking a lead role in implementing our safeguarding policies and procedures. This means all safeguarding issues concerning individuals are responded to in a robust, timely and person-centred way**
- **Taking a lead in developing and reviewing safeguarding policies and procedures**
- **Making sure that colleagues supporting individuals understand the safeguarding policy and procedures and know what to do if they have concerns about an individual’s welfare. This particular responsibility is also delegated to the senior management team.**
- **Making sure every responsible and practicable effort is made to ensure that people who access our care and/or support know who they can talk to (or what they can do) if they have a welfare concern and understand what action Beyond Limits will take in response. Beyond Limits**

- **employee a range of approaches to meeting the communication needs of the people we support in a way that meets their personal needs and requirements**
- **Receiving and recording information from anyone who has concerns about an individual who receives support. This includes updating the Safeguarding Register**
- **Storing and retaining records (according to legal and regulatory requirements)**
- **Working closely with other individuals and agencies, as appropriate, to ensure they are kept up to date with safeguarding issues and are fully informed of any concerns about organisational safeguarding practices**
- **Taking the lead on responding to information that may constitute a safeguarding concern, including a concern that an adult involved with Beyond Limits may present a risk to individuals**

This includes:

- I. Assessing and clarifying information**
- II. Making referrals and passing on concerns to statutory organisations as appropriate (Police, local safeguarding boards/partnerships)**
- III. Consulting with and informing the relevant members of the organisation's management team**
- IV. Following Beyond Limits safeguarding policy and procedures**
- V. Attending regular training in issues relevant to protecting vulnerable people from harm and sharing knowledge from that training with colleague and throughout the organisation**

WHAT IS MEANT BY HARM AND ABUSE

There are different forms of harm and abuse that can happen in isolation or as part of a wider pattern of abuse.

Beyond Limits are based in Plymouth but work with several local authorities. Within the context of this policy, it is the overarching duty of all commissioning authorities to ensure that effective safeguarding measures are in place to ensure vulnerable people are protected from harm and/abuse.

Plymouth City Council for example, expect that:

- **Everyone has the right to live their life free from violence, fear and abuse**
- **All adults have the right to be protected from harm and exploitation**
- **All adults have the right to independence, which may involve risk**

We share this commitment, and the following provides colleagues with an insight into the range of issues and concerns that define abuse, harm and neglect.

Each form of abuse and neglect is followed by a brief account of signs and indicators (extracted from the Social Care Institute for Excellence – SCIE)

DIFFERENT FORMS OF ABUSE AND NEGLECT

There are many forms of abuse and neglect. Abuse is mistreatment of another person, causing them harm. It can be intentional or unintentional.

SEXUAL ABUSE

May include rape and sexual assault, or sexual acts to which the adult has not consented, or could not consent, or where pressure was applied to secure their consent.

SIGNS AND INDICATORS OF SEXUAL ABUSE

- Bruising, particularly to the thighs, buttocks, and upper arms and marks on the neck
- Torn, stained clothing
- Bleeding, pain or itching in the genital area
- Unusual difficulty in walking or sitting
- Infections, unexplained genital discharge or sexually transmitted diseases
- Pregnancy in a woman who is unable to consent to sexual intercourse
- Self-harm
- Poor concentration levels, withdrawal and sleep disturbances
- Fear of receiving support with personal care
- Reluctance to be alone with a particular person

PHYSICAL ABUSE

May include hitting, slapping, pushing, kicking, misuse of medication or restraint or inappropriate sanctions. Colleagues must note that inappropriate physical restraint is a form of physical abuse. It may be defined as disproportionate, unreasonable or unnecessary response to behaviours of concern, often described as ‘challenging’. In all cases, this involves some degree of direct physical force to limit or restrict movement or mobility.

SIGNS AND INDICATORS OF PHYSICAL ABUSE

- No explanation for injuries or inconsistent accounts
- Bruising, cuts, welts, burn marks, hair loss
- Frequent injuries with inconsistent explanations
- Unexplained falls

- Subdued or changed behaviour in the presence of a particular person
- Signs of malnutrition
- Failure to seek medical treatment or frequent changes of GP

PSYCHOLOGICAL OR EMOTIONAL ABUSE

May include verbal abuse, threats, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, isolation or withdrawal from services or supportive networks.

SIGNS AND INDICATORS OF PSYCHOLOGICAL OR EMOTIONAL ABUSE

- Withdrawal
- Insomnia
- Low self-esteem
- Change in appetite, weight loss/gain
- Signs of distress, tearful or quick to anger
- False claims by someone involved with the person to attract unnecessary treatment

DOMESTIC ABUSE

May include psychological, physical, sexual, financial, emotional abuse, and/or so called 'honour' based abuse and forced marriage.

SIGNS AND INDICATORS OF DOMESTIC ABUSE

- Low self esteem
- Physical evidence, bruising, cuts etc.
- Verbal abuse, humiliation in front of others
- Damage to property
- Isolation, withdrawal from friends and family
- Limited access to money

For more information on domestic abuse, please refer to the specific domestic abuse policy which can be found on the website.

You can also find more information by clicking [here](#)

DISCRIMINATORY ABUSE

Discriminatory abuse exists when values, beliefs, or culture result in a misuse of power that denies opportunity to some groups or individuals. It can be a feature of any form of abuse of an adult.

Discriminatory abuse is when someone picks on a person or treats them unfairly because something

about them is different. This can include unfair, or less favourable treatment due to a person's race gender, age, disability, religion, gender identity, sexuality, appearance or cultural background.

Discriminatory abuse can result from situations that exploit a person's vulnerability by treating the person in a way that excludes them from opportunities they should have. For example, education, health, justice and access to services. Colleagues must be in no doubt that everyone has the right to be treated equally and the right to express and practice their beliefs and values.

SIGNS AND INDICATORS OF DISCRIMINATORY ABUSE

- Unequal treatment based on the 'protected characteristics' under the Equality Act 2010
- Verbal abuse, derogatory remarks or inappropriate use of language
- Denying access to communication aids, not allowing access to an interpreter etc.
- Harassment or deliberate exclusion on the grounds of a protected characteristic
- Denying basic rights to healthcare, education, etc relating to a protected characteristic

The Equality Act 2010 places a responsibility on those working with people who may be at risk from any type of harm, to take action to prevent it from continuing should they observe or be aware of it happening.

MODERN SLAVERY

May include human trafficking, forced labour and domestic servitude.

SIGNS AND INDICATORS OF MODERN SLAVERY

- Forced labour
- Domestic servitude
- Sexual exploitation such as escort work, prostitution etc
- Human trafficking
- Criminal exploitation
- Debt bondage – being forced to work to pay off debts that realistically they will never pay off
- Other forms of exploitation (organ removal, forced begging, forced benefit fraud)

For more information on modern slavery, please refer to the specific modern slavery and human trafficking policy which can be found on the website.

You can also find more materials and guidance by clicking [here](#)

FINANCIAL OR MATERIAL ABUSE

May include theft, fraud, exploitation, pressure in connection with wills, property or inheritance or the misuse of possessions and benefits.

SIGNS AND INDICATORS OF FINANCIAL OR MATERIAL ABUSE

- Theft of money and/or possessions
- Fraud and/or scams
- Preventing a person from accessing their own money, benefits, or assets
- Employees taking a loan from a person they support
- Employees not paying a fine or penalty incurred as a result of driving a vehicle in the name of the person they support
- Denying access to benefits
- False representation, using another person's bank account, bank cards or documents
- Rouge trading – e.g. unnecessary or overpriced property repairs or failure to complete repairs
- Exploitation of a person's money or assets e.g. unauthorised use of car
- Undue pressure or excessive influence put on the person to take out loans, credit cards etc.

ORGANISATIONAL OR INSTITUTIONAL ABUSE

Organisational or institutional abuse is defined as the collective failure of an organisation to provide an appropriate and professional service to adults with care and support needs.

It can be seen or detected in processes, attitudes and behaviour that amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and stereotyping. It includes the failure to ensure that the necessary safeguards are in place to protect adults and maintain good standards of care in accordance with individual needs. This includes the training of staff, supervision and management, record keeping and liaising with other providers of care.

SIGNS AND INDICATORS OF ORGANISATIONAL OR INSTITUTIONAL ABUSE

- Lack of flexibility and choice for people using the service
- Inadequate staffing levels
- People being hungry or dehydrated
- Poor standards of care
- Lack of personal clothing and possessions and/or communal use of personal items
- Lack of adequate procedures
- Poor record keeping and missing documents
- Absence of visitors
- Lack of management overview and support

NEGLECT (AND ACTS OF OMISSION)

May include acts of omission, ignoring medical or physical needs and failure to provide access to appropriate health, social care or educational services. Also includes the withholding of the necessities of life, such as medication, food and drink and heating.

SIGNS AND INDICATORS OF NEGLECT (AND ACTS OF OMISSION)

- **Poor environment – dirty or unhygienic**
- **Poor physical condition and/or personal hygiene**
- **Pressure sores or ulcers**
- **Malnutrition or unexplained weight loss**
- **Untreated injuries and medical problems**
- **Inappropriate or inadequate clothing**
- **Accumulation of untaken medication**

SELF NEGLECT

May include behaviours relating to hoarding, lack of personal hygiene or failure to look after their environment.

Self-neglect can happen as a result of an individual's choice or lifestyle or because the person might be depressed, have poor health or lacks capacity.

SIGNS AND INDICATORS OF SELF-NEGLECT

- **Very poor personal hygiene**
- **Unkempt appearance**
- **Lack of essential food, clothing or shelter**
- **Neglecting household maintenance**
- **Hoarding**
- **Collecting/keeping a large number of animals in inappropriate conditions**
- **Non-engagement with health or care services**
- **Inability or unwillingness to take medication or treat illness or injury**

RAISING CONCERNS AND SPEAKING UP

There may arise situation (s) where colleagues have concerns about:

- **Any person's welfare and/or wellbeing who is accessing care and/or support provided by Beyond Limits**

- Any colleague or the practice of any colleague
- Any other person's visiting the home of a person we support
- Any other concerns

If so, you must SPEAK UP. Failure to speak up regarding the concerns identified or witnessed will necessitate disciplinary action as appropriate to the circumstances.

ALLEGATIONS AND DISCLOSURES

There is some debate around what exactly a disclosure is, and the difference between a disclosure and an allegation. In the simplest of terms, a 'disclosure' is usually used within the context of responding from a position of belief. Therefore, a disclosure has "sufficient factual content and specificity".

In contrast, an allegation is a claim that someone has committed a crime or perpetrated a wrongdoing, though the person making the claim has not submitted any proof of the assertion. For the avoidance of doubt, in both cases colleagues must take allegations and disclosures seriously and informed the Designated Safeguarding Lead (Kathleen Griffiths).

RESPONDING TO ALLEGATIONS AND DISCLOSURES

Information which a colleague reasonably believes tends to show one or more of the above concerns (raising concerns and speaking up) should be promptly disclosed to a senior manager. Kathleen Griffiths in her capacity as the designated safeguarding lead and registered manager must also be informed so that any appropriate action can be taken (unless the allegation/disclosure is about the registered manager, please refer to the table below on page 13).

Beyond Limits will ensure that no person will suffer detriment of any sort for making such a disclosure in accordance with this procedure. Beyond Limits complies with the Public Interest Disclosure Act 1998 and will support anyone who alerts the organisation either openly or confidentially to any form of abuse to the people we support. However, failure to follow this procedure may result in the disclosure of information losing its 'protected status'. Crucially, a failure to speak up could be regarded as a form of complicity in any substantiated wrongdoing.

Each local council has its own safeguarding process which must be followed. Beyond Limits is funded by the Primary Care Trust and as such we must inform them of any allegations and/or disclosures. We are also registered with the Care Quality Commission (CQC) and we must also make them aware.

PLYMOUTH CONTACTS:

- Safeguarding Team: 01752 668000
- How to report abuse: [Plymouth](#)

TORBAY AND DEVON CONTACTS

- Report your concern: [Devon Safeguarding Adults Partnership](#)

SOMERSET CONTACTS

- Safeguarding Adults: 0300 123 224
- Safeguarding Adults: [Somerset County Council](#)

CORNWALL CONTACTS:

- Safeguarding Adults: 01872 326433
- Safeguarding Adults: [Cornwall Council](#)

DORSET CONTACTS:

- Safeguarding Adults: 01305 221016
- Safeguarding Adults: [Dorset Council](#)

MANAGING ALLEGATIONS AND DISCLOSURES

This part of the policy refers to managing cases of allegations.

Anybody who is suspected of causing harm to a person we support, whether that be in their current capacity, as a friend or a volunteer must be reported.

Causing harm is defined as:

- Behaving in a way that has harmed or may have harmed a person
- Committing a criminal offence or being suspected of committing a criminal offence against a person
- Behaving in a way that indicates they would pose a risk of harm

PLEASE NOTE THAT IF ILLEGAL ACTIVITY IS SUSPECTED OR IT IS AN EMERGENCY, THE POLICE MUST BE CONTACTED.

Upon receipt of an allegation, colleagues must report all details to Kathleen Griffiths, the Designated Safeguarding Lead (DSL). If 'out of hours' colleagues must inform the manager on call, who will in turn notify the DSL at the first available opportunity.

In all cases where it is alleged that a colleague has potentially harmed, actually harmed or presented in a way that indicates a risk of harm, the Operations Director (Rebecca Chadwick) must also be informed. For clarification, please see below.

| If the allegation involves: | You must immediately notify |
|---------------------------------------|---|
| A colleague or an agency professional | The DSL or On-Call Manager. The On-Call Manager will notify the DSL at the first available opportunity, handing over 'case responsibility' to them. |
| The designated safeguarding lead | The On-Call Manager, who must inform Rebecca Chadwick (NSL) |
| The On-Call Manager | The designated safeguarding lead (DSL) |
| The nominated safeguarding lead | The DSL, who must notify either Rob Finney (Tristone's Chief Operating Officer) or Dawn Lundergan (Tristone's Director of Safeguarding) |
| The DSL and the NSL | Either Rob Finney or Dawn Lundergan |

All colleagues have the option of notifying either Rob Finney or Dawn Lundergan if they feel unable to raise a whistleblowing concern with the DSL and NSL (as illustrated in the above table).

Rob and Dawn can be contacted when colleagues feel unable to raise the concern internally (i.e. within Beyond Limits) and/or where an allegation involves the DSL and/or NSL. In all circumstances it is crucial that any allegation made against any colleague is escalated as a priority.

Rob Finney can be contacted by phone on 07340 356371 or by email using rob.finney@tristone.healthcare

Dawn Lundergan can be contacted on 07961 767979 or by email using

dawn.lundergan@tristone.healthcare

Both Rob and Dawn have extensive experience of safeguarding vulnerable groups.

WHISTLEBLOWING

Confidence with the Care Quality Commission (CQC)

Email: enquiries@cqc.org.uk or call 0300 616161

You can also write directly to:

CQC National Correspondence

Citygate, Gallowgate, Newcastle-Upon-Tyne, NE1 4PA

Whistleblowing guidance for people working for providers who are registered with CQC:

www.cqc.org.uk/whistleblowing

Please note that all colleagues have a duty to raise concerns internally (i.e. within Beyond Limits) first, if they feel unsatisfied or they do not feel they are being listened to, only then should they use the options above.

For clarity, CQC guidance states:

‘Ideally, such concerns should be dealt with by the employer. However, if the management have not dealt with those concerns by responding appropriately to them, perhaps by using the employer’s own whistleblowing policy, or the worker does not feel confident that the management will deal with those concerns properly, they can instead make a disclosure to a ‘prescribed body’, such as a regulator like CQC.

The Public Interest Disclosure Act 1998 (PIDA) protects workers by providing a remedy if they suffer a workplace reprisal for raising a concern which they believe to be genuine.

Disclosures could be about the safety of patients or people who use services, the failure of a provider to comply with the law or the national standards of quality and safety, financial malpractice or risks to staff or other people’.

WHAT HAPPENS IF AN ALLEGATION OR DISCLOSURE IS MADE AGAINST A COLLEAGUE

Colleagues must inform Kathleen Griffiths or a suitable senior colleague (see page 13) as soon as they are informed of an allegation or disclosure of suspected harm or abuse by another colleague.

Upon being made aware of an allegation or disclosure against a colleague, they will:

- Seek to ensure that the immediate needs of the alleged victim are fully met and that they are safe from further potential harm or abuse. This includes ensuring that medical attention is provided if required. In both cases, it is the responsibility of the colleague sharing the information to ensure that the individual is appropriately safeguarded**
- Make a referral to the relevant local authority safeguarding board who will take the concern seriously and ensure it is fully investigated**
- Notify the Police if criminality is suspected or disclosed**
- Liaise with the HR manager and arrange to suspend the colleague pending an investigation**
- Act in strict accordance with advice from the relevant safeguarding board and other external agencies**

DUTY OF CARE

Beyond Limits have a duty of care to all colleagues. We are expected to manage and minimise any potential stress which can be inherent in the allegations process. Support for any individuals involved is vital to fulfilling this duty. Colleagues should be informed of concerns or allegations as soon as possible and given an explanation of the likely course of action unless there is an objection raised by social care services or the Police.

The staff member who is the subject of the allegation should be advised of the opportunity to seek support from a colleague or a union representative. They should also be advised of the [AIG Smart Health Programme](#) which is an employee assistance scheme available to all staff.

Kathleen Griffiths (DSL and Registered Manager) in collaboration with HR/Senior Management should appoint a representative to keep the colleague who is the subject of the allegation informed of the progress of the case. There must also be consideration for what other support is appropriate for the individual.

RESIGNATIONS AND SETTLEMENT AGREEMENTS

If the person accused tenders their resignation to stop providing a service, this will not prevent an allegation from being followed up and investigated.

If the accused person resigns or their services cease to be used, and the threshold criteria for making a DBS referral is met, it will not be appropriate to reach a settlement or compromise agreement. This is because not complying with a legal duty to make a referral is a criminal offence.

Where safeguarding concerns relate to harm or abuse are substantiated, a DBS referral will be made regardless of whether the individual concerned is an existing or former colleague.

LEARNING LESSONS

Kathleen Griffiths should review the circumstances of the issue or incident with the case manager (as appropriate) and the senior management team to determine whether there are any improvements to be made to existing procedures or practice. To capture lessons learned, the following must be kept as a record:

- **A concise summary of what happened, and any action required**
- **The proposed/actual impact of completing the actions and how this will improve practice**

The overriding emphasis is about how we actively engage with opportunities to improve practice to keep individuals safe from actual harm and the potential for harm.

SUMMARY OF THE RESPONSIBILITIES OF ALL COLLEAGUES

The following provides a summary of every colleague's responsibility.

Colleagues must:

- **Follow the safeguarding policies and procedures at all times, particularly if concerns arise about the safety or welfare of an individual in our care**
- **Participate in safeguarding adults training and maintain high standards of safeguarding practice**

- **Discuss any concerns about the welfare of an individual with the Designated Safeguarding Lead or a senior colleague**
- **Contribute to actions required including information sharing and attending meetings**
- **Work collaboratively with other agencies to safeguard and protect the welfare of individuals**
- **Remain alert at all times to the possibility of abuse**
- **Recognise and accommodate diversity, beliefs and values of all individuals**
- **Ensure they understand whistleblowing requirements and act accordingly**
- **Take reasonable steps to ensure that no individual is subjected to any form of abuse or neglect**
- **Raise any concerns with management about their ability to provide planned care and expect that management will respond appropriately and without delay**

'No Secrets' (DoH 2000) states that the government expects organisations to share information about individuals who may be at risk from abuse.

It is important to identify an abusive situation as early as possible so that the individual can be protected. Withholding information may lead to abuse not being dealt with in a timely manner. Confidentiality must never be confused with secrecy. Colleagues have a duty to share information relating to suspected abuse with the relevant local authority and the Police. Consent is not required to breach confidentiality (capacity issues must be considered) and a safeguarding referral must be made where:

- **A serious crime has been committed**
- **Where the alleged perpetrator may go to abuse other adults**
- **Other vulnerable adults are at risk in some way**
- **The vulnerable adult is deemed to be at serious risk**
- **There is a statutory requirement**
- **When a member of staff (including volunteers) is the person accused of abuse or poor professional standards**

If a member of staff has any doubt about the legality of sharing information, they must in the first instance consult their line manager or the Data Protection Officer, Jill Barbour jill.barbour@beyondlimits-uk.org. In all cases, staff will need to be mindful of the need to comply with the General Data Protection Regulations.

CONDITIONS OF PRACTICE APPLIED TO SAFEGUARDING INDIVIDUALS

The following guidance is provided by the Care Quality Commission (CQC) in relation to meeting the requirements of Regulation 13 (safeguarding people from abuse and improper treatment).

It is essential that all colleagues, in whatever capacity, read and familiarise themselves with each applied condition in the “what needs to be done” column in the table below. If colleagues have any doubt or require further clarification, they have a responsibility to seek clarification from a senior colleague without delay.

| REGULATION | WHAT NEEDS TO BE DONE? |
|---|---|
| <p>13. (1) People who use services must be protected from abuse and improper treatment in accordance with this regulation.</p> | <p>Beyond Limits will consistently aim to ensure that robust procedures and processes that have been implemented are maintained without compromise. All colleagues will know that they have a duty and a responsibility to ensure that individuals are protected from harm or the potential for harm.</p> <p>Safeguarding responsibilities will be subject to a high level of scrutiny and oversight. For clarification, Kathleen Griffiths is the Designated Safeguarding Lead and Registered Manager.</p> |
| <p>13. (2) Systems and processes must be established and operated effectively to prevent abuse of service users.</p> | <p>Beyond Limits will consistently seek to ensure that as part of their induction all colleagues will receive safeguarding training that is relevant and at a suitable level for their role. All colleagues will be aware of their individual responsibilities to prevent, identify and report abuse when providing care and treatment.</p> <p>Beyond Limits will use incidents and complaints to identify potential abuse and will take preventative actions, including escalation where appropriate.</p> <p>Additionally, we will take full account of any lessons learned to inform and improve future practice. We will work in partnership with other relevant bodies to contribute to individual risk assessments and developing plans for people using our services. All colleagues employed by Beyond Limits understand and work within the requirements of the Mental Capacity Act 2005.</p> |

13. (3) Systems and processes must be established and operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of abuse.

13. (3) Cont.....

Beyond Limits must – and will – take effective action as soon as we are alerted to suspected, alleged, or actual abuse or the risk of abuse.

Where appropriate, action will be in line with the procedures agreed by local Safeguarding Boards.

Beyond Limits will employ reasonable and practicable measures and strategies to ensure that colleagues know and understand the safeguarding policy and procedures. This includes familiarity with the actions they need to take in response to suspicions and allegations of abuse or harm, no matter who raises the concern or who the alleged abuser may be. These include timescales for action and the local arrangements for investigation.

Colleagues will be aware of and have access to this safeguarding policy and have access to support from the DSL and other senior colleagues when considering how to respond to concerns of abuse or those relating to the potential for harm.

Beyond Limits will employ reasonable and practicable measures that seek to ensure that colleagues understand their individual responsibilities to respond to concerns about abuse or harm.

Beyond Limits will seek to ensure that colleagues are kept up to date about changes to national and local safeguarding arrangements.

Beyond Limits will ensure that if an individual makes an allegation or disclosure indicating or suspicions of abuse, or they experience abuse, they must and will receive the support and care they need.

Where allegations of abuse are substantiated, Beyond Limits will take action to redress the abuse and take the necessary steps to ensure the abuse is not repeated. This may involve seeking specialist advice or support. In all cases, Beyond Limits will embrace any learning that will inform and improve practice. If/as required, Beyond Limits will participate in serious case reviews, noting that any changes to practice and/or recommendations will be implemented.

13. (4) (a) (b)
Systems and processes must be established and operated effectively to prevent abuse of people who use services.

As part of their induction, colleagues will receive training that is relevant to their role and at a suitable level to make sure any control, restraint or restrictive practices are only used when absolutely necessary, and in line with currently national guidance and good practice.

Beyond Limits expects that restraint:

- Is only used when absolutely necessary
- Is proportionate in relation to the risk of harm and the seriousness of that harm to the individual or another person
- Takes account of the assessment of the individual's needs and their capacity to consent to such treatment
- Follows current legislation and guidance (Restraint Reduction Network)

PLEASE NOTE:

Where an individual lacks mental capacity to consent to the arrangements for their care or treatment, including depriving them of their liberty, Beyond Limits will follow a best interest process in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards where appropriate.

Beyond Limits will regularly monitor and review the approach to and use of restraint and restrictive practices.

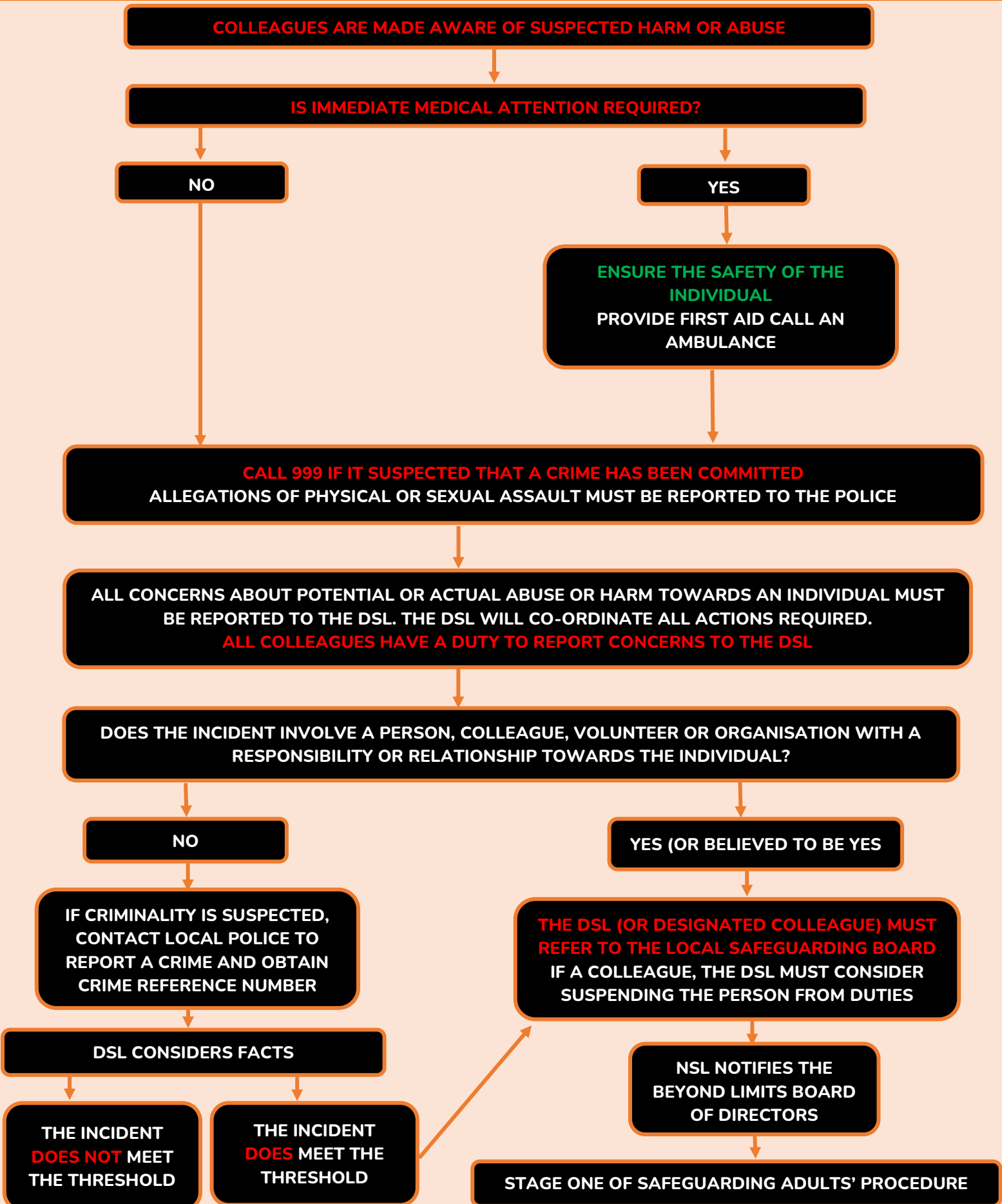
Cont...

13. (4) (c)
Degrading a person who uses services

Beyond Limits expects that all colleagues will take all reasonable steps to ensure that the people we support are not subjected to any form of degradation or treated in a manner that may reasonably be viewed as degrading, such as:

- Not providing help and aids to that people can attend to their continence needs, and
- Making sure people are not left in soiled sheets for long periods
- Make sure people are not left on the toilet for long periods and without the means to call for help
- Left naked or partially or inappropriately covered
- Made to carry out demeaning tasks or social activities
- Ridiculed in any way by colleagues or visitors

ACTIONS REQUIRED FOLLOWING A DISCLOSURE OR ALLEGATION



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Registered in England and Wales under
Company Number: 07998863

