



**Health Education Kent
Surrey and Sussex**

The Care Certificate Framework

For
Adult Social Care Workers
&
Healthcare Support Workers

Standard 10

Name of Learner:

Role:

Organisation:

Mentor:

Assessor:

Date started:

The Care Certificate Framework

Safeguarding adults

Standard 10 Main areas:

- I will understand the principals of safeguarding adults
- I will reduce likelihood of abuse
- I will know how to responding to suspected or disclosed abuse
- I will be able to protect people from harm and abuse – locally and nationally

Links

Code of Conduct: Standard 1, 3, 6, 7

Compassion in Practice (6 C's)

Care, Compassion, Competence, Communication, Courage and Commitment

Standard 10

This standard identifies the principles of safeguarding and how to reduce the likelihood of abuse. It then moves on to look at how to respond to suspected or disclosed abuse and to protect people from harm and abuse both locally and nationally.

Safeguarding is “protecting an adult’s right to live safely, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adults well-being is promoted including, where appropriate having regard to their views, wishes feelings and beliefs in deciding any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances”, Care and Support Statutory Guidance Issued under the Care Act 2014.

Safeguarding responsibilities apply to an adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs) and
- Is experiencing, or at risk of, abuse or neglect; and
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect

The aims of adult safeguarding are to:

- Stop abuse or neglect wherever possible
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- Safeguard adults in a way that supports them in making choices and having control about how they want to live
- Promote an approach that concentrates on improving life for the adults concerned
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect

- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult
- Address what has caused the abuse or neglect.

Whatever your role, it is important that you are aware of your responsibilities, both in aiming to prevent abuse where possible and if you are in a situation where you either suspect abuse, or it has been disclosed to you, you are then in a position to report and record it.

It is also important that the 6 key principles underpin all safeguarding and they are:

- **Empowerment** – people are supported and encouraged to make their own decisions and informed consent
- **Prevention** – it is better to take action before harm occurs
- **Proportionality** – the least intrusive response appropriate to the risk presented
- **Protection** – support and representation for those in 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 delivering safeguarding

In addition to these principles, it is vital to recognise that adult safeguarding arrangements are there to protect the individuals and therefore it is imperative that safeguarding is person-led, which means that it should be person-led and outcome focussed.

Harm can be defined, as “*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)*”, Care Certificate Framework, Guidance Document.

Some individuals may be more vulnerable to harm or abuse and this may be due to a number of reasons, but can include:

Personal characteristics:

- Not having the mental capacity to make decisions about their own safety including fluctuation capacity
- Communication difficulties
- Physical dependency – being dependent on others for personal care and activities of daily life
- Low self esteem
- Experience of abuse

Social or situational factors:

- Being cared for in a care setting, where they are more or less dependent on others
- Not getting the right amount or the right kind of care
- Isolation and social exclusion
- Stigma and discrimination
- Lack of access to information and support
- Being the focus of anti-social behaviour

Within health or social care, you will be supporting people with different conditions and in some settings, may offer care and support that involves some form of restrictive practice or intervention; this could be physical restraint or use of devices, medication or seclusion. Any restrictive intervention must be legally and ethically justified and it must be absolutely necessary to prevent serious harm and it must always be the least restrictive option. Workers should always aim to meet an individual's needs with dignity and respect - in a way that minimises the risk of harm to the person being supported and the person implementing the intervention, in line with that person's individual assessment and their resulting care / support plan.

Abuse and neglect can take many forms and local authorities should not be constrained in their view of what constitutes abuse or neglect, and should always consider the circumstances of the individual case.

There are many forms of abuse and these can include: -

- **Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions

Potential Indicators – Could include physical signs: - Bruising, fractures, sprains or dislocations, lacerations, burns (friction burns and scalds), drowsiness, malnutrition, injuries not consistent with information given, injuries in locations where accidental injury is implausible / unlikely, repeated unexplained injuries, injuries inconsistent with known lifestyle / habits, failure or unexplained delays in seeking treatment, individual defensive in explanation.

Could also include psychological signs as well – Cowering, flinching, withdrawn, change of sleeping / eating habits, not wanting to be around certain people.

- **Domestic violence** – In 2013, the Home Office announced changes to the definition of domestic abuse:

“Incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse... by someone who is or has been an intimate partner or family member regardless of gender or sexuality

Includes: psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence; Female Genital Mutilation; forced marriage.

Age range extended down to 16”.

Potential Indicators – as domestic violence can cover such a wide range of abuse, see other types of abuse for indicators, i.e. psychological, physical etc

- **Sexual abuse** – including 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.

Potential Indicators – could be physical signs or psychological signs and these may include: Bruising, bleeding, soreness, cuts in genital or breast area, repeated sexually transmitted diseases, repeated urinary infections,

pregnancy (in someone who can't consent to pregnancy), incontinence, increase in sexualised behaviour, e.g. excessive masturbation, depression / distress, deliberate self-harm, inappropriate sexual behaviour / language, excessive washing, inappropriate dressing, self-neglect, poor self-image.

- **Psychological abuse** – including 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.

Potential Indicators – may be very varied and subtle but may include: Sudden changes in behaviour, change in self esteem – often resulting in a low self esteem, sleep disturbance, punitive approach to bodily functions, anxiety / unease / silence, fear, depression, deterioration in ability to exercise choice, irrational fears, onset of phobias, or excessive defence to carer, care worker or third party.

- **Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Potential Indicators – may include: change in living conditions, lack of heating, clothing or food, inability to pay bills / unexplained shortage of money, unexplained withdrawals from an account, unexplained loss / misplacement of financial documents, the recent addition of authorised signers on a client or donor's signature card, or sudden or unexpected changes in a will or other financial documents.

- **Modern slavery** – encompasses slavery, human trafficking, 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

Potential Indicators – as seen above there are many types of modern slavery and signs of slavery in the UK and elsewhere are often hidden,

making it even harder to recognise victims around us. Potential indicators could include: individuals may show signs of physical or psychological abuse, look malnourished or unkempt, or appear withdrawn, they may rarely be allowed to travel on their own, seem under the control, influence of others, rarely interact or appear unfamiliar with their neighbourhood or where they work, they may be living in dirty, cramped or overcrowded accommodation, and / or living and working at the same address, they may have no identification documents, have few personal possessions and always wear the same clothes day in day out and what clothes they do wear may not be suitable for their work. Individuals may avoid eye contact, appear frightened or hesitant to talk to strangers and fear law enforcers for many reasons, such as not knowing who to trust or where to get help, fear of deportation, fear of violence to them or their family.

- **Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion

Potential Indicators – again, can be very varied but may include: tendency to withdrawal and isolation, fearfulness and anxiety, being refused access to services or being excluded inappropriately (e.g. activities within the care home setting), loss of self-esteem, resistance or refusal to access services that are required to meet need, expressions of anger or frustration.

- **Organisational abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation

Potential Indicators – may include: lack of individualised care, so that care delivered is task orientated as opposed to person centred, sensory deprivation, inappropriate use of rules, custom and practice, no flexibility of bedtimes or waking times, dirty clothing or bed linen, lack of personal

possessions or clothing, deprived environment or lack of stimulation, misuse of medical procedures and it could also include lack of personal belongings and use of punishment – withholding food, drink.

- **Neglect and acts of omission** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating

Potential Indicators – may include poor hygiene – smell of urine / faeces, dehydration, unexplained weight loss or malnutrition, hypothermia, inappropriate clothing, failure by carer to give prescribed medication, failure to ensure privacy and dignity is maintained, infections, pressure ulcers Grade 3 or 4, failure to protect, e.g. lack of safety equipment, such as a stair guard, deliberate deprivation of social contact, sensory deprivation e.g. not allowed to have hearing aid, glasses or other aids to daily living, deliberate withholding of medical care / treatment, deliberate withholding of an adequate environment, e.g. light, heat, space, privacy or food

- **Self-neglect** – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Potential Indicators – are therefore very wide, but may include dehydration, malnutrition, untreated or improperly attended medical conditions, and poor personal hygiene, hazardous or unsafe living conditions / arrangements (e.g., improper wiring, no indoor plumbing, no heat, no running water), unclean living quarters (e.g., animal / insect infestation, no functioning toilet, faecal / urine smell), inappropriate and / or inadequate clothing, lack of the necessary medical aids (e.g. glasses, hearing aids, dentures); and grossly inadequate housing or homelessness.

Incidents of abuse may be one off or multiple and affect either just one person or more. Staff should be aware and look beyond single incidents or individuals to identify if there are patterns of harm. Repeated instances of poor care may be an

indication of more serious problems and it is therefore important that this information is shared appropriately. Staff across a wide range of organisations, need to be vigilant about adult safeguarding concerns and findings from serious case reviews have sometimes stated, that if professionals or other staff had acted on their concerns, or sought more information, then death or serious harm might have been prevented.

Sadly, over the years there have been many cases where individuals have either suffered serious harm or abuse or died as a direct result and these include: -

- Winterbourne View
- Orchid View Care Home in Copthorne
- Gloria Foster
- Fiona Pilkington
- Stephen Hoskins
- Stafford Hospital

The reports of these are all public documents, where they detail the shortcomings in each case. It does become clear, that at times, these situations happen where there is a lack of communication between the multi-disciplinary teams, low staffing levels or inappropriately trained staff.

Whatever our role, it is therefore imperative that we ensure within our service that all clients are treated with dignity and respect. SCIE (Social Care Institute for Excellence), define dignity as “*a state, quality or manner worthy of esteem or respect. Dignity in care, therefore, means the kind of care, in any setting, which supports and promotes, and does not undermine a person's self respect regardless of any difference. Whilst dignity might be difficult to define, what is clear is that people know when they have not been treated with dignity. Dignity and Respect are key principles of the Human Rights Act.*”

At times, we need to consider that the clients that you are supporting may be a relative of yours and therefore you need to be asking yourself “The Mum Test”. This was detailed by Andrea Sutcliffe (Chief Inspector of Adult Social Care), when she said, in October 2014: “*The detail in the handbooks is about making the Mum Test*

real. On their visits, I will ask our inspection teams to consider whether these are services that they would be happy for someone they love and care for to use”.

The Dignity Challenge (issued by the Department of Health) acts as a call to care providers to meet the 10 principles of care in their services to people. In recognising that the concept of "dignity" is interpreted subjectively, the Dignity Challenge attempts to create an understandable and tangible way of explaining what 'Dignity' looks like in the context of treating people with the respect in a care setting.

The 10 points of the dignity challenge state that High quality care services that respect people's dignity should:

- 1) Have a zero tolerance of all forms of abuse.
- 2) Support people with the same respect you would want for yourself or a member of your family.
- 3) Treat each person as an individual by offering a personalised service.
- 4) Enable people to maintain the maximum possible level of independence, choice and control.
- 5) Listen and support people to express their needs and wants.
- 6) Respect people's right to privacy.
- 7) Ensure people feel able to complain without fear of retribution.
- 8) Engage with family members and carers as care partners.
- 9) Assist people to maintain confidence and a positive self-esteem.
- 10) Act to alleviate people's loneliness and isolation.

In care situations, dignity may be promoted or diminished by: the physical environment; organisation culture; by the attitudes and behaviour of the care / nursing team and others and by the way in which care activities are carried out. When dignity is present people feel in control, valued and confident, comfortable and able to make decisions for themselves. When dignity is absent people feel devalued, lacking control and comfort. They may lack confidence and be unable to make decisions for themselves. They may feel humiliated, embarrassed or ashamed.

It is in view of this, at all times, we should be ensuring that we work in a person-centred manner, in line with the clients care plan. We are then ensuring that we are

delivering the care / support in a way that is meaningful and agreed by the client. Where clients have the capacity, they need to be made aware as to what practice and behaviour is deemed to be acceptable and what to expect from the care / health services that are provided, and if they are not happy with it, what they need to do about it.

You will be made aware of who to speak to if you need information or advice about your role and responsibility in preventing and protecting individuals from harm and abuse.

Within your organisation, you will have a policy & procedure on safeguarding that you will need to adhere to. This in turn should then reflect the area Multi-agency procedures, which your organisation can sign-post you to where they are kept. They are also accessible online on the Surrey Safeguarding website.

Whilst it is important to be able to recognise and respond to abuse, we should also be looking at how we can prevent it from occurring. Prevention of abuse starts at the recruitment stage of your employment as the recruitment procedures that your organisation need to adhere to are based on the Bichard Inquiry Report, which was published after the Soham murders. You will have been asked to undertake a DBS (Disclosure and Barring Service) check. This means that a variety of information can be accessed, including the National Police Computer.

Once in employment, you will be required to complete safeguarding training, to ensure that you gain a good understanding of what it is and what to do if you were to be faced with a situation and then demonstrate your understanding of this, if you are new to health or social care within the care certificate assessment.

Within your organisation, you will also have a complaints procedure, as it is important that the clients understand how to complain and that they are supported in this so that they do not feel intimidated by either the system or those working within it. It is important that the complaints procedure, is in an accessible form for the clients, and you may need to consider it being in pictorial format or braille for example. The clients therefore need to be able to raise a complaint, without the fear of retribution.

Often when clients complain, the way it is handled in the initial stage can determine how far that complaint progresses, as if they feel that they have been listened to and action taken, that is sometimes all they are looking for. We need to ensure that clients are empowered, so that they can raise issues, as opposed to being disempowered.

Risk assessment is another good way of focussing on prevention of harm or abuse, as risk assessment should be used as an enabling tool as opposed to a disabling tool. Your organisation will also have other policies and procedures which when adhered to, will reduce the likelihood of abuse and these may include policies relating to choice, dignity, equality and diversity, safe moving and positioning, management of client's finances etc.

The Public Interest Disclosure Act 1998 encourages people to raise concerns about malpractice in their workplace. This act protects whistle-blowers from dismissal and victimisation, and it is important to remember that internal reporting must be used before resorting to whistle blowing.

If you suspect abuse, or it is disclosed to you, then it is important that you do something about it and report it immediately. It is not for staff or volunteers to second-guess the outcome of the enquiry in deciding whether or not to share concerns. 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, and this is why it is so important that you share information if you have any concerns.

If it is an emergency situation ring **999**.

It is important that you report to a Manager in your organisation, any concerns that you have about a person who may be at risk of abuse, or an adult who may be causing harm or presenting risk of harm to other adults. Concerns about abuse or neglect must be reported whatever the source of harm is. It is imperative that poor or neglectful care is brought to the immediate attention of managers and responded to swiftly, including ensuring immediate safety and well-being of the adult.

Once a Manager / Designated Safeguarding Lead has received a concern of abuse, they should inform the person reporting the concern that they have a responsibility to take immediate action to keep the person safe, assess any immediate risks, gain the consent of the adult and ascertain the wishes of the adult, inform Social Services and explain why they may need to do this, this is called reporting a safeguarding adults concern.

If it is reported directly to you, then you must: -

Do:

- listen very carefully
- try not to show shock
- demonstrate empathy
- use open questions
- assure the adult that you are taking them seriously
- listen carefully to what they are telling you, stay calm, try to get a better picture of what happened, but avoid asking too many questions
- explain that you have a duty to tell your Manager or other designated person, (if you are an employee / volunteer), and that their concerns may be shared with others who could have a part to play in supporting and protecting them
- reassure them that they will be involved in decisions about what will happen
- explain that you will try to take steps to protect them from further abuse or neglect.
- provide support / information to meet their specific communication needs
- record the words of the adult and accept the statements as fact; record the full details, including the time, date and location that disclosure was made. All written notes must be made as soon as practicable and kept securely
- be aware of the possibility that medical evidence might be needed.

Tell the person that:

- they did a good / right thing in telling you
- you are treating the information seriously

- it was not their fault
- ask the person what they need to keep themselves safe
- you must tell your Line Manager and, with the consent of the adult, the Manager will contact Adult Social Care / Integrated Mental Health Team and the Police if a crime has been committed. The Manager will, in specific circumstances, contact Adult Social Care / Integrated Mental Health Team without the adult's consent but their wishes will be made clear throughout.
- If a safeguarding concern is reported by the adult at risk but the adult at risk is reluctant to continue with any enquiries, record this, this will need to be brought to the attention of Adult Social Care / Integrated Mental Health Team when reporting the concern. This will enable a discussion of how best to support, protect and plan with the adult.

Do not:

- do not make promises you cannot keep
- do not promise to keep secrets
- undertake an interview with the person
- do not confront the person alleged to have caused the harm as this could place you at risk, or provide an opportunity to destroy evidence, or intimidate the person alleged to have been harmed or witnesses
- do not be judgemental or jump to conclusions
- breach confidentiality for example by telling friends, other work colleagues.

It is important that the adult is given the opportunity to talk and every effort should be made to ensure this takes place in private. The adult may not understand that they are being abused and so may not realise the significance of what they are telling you. Some disclosures happen many years after the abuse. There may be good reasons for this, for example the person they were afraid of has left the setting. Therefore, any delay in an individual reporting an incident should not cast doubt on its truthfulness.

Immediate action by the person raising the concern of abuse:

- make an immediate evaluation of the risk and take steps to ensure that the adult is in no immediate danger

- where appropriate dial 999 for an ambulance if there is a need for emergency medical treatment
- contact the Police if a crime has been or may have been committed and do not move or disturb articles that could be used in evidence
- contact Children's services if there is a belief that a child is also at risk
- seek the consent of the adult / best interest's decision.

If the adult has the mental capacity to make informed decisions about their safety and they do not want any action to be taken and there are no public or vital interest considerations, they should be given information about where to get help if they change their mind or if the abuse or neglect continues and they subsequently want support to promote their safety.

However, this does not preclude the sharing of information with relevant professional colleagues. This is to enable professionals to assess the risk of harm and to be confident that the adult is not being unduly influenced, coerced or intimidated and is aware of all of the options. This will enable professionals to check the safety and validity of decisions made. All discussions must be recorded.

The adult should be informed that this action is being taken unless in doing so it would increase the risk of harm. A record must be made of the concern, as well as the adult's decision not to consent with the reasons given. A record must also be made of what information the adult was given.

It is vital that a written record of any incident of abuse or neglect or an allegation of crime is made as soon as possible after the information is obtained. Written records must reflect as accurately as possible what was said and done by the people initially involved in the incident. The notes must be kept safe as it may be necessary to make records available as evidence and to disclose them to a court.

If you feel unable to report to your line manager, or it is the manager that is implicated, then you can report the concern to the: -

Multi-Agency Safeguarding Hub (MASH) – Tel: 01483 639887

Surrey County Council Contact Centre – Tel: 0300 200 1005

Safeguarding is governed by local and national guidelines, as well as legislation and this includes: -

- Organisational policies
- Surrey Multi-agency procedure
- The Fundamental Standards, issued by The Care Quality Commission (CQC)
- The Care Act 2014
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Mental Capacity Act 2005
- Safeguarding Vulnerable Adults Group Act 2006
- The Equality Act 2010
- Human Rights Act 1998
- The Public Interest Disclosure Act 1998
- Data Protection Act 1998

Despite the fact that you may have robust organisational and local procedures in place, it is not always easy to raise the concern. This may be for a number of reasons including: -

- You are new to the job
- The allegation is against your manager
- The allegation is against either a family member or a good friend
- You are not sure if it is safeguarding or not
- You feel intimidated by the system
- You feel that if you report it to your manager that they will just ignore it, so what is the point
- You did not witness it yourself
- You lack either confidence or self esteem

However, as hard as we may find it, what we need to consider, is that someone either is being harmed / abused, or has been harmed / abused and therefore we have, not only a legal duty to do something about it, but also a moral duty as well. To aid us to make our decision, it is sometimes worth asking ourselves the question, as

to how we would feel about it, if it was a relative of ours being cared for and this was happening to them, and we found out the staff had known about it, but had done nothing about it. It is then, we often realise that we therefore need to do something about it. However, it is also important to remind ourselves, that if we are hesitant to report it, as we are not sure if it is abuse or not, then again it is far better to report it and find that it is not classified as abuse rather than do nothing about it.

Standard 10

Workbook

Safeguarding Adults

Standard 10 Main areas:

- I will understand the principals of safeguarding adults
- I will reduce likelihood of abuse
- I will know how to responding to suspected or disclosed abuse
- I will be able to protect people from harm and abuse – locally and nationally

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Compassion in Practice (6 C's)

Care, Compassion, Competence, Communication, Courage and Commitment

Standard 10.1 Understand the principles of Safeguarding adults

10.1a Which 4 of these criteria make up the definition of an adult at risk under Safeguarding Legislation

- a) Over 16 years old
- b) Over 18 years old
- c) Over 65 years old
- d) Receiving care organised by the Local Authority
- e) Experiencing or at risk of abuse and neglect
- f) Lives in a care home or supported living environment
- g) Has care and support needs
- h) Receives care and support to help with activities of daily living
- i) In receipt of Disability Living Allowance, Attendance Allowance or Personal Independence Payment
- j) Unable to protect him/herself against abuse or neglect
- k) Unable to protect him/herself against abuse or neglect because of care and support needs

10.1b Explain your role and responsibilities in safeguarding individuals

10.1c, 10.1g & 10.1h List the main types of abuse, giving 4 examples of each one to demonstrate your understanding and then state the indicators of each

Type of abuse	Examples	Indicators (how to recognise)

10.1d Describe what constitutes harm

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10.1e Explain why an individual may be vulnerable to harm or abuse

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10.1f Describe and give an example of what constitutes restrictive practices

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10.1i List a range of factors which have featured in adult abuse and neglect

10.1k Describe where you would you get information and advice about your role and responsibilities in relation to preventing and protecting individuals from harm and abuse

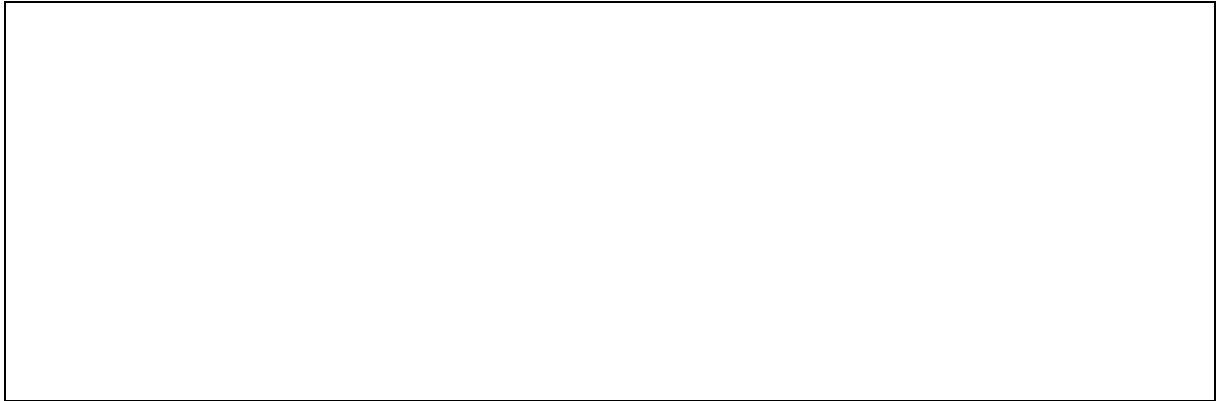
Standard 10.2 Reduce the likelihood of abuse

10.2a Describe how care environments can promote or undermine people's dignity and rights

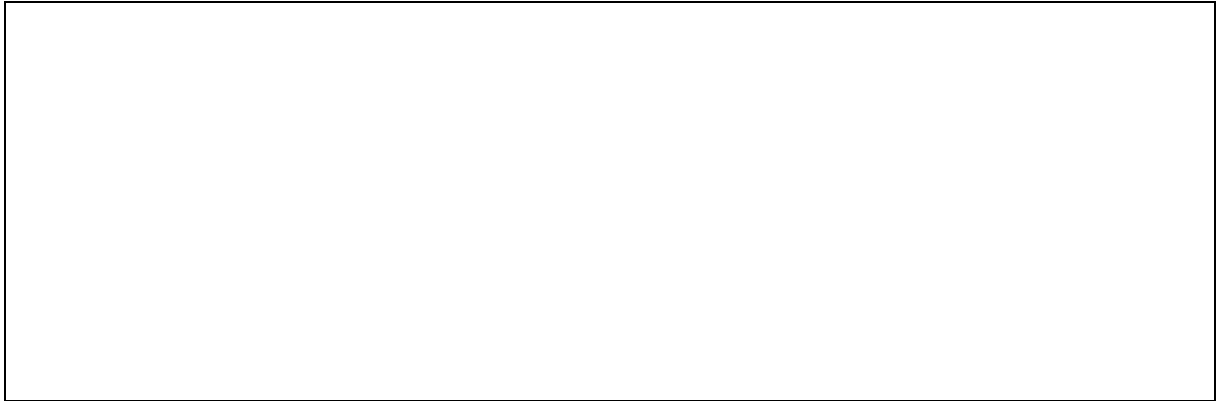
Can promote people's dignity and rights by:

Can undermine people's dignity and rights by:

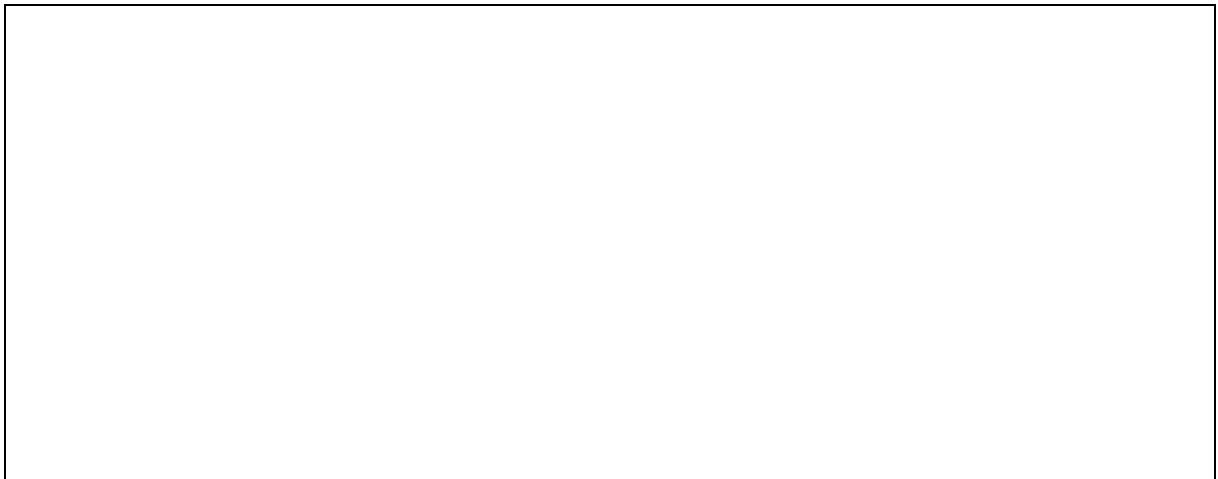
10.2b Explain the importance of individualised, person centred care



10.2c Explain how to apply the basic principles of helping people to keep themselves safe



10.2d Explain the local arrangements for the implementation of multi-agency Safeguarding Adult's policies and procedures



10.2e List ways in which the likelihood of abuse can be reduced by managing risk and focussing on prevention

1.
2.
3.
4.

10.2f Explain how a clear complaints procedure reduces the likelihood of abuse

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Standard 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 procedures

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Standard 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

1.
2.
3.
4.
5.
6.
7.
8.

10.4b Explain the importance of sharing information with the relevant agencies

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10.4c Describe the actions to take if you experience barriers in alerting or referring to relevant agencies

Standard 10

Observation

Safeguarding Adults

Standard 10 Main areas:

- I will understand the principals of safeguarding adults
- I will reduce likelihood of abuse
- I will know how to responding to suspected or disclosed abuse
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Compassion in Practice (6 C's)

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Standard	Observation	Signature & Date of observation
10.1j Demonstrate the importance of ensuring individuals are treated with dignity and respect when providing health and care services		

Standard 10

Outcomes	To meet this standard	Assessment	Evidence	Date signed off
10.1 Understand the principles of Safeguarding adults	10.1a Explain the term safeguarding adults	Assessed by any of the following methods: - 1:1 discussion - Group work - Written		
	10.1b Explain their own role and responsibilities in safeguarding individuals	Assessed by any of the following methods: - 1:1 discussion - Group work - Written		
	10.1c List the main types of abuse	Assessed by any of the following methods: - 1:1 discussion - Group work - Written		
	10.1d Describe what constitutes harm	Assessed by any of the following methods: - 1:1 discussion - Group work - Written		
	10.1e Explain why an individual may be vulnerable to harm or abuse	Assessed by any of the following methods: - 1:1 discussion - Group work - Written		
	10.1f Describe what constitutes restrictive practices	Assessed by any of the following methods: - 1:1 discussion - Group work - Written		
	10.1g List the signs and symptoms associated with abuse	Assessed by any of the following methods: - 1:1 discussion - Group work - Written		
	10.1h Describe the nature and scope of harm to and abuse of adults at risk	Assessed by any of the following methods: - 1:1 discussion - Group work - Written		
	10.1i List a range of factors which have featured in adult abuse and neglect	Assessed by any of the following methods: - 1:1 discussion - Group work - Written		
	10.1j Demonstrate the importance of ensuring individuals are treated with dignity and respect when providing health and care services	The assessment must be observed in the workplace as part of the normal work duties		

	10.1k Describe where to get information and advice about their role and responsibilities in preventing and protecting individuals from harm and abuse	Assessed by any of the following methods: - 1:1 discussion - Group work - Written		
10.2 Reduce the likelihood of abuse	10.2a Describe how care environments can promote or undermine people's dignity and rights	Assessed by any of the following methods: - 1:1 discussion - Group work - Written		
	10.2b Explain the importance of individualised, person centred care	Assessed by any of the following methods: - 1:1 discussion - Group work - Written		
	10.2c Explain how to apply the basic principles of helping people to keep themselves safe	Assessed by any of the following methods: - 1:1 discussion - Group work - Written		
	10.2d Explain the local arrangements for the implementation of multi-agency Safeguarding Adult's policies and procedures	Assessed by any of the following methods: - 1:1 discussion - Group work - Written		
	10.2e List ways in which the likelihood of abuse can be reduced by managing risk and focusing on prevention	Assessed by any of the following methods: - 1:1 discussion - Group work - Written		
	10.2f Explain how a clear complaints procedure reduces the likelihood of abuse	Assessed by any of the following methods: - 1:1 discussion - Group work - Written		
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	Assessed by any of the following methods: - 1:1 discussion - Group work - Written		
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	Assessed by any of the following methods: - 1:1 discussion - Group work - Written		
	10.4b Explain the importance of sharing information with the relevant agencies	Assessed by any of the following methods: - 1:1 discussion - Group work - Written		

	10.4c Describe the actions to take if I experience barriers in alerting or referring to relevant agencies	Assessed by any of the following methods: - 1:1 discussion - Group work - Written		
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I am satisfied with the evidence of learning that it meets all the required standards.

Assessor's Name:

Assessor's Position:

Signature:

Date:

Learner's Signature:

Date: