Operations Policy

Safeguarding Adults Procedure

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This policy is to be read in conjunction with Guidance Note: Safeguarding Vulnerable Customers.

1. Policy Statement

Belong Limited, incorporating Belong at Home and Belong Villages, is referred to as the 'organisation' and provides a wide range of services to its customers the majority who will be defined as 'vulnerable customers'. We are required to safeguard vulnerable people from abuse and to ensure that if any customer is abused they receive support and protection from further abuse. The organisation adopts a 'Zero Tolerance' approach to abuse and any member of staff who is proven to have abused a customer will be dealt with through the organisation's Disciplinary procedures.

This policy and procedure has been produced in accordance with the statutory requirements of the Care Act 2014 and accompanying Statutory Guidance. This policy is to apply to all customers who may be experiencing, or at risk of, abuse or neglect. The Care Act 2014 provides that a local authority must make enquiries or ensure others do so, if it believes an adult is at risk of abuse or neglect. This duty applies to anyone aged over 18 who has needs for care and support (whether or not the local authority is meeting any of those needs) and as a result of those needs is unable to protect him/herself against abuse, neglect or the risk of it. The aim of this policy is to improve practice among employees in regard to the recognition, reporting and investigation of abuse of customers at risk.

2. Speaking out at Work "if you see something, say something"

Staff with serious concerns about any aspect of their work are encouraged to come forward and voice those concerns. The 'Speaking Out' at Work Policy has been designed to assist, encourage and enable employees to make serious concerns known within the organisation.

If any employee suspects fraud, corruption or other malpractice then they must report their concerns to their line manager. If it would be inappropriate to do so or the employee is nervous or worried about doing so, then they should contact the Human Resource department.

If a member of staff wishes to make an anonymous report, the information provided will be taken into account and treated seriously. All requests for anonymity will be fully respected however, it cannot be guaranteed, especially if the information becomes an essential part of any subsequent employment or legal proceedings where statements are required as part of the evidence. In addition, the Data Protection Act 1998 removes the blanket confidentiality of third party information.

Staff who do not report concerns about the possible abuse of a customer could be disciplined for not doing so, or for colluding with the abuse.

All staff should be familiar with and adhere to the Code of Conduct. If staff see something that concerns them or are given information that gives them cause for concern about a vulnerable person, they should:

- keep calm
- make sure that the person is safe
- listen carefully to what is said
- if possible, take note of what is happening around them
- reassure and take care of the person
- get help as soon as possible

2a. Customer at Risk

An "Adult at Risk" is a customer 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.

Just because an individual is older or has a disability or illness, it does not mean that they are inevitably at risk. The level of risk is related to how able they are to protect themselves from abuse, neglect and exploitation and make their own choices free from duress, pressure or undue influence.

2b. Definition of Safeguarding

Safeguarding means protecting a customer's right to live in safety, free from harm and abuse (Care Act 2014 Statutory Guidance).

2c. Wellbeing

Staff should always promote the customer's wellbeing as part of safeguarding arrangements. People have complex lives and being safe is only one of the things they want for themselves. Staff should work with the customer to establish what being safe means to them and how that can be best achieved.

"Wellbeing" is a broad concept and in this document it relates to the following areas in particular:

- personal dignity (including treatment of 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;
- suitability of living accommodation;
- the individual's contribution to society.

The individual aspects of wellbeing or outcomes above are those that are set out in the Care Act 2014, and are most relevant to people with care and support needs and carers. There is no hierarchy, and all should be considered of equal importance when considering "wellbeing" in the round.

2d Safeguarding is not a substitute for:

- providers' responsibilities to provide safe and high quality care and support.
- commissioners regularly assuring themselves of the safety and effectiveness of commissioned services.
- the Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action.
- the core duties of the police to prevent and detect crime and protect life and property.

2e Types of Abuse

- Physical abuse – including assault, hitting, slapping, pushing, misuse of medication restraint or inappropriate physical sanctions.
- Domestic violence – including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.
- 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 customer has not consented or was pressured into consenting.
- 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.
- Financial or material abuse – including theft, fraud, internet scamming, coercion in relation to a customer'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.
- 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.
- Discriminatory abuse – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
- 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.

- 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
- 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.
- Radicalisation – this is the process by which a person comes to support terrorism and forms of extremism that lead to terrorism. Customers at risk can be exploited by people who seek to involve them in terrorism or activity in support of terrorism.

Incidents of abuse may be one-off or multiple and may affect one person or several.

Patterns of harm may become evident over time. Repeated instances of poor care maybe an indication of more serious problems and of organisational abuse. In order to see these patterns it is important that information is recorded and appropriately shared

3. What To Do

3.1 Raising a Safeguarding Concern

When abuse is disclosed or suspected it is the responsibility of the person who is told, sees, suspects or hears about the abuse of a customer at risk to take action by raising a safeguarding concern.

Raising a concern is not optional. If the customer at risk does not want any action taken, it may be possible to do nothing further about the concern, but initially, the concern must be raised and recorded.

It must be explained to the customer at risk that this will be recorded, but that their wishes will be respected **unless** the concern also involves risk to others.

3.2 Actions

Person finding or suspecting abuse

- Make sure the customer at risk is safe.
- Make sure other customers at risk and children are safe.
- If urgent medical attention required seek emergency medical help by dialling 999.
- If a serious crime may have been committed, eg rape, sexual assault, serious physical assault - Contact Police: in an emergency dial 999. In non-emergency situations where it is thought that a crime may have been committed dial 101 to make contact with the Public Protection Unit (PPU) and refer the concern for possible investigation.
- Report to a line manager immediately.
- Preserve any potential evidence.
- Record, date and sign any information you saw/heard using the customer at risk's own words.
- Do not discuss with the person alleged to have caused the harm.
- Do stay calm and try not to show shock.
- Listen carefully rather than question directly.
- If the customer at risk or carer reports abuse reassure them that they are doing the right thing.
- Explain the duty to report the incident but reassure the customer at risk that their wishes will be followed unless others are at risk.
- If the customer at risk is in a regulated service, the provider must inform CQC and the relevant local authority's safeguarding team.

3.3 What to Tell

Anyone raising a safeguarding concern should provide as much of the following information as possible:

- Your name, the name of the organisation and contact details.
- Name, contact details, date of birth, gender and ethnicity of the person you are calling about.
- Name of GP.
- Details of significant relatives/friends.

- Where the alleged abuse has taken place.
- How you found out about the alleged abuse.
- Any actions that have already been taken to make the customer safe.
- Is there a risk of immediate harm?
- Have the police been informed?
- Are other customers or children at risk?
- Has the person got the mental capacity to make their own decisions?
- Information about the person alleged to have caused the harm
- Who else is aware that the concern has been raised

4. Safeguarding Enquiries

4.1 Enquires

Under section 42 of the Care Act a local authority has a duty to make enquiries itself or cause others to make enquiries. Safeguarding enquiries can range from a conversation with the customer at risk where information, advice or guidance is provided to a formal enquiry.

Enquiries **must** be made if there is a reasonable suspicion that a Customer is, or is at risk of, being abused or neglected and may be made by the local safeguarding team. This will help to determine what help is needed to protect the adult.

Access to speak with the customer freely will need to be permitted for the enquiry to take place. People must be assumed to have capacity to make their own decisions to be given practical help, if assessed to lack capacity then any decision about them or for them will need to be made in their best interests. The local authority must arrange for an independent advocate to represent the adult if necessary. If the adult refuses access to the Local authority they may need to seek legal powers to gain access if the risk of abuse is felt to be high. This is not for Belong staff to decide, or to allow access without the necessary permission and decision making.

4.2 Responses

Safeguarding enquiries can be dealt with through a wide range of responses. Some will need a formal enquiry but many are more appropriately dealt with in other ways. The responses could be:

a) Formal Enquiry
b) Criminal investigation
c) Direct support to empower and support the customer – *see the toolkit for further information*
d) Referral to a partner organisation for support
e) Disciplinary action in respect of the person causing harm
f) Referral to a partner organisation for action
g) Referral to Quality Team if the concern is about poor practice
h) Action by CQC if the concern is about failure to meet standards
i) Advice and guidance to the customer and/or their family
j) Formal complaint to the Council or partner organisation
k) Provision of information to the customer and/or their family

4.3 Recording

All safeguarding concerns must be recorded as such, regardless of the response. It is not only formal enquiries that need to be recorded.

5. Roles and Responsibilities

5.1 Person receiving the concern

- The person who takes information about the initial concern, regardless of its source, must record as many details as are available on the case recording system using the appropriate document.
- It should be established that the person alleged to have been/at risk of being harmed meet the criteria of an 'Customer at Risk of Harm' 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 him/herself from either the risk of, or the experience of abuse or neglect.*

- It should be confirmed that the customer alleged to be at risk of harm is aware of the concern being raised. If not, the reason should be recorded.
- If there is a possible criminal act, it should be checked whether the police have been informed. If not make contact with the Public Protection Unit by dialling 101.

6. Formal Enquiries

Initial conversation, meet with the customer at risk or their family/advocate and find out what outcomes they want to achieve:

- Outcomes must be recorded in the person's own words.
- Outcomes may change during the enquiry, so repeat the discussion regularly.
- Discuss how the enquiry can be conducted and encourage the customer to participate throughout.
- Establish how they/their family want to be involved, eg choose meeting locations, attend all meetings, be provided with updates, have written reports.
- Complete a risk assessment with the customer/their family, discuss the level and type of risks the customer is willing to accept.

6.1 Potential criminal investigation strategy discussion

- If a crime may have been committed and the police are investigating, an initial strategy discussion to share information should be held within 24 hrs so that the police can comply with statutory requirements.
- This initial discussion may be held by telephone between the investigation police officer and Enquiry Lead.
- The customer at risk will not be involved in this discussion, but should be informed that it is taking place and advised of the content and outcome **unless** there is specific information identified by the police as being part of a criminal investigation that should not be shared.

6.2 Planning Meeting

- The Enquiry Lead should call a planning meeting with all the relevant organisations. This should be as soon as possible, at the latest within five days of the enquiry being allocated unless the customer wants it delayed beyond this time.
- If the planning meeting does not take place within five days, the reason must be recorded.
- Planning discussions may only be held by telephone if the customer has decided they do not wish to attend.
- The planning meeting should focus on how to achieve the outcomes the customer has identified.
- The meeting must develop a plan that shows the role of each organisation in the enquiry and who is to be the overall lead.
- The plan must show how each action is contributing to the outcomes the customer has identified.
- The plan must have a clear timescale that must be agreed with the customer at risk/family/advocate.
- The reasons for any variation from the agreed timescale must be explained and recorded as part of the enquiry.
- The local authority will retain overall responsibility for the enquiry, but it may be appropriate for another organisation to lead if they have a relationship with the customer concerned.
- Contemporaneous notes must be taken to record the minutes of planning meetings. Notes must be recorded by someone other than the chair.
- The Enquiry Lead must complete and record an initial risk assessment.

6.3 Enquiry Progression

Following the planning/strategy meeting, each of the organisations should proceed with their agreed tasks without delay. The Enquiry Lead is responsible for co-ordinating the work of the different organisations and ensuring that the plan agreed at the Strategy meeting is being followed.

The first priority should always be to ensure the safety and well-being of the customer.

The Customer at Risk, their family or advocate should be involved and informed at all stages of the enquiry. If the Customer at Risk decides on any changes to their desired outcomes at any stage, consideration should be given to reconvening the strategy meeting to confirm changes to the enquiry strategy.

The objectives of an Enquiry are to:

- establish facts
- ascertain the customer's views and wishes
- assess the needs of the customer for protection, support and redress and how they might be met
- protect from the abuse and neglect, in accordance with the wishes of the customer
- make decisions as to what follow-up action should be taken with regard to the person or organisation responsible for the abuse or neglect
- enable the customer to achieve resolution and recovery.

The Enquiry Lead is also responsible for completing enquiries and preparing a report. The report should include information about:

- The individual customer at risk of abuse
- The incident which raised the safeguarding enquiry
- The person alleged to have caused the harm
- Others involved in the care and support of the customer at risk

The report should identify the following facts:

- what actually happened
- the nature and extent of any abuse
- who or what was the cause
- whether an individual, group of people or organisation should be held to account. The Enquiry Lead will compile an overview summary of the information gathered during the enquiry.

The summary will contain:

- sufficient information in relation to the allegation of abuse
- the circumstances in which the allegation occurred
- a synopsis of any interviews that have occurred during the enquiry
- a synopsis of the reports from other organisations involved in the enquiry
- an analysis of evidence to support the outcomes meeting to reach conclusions.

All aspects of the enquiry must be recorded appropriately.

6.4 Outcomes Meeting

Following the completion of the enquiry into the safeguarding concern an outcomes meeting will be held. Ideally, this should be with 21 days of the completion of the enquiry so there is a timely outcome for the customer at risk. If this is not possible, the reason should be clearly recorded and agreed with the customer at risk.

The meeting should be chaired by a Manager and all participants should be reminded that the contents of the meeting are confidential.

Membership of the meeting will vary depending on the circumstances of the enquiry, but must include the customer at risk or their advocate and family and representation from any organisation involved in the enquiry and anyone involved in working with the customer or the person alleged to have caused the abuse.

The purpose of the outcomes meeting is to consider:

- the extent to which the outcomes identified by the customer at risk/advocate/family have been met

- the customer's ongoing needs for care and support
- the customer's current risk of abuse or neglect
- the customer's ability to protect themselves or the ability of their networks to increase the
- support they offer
- the impact on the customer and their wishes
- the possible impact on important relationships
- a safeguarding plan to enable and support the customer to protect themselves and to recover from the abuse

In order to reach robust conclusions, the participants in the meeting must have an opportunity to read all the enquiry reports, and ask any relevant questions. The customer/advocate/family should have the opportunity to raise any questions and participate in the discussion.

Outcomes meetings must be accurately recorded by someone other than the Chair using contemporaneous notes.

6.5 Safeguarding Customers Review

Following the conclusion of a Safeguarding Enquiry, where someone has died or suffered serious abuse or neglect, and there is concern that partner organisations could have worked together more effectively, the Outcomes Meeting should inform the local Safeguarding Customers' Board.

The Safeguarding Customers' Board is required to undertake a Safeguarding Customers' Review where it believes that these conditions are met.

6.6 Safeguarding Plan

In discussion with the customer at risk, this should set out:

- what steps are to be taken to help to assure their safety in future;
- what steps are to be taken to support recovery for the customer at risk
- the provision of any support, treatment or therapy including on-going advocacy;
- any modifications needed in the way services are provided (eg same gender care or placement; appointment of an OPG deputy);
- how best to support the customer at risk through any action they take to seek justice or redress;
- any on-going risk enablement strategy as appropriate;
- any action to be taken in relation to the person(s) or the organisation that has caused the concern.

6.7 Safeguarding Plan Review

A review should be held within 3 months of the Safeguarding Plan unless the customer wants this delayed or not to take place. The reasons for any delay should be clearly recorded.

The purpose of the review is to ensure that the actions agreed in the Safeguarding Plan have been implemented in the way that the Customer had wanted and to consider what changes, if any, need to be made to the protection plan to decrease the risk or to make the plan fit more closely with their wishes.

The risk assessment should also be reviewed, and a decision made if any further review is required.

The outcomes of a Safeguarding Review should be recorded

6.8 Closure of a formal Safeguarding Enquiry

A formal safeguarding enquiry may be closed at any stage if it is agreed with the customer at risk that an ongoing enquiry is not needed. Prior to closure the following steps must be taken and clearly recorded:

- Agreement reached with the customer at risk about how to support recovery and address any unresolved issues.
- Feedback to be given to the person raising the initial concern.
- Feedback must be obtained from the customer at risk about their experience (see final feedback form).

The LA Team Manager and Belong Manager must agree and sign off the closure and confirm that all records are complete and all steps have been followed.

7. Specific Safeguarding Situations

The strategy meeting will consider whether it is appropriate for Belong, as the registered provider, to conduct an initial enquiry and report back to the Enquiry Lead and the strategy meeting.

This approach will be acceptable when:

- There is no potential criminal investigation
- There is no clear conflict of interest (eg allegation of institutional abuse)
- There is no history of inadequate safeguarding enquiries
- There is just a single concern

The reasons for deciding the most appropriate organisation to conduct the enquiry must be recorded. If it is decided that the provider can undertake the initial enquiry, it must be undertaken by a Registered Manager who has completed enquiry training and has been agreed as competent by the Enquiry Lead.

The Belong Registered Manager must:

- Ensure the customer at risk is protected
- Ensure the continued delivery of service to both the customer at risk
- Ensure the full involvement of the customer at risk/family/advocate
- Ensure only essential information is shared within the organisation
- Complete a Risk Assessment report shared with, agreed and recorded by the Enquiry Lead.
- Refer back to social care if they have any concerns re the process.
- Inform CQC, using the correct CQC statutory notification process.
- Participate in any meetings with regard to the investigation.
- Involve their own HR if appropriate.
- Provide a full written report of our enquiry to a Strategy Meeting/Case Conference as required. This report will be recorded by the Enquiry Lead

8. Abuse by another Customer at Risk

Where the person causing the harm is also a customer at risk, the safety of the person who may have been abused is paramount.

Belong will also have responsibilities towards the person causing the harm.

The person causing the harm may themselves be eligible to receive an assessment. In this situation it is important that the needs of the vulnerable customer at risk who is the alleged victim are addressed separately from the needs of the person causing the harm.

It may be necessary to reassess the customer allegedly causing the harm. This could involve a planning meeting where the following could be considered:

- The extent to which the person causing the harm has capacity to understand his/her actions.
- The extent to which the abuse or neglect reflects the needs of the person causing the harm.
- The likelihood that the person causing the harm will further abuse the victim or others. The same principles and responsibilities to report a crime apply.

9. Risk Assessment

Assessment of risk is ongoing throughout a Safeguarding Enquiry. The assessment should be regularly reviewed in order to respond to any changes in risk.

A Safeguarding Adults risk assessment will determine:

- The views and wishes of the customer and what level of risk they are willing to accept
- The nature and level of risk
- The customer's ability to protect themselves.
- Factors that contribute to reducing the risk
- Factors that contribute to increasing the risk
- The risk of future harm from the same source
- Any actions that must be taken immediately to protect the customer at risk.
- A proportionate response to the identified risks

The customer at risk will have views about what is an acceptable level of risk to them and about balancing the risks in order to maintain the lifestyle or contacts they wish. There may be a balance to be struck between the benefits of achieving safety and the loss of contact with someone whom they value.

A person with mental capacity may choose to live in a situation which is seen as high risk by professionals if the alternatives are not acceptable to them. People may only make decisions about their own risks and **not** about the protection that other people may need if they may also be at risk from the same person, service or setting.

Customers at risk need to be able to make informed choices about their own safety. In order to do this they may need support such as the help of a family member or friend, an advocate or IMCA, a language interpreter or other communication assistance or aid.

If a customer at risk lacks capacity to make informed decisions about maintaining their safety and they do not want any action to be taken, professionals have a duty to act in their best interests under the Mental Capacity Act 2005.

10. Confidentiality

Whilst every effort will be made to ensure that confidentiality is preserved, this will be governed by what may be an overriding need to protect a person who has been or is at risk of abuse. The need of the vulnerable person and the potential risk to others requires staff to share the information with their line manager or supervisor on duty. Information will be shared on a "need to know" basis and/or "in the public interest" and unnecessary delays in sharing that information should be avoided.

There may be a need to share information with other agencies for example Health, Social Services and the Police, and generally permission would be asked before doing so. However, in exceptional circumstances eg if it is considered someone is at serious risk of abuse then information may be disclosed without consent.
The principles governing the sharing of information include:

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

11. The Mental Capacity Act (MCA) 2005

The MCA provides a statutory framework to empower and protect people who may lack capacity to make decisions for themselves and establishes a framework for making decisions on their behalf. This applies whether the decisions are life-changing events or everyday matters. All decisions taken in the Safeguarding Customers process must comply with the Act.

The Act says that:

"… a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or disturbance in the functioning of the mind or brain".

Further, a person is not able to make a decision if they are unable to:

- Understand the information relevant to the decision or
- Retain that information long enough for them to make the decision or
- Use or weigh that information as part of the process of making the decision or
- Communicate their decision (whether by talking, using sign language or by any other means such as muscle movements, blinking an eye or squeezing a hand).

Mental capacity is time and decision-specific. This means that a person may be able to make some decisions but not others at a particular point in time. For example, a person may have the capacity to consent to simple medical examination but not to major surgery. Their ability to make a decision may also fluctuate over time.

Principles of the Mental Capacity Act 2005

1. Customers at risk must receive all appropriate help and support to make decisions before anyone concludes that they cannot make their own decisions.
2. Customers at risk have a right to make decisions that others may regard as being unwise or eccentric and a person cannot be treated as lacking capacity for these reasons.
3. Decisions made on behalf of a person who lacks mental capacity must be done in their best interests and should be the least restrictive of their basic rights and freedoms

12. Deprivation of Liberty Safeguards (DoLS)

DoLS apply to people who have a mental disorder and who do not have mental capacity to decide whether or not they should be accommodated in the relevant care home or hospital to be given care or treatment. These safeguards provide protection to people in hospitals and care homes. The organisation must make requests to a local authority for authorisation to deprive someone of their liberty if they believe it is in their best interests. Hospitals must make requests to the primary care trust (PCT). All decisions on care and treatment must comply with the Mental Capacity Act and the Mental Capacity Act Code of Practice.

For more information go to the Belong guide to the Mental Capacity Act.

13. 'Ill treatment and Wilful Neglect'

An allegation of abuse or neglect of a customer at risk who does not have capacity to consent on issues about their own safety will always give rise to action under the Safeguarding Customers process and subsequent decisions made in their best interests in line with the Mental Capacity Act and Mental Capacity Act Code of Practice. Section 44 of the Act makes it a specific criminal offence to wilfully ill-treat or neglect a person who lacks capacity.

14. Court of Protection

The Court of Protection deals with decisions and orders affecting people who lack capacity. The court can make major decisions about health and welfare, as well as property and financial affairs. The court has powers to:

- Decide whether a person has capacity to make a particular decision for themselves.
- Make declarations, decisions or orders on financial and welfare matters affecting people who lack capacity to make such decisions.
- Appoint deputies to make decisions for people lacking capacity to make those decisions.
- Decide whether a lasting power of attorney or an enduring power of attorney is valid.
- Remove deputies or attorneys who fail to carry out their duties.

In most cases decisions about personal welfare will be able to be made legally without making an application to the court, as long as the decisions are made in accordance with the core principles set out in the Mental Capacity Act 2005 and the Code of Practice.

However, it may be necessary and desirable to make an application to the court in a safeguarding situation where there are:

- Particularly difficult decisions to be made.

- Disagreements that cannot be resolved by any other means.
- On-going decisions needed about the personal welfare of a person who lacks capacity to make such decisions for themselves.
- Matters relating to property and/or financial issues to be resolved.
- Serious healthcare and treatment decisions, for example, withdrawal of artificial nutrition or hydration.
- Concerns that a person should be moved from a place where they are believed to be at risk.
- Concerns or a desire to place restrictions on contact with named individuals because of risk or where proposed Safeguarding Customers actions may amount to a deprivation of liberty.

15. Court-Appointed Deputies

In a situation where a person does not have mental capacity and does not have anyone to act for them, the court can appoint a deputy to take decisions on welfare, healthcare and financial matters.

16. Office of the Public Guardian (OPG)

The OPG was established under the Mental Capacity Act to support the Public Guardian and to protect people lacking capacity by:

- Setting up and managing separate registers of lasting powers of attorney, of enduring powers of attorney and of court-appointed deputies.
- Supervising deputies.
- Sending Court of Protection visitors to visit people who lack capacity and also those for whom it has formal powers to act on their behalf.
- Receiving reports from attorneys acting under lasting powers of attorney and deputies.
- Providing reports to the Court of Protection.
- Dealing with complaints about the way in which attorneys or deputies carry out their duties.

The OPG also undertakes to notify local authorities, the police and other appropriate agencies when an abuse situation is identified.

17. Lasting Power of Attorney

Lasting Power of Attorney allows a person to make decisions over who will manage their money and/or welfare (health and social care) when they lack capacity to make decisions for themselves. This allows the person to choose individuals who they trust to make decisions on your behalf when you cannot make them for yourself. The attorney's power will only become valid after the person loses capacity to make their own decision. The Lasting Power of Attorney has to be registered with the Office of the Public Guardian.

18. Advanced Decisions

An advance decision to refuse treatment is when someone, aged 18 years or above, who has mental capacity, decides that they do not want a particular type of medical treatment if it was ever needed in the future and they lacked capacity to make such a decision, for example due to a stroke, dementia or for some other reason. Family and friends should be informed of a person's wishes so that they can speak on their behalf when needed.

An advance decision to refuse treatment is different from what is termed "advanced care planning" in 'end of life' care. Advance decisions to refuse treatment under the Mental Capacity Act 2005 are legally binding if valid, whereas many parts of advance care planning - preferred place of dying, for example – are not. Anything that is not an advance decision to refuse treatment will be considered as part of any 'best interests' decision about a person who lacks capacity, but could be overridden by a doctor or social care professional if they determine it not to be in a person's 'best interests'.

An advance decision can be verbal or written and must clearly state the exact treatments to be refused and under what circumstances. It is important that you fully understand the implications of refusing a particular treatment from a medical professional. If it is a life-sustaining treatment, it must be written, signed and witnessed and state clearly that the decision applies 'even if life is at risk'. Copies of this should be given to key people – for example, family or close friends, and a person's GP or social worker for their records.

It is important when making an advance decision to ensure it is 'valid and applicable' – this standard form, if fully completed, will be valid and applicable as an advanced decision.

19. Crown Prosecution Service (CPS)

The CPS is the principal public prosecuting authority for England and Wales and is headed by the Director of Public Prosecutions. The CPS has produced a policy on prosecuting crimes against older people which is equally applicable to customers at risk, who may also be vulnerable witnesses.

Support is available within the judicial system to support customers at risk to enable them to bring cases to court and to give best evidence. If a person has been the victim of abuse that is also a crime, their support needs can be identified by the police, the CPS and others who have contact with the customer at risk.

20. Witness Support and Special Measures

If there is a police investigation, the police will ensure that interviews with the customer at risk who is a vulnerable or intimidated witness are conducted in accordance with 'Achieving Best Evidence in Criminal Proceedings'.

The Witness Service provides practical and emotional support to victims and witnesses (either for the defence or for the prosecution). The support is available before, during and after a court case to enable them and their family and friends to have information about the court proceedings, and could include arrangements to visit the court in advance of the trial.

21. Victim Support

Victim Support is a national charity which provides support for victims and witnesses of crime in England and Wales. It provides free and confidential help to family, friends and anyone else affected by crime, which includes information, emotional support and practical help. Help can be accessed either directly from local branches or through the Victim Support helpline.

22. The Coroner

Coroners are independent judicial officers who are responsible for investigating violent, unnatural deaths or sudden deaths of unknown cause, and deaths in custody, which must be reported to them. The Coroner may have specific questions arising from the death of a customer at risk. These are likely to fall within one of the following categories:

- Where there is an obvious and serious failing by one or more organisations.
- Where there are no obvious failings, but the actions taken by organisations require further exploration/explanation.
- Where a death has occurred and there are concerns for others in the same household or other setting (such as a care home).
- Deaths that fall outside the requirement to hold an inquest but follow-up enquiries/actions are identified by the Coroner or his or her officers.

In the above situations the Adult Safeguarding Board would give serious consideration to instigating a Serious Case Review. If a service user dies when there is an open safeguarding investigation the Coroner's Office needs to be informed