

The CARE CERTIFICATE

Safeguarding Adults

- What you need to know

Standard

10

The principles of safeguarding adults

Adult Safeguarding is the way of working and thinking that protects adults with care and support needs from abuse, **harm** or neglect. Safeguarding balances the right to be safe with the right to make **informed choices**.

It includes supporting **wellbeing**, making sure that basic needs such as security, nutrition & hydration are met. Safeguarding promotes independence. Health and Social care organisations are responsible for making sure care and support are delivered in ways that are safe. Every worker has a part to play.



Harm

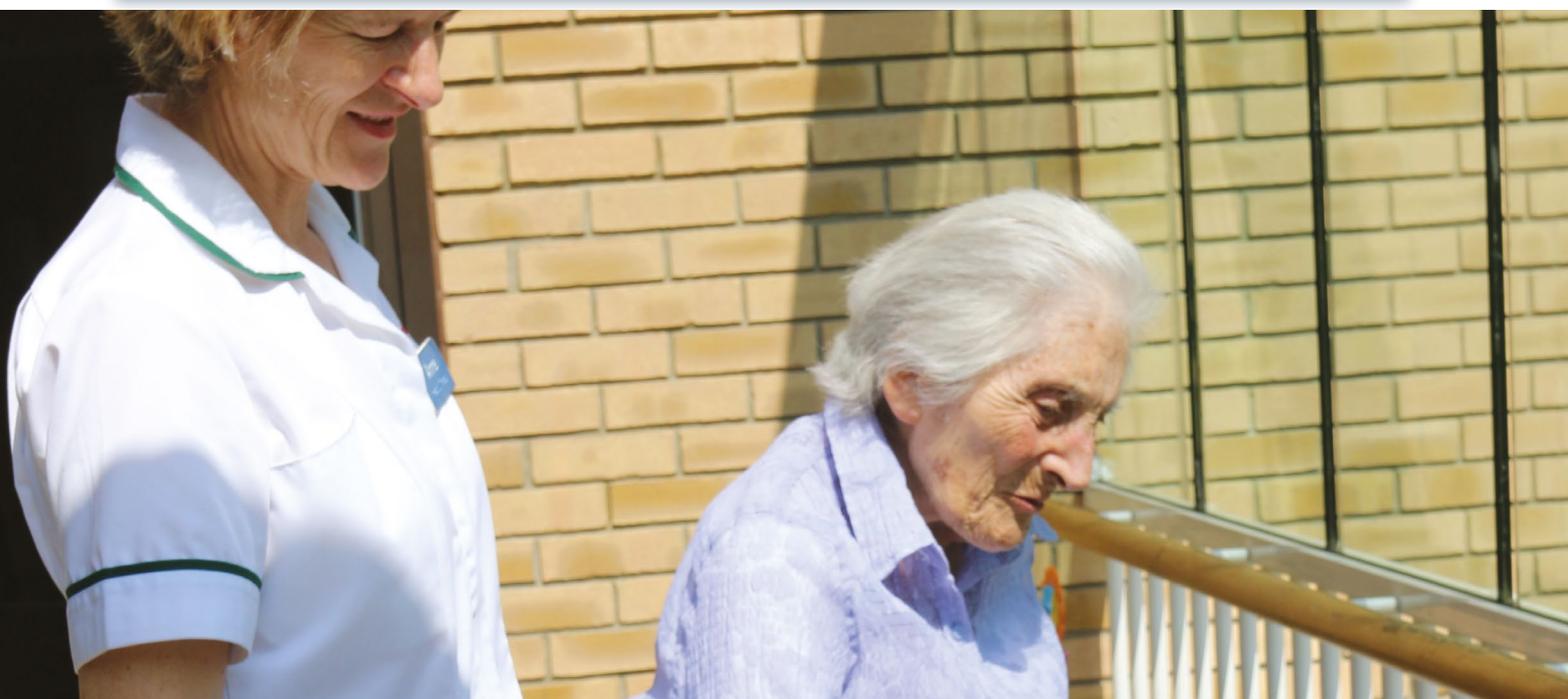
Harm includes ill treatment (including sexual abuse, exploitation and forms of ill treatment which are not physical); the impairment of health (physical or mental) or development (physical, intellectual, emotional, social or behavioural); self-harm and neglect; unlawful conduct which adversely affects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

Informed choices

Being able to make a decision when they have been provided with all information.

Wellbeing

A person's wellbeing may include their sense of hope, confidence and self-esteem, their ability to communicate their wants and needs, to make contact with others, show warmth and affection, and experience and show pleasure or enjoyment.



Your responsibilities

In your role as a healthcare support worker or adult social care worker it may be thought of as abuse if you cause harm to someone or do not do the things you should to prevent harm. It is important that you know the ways of working to safeguard adults in your workplace. Your policies and procedures tell you how to meet the Care Quality Commission's Fundamental Standards of Quality and Safety. www.cqc.org.uk/file/447. You should also follow the Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England. www.skillsforhealth.org.uk/code-of-conduct

The Code of Conduct states that workers must:

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

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



Agreed ways of working

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



Types of abuse and indicators

You should be able to identify the different types of abuse and the signs or 'indicators' that are happening. In general, changes to someone's personality or appearance, mood swings, and self-harming could all be signs that abuse is happening. The more you are able to get to know someone the more you are likely to notice any changes. In some workplaces, this is not possible because care and support may be short term.

There are seven main types of abuse. It is unusual for someone to experience just one. For example, bullying and domestic abuse may involve physical, financial and emotional abuse.

THE CARE CERTIFICATE WORKBOOK STANDARD 10

The seven types of abuse and their indicators are listed below:

Type of abuse	Signs/indicators
<p>Physical abuse is an individual's body being injured or hurt. It can also be the wrong use of restrictive practices. Examples could be the misuse of medication or using inappropriate restraint such as locking someone in a room or tying them to a chair.</p>	<p>Injuries that are unexplained or haven't been treated. There could be a number of injuries of different ages and in different places. Examples include:</p> <ul style="list-style-type: none"> ■ Broken bones ■ Bruises ■ Unexplained loss of clumps of hair ■ Bite, burn or scald marks.
<p>Financial abuse is the use of a person's funds and belongings without their permission. This could be theft, putting pressure on someone to change their will or misuse of legal powers such as power of attorney.</p>	<ul style="list-style-type: none"> ■ Bills not being paid ■ Loss of assets such as a house being sold and the money from the sale disappearing ■ Expenditure higher than the living conditions suggest ■ Not having enough food or clothing.
<p>Sexual abuse is when a person becomes involved in sexual relationships or activities which they do not want to be involved in. They may have said that they do not want to be involved or they may be unable to give consent. Sexual harassment is a form of sexual abuse.</p>	<ul style="list-style-type: none"> ■ Pain, sores and bruising around the inner thighs and genital, anal or breast area ■ Blood stained underwear ■ Pain and discomfort when walking or sitting ■ Sexually transmitted infections and pregnancy are indicators for sexual activity and can indicate abuse if the person does not have the capacity to provide consent.
<p>Neglect is also known as the 'omission to act' or failing to act. It is a failure to meet the basic needs of the individual by providing food, fluids, warmth, medication and hygiene support. Self-neglect is the term used to refer to those who fail or refuse to take care of their own basic needs.</p>	<p>Indicators of neglect by others and self-neglect are similar. They include:</p> <ul style="list-style-type: none"> ■ Malnutrition ■ Dehydration ■ Bedsores ■ Dirty clothing and bedding ■ Taking the wrong dosage of medication.
<p>Emotional abuse is also known as psychological abuse. It results in a person feeling worthless, unloved or uncared for. It can involve threats, bullying and humiliation.</p>	<ul style="list-style-type: none"> ■ Anxiety ■ Lack of confidence ■ Low self-esteem ■ Disturbed sleep.
<p>Institutional abuse happens where services provided for adults who are at risk of harm, are focused on the needs of the organisation. For example, not providing choice over meal times or when someone can go to bed because this is easier for the organisation.</p>	<ul style="list-style-type: none"> ■ Poor care standards ■ Rigid routines ■ Lack of staff learning, development and support.
<p>Discriminatory abuse refers to an individual or group being treated unequally because of characteristics identified in the Equality Act 2010. It involves ignoring a person's values, beliefs and culture.</p>	<ul style="list-style-type: none"> ■ Poor service which does not meet the person's needs ■ Verbal abuse and disrespect ■ Exclusion of people from activities and/or services.



Restrictive practices

This term refers to actions that may need to be used such as physical restraint or use of devices, medication or seclusion. Restrictive practice must always be legally and ethically justified and must be absolutely necessary to prevent serious harm. If used inappropriately restrictive practices have the potential to infringe human rights.

Vulnerable adults and the risk of harm

A vulnerable adult could be described as someone who is in need of assistance, care or support and is unable to take care of and protect themselves. Those who use health and social care services can be vulnerable because of their care and support needs. When one person has more power than another, they can either do things that support the other person to be independent or they can take advantage of their power and harm or abuse the other person in some way. This can include failing to treat someone with dignity and respect, causing physical or emotional suffering or even causing a person's death. It can happen on purpose or due to neglect or because someone doesn't know what they should do differently.

Abuse can take place anytime and anywhere. However, some situations increase an individual's vulnerability. Examples are:

- In an individual's own home it is easier for an abuser to hide their actions from others
- Institutional abuse is more likely to happen when standards are poor and routines are planned to fit around a rota or workers feel unsupported by their management. This can lead to a way of working that everyone begins to see as acceptable. They do not try to challenge the situation because they are afraid of speaking out about what is being accepted by the majority
- Any workplace where individuals display difficult or challenging behaviour that workers are not trained or supported to deal with
- Particular vulnerabilities in the individual such as a sensory impairment, a mental health issue, dementia or a learning disability. A reaction could be taken as a symptom of their condition rather than an attempt to tell someone what is happening to them.



Serious case reviews

Any abuse that takes place is wrong and has consequences for those involved; it can change the victim's life and prevents them from being able to live as they wish. For example someone who was very sociable and outgoing may not trust others, or may stop socialising and become very lonely. All incidents of abuse reported have to be investigated.

Sometimes abuse leads to serious harm or even death. When this happens a serious case review is carried out by the Local Safeguarding Adults Board. This looks at what has happened to find out why, what could have been done differently and how this can be prevented from happening again. A serious case review often leads to changes in the law, which in turn will lead to changes in ways of working, helping to keep vulnerable people safe.

Some of the factors featured in reports from serious case reviews are:

- Poor or a lack of communication between services including not sharing important information
- Ineffective partnership working between services
- Those receiving care and support or their families and friends not being involved in decisions made about their care
- A failure to identify signs of abuse
- Lack of management support or presence
- Limited learning and development opportunities for workers
- Poor staff recruitment processes.

Sources of advice and information

Your organisation's policies and procedures or ways of working: they will give you guidance on prevention and recognising the signs and symptoms of abuse. Also on procedures to follow if and when abuse has happened

Your manager or senior member of staff should always be your point of contact for any questions or concerns you might have

A lot of organisations offer additional safeguarding training to raise awareness of abuse, explain signs and symptoms and to help workers understand how to report abuse.



Examples of external sources of advice and information

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



Analysing

Reviewing services and approaches to see what works and what doesn't work and what improvements can be made.

Promoting dignity and rights

Putting individuals who receive care and support in control of their care can reduce the chance of abuse occurring. This includes making sure that the care environment promotes people's dignity and rights. It means making sure that in any care environment:

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

The importance of individualised person centred care to ensure an individual's safety

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

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

Person centred care should help the individual to make their own choices, assess and take risks. It is important that they understand the consequences of the decisions they make. For example, if a friend brings an individual some food on a hot day that has been out of the fridge for a while it is their right to weigh up whether it is likely to make them ill and to decide whether to eat it or not. In this way those who receive care and support can contribute to their own safeguarding.

Multi-agency safeguarding of adults

The Care Act 2014 makes it a requirement for local authorities to create multi-agency Safeguarding Adults Boards from April 2015. These boards set out the ways in which safeguarding procedures are put into practice in your local area. They promote information sharing between workers and organisations to make sure that the care meets all of the needs of the individual. If a worker has concerns they must share these with other workers to build up a full picture of the individual's situation. You should find out from your manager what your local arrangements are and how they link to your workplace agreed ways of working.

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



Managing risk

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



Risk enablement

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

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

- Be open and clear about how they look out for each individual's wellbeing
- Be open and clear about how they put into practice the CQC Fundamental Standards and Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England
www.skillsforhealth.org.uk/about-us/news/code-of-conduct-and-national-minimum-training-standards-for-healthcare-support-workers
- Be visible by showing how workers should look out for abuse by publicising signs and indicators on posters or leaflets
- Be responsible for providing learning and development for workers on safeguarding adults
- Treat all allegations of abuse or harm seriously
- Promote the values of person centred care.

The focus on prevention and openness helps to reduce the likelihood of abuse happening and develops a culture that encourages safeguarding concerns to come to light and be addressed so that ways of working can be continually improved.

Complaints

It is important that people receiving care and support feel able to challenge poor standards of care. They should know how to complain and feel confident to make a complaint without fear of facing negative treatment. Ask your employer to tell you what to do when someone wants to complain.

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

Responding to suspected or disclosed abuse

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

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

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

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



If an individual tells you that they have been, or are being abused you must:

- ✓ Reassure them that you will take what they are saying seriously
- ✓ Support them to communicate in the best way for them
- ✓ Tell them you cannot keep what they are telling you a secret as you have a duty to protect them from harm
- ✓ Listen carefully to what they are telling you
- ✓ Reassure them that they will be involved in decisions about what will happen
- ✗ Do not be judgemental or jump to conclusions.

You should record what the person tells you. Where available you should use the locally agreed form and use their own words where possible to ensure that it is non-biased and you do not forget any details. The report should be factual and not contain your views. Sign and date the report and make sure that the disclosure is reported to your manager.



Whistleblowing

Whistleblowing is when a worker reports suspected wrongdoing at work. You must report things that you feel are not right, are illegal or if anyone at work is neglecting their duties. This includes when someone's health and safety is in danger; damage to the environment; a criminal offence; that the company is not obeying the law (like not having the right insurance); or covering up wrongdoing.

Whistleblowing

Whistleblowing is the reporting of unsafe or illegal practices in the workplace. Most organisations have a policy or agreed ways of working which will tell you how to raise your concerns. Your employer should provide or explain their whistleblowing policy. You have a responsibility to report things that you feel are not right, are illegal, or if anyone at work is neglecting their duties. Speaking to your manager will normally be your first step. However, if it is this person's work that you are concerned about, you can seek support from a more senior person or outside your organisation, for example from the Care Quality Commission (CQC), union representative, if you have one, or the local police. If you raise a concern with the CQC the information you give them will be dealt with in confidence, and you can raise concerns anonymously. The CQC have a quick guide to whistleblowing or guidance for workers which gives helpful advice on speaking out about poor care and what protection you will have from the law. You can find more information here:

www.cqc.org.uk/content/report-concern-if-you-are-member-staff

Legislation

Key pieces of legislation are listed below;

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

www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation

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

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

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

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

The Data Protection Act 1998 regulates the way in which personal data needs to be handled and therefore protects people's data from being placed in the wrong hands which might make them more vulnerable to abuse.

www.gov.uk/data-protection/the-data-protection-act

The Equality Act 2010 protects people from discrimination and disadvantage due to protected characteristics including: race, gender, disability, sexual orientation, transgender, religion and age.

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

Sharing information

Part of your role is to respect the privacy of individuals and to treat personal and sensitive information confidentially. However, all workers involved in an individual's care need to be up-to-date on the individual's plan for care and support. Multi-agency teamwork has a number of benefits and is essential for safeguarding adults if abuse, harm or neglect has been identified or suspected. Working as a multi-agency team and sharing information will:

- Provide the opportunity to share your concerns with others
- Ensure that the individual's wellbeing is the main priority
- Ensure that the individual is able to access a wide range of services and resources to protect them
- Involve the appropriate workers to make sure that the individual's safety is promoted and protected.

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

The CARE CERTIFICATE

Safeguarding Adults

- What do you know now?

Standard

10

Activity 10.1a & b



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

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

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

Activity 10.1c & g



Complete the table below to make a list of the seven main types of abuse and their indicators (signs):

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

Type of abuse	Possible indicators
1.	
2.	
3.	
4.	
5.	
6.	
7.	

Activity 10.1d



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

The term harm means...

A large rectangular area with a light blue border, containing 20 horizontal dotted lines for writing.

Activity 10.1e & h



Part i) Some people are more vulnerable to harm and abuse than others. Why might an individual who requires care and support be more vulnerable to abuse than others?

A large rectangular area with a light blue border, containing 20 horizontal dotted lines for writing.

Activity 10.1e & h



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

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

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

Activity 10.1f



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

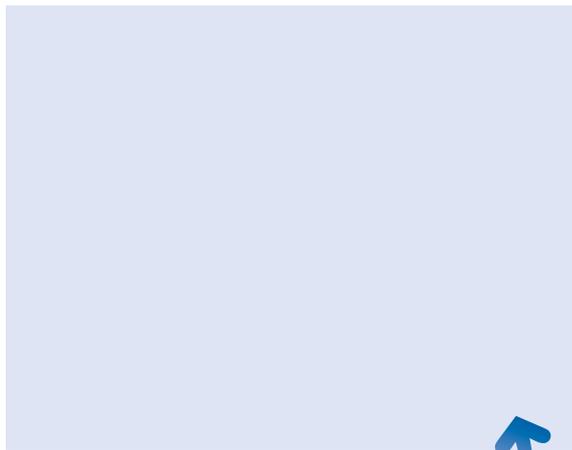
Describe: to describe means to create a picture with words but not simply writing a list of bullet points.

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

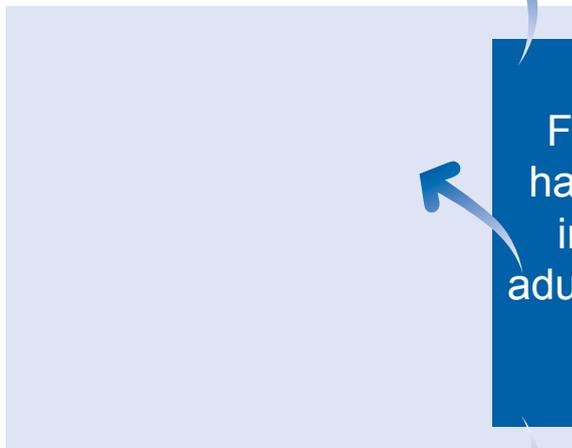
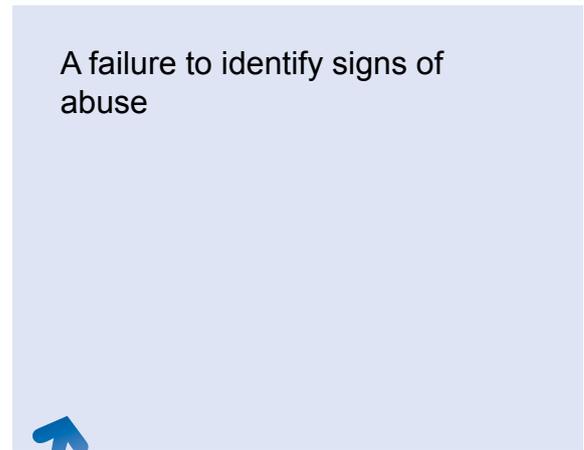
Activity 10.1i

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

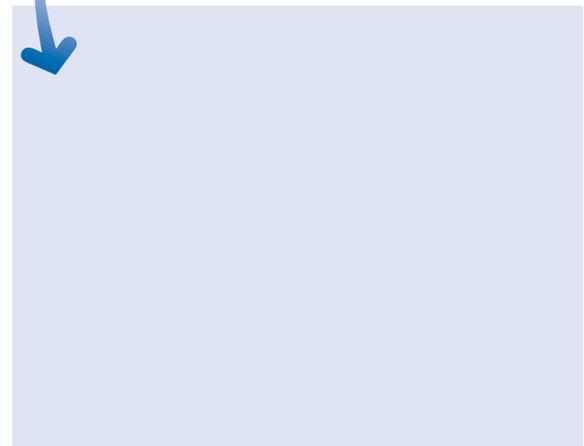
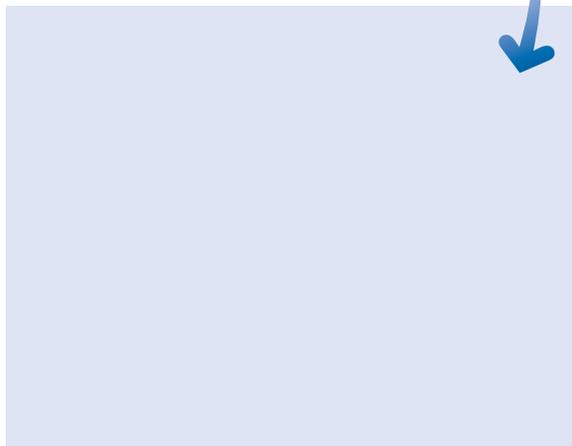
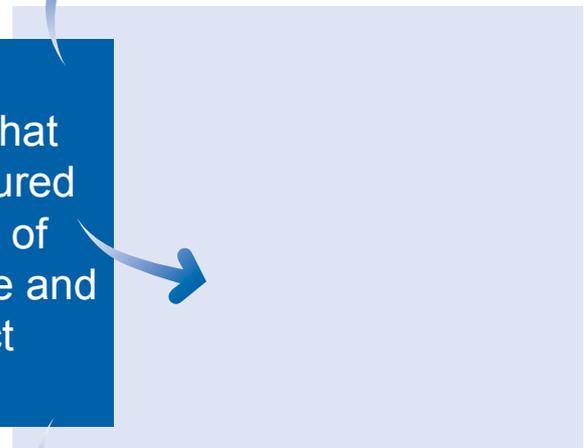
List: this term means to identify the main points which can be written as bullet points.



A failure to identify signs of abuse



Factors that
have featured
in cases of
adult abuse and
neglect



Activity 10.2a



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

<p>A care environment that promotes an individual's dignity and rights...</p>	
<p>A care environment that undermines an individual's dignity and rights...</p>	

Activity 10.2b



You can help to keep individuals safe by:

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

- Working with person centred values
- Encouraging active participation, and
- Promoting choice and rights.

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

Person centred values	Active participation	Choice and rights

Activity 10.2d



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

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

A large rectangular area with a light blue border, containing 20 horizontal dotted lines for writing.

Activity 10.2e



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

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

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

Activity 10.2f



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

A large rectangular area with a light blue border, containing 20 horizontal dotted lines for writing.

Activity 10.3a



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

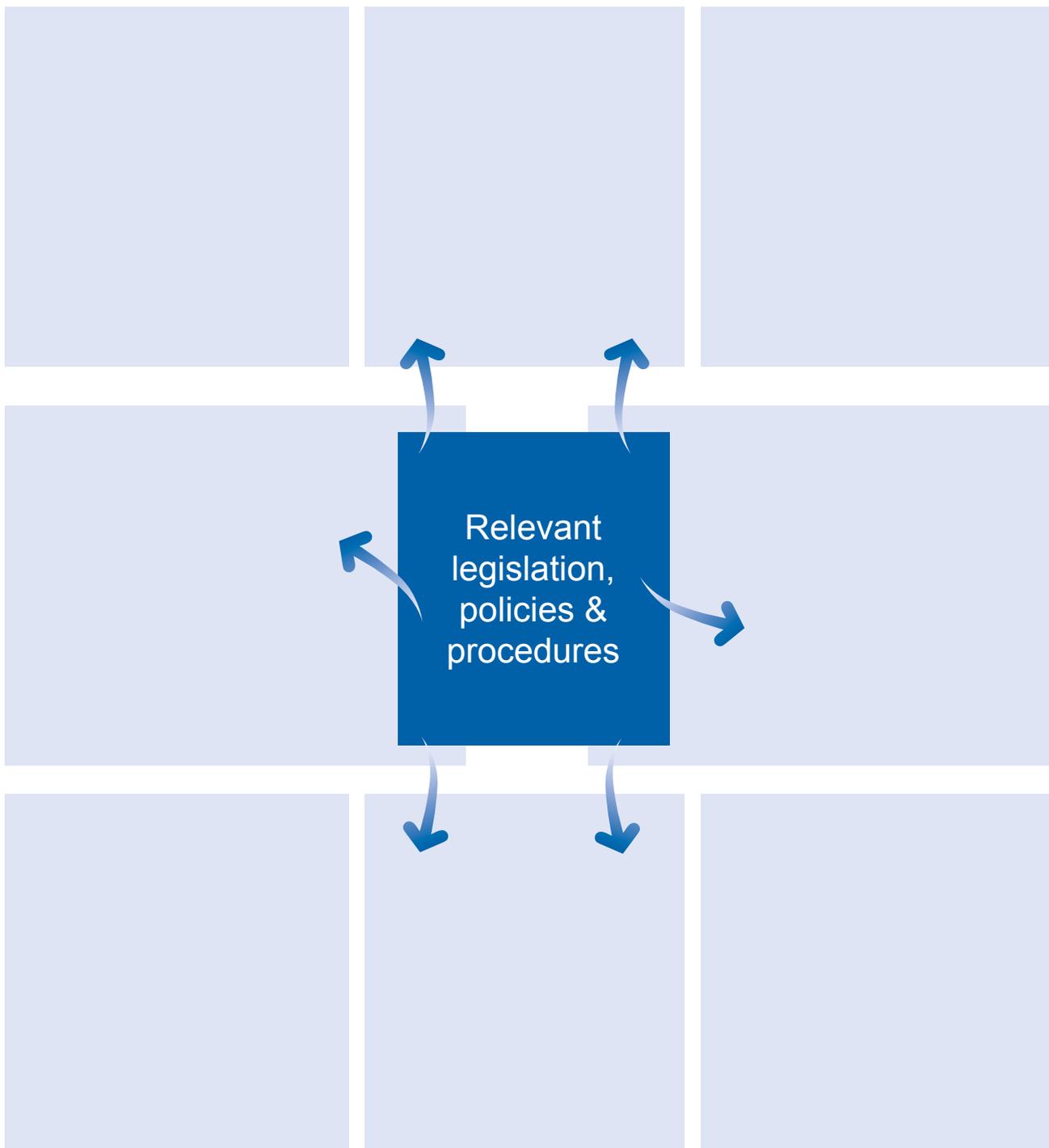
Explain: to explain something you will need to provide a clear account of your understanding including details like why and how.

A large rectangular area with horizontal dotted lines for writing.

Activity 10.4a

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

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



Activity 10.4b



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

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

A large rectangular area with horizontal dotted lines for writing.

Activity 10.4c

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



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

1.

2.

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

Standard Number: 10

Standard Title: Safeguarding Adults

Document guidance

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

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

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

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

Guidance for assessors

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

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

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

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

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

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

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

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

Declaration of completion

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

Employee signature:

Name of assessor*:

Assessor* signature:

Completion date:

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