



# **Tibbs Dementia Foundation Safeguarding Policy**

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## **Legal Reference**

- 1.0      **Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**

## **Outcome Statement**

- 2.0      **Service users:**
- Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.
- 2.1      **This is because we comply with the regulations and will:**
- Take action to identify and prevent abuse from happening in our services.
  - Respond appropriately when it is suspected that abuse has occurred or is at risk of occurring.
  - Ensure that Government and local guidance about safeguarding people from abuse is accessible to all staff and volunteers and put into practice.
  - Understand how diversity, beliefs and values of service users may influence the identification, prevention and response to safeguarding concerns.
  - Protect others from the negative effect of any behaviour by service users.
- 2.2      Abuse is wrong and must never be condoned, excused or allowed to continue. We will ensure that in all our actions we will put the rights and interests of service users first.
- 2.3      We will ensure that service users, staff and volunteers are protected from harm and not subject to unwanted attention or behaviour that concerns or upsets them.
- 2.4      All staff and volunteers must work within and follow the Protection Of Vulnerable Adults Guidelines and Guidance issued by the local authority Safeguarding team.
- 2.5      We ensure that all actions taken by staff and volunteers are in line with locally agreed protocols of reporting, and referring through local safeguarding, CQC and Police.
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## **Tibbs Dementia Foundation Safeguarding Policy**

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- 2.6 All training for staff and volunteers should focus on the values base of the service and how this may be interpreted by others. For example Tibbs is not Risk averse, but just Risk aware. Only by ensuring that all staff and volunteers work in a consistent and non abusive way will the incidence of Institutional Abuse be avoided.

### **Policy Statement**

3.0

#### **Definition of Abuse**

- 3.1 Abuse can manifest itself in many different forms and on some occasions can be unintentional. A standard definition of Abuse is:  
*“Any action (or lack of action) that causes harm or distress to another. These actions may be deliberate or accidental and include: physical, psychological, neglect, sexual or financial”.*

Actions may be the result of an individual, a group of people or be classed as institutional abuse.

A detailed description of the different types of abuse is contained within the Bedford Borough Multi Agency Adult Safeguarding Policy, Practice and Procedures.

- 3.2 Service users are part of the Tibbs Dementia Foundation (TDF) community which has taken steps to prevent abuse and does not tolerate any abusive practice should it occur.

TDF minimises the risk and likelihood of abuse occurring by:

- Ensuring that staff, volunteers and service users understand the aspects of the safeguarding processes that are relevant to them.
  - Ensuring that staff and volunteers understand the signs of abuse and raise this with the right person when those signs are noticed.
  - By carrying out detailed risk assessments of all aspects of the services we provide
  - By building safeguarding principles into all areas of induction, training and other policies adopted by TDF
  - Ensuring that service users are aware of how to raise concerns of abuse.
  - Having effective means to monitor and review incidents, concerns and complaints that have the potential to become an abuse or safeguarding
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## **Tibbs Dementia Foundation Safeguarding Policy**

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concern.

- Using information from safeguarding concerns to identify non-compliance, or any risk of non-compliance, with the regulations and to decide what will be done to return to compliance.

3.3 Service users benefit from staff and volunteers who take into account relevant guidance and local safeguarding team documents as may be from time to time published.

3.4 Service users receive care, treatment and support from staff and volunteers who, in relation to safeguarding:

- Know how to identify, report and respond appropriately to suspected or actual abuse because there are clear procedures that are followed in practice, monitored and reviewed.
- Understand the risk factors for abuse and what they must do if a service user is being abused, suspected of being abused, is at risk of abuse or has been abused.
- Follow the referral process and timescales for any potential safeguarding incident as described in all relevant local and national multi-agency procedures.
- Understand the roles of other organisations who may be involved in responding to suspected safeguarding issues to the extent that is appropriate to their role.
- Work collaboratively with all relevant services to safeguard and protect the welfare of service users.
- Cooperate and work collaboratively with all relevant services during any investigative process.
- Take part in regular reviews of the support outcomes against specific plans for service users.
- Are confident to report concerns without worrying about consequences, as they are aware of their rights under the Public Interest Disclosure Act 1998.
- Follow any agreed protection plan in order to reduce the risk of further safeguarding incidents.

3.5 Service users have access to information about what they might expect to happen when a referral is made under the local safeguarding procedures.

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## Tibbs Dementia Foundation Safeguarding Policy

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- 3.6 Service users are confident that:
- Information about a safeguarding concern is appropriately shared in line with multi-agency procedures, taking into account the sensitive nature of the information.
  - Safeguarding procedures are delivered in a way that protects service users human rights, including their human rights to life and not to be treated in an inhuman or degrading way.
  - The Trustees and Chief Executive Officer (CEO) will implement and review any subsequent guidance.

### Procedure

#### 4.0

The Trustees and Chief Executive Officer will follow The Multi Agency Adult Safeguarding Policy, Practice and Procedures as updated from time to time by Bedford Borough Council and other multi agency partners. If in any doubt the manager should consult with the local authority Safeguarding Team.

#### 4.1

##### DBS Policy

TDF follows current expert advice from GBG (DBS online provider) and UK Government Guidelines, and uses a Risk based approach for DBS checking. Appropriate DBS checks are always carried out when necessary, to fulfil the organisation's responsibility to maintain the highest possible standards of Safeguarding, including compliance with the Contracts with Local Councils.

#### 4.2

TDF applies the following principles:

It is a **legal requirement** in the UK for regulated activity employers to refer safeguarding concerns to the DBS. It is a criminal offence for anyone barred by the DBS to work or apply to work in the sector (children or adults) from which they are barred

Before TDF considers asking a person to apply for a DBS check, it is legally responsible for ensuring that it is entitled to ask that person to reveal their conviction history.

DBS checks are only one part of TDF's safeguarding procedure. These include a robust and responsible recruitment technique, and encompass staff training, and vigilant management and oversight of individuals in sensitive positions.

If an individual is eligible for a DBS check, it does not follow that one is necessarily required. TDF takes safeguarding very seriously but resists the temptation and practice of applying for DBS checks 'just in case'.

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## **Tibbs Dementia Foundation Safeguarding Policy**

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The full Risk Assessment determines both eligibility and whether a DBS check is actually required, or whether other safeguarding measures provide adequate assurance.

Where DBS certificates are in place, the Disclosures Manager holds records. TDF requires that renewals are carried out on a 5 yearly basis, unless the yearly update service is in place.

- 4.3 Employers face criminal charges for knowingly employing a person who is on the ISA barred list.
- 4.4 The manager has a legal duty to refer to the Safeguarding Team relevant information about a person who is working with vulnerable adults where there are reasonable grounds for believing that they consider the person to have caused harm or posed a risk of harm.
- 4.5 The manager should ensure that all applicants for employment are appropriately registered with a professional or governing body, where appropriate.
- 4.6 The manager must refer information to Safeguarding whenever they are concerned about the actions of a member of staff, and when they have suspended or dismissed a member of staff (or where the staff member resigns) because:
  - They have harmed a vulnerable adult
  - They have indicated that they may harm a vulnerable adult
  - The manager believes there is a significant risk of harm to a vulnerable adult
  - The manager considers it appropriate that ISA are informed of the individual
- 4.7 The manager must also refer information whenever they are concerned that the actions of another vulnerable adult because:
  - They have harmed a vulnerable adult
  - They have indicated that they may harm a vulnerable adult
  - The manager believes there is a significant risk of harm to a vulnerable adult
- 4.8 The manager should use the “Referral Forms” located on the local authority web site to make the referral
- 4.9 The manager and staff should co-operate with safeguarding at all times in the processing of a referral.

**The Following Evidence Will Demonstrate That The Required Outcomes Are Being Met And Relevant Standards Achieved**

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## Tibbs Dementia Foundation Safeguarding Policy

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- 5.0 There is evidence that:
- Staff have received training in the ISA and Safeguarding procedures
  - Staff are aware of how to make a safeguarding referral
  - The service provider has the required forms and documentation to make and manage safeguarding referrals
  - There are full and comprehensive records of any referrals made
  - Following referral, the service has acted on guidance given or requirements made

### Training Required

- 6.0 Staff should be aware of the following:
- All staff will receive training in Safeguarding of Vulnerable adult including an understanding of the different types of abuse
  - Understanding of Safeguarding will be checked annually using a competency questionnaire and any shortfalls rectified with further training
  - Policies and procedures alone will not protect staff and service users from harm.
  - Only by ensuring that all staff understand and follow such procedures will abuse, bullying and harassment stop.
  - Staff should be aware of the sensitivity of other people in their comments and general conversation in the service.
  - Abuse can occur through ignorance, but ignorance is no defence. Staff should be aware that they are responsible for their actions in their dealings with service users.
  - Where a member of staff is threatened or attacked and their health, well-being or life is in danger and they act in self defence to remove themselves from the danger, this should not be regarded as abuse.

- 6.1 Abuse can manifest itself in many different forms and on some occasions, can be unintentional.

A standard definition of Abuse is:

***"Any action (or lack of action) that causes harm or distress to another. These actions may be deliberate or accidental and include: physical, psychological, neglect, sexual or financial".***

Actions may be the result of an individual, a group of people or be classed as institutional abuse.



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### Forms And Referenced Documents For This Procedure

- 7.1 Multi Agency Adult Safeguarding Policy, Practice and Procedures
- 7.2 Reference Form for TDF
- 7.3 Risk Assessment Form
- 7.4 DBS guidelines document
- 7.5 Central Beds Council Contract Safeguarding Section
- 7.6 Gov.UK full guidance: <https://www.gov.uk/guidance/dbs-check-requests-guidance-for-employers>
- 7.7 E:Safeguarding Employers Guidance for DBS checks
- 7.8 GBG Adult workforce Guidance
- 7.9 GBG Guidance on what level of DBS required
- 7.10 GBG Positions Template for TDF

### Version Control

Version 1.2

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Authoriser

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Document Status Approved and adopted

### History and revisions

Version	Created by	Revision History	Date Published
Draft 1.0	Tony Mulhall	First draft	02.05.2021
Draft 1.1	Lisa Diiorio	Amended draft	12 05 2021



## **Tibbs Dementia Foundation Safeguarding Policy**

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Draft 1.2	Sarah Russell	Separate policy and procedures Updated to include incident reporting procedures	03.09.2021
review	Sarah Russell		10/10/ 2022
reviewed	Sarah Russell		15/11/2023
reviewed and approved	Neil Harris (Chair of Trustees)		23/6/2025

### **Authorisation**

Version	Authorised by		Date
1.2	Adopted by Trustees		23/9/2021