



CR04 - Safeguarding Policy and Procedure

Purpose

- This policy sets out to prevent and reduce the risk of significant harm to adults from abuse or other types of exploitation, whilst supporting individuals to maintain control over their lives and to make informed choices without coercion.
- This organisation believes that safeguarding is everybody's business and we all must play a part in preventing, identifying and reporting neglect and abuse.
- The six safeguarding principles (Empowerment, Protection, Prevention, Proportionality, Partnership and Accountability) should underpin all safeguarding practice, including information-sharing.

Scope

- All Residents' and their families or representatives.
- All staff employed or commissioned /engaged by The Home.
- **Related policies - The principles of safeguarding underpin all of The Home policies related to recruitment, communication, data and records, direct delivery of care and support, management and governance.**

Definitions

- Abuse is a violation of an individual's human and civil rights by any other person or persons.
- Types of abuse are described in the statutory guidance accompanying the Care Act 2014 as:
 - Physical abuse;
 - Domestic violence;
 - Sexual abuse;
 - Psychological abuse;
 - Financial or material abuse;
 - Modern slavery;
 - Discriminatory abuse;
 - Organisational abuse;



CR04 - Safeguarding Policy and Procedure

- Neglect and acts of omission;
- Self-neglect.

Duty of this organisation

- The organisation ensures that Residents are safeguarded from physical, financial, material, psychological, racial, medication or sexual abuse, neglect, discriminatory abuse or self-harm, and inhuman or degrading treatment. We do this by ensuring that our employees and representatives are provided with training and information in how to recognise and guard against abuse in all its forms and how to act if they suspect individuals may be at risk.
- All new employees are subject to Disclosure and Barring Service checks prior to commencing work with vulnerable service users. Basic information on safeguarding is issued to all staff and representatives on commencement of employment. This includes how to report concerns and identify the responsible individuals for managing safeguarding within the organisation. This is followed by comprehensive safeguarding awareness training as part of staff induction.

Information sharing

- The Care Act 2014 s45 'supply of information' duty covers the responsibilities of others to comply with requests for information from the Safeguarding Adults Board. Sharing information between organisations as part of day-to-day safeguarding practice is already covered in the common law duty of confidentiality, the Data Protection Act, the Human Rights Act and the Crime and Disorder Act. The Mental Capacity Act is also relevant as all those coming into contact with adults with care and support needs should be able to assess whether someone has the mental capacity to make a decision concerning risk, safety or sharing information.
- Organisations need to share safeguarding information with the right people at the right time to:
 - Prevent death or serious harm;
 - Coordinate effective and efficient responses;
 - Enable early interventions to prevent the escalation of risk;
 - Prevent abuse and harm that may increase the need for care and support;
 - Maintain and improve good practice in adult safeguarding;
 - Reveal patterns of abuse that were previously undetected and that could identify others at risk of abuse;
 - Identify low-level concerns that may reveal people at risk of abuse;
 - Help people to access the right kind of support to reduce risk and promote wellbeing;



CR04 - Safeguarding Policy and Procedure

- Help identify people who may pose a risk to others and, where possible, work to reduce offending behaviour;
- Reduce organisational risk and protect reputation.

Six Safeguarding Principles

- The following safeguarding principles have been agreed by the Government within the Care Act 2014 as a foundation to achieving good outcomes for patients:
 - Principle 1 – Empowerment - presumption of person led decisions and consent;
 - Principle 2 – Protection - support and representation for those in greatest need;
 - Principle 3 – Prevention - prevention of neglect, harm and abuse is a primary objective;
 - Principle 4 – Proportionality - proportionate and least intrusive response to the risk presented;
 - Principle 5 – Partnerships - local solutions through services working with their communities;
 - Principle 6 – Accountability - accountability and transparency in delivering safeguarding.

Duty of Candour

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20.
- The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity.

Procedure

- If suspected abuse or actual abuse is found to be happening, the following procedure must be followed.

Step 1

Ensure safety

- The first priority should always be to ensure the safety and protection of vulnerable adults, and if medical attention is required this must be sought immediately with a referral to the GP or A&E. Consider also whether other vulnerable adults may be at risk and take appropriate action to safeguard them.



CR04 - Safeguarding Policy and Procedure

Step 2

Report concerns

- It is the responsibility of everyone to act on suspicion or evidence of abuse or neglect (see Public Interest Disclosure Act 1998). Where appropriate, report to the most senior member of staff on duty who will then contact Kevin Warley, Registered Manager, Trish Gregory, Head of Care, Debra Eason, Principal and Senior Safeguarding Officer (07854 444184) can be contacted in the event the Registered Manager cannot be reached. They will escalate the matter to the appropriate agency and start the process of investigation. If this is not possible, contact the local Social Services Adult Team at:

Lincolnshire County Council

Phone: 01522 782155 / 24

Reporting a safeguarding concern should be done using the CQC Portal.

Step 3

Support the investigation

- The local Social Services Adult team will take the lead and be responsible for managing the process by establishing the facts of the case, identifying those that need to be involved and co-ordinating the response.
- Staff have a legal responsibility not to discuss any issues relating to abuse and not to investigate the matter themselves in any way. If abuse is suspected, a senior member of staff will suspend the employee without prejudice with full pay until the necessary agencies have investigated the matter.
- Staff are required to assist fully with any investigation by disclosing all relevant information to the investigating officer in a timely and responsible manner.

Step 4

Consult with police

- When complaints about alleged abuse suggest that a criminal offence may have been committed, it is imperative that reference should be made to the police as a matter of urgency on:

0300 111 0300

- Early referral or consultation with the police will enable them to establish whether a criminal act has been committed, and this will give them the opportunity of determining if, and at what stage they need to become involved. Early involvement of the police will help to ensure that forensic evidence is not lost or contaminated, and this may prevent the abused adult being interviewed unnecessarily on subsequent



CR04 - Safeguarding Policy and Procedure

occasions. Notification of the police may be done either by the referring individual/agency or by the local Social Services area team. This will be dependent upon the information received at the initial point of concern, any subsequent preliminary enquiry and at what point the lead agency is alerted. To prevent any possibility of a failure to alert the police at the proper time, the person/agency making the referral should identify whether or not the police have been informed. When Social Services receive the initial referral they will identify and record whether or not the police have been informed. Constabularies have family protection officers whose role it is to investigate allegations of the abuse of vulnerable adults, where the person responsible is a family member or in a position of care. In cases where the person responsible is not a family member or Carer, and where the reported incident is one of financial abuse, the matter will be investigated by the local officers. Criminal Investigation by the police takes priority over all other lines of enquiry; however, police investigations may proceed alongside those dealing with health and social care issues.

- In some areas, the police demand that their investigation takes precedence over internal disciplinary procedures of the employer. However, the employer is entitled, indeed obliged, to take such action as may be necessary to safeguard the wellbeing of Residents, wherever they may be being cared for. This may include dismissal and referral to appropriate agencies for banning from working with vulnerable people. It is unlikely that this responsibility is discharged simply by referral of the case to the police.

Step 5

Statutory notifications to CQC - Regulation 18 (Outcome20)

- There is a statutory requirement on service providers who are registered for the regulated activity including Care Home Services with or without Nursing, Domiciliary Care services, Shared Lives (formally known as Adult Placement, but not day services), to notify the CQC without delay about abuse or alleged abuse involving a person (s) using the service, whether the person(s) are the victim(s), the abuser(s) or both.
- Services should refer to the Fundamental Standards for information about what must be notified in relation to abuse.
- Service providers must also alert the relevant local safeguarding authority when they notify the CQC about abuse or alleged abuse.
- The regulations regarding notifications can be found in the Care Quality Commission (Registration) Regulations 2009 at www.cqc.org.uk under Adult Social Care - Notifications or on the CSSIW website <http://wales.gov.uk/cssiwsubsite/newcssiw>
- The service provider is required to complete a form which can then be submitted online. Alternatively this can be posted to the address below, but a telephone call should be made to alert the CQC of the allegations.



CR04 - Safeguarding Policy and Procedure

**Care Quality Commission,
National Correspondence,
Citygate, Gallowgate,
Newcastle upon Tyne
NE1 4PA,
Tel: 03000 616161,
Fax: 03000 616171**

- The execution of the statutory responsibilities of the Care Quality Commission relies on timely and considered intervention by their officers. It is therefore essential that enquiries into allegations involving residential, nursing or domiciliary care services are undertaken in collaboration with the appropriate inspectorate. Care Quality Commission must satisfy themselves that the local Social Services District Team is aware of incidents or allegations of abuse which come to the attention of the Care Quality Commission from other sources.

Step 6

Ensure secure and appropriate reporting and recording

- The Data Protection Act makes important requirements about how information about individuals is stored, 'processed' and shared, appropriate measures must be taken by the service to protect data.
- Notifications about individuals must not include their name or other details that a third party could use to identify them. Advice is to use codes instead of names; even where codes are used, they should not easily identify an individual, such as a room number or date of birth. A record of agreed codes should be established and kept secure, should the CQC require more information regarding an incident.

Step 7

Establish working arrangements.

- The enquiry must take account of other agencies and identify those who need to be involved. Where there is a joint interest or responsibility, an early agreement regarding lead responsibility and working arrangements must be clarified. Where agreement cannot be reached, or where difficulties are being experienced, the Social Services Local Team Manager should be asked to obtain clarification at a senior level with the agencies involved.

Step 8

Contact advocacy services

- Please see Advocacy Policy and Procedure CR02.



CR04 - Safeguarding Policy and Procedure

- Advocacy Services are available from:

Total Voice 01522 706580

Step 9

Bring in specialist skills

- Consideration must be given to enlisting the services or advice of personnel with specific skills or knowledge, particularly where people involved have limited communication skills, or where English is not their first language. Formal arrangements must be in place to ensure any specialist agency conducts its work in a manner that protects and supports the rights of the Resident's and complies with the procedure on confidentiality and safeguarding vulnerable adults.

Step 10

Co-ordinate

- The Social Services District Team, as the lead agency, co-ordinate the response, notify other agencies, identify those who need to be involved and ensure the following processes are addressed:
 1. Investigation of the incident using the guidance.
 2. Action to ensure immediate safety of the alleged victim.
 3. Early involvement of key agencies through strategy meeting or discussion (by telephone if appropriate).
 4. Agreement with other agencies on who should take the lead in the investigation.
 5. Assessment and Care Planning for the vulnerable person who has been abused.
 6. Action regarding criminal proceedings.
 7. Action by employers, such as suspension, disciplinary proceedings, use of complaints and grievance procedures and action to remove the perpetrator from the professional register.
 8. Agreements for treatment or care of the abuser, if appropriate.
 9. Consideration of implications relating to regulation, inspection and contract monitoring.
 10. Appropriate measures to reassure and support carers and keeping them informed.
 11. Development, implementation and monitoring of a Care Plan.



CR04 - Safeguarding Policy and Procedure

12. Maintaining appropriate records – see appended forms.

Step 11

Investigation

- For a variety of reasons, agencies other than the police may need to conduct investigations into incidents of alleged abuse. This is because criminal activity cannot be taken as confirmation that abuse has taken place (or insufficient evidence to substantiate). Investigation is a process that focuses on gathering “good evidence” that can be used as a basis for a decision regarding whether or not abuse has occurred. It must be a rigorous process and the evidence must be capable of withstanding close scrutiny as it may later be required for formal proceedings. Such proceedings may be against the perpetrator of the abuse, or against other individuals or organisations in positions of responsibility and accountability. In these circumstances, any decision made on the facts that arise from the investigation is made on the civil standards of proof, i.e. on the balance of probabilities.

Step 12

Case conference

- Case conferences can be called following the investigation, or if deemed necessary at any time during the process; it may be necessary to call a case conference involving all relevant agencies. One of the purposes of the case conference is to enable multi-agency decisions to be made regarding future actions required in order to address the needs of the individual. An agency involved in the case may ask for a case conference to be held, although the final decision to call a conference rests with the Social Services Local Team Manager.

Step 13

Feedback

- The accepted good practice concerning recording, minuting and circulation will be observed and the Social Services Local Team Manager must ensure that feedback is given to the referring organization, individual and family as appropriate.

References/ further reading:

- The Care Act 2014.
- Health and Social Care Act 2008; Regulations 2014 - Regulation 13.
- Health and Social Care Act 2008 Regulations 2015 amendment to regulation 20.
- Statement of Government Policy on Adult Safeguarding, Department of Health, May 2013.



CR04 - Safeguarding Policy and Procedure

- Safeguarding Vulnerable Groups Act 2006.

Online resources

- **CQC Safeguarding Protocol:**
http://www.cqc.org.uk/sites/default/files/documents/20130123_800693_v2_00_cqc_safeguarding_protocol.pdf
- **Duty of Candour:** <http://www.cqc.org.uk/content/regulation-20-duty-candour#full-regulation>
- **Keeping People Safe - Easy Read Summary:**
http://www.thh.nhs.uk/documents/Patients/PatientLeaflets/general/Safeguarding_Adults_LD-EasyRead-DOH.pdf
- **Care Act 2014, HMSO, June 2014:** <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>
- **Care Act Learning and Development Programme - safeguarding Adults, Skills for Care:** www.skillsforcare.org.uk/careact

Key Lines of Enquiry Table

Key Line of Enquiry	Primary	Supporting	Mandatory
R.S2 – How are risks to individuals and the service managed so that people are protected and their freedom is supported and respected?	✓		✓
R.S1 – How are people protected from bullying, harassment, avoidable harm and abuse that may breach their human rights?	✓		✓
R.E2 – Is consent to care and treatment always sought in line with legislation and guidance?	✓		✓

The Shires Post 19

Millfield House, 13 Back Lane, Colsterworth
Grantham, Lincs, NG33 5NJ
Phone: 01476 860270



Reviewed:09/09/2019
Amended:09/09/2019

CR04 - Safeguarding Policy and Procedure

This page is deliberately left blank