Camden Health Partners Limited

Safeguarding Policy - Adults

Document Control

- **Confidentiality Notice**

This document and the information contained therein is the property of Camden Health Partners Limited. This document contains information that is privileged, confidential or otherwise protected from disclosure. It must not be used by, or its contents reproduced or otherwise copied or disclosed without the prior consent in writing from Camden Health Partners Limited.

- **Document Details**

Organisation:	Camden Health Partners Limited
Current Version Number:	1
Current Document Approved By:	
Date Approved:	1 December 2022
Next Review Date:	May 2023 (or before if required)

- **. Document Revision and Approval History**

Version	Date	Version Created By:	Version Approved By:	Comments
1.0	1/12/22	Dr Shazia Mariam	CHP Executive	

Safeguarding Policy - Adults

1. Purpose

The objective of this policy is to provide clear guidance on prevention of abuse and the procedure for reporting any concerns or allegations of abuse and to set out the levels of responsibility by:

- Ensuring that staff are aware of the policy;
- Ensuring that children and adults at risk are protected from any form of abuse;
- Ensuring that staff receive the appropriate training;
- Ensuring that any allegations of abuse are reported and are thoroughly investigated and lessons are learnt.

Relevant CQC Fundamental Standard/H+SC Act Regulation (2014)

- Regulation 13: “Safeguarding from abuse”.

2. SCOPE

This policy applies to all Camden Health Partners Limited’s staff, agency, contract, locum staff, and stakeholders involved in the care of patients.

3. POLICY STATEMENT

It is the policy of Camden Health Partners Limited to ensure that all persons receive the appropriate protection, support and intervention required in order to ensure their safety is maintained.

Safeguarding means protecting the health, wellbeing and human rights of adults at risk, enabling them to live safely, free from abuse and neglect. It is about people and organisations working together to prevent and reduce both the risks and experience of abuse or neglect.

A Safeguarding Lead will be in place at all times (see role at Appendix 3) . This Lead will be the medical director unless a named alternative Lead is approved and designated.

Staff engaged via Camden Health Partners Limited will always make appropriate notifications (see Section 13) following any suspected abuse of a person of any age by any member of the staff team. Such notifications will be both internal (including the CQC Registered Manager) and to the relevant local Safeguarding authority.

The organisation will work within and adhere to all relevant statutory provisions. The Care Act 2014 introduced legislation regarding safeguarding for adults. The Act sets out a legal framework for how local authorities and other organisations should react to suspicion of abuse or neglect. Camden Health Partners Limited will undertake its responsibilities systematically in this regard, including all associated guidance and updates to this legislation. The organisation will adhere closely to the relevant Six Principles of:

- **Empowerment** – person-led decisions and informed consent.
- **Prevention** – it is better to take action before harm occurs.
- **Proportionality** – the least intrusive response appropriate to the risk presented.
- **Protection** – support and representation for those in greatest need.
- **Partnership** –local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- **Accountability** – transparency in delivering safeguarding.

In addition, in the event that there are any concerns identified about a child, the organisation will undertake its responsibilities under the "Working Together To Safeguard Children" (2018) guidance and legislation and subsequent updates – see:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf

4. OBJECTIVES

In implementing the Safeguarding Policy, Camden Health Partners Limited has the following objectives.

Protection

To ensure that all patients deemed as adults at risk receive appropriate protection whilst under the care of Camden Health Partners Limited .

Reporting

To ensure that appropriate statutory safeguarding authorities are contacted promptly and with the necessary information as and when necessary.

Support

To ensure that patients receive the appropriate support to maintain safety whilst a patient/service user of Camden Health Partners Limited and during any potential Safeguarding investigation.

Advocacy

To ensure adequate arrangements for advocacy for patients are in place, especially where there are potential issues relating to capacity and consent.

Intervention

To ensure that appropriate interventions are instigated by appropriately trained staff in an appropriate and timely manner.

To ensure that any interventions implemented are the least restrictive wherever practicable

Co-operation

To work collaboratively with all multidisciplinary team members involved within Safeguarding /Child Protection procedures, through both internal and external policy.

Communications

To ensure that staff demonstrate effective communication skills and that communication is maintained within the collaborative team, on a ‘need to know’ basis, throughout the Safeguarding process

That staff ensure that communication takes place in an appropriate environment.

Confidentiality

To ensure national legislation and professional codes of conduct relating to confidentiality are adhered to at all times.

To ensure appropriate areas are provided where discussions can take place regarding safeguarding issues or concerns, free from intrusion of visitors and other patients.

To ensure that Camden Health Partners Limited provides a confidential service to all patients, paying attention to Safeguarding Policy when required.

Privacy and Dignity

To ensure that the privacy and dignity of patients involved in a Safeguarding process is maintained at all times throughout the process.

To ensure that principles of common courtesy are upheld by staff, especially when faced with challenging questions or working under difficult circumstances.

To ensure patient/service user privacy is respected in all interactions with staff.

Individual and Cultural Diversity

To ensure patients are treated fairly on the basis of need and not negatively discriminated against on the basis of age, sex, race, religion, disability or sexual orientation.

To ensure patients are treated in a manner, which respects their religious beliefs, culture, gender, sexual orientation or ability.

To ensure patients cultural and religious needs will be valued and met where possible.

To ensure decisions on care that patients receive are determined only by their needs.

5. DEFINITIONS

Definition of Abuse

The Care Act 2014 defines an Adult At Risk as someone who:

" (a)…has needs for care and support (whether or not the authority is meeting any of those needs),

(b)is experiencing, or is at risk of, abuse or neglect, and

(c)as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

Different categories of abuse are:

- **Physical Abuse** – This relates to any form of malpractice involving an individual's physical wellbeing. More commonly known examples include hitting or kicking a patient or adult in a care setting, but can also extend to misuse of medication and inappropriate use of restraint.
- **Emotional/ Psychological Abuse** – Usually a repeated form of verbal abuse, where an individual is subjected to threats of harm, isolation or seclusion from services, harassment or intimidation, as well anything that alters the person's behaviour from the way they'd like to live.
- **Financial Abuse** – Where someone in a caring role misuses the finances of the individual they care for. This could be for personal gain or in a way originally intended to help the adult receiving care, but using someone's money without their consent is a crime.
- **Sexual Abuse** – If the adult in need of social care is subjected to sexual activity that they did not or could not consent to, including anything from inappropriate touching to rape, the perpetrator is guilty of sexual abuse.
- **Organisational Abuse** –This is defined as a service, agency or care home putting its own needs before those of the service users. From imposing inflexible daily routine to reorganising a staff rota to suit its own costs, organisational abuse can damage the service users' lives.
- **Neglect** – Instances of a care worker ignoring the care needs of an individual and failing to provide the care services they require is neglect. Extreme cases can lead to irreparable psychological damage and even death.
- **Discriminatory Abuse** – Refusing to acknowledge the different care needed for each individual. This could mean purposefully ignoring someone's religion, personal beliefs, dietary views or any number of personal preferences.
- **Domestic Violence** – One of the new introductions to the list of safeguarding adults in care settings, domestic violence is now recognised as the jurisdiction of

the Safeguarding Adults Boards across the country when it is committed against an adult in need of care services.

- **Modern Slavery** – Another new category, the use of individuals working for little or no wages is now the business of the Safeguarding Adults Boards across the country. This could be perpetrated by care service employers, the adult in need to care themselves, or someone connected to that person.
- **Self Neglect** – A newly defined form of abuse, self-neglect is a condition affecting behaviour, where the individual refuses to attend to their personal care and hygiene, their environment or even refusal of care services offered to them. Care workers should be educated on this condition and prepared to work with the individual to improve their situation.

The Act also defines “abuse” as including:

“…. financial abuse; and for that purpose “financial abuse” includes—

(a)having money or other property stolen,

(b)being defrauded,

(c)being put under pressure in relation to money or other property, and

(d)having money or other property misused.”

<u>Signs</u>

Physical abuse signs (Note: Some ageing processes can cause changes which are hard to distinguish from some aspects of physical assault, e.g. skin bruising can occur very easily due to blood vessels becoming fragile).

- A history of unexplained falls or minor injuries
- Bruising in well protected areas, or clustered from repeated striking
- Finger marks
- Burns of unusual location or type
- Injuries found at different states of healing
- Injury shape similar to an object
- Injuries to head/face/scalp
- History of GP or agency hopping, or reluctance to seek help
- Accounts which vary with time or are inconsistent with physical evidence
- Weight loss due to malnutrition, or rapid weight gain
- Ulcers, bed sores and being left in wet clothing
- Drowsiness due to too much medication, or lack of medication causing recurring crises/hospital admissions

Sexual abuse signs

- Disclosure or partial disclosure (use of phrases such as ‘It’s a secret’)

- Medical problems, e.g. Genital infections, pregnancy, difficulty walking or sitting
- Disturbed behaviour e.g. depression, sudden withdrawal from activities, loss of previous skills, sleeplessness or nightmares, self-injury, showing fear or aggression to one particular person, repeated or excessive masturbation, inappropriately seductive behaviour, loss of appetite or difficulty in keeping food down.
- Behaviour of others towards the adults at risk
- Circumstances – e.g. two service users found in a toilet area, one in a distressed state

Psychological/emotional signs:

- Isolation
- Unkempt, unwashed, smell
- Over meticulous
- Inappropriately dressed
- Withdrawn, agitated, anxious not wanting to be touched
- Change in appetite
- Insomnia, or need for excessive sleep
- Tearfulness
- Unexplained paranoia, or excessive fears
- Low self esteem
- Confusion

Neglect signs

- Physical condition poor
- Clothing in poor condition
- Inadequate diet
- Untreated injuries or medical problems
- Failure to be given prescribed medication
- Poor personal hygiene

Financial or material signs

- Unexplained or sudden inability to pay bills
- Unexplained or sudden withdrawal of money from accounts
- Disparity between assets and satisfactory living conditions
- Extraordinary interest by family members and other people in the adult at risk's assets

Discriminatory signs

- Lack of respect shown to an individual
- Signs of substandard service offered to an individual

- Exclusion from rights afforded to others, such as health, education, criminal justice

Other signs of abuse

- Inappropriate use of restraints
- Sensory deprivation e.g. spectacles or hearing aid
- Denial of visitors or phone calls
- Failure to ensure privacy or personal dignity
- Lack of flexibility of choice e.g. bedtimes, choice of food
- Restricted access to toilet or bathing facilities
- Lack of personal clothing or possessions
- Controlling relationships between care staff and service users.

In addition, the organisation will take close account of concerns arising from associated areas such as:

Domestic Abuse

Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between people who are or have been intimate partners or family members, regardless of gender or sexuality.

Forced Marriage:

Is a marriage where one or both people do not or cannot consent to the marriage and pressure or abuse is used.

Honour based violence/killing:

Honour violence/killing is the injury/murder of a person accused of bringing shame upon their family. Victims have been killed for refusing to enter a marriage, committing adultery or being in a relationship that displeased their relatives. In many instances, the crimes are committed by family members.

Harm

... will be regarded as:

- 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.
- Neglect
- Unlawful conduct which adversely affects property, rights or interests (for example financial abuse)

"PREVENT"

A related issue – although not covered specifically by the Care Act 2014 - is abuse and concerns arising from the threat of terrorism. PREVENT is part of the Government's counter-terrorism strategy. It aims to stop people becoming terrorists or supporting terrorism.

DEFINITION OF ADULTS AT RISK

Section 42 of the Care Act 2014 defines 'an adult at risk.' as someone who has needs for care and support, who is experiencing, or at risk of, abuse or neglect and as a result of their care needs - is unable to protect themselves. Specifically, the adult:

a) Has care and support needs;
b) Is experiencing or is at risk of abuse or neglect; and
c) Is unable to protect themselves from that abuse or neglect because of their care and support needs.

An Adult At Risk therefore Is or may be in need of community care services to enable them to retain:-

- Independence
- Well being
- Choice
- And to access their human right to live a life free from abuse and neglect.

For the purpose of this guidance 'community care services' will be taken to include all care services provided in any setting or context. The people most likely to be assessed as an Adult At Risk are those aged 18 or over who:

- Are elderly and very frail
- Suffer from mental illness, including dementia
- Have a physical or sensory disability
- Have a learning disability
- Suffer from a severe and incapacitating physical illness
- May not be able to give informed consent owing to mental incapacity.

6. RESPONSIBILITIES

The Medical Director/Designated Safeguarding Lead will be responsible for ensuring that the requirements of the Safeguarding policies and procedures are effectively managed and that the staff are aware of, and implement, those requirements.

All Staff

- All members of staff have responsibility for;

- Bringing any concerns relating to abuse to the immediate attention of their line manager.
- Observing the requirements of Camden Health Partners Limited safeguarding policy and procedures.
- Attending any designated training.

Any member of staff involved in the Safeguarding process can:

- Seek the advice and support of the medical director.
- Seek advice and support from their line manager.

7. DOMESTIC ABUSE, FORCED MARRIAGES AND HONOUR BASED VIOLENCE

Domestic abuse is defined as 'any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been, intimate partners of family members, regardless of gender or sexuality'.

Camden Health Partners Limited will always ensure an appropriate response where there are concerns about domestic abuse.

Forced marriage is different to an arranged marriage in that if a marriage is forced one or both parties do not consent to the marriage and some element of duress is involved. Duress can include both physical and emotional abuse. Front-line staff dealing with cases of forced marriage should consult, the practice guidelines issued by the Forced Marriage Unit.

See: https://www.gov.uk/guidance/forced-marriage#forced-marriage-unit

8. PROVISION FOR ADULTS WHO DO NOT SPEAK ENGLISH

Camden Health Partners Limited is committed to ensuring that patients whose first language is not English receive the information they need and are able to communicate appropriately with healthcare staff. It is not appropriate to use children to interpret for family members who do not speak English.

In order to minimise misunderstanding and ensure that the patient/service user is satisfied with the information being offered please follow the guidance below.

- Ensure that the correct language is identified in order to provide information in the appropriate language.

- Ensure that information about safeguarding is given to the patient/service user/parent in appropriate language prior to seeking consent.

- If the patient/service user/parent does not read their own language ensure that relatives/friends who are asked to act as interpreters have declared their relationship to patient/service user and are not involved in any allegations of abuse against the patient/service user.

- Where possible an independent interpreter should be used.

- Consideration should be given to the involvement of interpreter/link worker if they have been consistently involved in interpreting as they may have useful information and be able to offer support to the patient/service user.

9. ADVICE AND INVOLVEMENT FROM THE POLICE

Some incidents may require police involvement – e.g. any abuse arising from terrorism and those involving the national PREVENT Strategy. Referrals should normally be made to local safeguarding authorities which would initiate any necessary procedures involving the police along with recording and retaining evidence.

The types of patient/service user safety incidents that may need consideration of police involvement in this way are where there is evidence or suspicion:

- That the actions leading to harm were intended
- That adverse consequences were intended
- Of gross negligence and or recklessness in a patient/service user safety

incident.

10. TRAINING

Safeguarding training for our staff. These will reflect the Inter-collegiate document "Adult Safeguarding: Roles and Competencies for Health Care Staff" – this can be downloaded at: https://www.researchgate.net/publication/330114951_INTERCOLLEGIATE_DOCUMENT_Adult_Safeguarding_Roles_and_Competencies_for_Health_Care_Staff (you may need to right-click and then press "Open Hyperlink").

All staff will be appropriately trained in safeguarding training will normally be to Level 1, and clinical staff normally to Level 3.

In addition, the designated safeguarding lead will receive appropriate additional training in safeguarding issues to Level 4, and will have access to independent advice about safeguarding issues.

Training in safeguarding procedures will be beginning in the new staff induction programme. This will also include significant event analysis training. The organisation will provide clear lines and methods of reporting incidents and concerns and ensure ongoing training ensures all team members know how to meet their safeguarding responsibilities.

The objective of this training will be to enable staff to:

» **Competence** - Have the required knowledge and confidence to carry out their safeguarding responsibilities.

» **Control** - Roles and responsibilities will be allocated through the team.

» **Cooperation** - Internal and interagency cooperation and communication processes will be agreed and the team will be able to put them into action immediately when necessary.

» **Communication** - Record keeping must be sufficiently detailed for a reflective significant event analysis to following a critical incident . **All staff will have 3 yearly training on safeguarding adults and children.**

The organisation will maximise flexible learning opportunities to acquire and maintain knowledge and skills, drawing upon lessons from research, case studies, critical incident reviews and analysis, and serious case reviews – as well as learning related to safeguarding processes and procedures within the organization itself.

11. HOW TO RESPOND TO POSSIBLE ABUSE

Strict procedures will be in force within Camden Health Partners Limited in order to carry out appropriate notifications in the event of abuse or suspected abuse being identified.

In summary, these are:

a) <u>Step 1</u>

The emergency services should be contacted immediately if a service user appears to be in immediate physical danger. Records and relevant evidence should be retained.

If there is no immediate physical danger apparent, proceed directly to Step 2.

b) **<u>Step 2</u>**

Ensure that the Safeguarding Lead and (if different to the Safeguarding lead) the medical director is fully aware of the issue. (As per Royal Free policy if in the urgent treatment centre)

c) <u>Step 3</u>

Appropriate swift confidential internal investigations to be undertaken as directed by the Safeguarding Lead (as per Royal Free policy)

, including taking of any necessary verbal and/or written statements.

If appropriate, informal external confidential investigations will be made e.g. with the relevant GP, Health Visitors, social worker, etc.

d) **<u>Step 4.</u>**

The designated Safeguarding Lead/Deputy will make a decision about making a formal notification to the appropriate local statutory Safeguarding Authority if evidence of any safeguarding concern is confirmed. (As per Royal Free policy)

The telephone number for notifications to the relevant local Safeguarding Authority will be obtained immediately, and a referral made as soon as

possible should this be deemed necessary. The referral should be made via the mandated procedure of that Authority (see the relevant website)

Step 5 –Statutory Notification to be made to the CQC in line with the 2014 Regulations, specifically: (As per Royal Free policy)

> *"(the provider") must notify Commission without delay of the incidents …which occur whilst services are being provided in the carrying on of a regulated activity, or as a consequence of the carrying on of a regulated activity… which involve …. any abuse or allegation of abuse in relation to a service user".*

e) **Step 6** – Full records will be kept on a confidential basis.

12. CARE ACT 2014

Camden Health Partners Limited recognises the responsibilities of Local Authorities outlined in Section 42 of the Care Act 2014 in respect of a person or persons who have:

- (a)needs for care and support (whether or not the authority is meeting any of those needs),
- (b)is experiencing, or is at risk of, abuse or neglect, and
- (c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

In addition, Section 44 of the Care Act 2014 requires Local Safeguarding Adults Boards to commission a Safeguarding Adult Review (SAR) when:

- An adult has died as a result of abuse or neglect (whether known or suspected) and there is concern that partner agencies could have worked more effectively to protect the adult; or
- An adult in its area has not died, but it is known or suspected that the adult has experienced serious abuse or neglect.
- Safeguarding Adults Boards are free to arrange Reviews in any other situation involving an adult in its area with needs for care and support.

Via this Safeguarding Policy, Camden Health Partners Limited will ensure full cooperation with the Local Authority and any other statutory authority in respect of Care Act requirements should this be necessary to ensure the safety and well-being of any such person. We will undertake this via:

-Establishing a Safeguarding Lead for the organisation.
-Ensuring that our Board of Directors is kept informed of your safeguarding process and policies, and also informed confidentially of any specific safeguarding concerns that may arise from time to time in the work of Camden Health Partners Limited.
-Undertaking reviews of safeguarding arrangements on a regular basis so that our statutory and professional responsibilities are maintained.
-Making whatever statutory referrals and reports as are necessary to carry out these responsibilities.
Making sure that our staff team are appropriately trained for their safeguarding responsibilities.
Undertaking regular checks including DBS and Fit and Proper Persons checks on our staff and Directors.

13. CONFIDENTIALITY/RECORD KEEPING

Clear, confidential and comprehensive records relating to all events and decisions about safeguarding will be maintained.

Members of staff have a duty of confidentiality, and patients have a right to expect that information given to a member of staff in a professional context will not be shared without their permission. Exceptions include the disclosure of a safeguarding referral (subject to following the guidance above).

Where there are safeguarding concerns, staff have a duty to share information. It is important to remember that in most serious case reviews, lack of information sharing can be a significant contributor when things go wrong.

Information should be shared with consent wherever possible. However, a person's right to confidentiality is not absolute and may be overridden where there is evidence that sharing information is necessary to support an investigation or where there is a risk to others e.g. in the interests of public safety, police investigation, etc.

The following guidelines are therefore in place for our staff:

a) **Remember that the Data Protection Act is not a barrier to sharing information** but provides a framework to ensure that personal information about living persons is shared appropriately.

b) **Be open and honest** with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could

be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

c) **Seek advice** if you are in any doubt, without disclosing the identity of the person where possible.

d) **Share with consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgment, that lack of consent can be overridden in the public interest. You will need to base your judgment on the facts of the case.

e) **Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be
affected by their actions or the actions of the perpetrator.

f) **Sharing should be necessary, proportionate, relevant, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate, and up-to-date, is shared in a timely fashion, and is shared securely.

g) **Keep a record** of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

IN SUMMARY, Any information disclosed should be:

- clear regarding the nature of the problem and purpose of sharing information
- based on fact, not assumption
- restricted to those with a legitimate need to know
- relevant to specific incidents
- strictly limited to the needs of the situation at that time
- recorded in writing with reasons stated.

14. REMOTE CLINICAL CONSULTATIONS

During any remote consultations undertaken via the service, our staff will always be professionally curious and consider whether the patient could be experiencing significant harm and safeguard appropriately. Particular vigilance should be exercised in

view of the fact that it is often more difficulty to pick up safeguarding issues or concerns when practising remotely.

If a member of staff has safeguarding concerns then they will opt to move to a face- to-face assessment and consultation if possible. However any immediate or emergency situations may need to involve contacting the emergency services.

Any safeguarding referrals should be handled as normal in accordance with the organisations established safeguarding policy and procedures.

The designated Safeguarding Lead will also routinely be involved in the event of any safeguarding issues or concerns arising during a remote consultation, even though this may be more difficult when consulting remotely.

Appendix 1

Related Legislation

The Care Act 2014

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015

Children Act 1989

Children Act 2004

Children and Young Persons Act 1933

Equality Act 2010

Equality Act 2010: Chapter 1 (protected characteristics) Chapter 2 (prohibited conduct) and Chapter 3 (services and public functions)

Human Rights Act 1998

Mental Capacity Act 2005

Mental Capacity Act Code of Practice

Mental Health Act 1983

Mental Health Act 2007 and Code of Practice

Protection of Freedoms Act 2012 – links to The Protection of Freedoms Act 2012 (Disclosure and Barring Service Transfer of Functions) Order 2012

Safeguarding Vulnerable Groups Act 2006

Appendix 2

Related Guidance

(If these links do not open automatically then(you may need to right-click and then press "Open Hyperlink")

Care Act and Care Certificate

Care Act 2014 (Social Care Institute for Excellence)

Care Act 2014 part 1: factsheets (Department of Health, June 2014)

Care and support statutory guidance, issued under the Care Act 2014 (Department of Health, March 2016)

Challenging behaviour

Services for people with learning disabilities and challenging behaviour or mental health needs – Mansell report: revised edition (Department of Health)

A core principles commissioning tool for the development of local specifications for services supporting children, young people, adults and older people with learning disabilities and/or autism who display or are at risk of displaying behaviour: THIS CAN BE DOWNLOADED AT:

https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/transforming-care/place-i-call-home/ensuring-quality

Data protection

Information sharing: Guidance for practitioners and managers – departmental advice for professionals on when and how to share information about children, young people and families (HM Government)

Dignity and respect

Dignity in Care – SCIE guide 15 (Social Care Institute for Excellence, June 2010 (updated May 2013))

Equality and human rights

Equality Act 2010 guidance

Guidance for service providers about their duties under the Equality Act 2010 (Equality and Human Rights Commission)

Services, public functions and associations: Statutory Code of Practice (Equality and Human Rights Commission) -THIS CAN BE DOWNLAODED AT: Services, public functions and associations: Statutory Code of Practice (Equality and Human Rights Commission)

General resource

National Institute for Health and Care Excellence (NICE)

Mental capacity

Mental Capacity Act 2005 Code of Practice

Mental health

Code of Practice: Mental Health Act 1983 (Department of Health)

Quality monitoring/governance

National Institute for Health and Care Excellence (NICE) guidance

National Institute for Health and Care Excellence (NICE) quality standards topic library

Restrictive practice/restraint

Positive and proactive care: reducing the need for restrictive interventions (Department of Health)

Risk assessment

Health and Safety Executive, Sensible risk assessment in care settings

Risk assessment (Health and Safety Executive)

Safeguarding

Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children (Department for Education)

What to do if you're worried a child is being abused (HM Government)

When to suspect child maltreatment - NICE guideline CG89 (National Institute for Health and Care Excellence, June 2009)

Clinical governance and adult safeguarding (Department of Health)

Whistleblowing

Raising a concern with CQC: A quick guide for health and care staff about whistleblowing (Care Quality Commission)

Raising concerns at work: whistleblowing guidance for workers and employers in health and social care

Whistleblowing: Guidance for providers who are registered with the Care Quality Commission (Care Quality Commission, November 2013)

Appendix 3

Role Of the Safeguarding Lead

- Act as a focus for external contacts on safeguarding Adult and Mental Capacity Act matters; this may include requests to contribute to sharing information required for adult reviews, domestic homicide reviews, multi-agency/ individual agency reviews and contribution to safeguarding investigations where appropriate;
- Disseminate information in relation to safeguarding adults/Mental Capacity Act to all staff.
- Act as a point of contact for staff to bring any concerns that they have, to document those concerns and to take any necessary action to address concerns raised;
- Assess information received on safeguarding concerns promptly and carefully, clarifying or obtaining more information about the matter as appropriate;
- Facilitate access to support and supervision for staff working with vulnerable adults and families;
- Ensure that the staff team completes the agreed incident forms and analysis of significant events forms;
- Promote safeguarding training throughout the organisation.
- Be fully conversant with the practice safeguarding adult policy, the policies and procedures of Local Safeguarding Adults Board; and the integrated processes that support safeguarding.

Appendix 4

STAFF TRAINING – SAFEGUARDING (ADULTS AND CHILDREN)

Staff training expectations regarding safeguarding is covered below as follows:

- Level 1 – Other staff
- Level 3 – Clinicians
- Level 4 – Named Safeguarding Leads

References:

- Adult Safeguarding: Roles and Competencies for Health Care Staff -: August 2018 (RCN)

- Intercollegiate Document. Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff. Fourth edition: January 2019. (RCN)