Safeguarding Adults at Risk Policy

Inmind Reference:	CLN08
Category:	Clinical Policy
Version Number:	1.4
Reviewed on:	November 2018
Next review date:	November 2020
Lead Officer:	Director of Nursing
Equality Impact Assessment completed:	Yes

Applicable Legislation/Regulations:
Health & Social Care Act Mental Health Act Mental Capacity Act Human Rights Act
Codes of Practice:
MHA Code of practice
Purpose:
To have systems in place that should protect adults at risk of abuse or neglect. That seeks to prevent abuse and neglect and stop it quickly when it happens.

Version Control Table		
Date Ratified	**Version Number**	**Status**
November 2017	1.2	removed
February 2018	1.3	removed
November 2018	1.4	Live

Date	**Key Revision**
February 2018	Include FGM
November 2018	Renewal due and re format

Please check to ensure this is the most current electronic copy of this document as it is updated and published in electronic format only (hard copies may become out of date).

Equality Impact Assessment for this policy

Protected Characteristic (domain)	Area of conflict	Resolution
Age	NIL	
Disability	NIL	
Gender Reassignment	NIL	
Pregnancy & Maternity	NIL	
Race	NIL	
Religion or Belief	NIL	
Sex	NIL	
Sexual Orientation	NIL	
Marriage and Civil Partnership	NIL	

All relevant persons are required to comply with this policy and must demonstrate sensitivity and competence in relation to diversity in race, faith, age, gender, disability and sexual orientation. If you feel you are disadvantaged by this policy, please contact the Registered Manager and the service will actively respond to the enquiry.

Introduction:

Living a life that is free from harm and abuse is a fundamental right of every person. When abuse or neglect does occur, it needs to be dealt with swiftly, effectively and in ways that are proportionate to the concerns raised. In addition, the person must be at the centre of any safeguarding response and must stay as much in control of decision making as possible. The right of the individual to be heard throughout the process is a critical element in the drive to ensure more personalised care and support.

The Care Act 2014 creates a new legal framework for how Local Authorities and other parts of the system should work together to protect adults at risk of abuse or neglect. Partners must agree how they will work together and the roles they will play, to keep adults at risk safe.

This policy outlines the company response to this requirement. InMind will work with all relevant local authorities, local police and relevant NHS organisations who are committed to working

together to both promote safer communities in order to prevent harm and abuse and to deal with suspected or actual cases effectively.

All staff, whatever the setting they work in have a key role in preventing harm or abuse occurring and for taking action when concerns arise. The policy and processes set out here are designed to explain simply and clearly how agencies and individuals should work together to protect people at risk. The target audience for this document is therefore, professionals and front-line workers (including unqualified staff and volunteers).

Background

Safeguarding adults from neglect and abuse is a fundamental part of patient safety and well-being and the outcomes expected of Inmind. Safeguarding adults is also integral to complying with legislation, regulations and delivering cost effective service.

In March 2000, the Department of Health published a document titled 'No Secrets'. This document instructed local multi-agency unity working in partnership to develop policies and procedures for the prevention and protection of vulnerable adults from abuse.

In October 2008 the Department of Health carried out a large national consultation on the 'No Secrets' Guidance.

In January 2010 the consultation report was published and stated that there was an absence of Safeguarding adult systems within Healthcare providers. Guidance to clarify the relationship between adverse incident reporting, complaints and safeguarding was requested to encourage reporting in a way that supports the investigation and empowers staff.

The department of health produced statutory guidance 'The Care Act' in 2014 to replace the above legislation. The Care Act 2014 states that all safeguarding partners should "take a broad community approach to establishing safeguarding arrangements. It is vital that all organisations recognise that adult safeguarding arrangements are there to protect individuals. We all have different preferences, histories, circumstances and life-styles, so it is unhelpful to prescribe a process that must be followed whenever a concern is raised" and that adult safeguarding should "be person led and outcome focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety."

Each geographical area of England & Wales is subject to Multi Agency policy and procedures to safeguard adults from abuse.

The Disclosure and Barring Service (DBS) assists employers in making safer recruitment decisions and prevents unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA). The DBS is responsible for:

- Processing requests for criminal records checks.

- Deciding whether it is appropriate for a person to be placed on or removed from a barred list.
- Placing or removing people from the DBS children's barred list and adults' barred list for England, Wales and Northern Ireland.

Multi-agency Policy and Procedures in England & Wales are in force to safeguard adults from abuse and represents the commitment of organisations in to work together to safeguard adults at risk. The procedures aim to make sure that:

- The needs and interests of adults at risk are always respected and upheld.
- The human rights of adults at risk are respected and upheld
- A proportionate, timely, professional and ethical response is made to any adult at risk who may be experiencing abuse
- All decisions and actions are taken in line with the Mental Capacity Act 2005

The procedures also aim to make sure that each adult at risk maintains:

- Choice and control.
- Safety.
- Health.
- Quality of life.
- Dignity and respect.

Local Authorities have the lead role in co-ordinating work to safeguard adults and are responsible for establishing local Safeguarding Adults Partnership Boards.

Inmind will work with Policies for all local authorities across the country included in the Inmind adults and children social services (CC09 & CC12). The Inmind Healthcare Group is signed up to Policies for the following Local Authorities.

Battersea Bridge:	Wandsworth Adult Social Services Access Team	020 8871 7707
Southleigh:	Croydon Safeguarding Adults Board	020 8726 6500
Waterloo Manor:	Leeds City Council Adults Social Care Team:	0113 222 4401
	(In an emergency, Out of Hours 0113 240 9536 or 07712 106378)	
Sturdee Community:	Leicester City Adults Safeguarding Board	0116 256 5058
The Bridge:	Lincolnshire Safeguarding Adults Board	01522 782 155
Purley View:	Croydon Safeguarding Adults Board	020 8726 6500
Inmind Community Services:	Walsall Safeguarding Adults Board	0845 111 2922
Woodleigh:	Croydon Safeguarding Adults Board	020 8726 6500
Beech Manor:	Sutton safeguarding adults board	01325 391 328

Aims of this Policy

This policy aims to give clear instructions to Inmind staff on their duties in regards to the process of managing the risks associated with safeguarding vulnerable adults

The policy aims to clarify the organisation's expectations in relation to reporting of safeguarding alerts and processes that follow after an alert has been raised.

Details the organisational arrangements that ensure safeguarding is integrated within the company's systems and clinical practice to enable learning from safeguarding concerns, clarity on reporting and improving practice.

The policy aims to clarify the organisation's expectations in relation to staff training in the safeguarding of adults at risk.

Outline the process in which the organisation monitors the effectiveness of the Safeguarding Adults policies and procedures.

Details the organisational arrangements that ensure safeguarding adults is integrated within the systems and clinical practice to enable learning from safeguarding concerns, clarity on reporting and improving practice.

Scope

All members of staff have a responsibility to consider the safety and welfare of all service users. This policy details duties and responsibilities in respect of those service users deemed adults at risk of harm.

This policy applies to all employees and professional with practicing privileges of Inmind across all areas of service delivery – clinical and non-clinical.

Definitions

Adult at Risk

The term "adult at risk" has been used to replace "vulnerable adult". This is because the term "vulnerable adult" may wrongly imply that some of the fault for the abuse lies with the adult abused.

An adult aged 18 years or over "who is or may be in need of community care services by reason of mental or other disability, age or illness and who is or may be unable to take of him or herself or unable to protect him or herself against significant harm or exploitation" (Department of Health 2000).

An adult at risk may therefore be a person who:

• Is elderly and frail due to ill health, physical disability or has cognitive impairment.

• Has a learning disability.

• Had a physical disability and/or a sensory impairment.

• Has mental health needs including dementia or a personality disorder.

• Has a long term illness/condition.

• Misuses substances or alcohol.

• Is a carer such as a family member/friend who provides personal assistance and care to adults and is subject to abuse.

• Is unable to demonstrate the capacity to make a decision and is in need of care and support.

A patient's need for social care will vary by degree and across time but many may fail within the scope of adult protection. Levels of independence and wellbeing may temporarily or permanently affected by health related conditions. A patient's health condition may reduce the choice and control they have, their ability to make decisions or to protect themselves from harm and exploitation.

Abuse

Types of abuse and neglect Abuse can be something that is done, or omitted from being done. Types of abuse Behaviours include:

Physical Hitting:

- Slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.

Sexual:

- Rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

Psychological:

- Emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Financial or material:

- Theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Neglect and acts of omission:

- Ignoring medical or physical care needs, failing to provide access to appropriate health, social care, welfare benefits or educational services, withholding the necessities of life such as medication, adequate nutrition and heating.

Discriminatory:

- Racism, sexism or acts based on a person's disability, age or sexual orientation. It also includes other forms of harassment, slurs or similar treatment such as disability hate crime.

Domestic abuse:

- Psychological, physical, sexual, financial, emotional abuse and so called 'honour' based violence.

Organisational abuse:

- Neglect and poor care practice within a care setting such as a hospital or care home or in relation to care provided in someone's own home ranging from one off incidents to on-going ill-treatment. It can be neglect or poor practice as a result of the structure, policies, processes and practices within a care setting.

Modern slavery:

- Encompassing slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Self-Neglect:

- Covers a wide range of behaviour including neglecting to care for one's personal hygiene, health or surroundings and behaviour such as hoarding.

Contexts in which abuse and neglect may occur

Abuse and crimes against adults may occur in different contexts. Actual or suspected abuse of persons at risk in any of the contexts set out below will trigger a safeguarding response in accordance with this policy.

Hate crime is defined as any crime that is perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person's religion, belief, gender identity or disability. It should be noted that this definition is based on the perception of the victim or anyone else and is not reliant on evidence.

Hate crime happens when someone is faking a friendship in order to take advantage of a vulnerable person. Mate crime is committed by someone known to the person. They might have known them for a long time or met recently. A 'mate' may be a 'friend', family member, supporter, paid staff or another person with a disability.

Domestic abuse is defined as any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: Psychological, Physical, Sexual, Financial and Emotional. Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour. Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim." Family members are defined as mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or step-family (Association of Chief Police Officers 2004). If one or both adults (including 16-17 year olds) involved can be regarded as an adult(s) at risk, then the safeguarding procedures should be used. If a person at risk is not involved, then these guidelines will not normally apply. The Local Government Association has published national guidance on Domestic Abuse and Adult Safeguarding (2nd Edition, 2015) A new criminal offence was introduced into the Serious Crimes Act 2015 on the 29th December 2015 of 'Controlling or Coercive Behaviour in an intimate or family relationship', which complements existing legislation and closes the gap in law around patterns of controlling or coercive behaviour.

Honour based violence is a crime or incident, which has or may have been committed to protect or defend the honour of the family and/or community. It is a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code.

Forced marriage is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of their parents or a third party in identifying a spouse. Forced marriage can be a particular risk for people with learning difficulties and people lacking capacity.

Female genital mutilation (FGM) involves procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is new born, during childhood or adolescence, just before marriage or during the first pregnancy. FGM constitutes a form of child abuse and violence against women and girls, and has severe physical and psychological consequences. In England, Wales and Northern Ireland, the practice is illegal under the Female Genital Mutilation Act 2003.

Modern Slavery includes human trafficking, slavery, servitude ad forced and compulsory labour. The Modern Slavery Act 2015 became law on 26 March 2015 and is designed to tackle slavery in the UK and consolidates previous offences relating to trafficking and slavery. Human trafficking is defined as

the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.

Exploitation by radicalisers who promote violence involves the exploitation of susceptible people in order to draw them into violent extremism. In July 2015, the Counter Terrorism and Security Act 2015 came into force creating a statutory duty on public bodies to have due regard to the need to prevent people from being drawn into terrorism. The Counter Terrorism and Security Act 2015 makes the 'Channel Panel' a legal requirement. 'Channel' is a multi-agency safeguarding programme providing tailored support to people who have been identified as at risk of being drawn into terrorism. The support offered can come from any of the partners on the Panel which includes the local authority, police, education and health providers. The person's engagement in the programme is voluntary at all stages.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/445977/3799_Revised_Prevent_Duty_Guidance__England_Wales_V2-Interactive.pdf

Carers at risk of harm from the person to whom they are providing care and support - carers experiencing abuse by the person they offer care to can expect the same response as any person at risk of abuse. Carers also have a legal right to an assessment of their needs. A carer's assessment should be seen as part of the overall assessment process. Sometimes both the carer and the supported person may be at risk of harm. The needs of the person at risk who is the alleged subject of abuse should be addressed separately from the needs of the person alleged to be causing the harm.

Carers who cause harm - the vast majority of carers strive to act in the best interests of the person they support. Occasionally however, carers may cause intentional or unintentional harm. Unintentional harm may be due to lack of knowledge, or due to the fact that the carer's own physical or emotional needs make them unable to care adequately for their relative. The carer may also have their own needs care and support. In this situation, the aim of any safeguarding response will be to support the carer to provide support and help to make changes in order to decrease the risk of further harm to the person they are caring for.

Abuse of trust - a relationship of trust is one in which one person is in a position of power or influence over the other person because of their work or the nature of their activity. There is a particular concern when abuse is caused by the actions or omissions of someone who is in a position of power or authority and who uses their position to the detriment of the health and well-being of a person at risk, who in many cases could be dependent on their care. There is always a power imbalance in a relationship of trust.

Safeguarding concerns between people with needs of care and support – abuse can happen between adults at risk and organisations supporting these individuals have a responsibility to protect them from abuse as well as preventing them from causing harm to other adults. It is important the

needs of the adult causing the harm are taken into consideration in the safeguarding responses for both parties.

Personal budgets, direct payments and self-directed care - people who direct their own care and support should be enabled to manage their personal budgets and direct payments in a safe way. A culture that promotes positive risk taking, based on appropriate person centred polices, supports this approach and seeks to enable and empower individuals.

Scamming - Scams are misleading or fraudulent offers designed to con people out of money. They may be received by post, email, telephone, text or face to face. They target millions of people, not just older or vulnerable people. These scams are becoming ever more sophisticated and elaborate. For example:

- Internet scammers can build very convincing websites

- People can be referred to a website to check the caller's legitimacy but this may be a copy of a legitimate website

- Postal scams are massed-produced letters which are made to look like personal letters or important documents

Often fraudsters will target lonely people on the telephone. They will groom their victims and persuade them to part with money for fake shares etc. They will often pretend to be calling from the victim's bank and get them to provide their bank account details over the telephone.

Doorstep criminals call unannounced at the adult's home under the guise of legitimate business and offering to fix an often non-existent problem with their property. Sometimes they pose as police officers or someone in a position of authority

In all cases this is financial abuse and the adult at risk can be persuaded to part with large sums of money and in some cases their life savings. These instances should always be reported to the local police service, Action Fraud and local authority Trading Standards Services for investigation.

These scams and crimes can seriously affect the health, including mental health, of an adult at risk. By working together, agencies can better protect adults at risk. Failure to do so can result in an increased cost to the state, especially if the adult at risk loses their income and independence.

Duties

Chief Executive

The Chief Executive is responsible for ensuring that the company has policies in place and complies with its legal and regulatory obligations.

Operations Director

The Operations Director is the accountable officer for this policy and will provide assurance to the board of the dissemination, implementation and outcomes of this policy. This duty is delegated to and discharged through the service managers for each location.

Director of Nursing

The Director of Nursing is responsible for the development or review of this policy as well as ensuring the implementation and monitoring is communicated effectively throughout InMind.

Safeguarding Allegations Management Advisor (SAMA)

To provide advice and to maintain oversight of complex cases involving allegations against people in a position of trust.

Hospital Directors

The Hospital Directors are responsible for ensuring policies are communicated to their teams/staff. They are responsible for ensuring staff know how to protect an adult at risk, receive supervision and attend relevant training and adhere to the policy detail. They are also responsible for ensuring policies applicable to their services are implemented. These duties are discharged through each governance, SMT and staff meetings.

Safeguarding Leads

Each location area will have an identified Safeguarding Lead to support staff in implementation of the policy and procedures outlined in this policy locally.

All Staff

All Staff have duties and responsibilities in relation to the safeguarding of adults at risk as outlined throughout this document and in keeping with statutory requirements and best practice guidance.

In relation to safeguarding adults at risk, staff will:

Ensure that staff and volunteers recognise poor practice and respond by reporting.

Have clear operational procedures for all staff and volunteers.

Provide access to training appropriate to level of responsibility.

Ensure that staff will receive clinical and managerial supervision which allows them to reflect on their practice and the impact of their action on others.

Ensure there are appropriate risk assessments to support timely and appropriate action.

Work collaboratively with service users and carers, support witnesses and support people causing harm who are also adults at risk.

Ensure information is shared according to agreed information sharing protocols.

Ensure accessible information is available to adults and carers and that it explains what abuse is and how they can raise a concern.

Designate a manager at a senior level to lead on the implementation, monitoring and developing of Safeguarding as directed by the local safeguarding board.

Reporting Procedure

The reporting procedures for the notification and processing of Safeguarding Adult issues that are to be followed within the Local boards specifications should be utilised within each individual situation.

Service-user involvement throughout the safeguarding process is paramount and any safeguarding process must be initiated in the spirit of cooperation and collaboration with the potential victim. Consideration should be given to the person at the centre of the event (e.g. a member of staff or a patient or both) so that the right information is shared about the event, the relevant support they will need must be identified and given.

Regular communication about the progress of the process must be maintained and conclusions shared as a routine outcome to any safeguarding process that has been initiated.

Event or Incident Identified

An incident of concern has occurred (this could include an oral or written complaint or concern being raised by anyone with regard to a person, place or act or any type of incident). This report can be made by any member of staff suspecting or witnessing the event and should be completed as soon as possible after the event has occurred.

Consideration should be given as to whether a crime has been committed and if so report to the Police. However the issue should be discussed with the service-user and their views taken into consideration. The outcome of the decision and the reasons for deciding to report or not should be clearly documented

Actions

The person discovering or witnessing the event or receiving the initial concern should:

Immediately take action to ensure the safety of the vulnerable adult and immediately inform their line/duty manager.

Seek medical treatment for the service-user if required and consider contacting the police if a crime has been suspected. Avoid disturbing potential evidence in the case of a suspected crime.

Record details about any immediate or on-going care for the person and this should include a plan of next steps in relation to managing the concern that has emerged and how it will be reported/escalated.

Reports this/forwards this in line with the relevant procedures as information may reach the organisation along different routes e.g. an incident, as a result of Whistleblowing, through

complaints, patient advocacy service or a staff disciplinary procedure. The issue must be discussed with their immediate manager on duty at the time the information about the incident first comes to light.

Review

The reported incident should be reviewed in collaboration with a manager and if safeguarding issues are identified, an alert should be raised in the format of the relevant Local Authority's requirements. This should take place with 24 hours of the incident being identified. If there is uncertainty, discussion should extend to include a local safeguarding lead or even be escalated to the Director of Nursing.

Any decision to raise a safeguarding alert should be made in full consideration of the service-user's wishes and their capacity to consent as well as the significance of the perceived risk.

All safeguarding alerts should be reported via the Inmind safeguarding incident reporting mechanism (incident forms) in addition to any safeguarding alert that might be raised to the Local Authority.

The safeguarding incident form/complaint is reviewed within 24 hours for any potential safeguarding issues (to identify if harm has occurred that requires a safeguarding response) by the service manager receiving the incident report. Any additional processes could be linked into existing governance processes such as incident reporting/complaints etc. so that the review forms part of this process rather than create a separate one.

Clinical governance systems will also ensure that appropriate notifications are made to CQC and that communication is made with Commissioners, Providers and Clinical Commissioning Groups are maintained according to best practice.

If there are no apparent safeguarding concerns, normal procedures for investigation of the incident will apply. However, if through the investigation process a safeguarding concern should emerge an alert should be raised immediately and progressed as above.

Safeguarding Alert

In the event that there is a safeguarding concern an Alert form should be completed immediately and sent to the appropriate Local Authority safeguarding team who will contact the referrer

A copy of the Alert must be sent to the Director of Nursing (An incident form should still have been completed in addition).

Copies of local authority referral forms can be found on the individual safeguarding board's internet page.

The Multi Agency Strategy Meeting

The appointed manager has to convene a Multi-Agency Strategy Meeting as soon as possible after it is agreed to go ahead with a safeguarding alert. Ideally this should occur within 5 working days.

This is a meeting of involved professionals to confirm the nature of the safeguarding concern, to decide which agency will investigate (if it is not internal), identify necessary actions to safeguard the victim, the timing and timescale of the subsequent investigation and to plan and coordinate the different agency contributions.

The meeting should be minuted and minutes must include the safety and action plan agreed at the end of the strategy meeting.

Safety plans should be monitored via subsequent conferences held to monitor the progress of implementation of the plans.

The Protection Plan

A Protection plan must be prepared for all investigations when they are closed. If a Conference has taken place it should conclude with the agreement of a Safeguarding Adults Plan. The service-user's views should be included in the plan.

The plan must list all actions required and which individual/agency is responsible for completing the action. If it has not been possible to put measures in place to mitigate a specific risk, this must be specified alongside reasons why this is not possible.

Review Date:

The conference should set a review date and must be within 6 months. All investigations that result in a Safeguarding Adult Plan should be reviewed in a subsequent meeting and these can continue until the plan is fully executed or achieved or no longer deemed necessary.

Referral to the Police

A referral to the Police may become necessary at any step in the investigation process if there is any reason to believe that a crime has been has committed.

Other Additional Processes and Referrals

Capacity and Consent

- Where a Safeguarding alert of an adult deemed to be at risk, is being made, this is made with the consent of the service user. Where there are concerns about the capacity to consent of the person about whom the alert is being raised, the necessary assessment of Mental Capacity should be made.

Domestic Violence

- When any safeguarding alert is raised where domestic violence is a concern, the professionals involved should also discuss the possibility of a referral to the local MARAC (Multi-Agency Risk Assessment Conference).

- MARAC referrals do not require the victim's consent, even if they have capacity, although it is best practice to obtain consent before making the referral.

• MARAC referral forms are stored on the Safeguarding pages of the individual local authority websites.

• For cases that do not meet the MARAC risk threshold, practitioners should still ask if the victim would like to be referred to the local specialist domestic violence service whilst the safeguarding investigation proceeds (if it does go ahead).

• Victims of domestic violence often do not want to take any action and should not be forced to. Disclosing abuse, reporting to the police, ending the relationship, etc. all potentially increase the risk of harm to the victim and should only be discussed in partnership with a specialist domestic violence worker such as an Independent Domestic Violence Advisor (IDVA).

• MARAC referral should run alongside and inform any safeguarding investigation that is initiated.

Different local based procedures for accessing MARAC referrals should be followed by contacting the local MARAC lead in the service's local adult safeguarding board.

MAPPA

• Where safeguarding alerts include a public protection concern, consideration should be given to initiating local Multi-Agency Public Protection Arrangements (MAPPA).

Child Protection

Children Local Authorities have specific duties under the Children Act 1989 in respect of children in need and children at risk of harm. All those working with adults and children in health, social care and voluntary sector settings have a responsibility to safeguard children when they become aware of, or identify, a child at risk of harm.

They should follow Local Safeguarding Children Board (LSCB) procedures which are based on the Government Guidance Working Together to Safeguard Children 2015. There is an expectation that health and social care professionals who come into contact with children, parents and carers in the course of their work are aware of their responsibilities to safeguard and promote the welfare of children and young people.

Children identified as being placed at risk by the behaviour of their parents or carers should be referred by adult workers into Children's Services.

Inmind recognises the importance of the 'think family' approach to safeguarding adults. Where it is identified through the safeguarding adults process that a child may be at risk, the concern must be referred immediately to Children's Services. Where it is identified by Children's Services in the context of their work with children and families that a person at risk is experiencing abuse, then the concern must be referred to Adult Services. A decision will be made as to who will lead the safeguarding process. Regardless of who takes the lead, there should be appropriate representation from both Adult and Children's Services within this joint process.

The Care Act 2014 statutory guidance stipulates that where someone is 18 or over but is still receiving children's services and a safeguarding issue is raised, the matter should be dealt with through adult safeguarding arrangements. For example, this could occur when a young person with substantial and complex needs continues to be supported in a residential educational setting until the age of 25. Where appropriate, adult safeguarding services should involve the Local Authority's children's safeguarding colleagues as well as any relevant partners (e.g. the Police or NHS) or other persons relevant to the case. The level of needs is not relevant, and the young adult does not need to have eligible needs for care and support under the Care Act 2014, or be receiving any particular service from the Local Authority, in order for the safeguarding duties to apply.

Prevent

- The new Prevent Strategy was published in June 2011. This strategy sets out how the UK Government aims to stop people becoming terrorists or supporting terrorism.

- 'Channel' is a supportive multi-agency process, designed to safeguard those individuals who may be vulnerable to being drawn into any form of terrorism. It is a key part of Prevent – the Government's strategy to stop people becoming terrorists or supporting terrorism.

Allegations Made Against Staff

Where Safeguarding Adult Issues emerge in the context of an allegation against an Inmind employee, the process will be managed in parallel with the Company's policy to manage disciplinary procedures. This policy identifies processes for staff support during disciplinary proceedings.

Whilst no longer a requirement in the Care Act 2014, Inmind has a nominated safeguarding lead allegations (SAMA) manager to provide advice and guidance to their organisation and to maintain oversight of complex cases involving allegations against people in a position of trust.

Examples of concerns could include allegations that relate to a person who works with adults with care and support needs who has:

- Behaved in a way that has harmed, or may have harmed an adult or child

- Committed a criminal offence against, or related to, an adult or child

- Behaved towards an adult or child in a way that indicates they may pose a risk of harm to adults with care and support needs

- Concerns could also arise from the person's home / personal life, as well as within their work and may include situations such as:

- A person has behaved (or is alleged to have behaved) towards another adult in a way that indicates they may pose a risk of harm to adults with care and support. For example, this may include situations where a person is being investigated by the police for domestic abuse to a partner, and undertakes voluntary work with adults with care and support needs.

- A person has behaved (or is alleged to have behaved) towards children in a way that indicates that they may pose a risk of harm to adults with care and support need. For example, this may include situations where a person is alleged to have abused a child, and is a student undertaking professional training to work with adults with care and support needs.

- A person is the subject of a formal safeguarding enquiry into allegations of abuse or neglect which have occurred in one setting. However, there are also concerns that the person is employed, volunteers or is a student in another setting where there are adults with care and support needs who may also be at risk of harm.

- When a person's conduct towards an adult may impact on their suitability to work with, or continue to work with children, this must be referred to the local authority's designated officer (LADO).

The staff member's line manager will need to be involved in the safeguarding process and investigation to allow the process to inform the outcome of disciplinary proceedings.

Both safeguarding and company disciplinary processes should consider if criminal investigation of the allegation is required at any point during the process and involve the police as required.

The purpose of the process is to ensure that risks potentially posed by the person are appropriately managed, alongside the specific safeguarding needs of the adult at risk. In the interests of transparency and accountability, clear recording must be maintained of decisions and recommendations arising from the investigation.

Where a formal section 42 safeguarding enquiry is being undertaken, the function can be carried out as part of the enquiry process and this will include:

- An assessment and management of risk posed by a 'person in a position of trust' to be considered in the initial safeguarding planning meeting and subsequent meetings

- Any action taken in respect of a person to be included in the safeguarding enquiry report

- Supporting documentation will be reviewed as part of the Checking and Review stage of the safeguarding enquiry

- Further actions to safeguard or manage risk should be included in the safeguarding plan Where a formal safeguarding enquiry is not being undertaken, a 'Managing Concerns Meeting' should be convened to assess and determine the actions required to manage the risk posed by a 'person in a position of trust'. Such meetings may need to include Care Quality Commission, safeguarding lead, LADO, commissioning, contracts, police and other relevant parties where appropriate to the case. Individual organisations will determine who should chair such meetings.

The purpose of Managing Concerns Meeting' is to undertake a collaborative assessment of the level of risk posed by the person about whom concerns have been raised and to clarify what information should be shared with the employer. The sharing of information will be justifiable and proportionate based on an assessment of the potential or actual harm to adults or children at risk.

Where it is necessary to refer individuals to the DBS and/or the relevant professional body, these referrals will be made promptly and made no later than five working days from when the case is concluded.

Disclosure and Barring Service (DBS)

Inmind are committed to Safe recruitment practices and re-checking DBS including volunteers, bank and agency staff

All applicants must be subject to an enhanced disclosure with an appropriate barred list check for either adults, children or both through the Disclosure and Barring Service.

All staff will be required to undertake a DBS check every three years. In the event that there is an unsatisfactory outcome staff should be aware that their ongoing employment with Inmind may be at jeopardy.

Staff may be required to self-certify on an annual basis that there has been no event, incident or action that might impact on their ability to obtain a clear DBS check. Failure to provide this, if requested, will be considered gross misconduct and may lead to dismissal.

Referring to the Disclosure and Barring Service

The Safeguarding Vulnerable Groups Act (2006) places specific duties on those providing 'regulated' health and social care activities. They must refer to the Disclosure and Barring Service (DBS) anyone who has been dismissed or removed from their role because they are thought to have harmed, or pose a risk of harm to, a child or adult with care and support needs. This applies even if they have left their job and regardless of whether they have been convicted of a related crime. The statutory guidance to the Care Act 2014 requires Designated Adult Safeguarding Managers to work with partner agencies to ensure that referral of individual employees to the DBS is carried out promptly and appropriately.

Professional codes of practice

Many professionals, including those in health and social care, are registered with a body and governed by a code of practice or conduct. These codes often require those professionals to report any safeguarding concerns in line with legislation. The statutory guidance to the Care Act 2014 requires all organisations in contact with people with care and support needs to have in place an allegations management process that enables referrals of individual employees to regulatory bodies are made promptly and appropriately.

- Nursing and Midwifery Council (www.nmc-uk.org)
- Health and Care Professions Council (www.hpc-uk.org)
- General Medical Council (www.gmc-uk.org)
- General Optical Society (www.optical.org)

- General Dental Society (www.gdc-uk.org)

- General Chiropractic Council (www.gcc-uk.org)

- Royal Pharmaceutical Society of Great Britain (www.rpsgb.org.uk)

- General Osteopathic Council (www.osteopathy.org.uk)

Informing the person about whom concerns have been raised:

- Unless it puts the adult at risk or a child in danger, the person should be informed an allegation against them has been made and that it will be shared with their employer. They should be offered a right to reply.

- If possible, the person's consent should be sought to share information and advised what information will be shared, how and who with. Each case must be assessed on its own individual merits as there may be cases where informing the person about details of the allegation increases the risks to a child or adult at risk.

- The person should be given the opportunity to inform their employer themselves – sometimes the immediacy and nature of the risk won't allow for this.

- The organisation should check appropriate information has been shared with the employer to enable them to assess risk, and review the suitability of the person continuing to work and any other actions required.

Informing the employer:

a) The employer must be informed if there are concerns about an employee during the course of their work.

b) If concerns arise in the person's personal or private life, or in another work setting, the decision to share information must be justifiable and proportionate and based on the potential or actual harm to adults at risk. The decision to share information and the rationale for doing so should be recorded.

c) Decisions about sharing information should consider the key question of 'whether the person has behaved or may have behaved, in a way that questions their suitability to undertake their current role or to support adults at risk'.

d) The following issues should be taken into consideration when making decisions about sharing information with the employer:

- Nature and seriousness of the actions/behaviour

- The context within the actions/behaviour occurred

- Frequency or patterns of actions/behaviour

- Nature of the person's access/role with adults at risk

- Potential impact on an adult with care and support needs

Informing other local authorities:

a) If the person is employed, volunteers or is a student (paid or unpaid) in another local authority area, inform the relevant local authority area.

b) If there is also a risk to children, also inform the relevant LADO.

Working jointly with the police:

a) If the concerns involve possible criminal offences to either an adult or child, liaise with the police about the need for possible criminal investigation.

b) When the police are undertaking criminal investigations, they have a common law power to disclose sensitive personal information to relevant parties where there is an urgent 'pressing social need'.

c) A pressing social need might be the safeguarding or protection from harm of an individual, a group of individuals, or society at large. This could include informing a relevant employer about criminal investigations relating to their employee where this has been assessed as necessary and appropriate in a particular case.

Informing the LADO and children services:

a) If the person may pose a risk of harm to his/her own children, or other children/young people in the course of their private life, children services should be informed without delay.

b) If the person may pose a risk to children/young people in the course of their work, paid or unpaid, the LADO should be informed without delay.

Informing Commissioning and Contracts Teams:

a) Where the concerns involve a person working in a commissioned service, inform the relevant commissioning/contracts team.

b) Within their own procedures, commissioning/ contracts teams can take action as deemed appropriate to ensure the service has appropriate standards of practice to prevent and respond to any future risk of harm.

c) In accordance with local arrangements, if the person works for the NHS, the CCG safeguarding lead must be informed. d) If the person works for the police, the Police safeguarding lead must be informed.

Informing the Care Quality Commission:

a) If the person is employed or volunteers for a regulated service provider, CQC should be informed.

b) CQC can take action as deemed appropriate within their own procedures to ensure the service has appropriate standards of practice to prevent and respond to any future risks of harm.

c) This includes the employer's 'fitness' to operate and responsibility to safeguard adults at risk.

d) Any allegation of abuse must be notified to the CQC on the statutory notification form.

Informing Professional Bodies:

a) If the person is registered with a professional body and there are concerns about their fitness to practice, the employer/volunteer manager must refer to the professional body's published guidance and consider the need to raise the concern with that professional body.

b) A Professional Body has a range of options where appropriate, these usually include suspending the person from practice, de-registering them or imposing conditions of practice that the person must work under.

Support for the person against whom allegation has been made

Alongside the duty of care towards the adult at risk, is the duty of care to the employee. The employer needs to provide support to minimise stress associated with the process, this may need to include:

- Support to understand the procedures being followed
- Updates on developments
- Opportunity to respond to allegations/concerns
- Support to raise questions or concerns about their circumstances.

There may be limitations on the amount of information that can be shared at a particular time in order not to prejudice any enquiry/investigation or place any person at risk. Support is also available Inmind employee welfare arrangements.

If the person is a member of a union or professional association or network he or she should be advised that they may wish to seek support from that organisation.

Training

All Inmind staff working with service users will attend Safeguarding Adults training relevant to their role. This can include Safeguarding Adults Awareness Training Level 2, level 3 or investigators training.

All staff will receive basic Safeguarding Adults Awareness training level 2 within 6 months of starting with the company as part of an ongoing mandatory training package.

When a member of staff fails to attend training they have been booked onto their line manager will be notified.

Sharing Information

Sharing the right information, at the right time, with the right people, is fundamental to good practice in safeguarding adults, though this is often complex. The Care Act 2014 emphasises the need to empower people, to balance choice and control for individuals against preventing harm and reducing risk, and to respond proportionately to safeguarding concerns.

When sharing people's information, recognise that:

- Remember that the Data Protection Act 1998 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately

- Be open and honest with the individual (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.

- Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible

- Share with informed 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 judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared

- Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions

- Necessary, proportionate, relevant, adequate, 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 individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely

- 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

- Inmind has clear routes for escalation where a member of staff feels a manager has not responded appropriately to a safeguarding concern – Please see Inmind whistleblowing policy

Duty of Candour – to be read in conjunction with Inmind Duty of Candour Policy

The Duty of Candour requires all health and adult social care providers registered with CQC to be open with people when things go wrong. The regulations impose a specific and detailed duty on all providers where any harm to a service user from their care or treatment is above a certain harm threshold.

The Duty of Candour is a legal requirement and CQC will be able to take enforcement action when it finds breaches. The Duty requires providers to offer an apology and state what further action the provider intends to take in this situation. In practice, this means that care providers are open and honest with patients when things go wrong with their care and treatment.

If the provider fails to comply with the Duty, CQC can move directly to prosecution without first serving a warning notice. This policy embraces this Duty in relation to safeguarding adults, and all Section 42 enquiries and safeguarding processes must check that this Duty has been fulfilled.

The regulations also include a more general obligation on CQC registered providers to "act in an open and transparent way in relation to service user care and treatment". This means that the default position should be to be open, honest and candid, unless there are justifiable reasons for not being so – for example because the service user actively says that they do not want further information about the incident. However, these circumstances should be the exception rather than the norm.

Legal and Policy Context Legislation

Care Act 2014
Section 1 – Wellbeing and prevention
Section 6 – Carers
Section 9 - Assessment
Section 42 – Safeguarding enquiry (neglect, abuse and self- neglect)

b) Public Health Act 1936 allows District/Borough Councils to give notice to owners or occupiers of premises if those premises are "in such a filthy or unwholesome condition as to be prejudicial to health". The notice can require the owner or occupier to clean the premises. If they do not, the District/Borough Council can arrange to carry out the works themselves.

c) Health Services and Public Health Act 1968 – including S.45: Duty to make arrangements for promoting the welfare of old people.

d) Health and Social Care Act 2008 introduced a new single regulatory framework for health and social care. The registered person - usually the owner or manager - has a duty to inform the registration authority within 24 hours of any event that threatens the well-being of any resident (Regulation 18 notification). The registration authority is the Care Quality Commission.

e) Mental Health Act 1983 (revised and extended in 2007) provides a comprehensive legislative framework to support the needs of both children and adults. It is based on the presumption that the right of people who have been assessed as having a 'disorder or disability of mind or brain' is safeguarded when they are being admitted to or treated within a psychiatric hospital. In addition, as much care and treatment as possible, both in hospital and outside, should be given on an informal basis – where the individual patient is able to exercise their own judgement in the matter (with certain additional safeguards in place for children and young people) - and in the least restrictive conditions possible. The Act also presumes that the main emphasis of care is care within local communities, not within hospital settings. S.135 specifically provides the authority to seek a warrant

authorising a police officer to enter premises if it is believed that someone suffering from mental disorder is being ill-treated or neglected or kept otherwise than under proper control anywhere within the jurisdiction of the Court or, being unable to care for himself, is living alone in any such place.

Signed for and on behalf of the Executive Management Board

Lisa Clayton
Director of Nursing