PRIORY
GROUP OF COMPANIES

POLICY TITLE:	**Safeguarding Adults (Anyone aged 18 or over)**
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Author:	Risk & Audit team, Safeguarding Forum
Ratified by:	Carol Stevenson, Group Policy, IG and Accreditation Manager
Responsible signatory:	David Watts, Director of Risk & Safety (Group Safeguarding Lead)
Outcome:	This policy: • aims to ensure that adult service users are safeguarded and protected from physical, financial, psychological, institutional or sexual abuse and their safety and wellbeing is maintained through informed practice and individuals' human rights are respected and upheld • provides clarification of mandatory and optional training requirements for all colleagues • ensures that all colleagues are made aware of local arrangements as set out on the form provided
Cross Reference:	AM65 Visitors H46 Arrangements for Visitors including Visits by Children CR17 Privacy Dignity and Choice AM25 Privacy, Dignity and Personal Choice HR01 Safer Recruitment and Selection including Prevention of Illegal Working HR07 Disclosures (incl. DBS, Disclosure Scotland and Access NI) OP02 Data Protection OP03 Complaints OP04 Incident Management, Reporting and Investigation OP05 Mental Capacity OP08.1 Responding to Suspected Radicalisation OP17 Advocacy OP18 Service User Information/Information Requests from the Police or Other External Agencies OP21 Confidential Reporting (Whistleblowing) OP41 Professional Relationship Boundaries Priory Group Employee Handbook

EQUALITY AND DIVERSITY STATEMENT

Priory Group is committed to the fair treatment of all in line with the Equality Act 2010. An equality impact assessment has been completed on this policy to ensure that it can be implemented consistently regardless of any protected characteristics and all will be treated with dignity and respect.

To ensure that this policy is relevant and up to date, comments and suggestions for additions or amendments are sought from users of this document. To contribute towards the process of review, e-mail RARHelpdesk@priorygroup.com.

SAFEGUARDING ADULTS (ANYONE AGED 18 OR OVER)

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1 INTRODUCTION

1.1 Everyone has the right to live their lives free from violence and abuse, and any type of exploitation. This right is underpinned by the duty on public agencies under the Human Rights Act (1998) to intervene proportionately to protect the rights of citizens and specifically for care agencies in the Care Act 2014, and its statutory guidance document.

1.2 Abuse of adults is the violation of an individual's civil or human rights by others. Such violations may be intentional or unintentional, and may be a single act or repeated over a period of time, by one person or several people. The purpose of this policy is to enable those working with adults at risk to be able to recognise instances of abuse and to address them effectively. This involves the prevention of abuse, early detection, protection and work with those adults following interventions to combat further abuse.

N.B. Adult 'Safeguarding' is a term used in England, Northern Ireland and Wales, whereas Adult 'Protection' is the term used in Scotland. For the purposes of this policy the term safeguarding will be used.

1.3 Safeguarding duties apply to an adult who:
(a) Has needs for care and support (whether or not the local authority is meeting any of those needs)
(b) Is experiencing, or is at risk of, abuse or neglect
(c) As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

1.4 The Care Act (2014) promotes the idea of adult wellbeing and indicates that all agencies, such as Priory Group, who are involved in caring for adults at risk, and therefore in safeguarding them, must focus on joining up around an individual, making the service user the starting point for planning, looking at the service user holistically. It is not possible to promote adult wellbeing without establishing a basic foundation where service users are safe, and their care is on a secure footing.

1.4.1 Wellbeing, as described in the Care Act, broadly covers the following areas:
(a) personal dignity (including treatment of the individual with respect)

(b) physical and mental health and emotional wellbeing
(c) protection from abuse and neglect
(d) control by the individual over day-to-day life (including over care and support provided and the way it is provided
(e) participation in work, education, training or recreation
(f) social and economic wellbeing
(g) domestic, family and personal
(h) suitability of living accommodation
(i) the individual's contribution to society

NB: It must be remembered that Safeguarding it is not a linear process imposed on adults at risk of abuse or neglect, but rather a series of steps, considerations and decisions made with the service user and their representative, where appropriate, and that it is proportionate to the concern.

1.5 The aim of adult safeguarding is to:
(a) Stop abuse or neglect wherever possible,
(b) Reduce the risk of abuse or neglect to service users, reducing the circumstances that may lead to vulnerability and risk, including isolation, by adopting preventative strategies
(c) Safeguard adults in a way that supports them in making choices and having control about how they want to live
(d) Promote service users wellbeing by adopting an approach that concentrates on improving life for the adults concerned
(e) Provide information and support in accessible ways to help service users understand the different types of abuse, how to stay safe and what to do to raise a concern

2 POLICY STATEMENT

2.1 In line with Government guidance, Priory Group will work in partnership with local statutory agencies and other relevant agencies to protect adults at risk of abuse and provide an effective response to any circumstances giving ground for concern, complaints or expressions of anxiety.

2.2 The commitment of Priory group is to make prevention of abuse one of the absolute priorities on all sites and to have robust procedures in place for dealing with incidents of abuse where the prevention strategy has not been effective.

2.2.1 Priory Group is committed to uphold the following six key principles that underpin all adult safeguarding work, as laid out by the Department of Health in their Guidance on the Care standards Act 2000:

Empowerment	People being supported and encouraged to make their own decisions and informed consent	*"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens"*
Prevention	It is better to take action before harm occurs	*"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help"*
Proportionality	The least intrusive response appropriate to the risk presented	*"I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."*
Protection	Support and representation for those in greatest need	*"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."*
Partnership	Local solutions through services working with their communities. Communities Have a part to play in preventing, detecting and reporting neglect and abuse.	*"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."*
Accountability	Accountability and transparency in delivering safeguarding.	*"I understand the role of everyone involved in my life and so do they."*

2.2.2 All colleagues must work within the framework of the law and behaviour which is unlawful will not be condoned. Appropriate action will be taken against colleagues behaving outside the framework of the law.

2.3 Colleagues should be alert to indications of possible abuse of adults and understand how to raise any concerns appropriately. Safeguarding procedures should be seen as an integral part of the philosophy and working practices on all sites.

2.4 Immediately any concerns of possible abuse are raised the primary concern must be the safety and interests of the individual or group of individuals. Adults have a right to have their decisions respected, even if this involves taking risks, so careful assessment of the individual's mental capacity in relation to making decisions about the specific issue is essential to protect these rights. (See OP05 Mental Capacity).

2.5 Adults have the right to independent support (See OP17 Advocacy) at any stage of the process if they so wish. If the adult has substantial difficulty in being involved, and where there is no one appropriate to support them, then the local authority must arrange for an independent advocate to represent them for the purpose of facilitating their involvement.

2.6 All colleagues will receive basic training in safeguarding adults via the Priory Academy e-learning and those working directly with adults at risk will receive further training appropriate to the level of their responsibilities (see section 5).

2.7 Priory Group sites will work closely with local authorities to provide an effective multi-agency approach to the prevention, detection and enquiry into abuse. The service user should always be involved from the beginning of any enquiry and anything that happens as a result, wherever possible, must reflect the service user's wishes, as stated by them or by their representative or advocate. If they lack capacity a 'Best Interests Decision' on how to proceed must be taken following the process in OP05 Mental Capacity.

2.8 Colleagues must be sensitive to diverse cultural, religious and ethnic identities of service users in all aspects of safeguarding adult work. Where spoken English is not the adult's primary language, or they communicate non-verbally, the assistance of appropriate interpreters will be used to ensure people's needs are being met and their views heard.

2.9 Service users will give verbal consent to physical examinations and be offered a chaperone if undergoing such an examination. If the offer of a chaperone is refused, the reason for the refusal must be clearly documented in the service user records.

3 RESPONSIBILITIES

3.1 Overall responsibility for the group's arrangements to safeguard adults at risk ultimately lies with the Chief Executive for Priory Group and the Executive lead for Safeguarding (the Group Director of Risk & Safety), in conjunction with all Board Members. This responsibility is delegated to the Nominated Individual for each Division.

3.2 It is the responsibility of all Hospital Directors, School Principals, Registered Home or Service Managers to ensure that adequate practices are in place on their sites concerning adult safeguarding and that these practices effectively link with and reflect those of the Local Authority/Health and Social Care Trust. This will include following safer recruitment procedures (refer to HR01 Safer Recruitment and Selection including Prevention of Illegal Working), and ensuring that all colleagues read this policy and undertake regular training to the levels set out in section 5 below.

3.3 Colleagues are responsible for maintaining clear and professional boundaries between themselves and the service users. These boundaries define the limits of behaviour that allow colleagues and service users to engage safely in a therapeutic relationship. The boundaries are based on trust, respect and appropriate use of power, with the focus on the needs of the

service user. Blurring of these boundaries, and moving the focus of care away from the service user's needs, can lead to confusion and the possibility of the development of abuse. Personal relationships with service users are never acceptable. (Refer to OP41 Professional Relationship Boundaries).

3.4 It is the responsibility of all colleagues to act on any concerns, suspicions or evidence of abuse and every reported incident of abuse must be given urgent priority..

3.5 It is the responsibility of all colleagues to read this policy, to complete the Safeguarding training commensurate with their job role, and to report any concerns to the Designated Safeguarding Officer (DSO) on site, or a senior colleague.

3.6 It is the responsibility of the local authority where the alleged abuse has occurred to co-ordinate any Safeguarding Adults work. (In Northern Ireland this is the responsibility of the Health and Social Care Trust (HSCT)).

3.7 It is the responsibility of all colleagues to advise their manager of any concerns they have about the safety and wellbeing of service users. If colleagues do not feel their concerns are being taken seriously or sufficiently responded to within the Priory Group they should follow the guidelines in OP21 Confidential Reporting (Whistleblowing). Colleagues can also report safeguarding concerns directly to the local Safeguarding board, and must do so if they feel it is necessary. In matters of safeguarding, it should never be assumed that someone else will pass on information which may be critical to the safety and wellbeing of the adult.

4 PREVENTION

4.1 **Safer Recruitment** - Safer recruitment policies must be followed for all colleagues, including volunteers. (Refer to HR01 Safer Recruitment and Selection including Prevention of Illegal Working). Agency colleagues' references and Disclosure and Barring Service, Disclosure Scotland and Access NI checks are the responsibility of the Agency who is their employer, but must be confirmed in writing to the site prior to any shift being worked. Agency colleagues' induction will include an overview of safeguarding procedures specific to the site. It is the responsibility of the Hospital Director, School Principal, Registered Home or Service Manager to ensure agency colleagues have been recruited using full safer recruitment processes by their employer i.e. the agency. (Refer to HR01 Safer Recruitment and Selection including Prevention of Illegal Working)

4.2 **Notifications to Regulatory, Professional or Vetting and Barring Bodies -** The Safeguarding Vulnerable Groups Act 2006 and the Protection of Vulnerable Adults (Scotland) 2007 introduced a new vetting and barring scheme for all those who work with children and vulnerable adults. Across the UK (apart from Scotland) this list is kept by the DBS. Employers are required to make referrals to the DBS about individuals they believe to pose a risk of harm to vulnerable groups. There is a referral guidance document available from the DBS www.gov.uk/government/publications/dbs-referrals-form-and-guidance. It is an offence for employers to employ anyone who is barred under the scheme. (Refer to HR0.7 Disclosure (inc DBS, Disclosure Scotland and Access NI)

4.2.1 In Scotland, the Protecting Vulnerable Groups (PVG) Scheme is managed by Disclosure Scotland. This scheme works by encouraging people who work with vulnerable groups on a regular basis to join. While membership is not compulsory, a barred person is committing an offence if they engage in 'regulated' work.

4.2.2 The vetting and barring schemes are linked so that they are all able to identify if and when an individual has been negatively reported in the system of any country in the UK.

4.2.3 It is the responsibility of the Hospital Director, School Principal, Registered Home or Service Manager to notify their specific regulatory body and DBS, if a colleague is dismissed on safeguarding grounds in consultation with Central HRD and the Regional Manager or

Operations Director. The responsibility to notify also applies if someone resigns or retires at the time of a safeguarding concern when there is sufficient evidence to dismiss them or they resign to avoid disciplinary. (For further Guidance refer to Adult Safeguarding Practice Questions - SCIE - March 2015)

4.2.4 There is information available for Scottish sites from www.disclosurescotland.co.uk/.

4.2.5 The Hospital Director, School Principal, Registered Home or Service Manager has a responsibility to report to the NMC, GMC or other relevant professional body, any substantial allegation of misconduct by a practitioner, which, if proven, would call into question their fitness to practice.

4.3 **Designated Roles** - Every Priory site will nominate a senior colleague as the DSO, supported by the Regional Safeguarding Officer. A site might have trained deputies that undertake the role when the DSO is not available. (Craegmoor division will have a DSO who is responsible for a cluster of sites, with the registered manager being the safeguarding lead on their own site). A register of the DSOs will be kept centrally by the Risk & Audit team, updated on a regular basis. For levels of training see section 5 and see Appendix 1 for descriptions of designated roles. **NB**: All sites must have a nominated lead for safeguarding adults and for safeguarding children, regardless of their service user mix. DSOs may take on the responsibilities for both child safeguarding and adult safeguarding.

4.4 **Multi-Agency Co-operation -** No effective adult safeguarding process can work unless those concerned are committed to the concept of multi-agency and multi-professional working. All the agencies involved, private or public bodies, should have the well being, rights and safety of the adult at risk as the first priority. Multi-agency co-operation is aimed at sharing information, improving joint working and addressing barriers.

4.4.1 Where intervention is necessary, this should be commensurate with the level of concern and the least restrictive and intrusive into people's lives. Support should be aimed at enabling the person to achieve their highest level of independence, and should be in partnership with the local authorities, the adult at risk and their carers where appropriate.

4.4.2 Information shared between agencies, including the local social services department and the police must be treated with the strictest confidentiality (but this must not be confused with secrecy). The safety of the adult at risk depends on the willingness of those agencies, or organisations, to share and exchange relevant information when there is concern. Early sharing of information is the key to providing an effective response where there are emerging concerns.

4.4.3 Where there is a general non-specific safeguarding concern, it is good practice to convene a professionals' meeting with other external agencies.

4.5 **Radicalisation -** The Priory Group recognises that there is a threat of terrorism and understands that many terrorists are radicalised in the course of their day-to-day contact with others. The Priory group works with vulnerable people who are often experiencing a personal crisis, have a low economic status and are socially isolated. This group are particularly prone to being exploited and adopting an extremist agenda. The UK government's Prevent Strategy (2011), which is a key aspect of safeguarding, outlines the commitment to be made by organisations such as Priory Group sector in ensuring that threats of this kind are understood and responded to. (Refer to OP08.1 Responding to Suspected Radicalisation).

4.6 **Visitors -** All visitors to and from any site must be recorded, and supervised as appropriate.

5 TRAINING

5.1 It is the responsibility of the Hospital Director, School Principal, Registered Home or Service Manager to ensure that all colleagues comply with the training plan, which is centrally

managed and monitored, and to regularly view the compliance levels of training via The Priory Academy reports. Refresher training will be delivered by on site trainers. (See 5.2)

5.2 All colleagues working on Priory sites will undertake the Priory Academy Safeguarding of Vulnerable Adults module, to enable them to recognise early signs of abuse, understand how to communicate concerns, who to communicate them to and how to share vital information between agencies. The eLearning module will be completed by all colleagues within 3 months of appointment to the job role, followed by regular refreshers. Further face to face training for all colleagues will be carried out by the DSO (or other nominated Trainer), based on assessment of risk for the particular site.

5.3 The DSO or nominated individuals will undertake 'Train the Trainer' training to deliver face to face training on site to all service user facing colleagues (refreshed every two years) on all sites that they cover.

5.4 Hospital Directors, School Principals, Registered Home or Service Managers have the responsibility to identify further suitable training through their local Safeguarding board/Scotland local CPC, and should ensure that training materials and guidelines are available to all colleagues.

5.5 Access to appropriate and approved training must be authorised by either booking onto centrally organised training or completing a learning request via the Priory Academy and all completed training must be recorded on the Priory Academy by the Site Learning Administrator.

5.6 Safeguarding Information Flashcards (**OP Form: 16A**), to act as an aide memoire for colleagues, are available to print from the Intranet.

6 RECOGNITION OF ABUSE

6.1 Abuse may occur in any context or environment and by any person, professional colleagues, care workers, volunteers, other service users, family, friends, neighbours or strangers. Abuse may be deliberate or unintentional or result from lack of knowledge. It can also occur as the result of neglect or poor professional practice, which could be isolated incidences of poor or unsatisfactory professional practice through to pervasive ill treatment or gross misconduct.

6.2 Although difficult to detect in a care environment, colleagues should be alert to the possibility of abuse/exploitation from strangers, especially on sites where adults at risk are supported by Priory Group colleagues to live a more independent life.

6.3 Colleagues should also be aware that the perpetrator could be another service user. Research has shown that where this kind of abuse is ignored or not addressed appropriately, the victims may experience mental ill health, low self esteem and may also become perpetrators of abuse against others. It is important to understand that an adult at risk of abuse may also be abused by another adult at risk of abuse. Adults who are subject to the Mental Health Act 1983 (or the Scottish equivalent) or the Criminal Justice System are still entitled to be protected from abuse and prevented from abusing others.

6.3.1 Alleged perpetrators of abuse, who are themselves adults at risk, should be assured of their right to the support of an 'appropriate adult' whilst they are being questioned by the police under the Police and Criminal Evidence Act 1984 (PACE) (See OP18 Information Requests from The Police or Other External Agencies).

6.4 Colleagues should be aware that some adults at risk, especially older people, may not be aware that they are being abused, for instance when they become dependent on colleagues, family or carers, allowing them to take control of their finances and physical environment. They may be reluctant to assert themselves for fear of making the situation worse.

6.5 Some instances of abuse will constitute a criminal offence. Adults in need of or in receipt of community care services, are entitled to the protection of the law in the same way as any other member of the public. The responsibility for taking the lead on the enquiry of a crime rests with the Police. Decisions regarding prosecution are the responsibility of the Crown Prosecution Service. The early involvement of the Police is essential when there is reason to believe that a crime has been committed.

7 TYPES OF ABUSE

7.1 Government guidance issued in the document **'**Care and Support Statutory Guidance (Issued under the Care Act 2014)' – October 2014 sets out ten categories of abuse:

(a) **Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions, female genital mutilation (FGM) (see 7.1.14).

(b) **Domestic violence** – including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.

(c) **Sexual abuse** – including 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.

(d) **Psychological abuse** – including 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.

(e) **Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

(f) **Modern slavery** – encompasses 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.

(g) **Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

(h) **Organisational / Institutional abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

(i) **Neglect and acts of omission** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating

(j) **Self-neglect** – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

7.1.1 **Sexual Exploitation** is a form of sexual abuse and suspicions should be reported to the Police. The sexual exploitation of adults at risk involves exploitative situations, contexts and relationships where adults at risk (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing, and/or others performing on them, sexual activities. Sexual exploitation can occur through the use of technology without the person's immediate recognition. It can include, being persuaded to post sexual images on the internet/a mobile phone with no immediate payment or gain or being sent such an image by the person alleged to be causing harm. In all cases those exploiting the adult at risk have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. There is an increasing body of evidence

that adults with learning disabilities are vulnerable to being targeted by perpetrators of such abuse.

7.1.2 **Forced marriage and 'Honour-based' violence** - A forced marriage is a marriage in which one or both spouses do not (or, in the case of some adults with learning or physical disabilities, cannot) consent to the marriage and duress is involved. Duress can include physical, psychological, financial, sexual and emotional pressure. The terms 'honour crime', 'honour-based violence' or 'izzat' embrace a variety of crimes of violence (mainly but not exclusively against women), including assault, imprisonment and murder, where the person is being punished by their family or their community. They are being punished for actually, or allegedly, undermining what the family or community believes to be the correct code of behaviour. In transgressing this correct code of behaviour, the person shows that they have not been properly controlled to conform by their family and this is to the 'shame' or 'dishonour' of the family.

7.1.3 **Multiple Forms of Abuse** - More than one form of abuse may occur to one person or groups of people. It is important for colleagues to look beyond single incidents or breaches in standards to underlying dynamics or patterns of harm.

7.1.4 All professionals working in regulated professions (healthcare workers, teachers, and social care workers), have a statutory duty to notify the Police if they discover that an act of FGM appears to have been carried out on a girl who is under the age of 18 years (or if they suspect that a child may be at risk).

8 INTERNAL REPORTING

8.1 Any suspicions, allegations or disclosures of abuse or neglect must be reported immediately. Colleagues who suspect any form of abuse or safeguarding issue must discuss their concerns with the DSO, or in their absence discuss with a senior colleague, immediately or with a maximum of 4 hours. All safeguarding incidents and allegations of abuse must be reported on the Incident Reporting System. A note will be made of whether the incident is disclosure of a non-recent (historical) event or whether it is a current issue that has happened whilst the person is in the care of Priory group colleagues. A note should also be made in the service users care records. NB: Non-recent abuse is defined as an allegation of neglect, physical, sexual or emotional abuse made by or on behalf of someone who is now 18 years or over, relating to an incident which took place when the alleged victim was under 18 years old.

8.1.1 The disclosure of a non-recent event is in itself an incident which needs reporting, so that a proportionate notification and enquiry can take place to establish the facts and to ascertain whether it is no longer continuing or current. There would be a risk in not reporting such incidents, since assumptions might be made, and transparency may be compromised. The response should be proportionate and least intrusive to the risk presented, and in consideration of the wishes of the individual concerned.

8.2 External reporting should be in accordance with the requirements of the local safeguarding team. If an incident has been discussed with the local safeguarding team, a note must be kept of their response. Confirmation should be sent to them either by letter or e-mail according to their requirements, stating whether they required it to be reported to them or not, and any other advice that they gave. The advice of the local safeguarding team will be acted upon.

8.3 A register of all safeguarding incidents will be kept centrally via the Incident reporting system. A local register may also be kept. (**OP Form: 09** Log of Safeguarding Issues is available for this purpose and to track progress of a referral).

9 DISCLOSURE OR DISCOVERY OF ABUSE OR ALLEGATIONS OF ABUSE

9.1 Where there is a reasonable suspicion that a criminal offence may have occurred, it is the responsibility of the Police to investigate and make a decision about any subsequent action.

The Police should always be consulted about criminal matters. If possible preserve the crime scene to make sure the evidence is not contaminated.

9.2 The service user involved must be attended to, comforted and supported and any physical injuries taken care of.

(a) Listen carefully to what the person has to say, but do not ask leading questions about the alleged abuse
(b) Advise the person of the procedures which will follow
(c) If you want to take notes, tell the person first, and keep your original notes to give to the DSO as they will be required if a case goes to court.
(d) Report any allegations or suspicions of abuse to the DSO immediately. In his/her absence, consult the Hospital Director, School Principal, Registered Home or Service Manager (or senior manager on duty).
(e) Record the following information as soon as possible afterwards in black ink, signed and dated by the person alleging the abuse:
    i All details of the alleged abuse, including location
    ii Times/dates of conversations and telephone calls
    iii Names of colleagues present at the time
    iv Any other relevant information

9.3 In the event of allegations, disclosure, suspicion or knowledge of abuse of service users at the unit by a colleague, the following procedures should be followed:

(a) Consult with the DSO, senior manager or manager on call (if out of hours), who will liaise with the local Safeguarding Service, either to seek advice or to make a referral. (If the concern is about the DSO or senior manager, discuss with the Regional Safeguarding Officer).
(b) Record in detail the circumstances, including the nature and extent of any injuries and any action taken. The Injury Record form on the Incident Reporting system is available for this purpose. If appropriate, a photo of the injury may be taken, after obtaining consent from the injured person.

9.4 The DSO (or in his/her absence, the Hospital Director, School Principal, Registered Home or Service Manager) is responsible for ensuring that the following procedures are carried out where abuse is witnessed, suspected or alleged:

(a) Ensure that everyone is safe and that the emergency services have been called if needed.
(b) Record in detail the circumstances, including the nature and extent of any injuries and any action taken
(c) If appropriate, inform and reassure the service user, their GP and family that the situation is being dealt with
(d) Keep records up to date, to evidence outcomes or further work required
(e) Refer the case to the local Safeguarding Service and/or seek guidance on what to do next, this alert must be done as soon as practicable or within 24 hours maximum.
(f) To ensure that evidence is not contaminated in case the Police wish to lead, wait until the local Safeguarding Service has given consent before commencing the enquiry.

N.B: In **Northern Ireland** it is important that statements are not gathered prior to discussion with the Health and Social Care Trust (HSCT) Designated Officer as this is seen as contamination of the evidence and can impede the safeguarding process. (The circumstances of the incident should only be recorded from the person initially 'whistleblowing').

9.5 The Hospital Director, School Principal, Registered Home or Service Manager (in conjunction with the Regional Manager or Operations Director and the local Safeguarding Service) should decide whether it is appropriate to move or suspend colleagues in order to keep service users safe, pending formal disciplinary procedures. The manager carrying out the suspension should also advise the regulatory body or relevant professional body if a suspension is made.

9.6 The DSO will be the point of contact for all matters concerning a particular case and he/she will liaise with the local Safeguarding team and co-ordinate any actions that they prescribe or recommend.

9.7 The DSO will ensure that concerns are fully and accurately recorded on the Incident Reports. These, along with other reports or details regarding any allegation or incident of abuse, will be kept securely and confidentially by the DSO.

9.8 The Hospital Director, School Principal, Registered Home or Service Manager is responsible for undertaking all such duties described above in the absence of the DSO.

10 REFERRALS TO THE LOCAL SAFEGUARDING SERVICE

10.1 Priory sites will use **OP Form: 17** to make referrals OR the documentation provided by or agreed with the local safeguarding teams to make referrals. However, it must be made clear to colleagues which form to use on their particular site. The locally preferred method of reporting a referral may be on-line or via a telephone abuse line. These details must be made clear to colleagues and recorded on **OP Form: 16** or other local procedure document.

10.2 In Northern Ireland, the registered manager or person in charge will report suspected or alleged abuse immediately to the Health and Social Care Trust (HSCT) Designated officer, who will lead the enquiry and co-ordinate with the Police Service Northern Ireland (PSNI) if criminal activity is suspected. The team at the HSCT will send the relevant referral form.

10.3 In Wales, the registered manager will make the referral to the local PoVA team, who will lead the enquiry and co-ordinate with the Police if necessary.

10.4 In Scotland, the registered manager will make the referral to the Adult Support and Protection team, via the local social services department.

10.5 If the person thought to be experiencing the abuse has capacity, then consent for the referral should be gained. However, this is not necessary if there is an overriding public duty to act, such as the likelihood of the perpetrator abusing others, or if gaining consent would put the person at further risk.

10.6 Where an adult does not have mental capacity to make decisions about protection from abuse action should be taken to protect them. Any such action must be proportionate to the level of risk and take any knowledge of the persons previously expressed wishes into account. (See OP05 Mental Capacity).

10.7 Any referral that is made to the local Safeguarding Service must also be notified to the relevant regulatory body using the appropriate notification forms provided by the regulatory bodies and accessed via their websites.

10.8 The Hospital Director, School Principal, Registered Home or Service Manager must ensure that all details of local safeguarding arrangements are made available to all colleagues. **OP Form: 16** is available for this purpose, unless another local procedure document is in place.

10.9 For the latest information on the escalation process for safeguarding incidents, refer to the divisional flowcharts on the Safeguarding pages on the Intranet:

Amore Care Healthcare Craegmoor Education Services

11 PHYSICAL INTERVENTIONS

11.1 Priory policies appropriate to each Division/Service Line, on the use of physical interventions must be followed and colleagues trained appropriately.

12 AUDIT

12.1 An audit of Safeguarding processes will be carried out on all sites (with a maximum interval of 12 months). Divisional audit tools specifically designed to suit the requirements of the Division will be used. The results of the Audit will be discussed at site level local governance meetings, and brought to the Safeguarding Forum. Local or Divisional action plans will be developed as required.

13 REFERENCES

13.1 **Relevant Legislation:**

Adult Support and Protection (Scotland) Act 2007
Adults with Incapacity (Scotland) Act 2000
Care Act 2014
Care Standards Act 2000
Counter Terrorism and Security Act 2015
Criminal Law Act (Northern Ireland) 1967
Data Protection Act 1998
Domestic Violence, Crime and Victims Act 2004
Equality Act 2010
Female Genital Mutilation Act 2003
Health Act 1999
Health and Personal Social Services (Northern Ireland) Order 1972, 1991, 1994
Health and Social Care (Reform) Act (Northern Ireland) 2009
Human Rights Act 1998
Mental Capacity Act 1983 (including DoLs 2007) & Code of Practice
Mental Health (Care and Treatment) (Scotland) Act 2003
Mental Health (Northern Ireland) Order 1986 & Code of Practice
Mental Health Act 1983 (amended 2007)
Nursing Homes Regulations (Northern Ireland) 2005
Police and Criminal Evidence Act 1984
Protection of Vulnerable Groups (Scotland) Act 2007
Public Interest Disclosure (Northern Ireland) Order 1998
Safeguarding Vulnerable Groups (Northern Ireland) Order 2007
Safeguarding Vulnerable Groups Act 2006
Sexual Offences Act 2003
Social Services and Wellbeing Act 2014

13.2 **Other guidance documents:**

British Psychological Society (2016) Guidance Document on the Management of Disclosure of Non-recent (Historic) Child Sexual Abuse
CQC (2015) Statement on CQCs Roles and Responsibilities for Safeguarding Children and Adults
CQC (2015) Specialist Mental Health Services: Provider handbook
CQC (2015) Residential Adult Social Care Services: Provider handbook
CQC (2015) Community Adult Social Care Services: Provider handbook
CQC (2013) Our Safeguarding Protocol: The Care Quality Commission's responsibility and commitment to safeguarding
DH (2011) Safeguarding Adults: The role of health service practitioners
DH (2013) Domestic Violence and Abuse: the role of health service practitioners
DH (2013) Statement of Government Policy on Adult Safeguarding
DH (2014) Care and Support Statutory Guidance
DH (2015) (NHS England) Skills for Care and Health: Core Competencies for Health Care support workers and Adult Social Care workers in England
DHSSPS (2015) (NI) Adult Safeguarding - Prevention and Protection in Partnership
DHSSPS (2015) (NI) Nursing Homes Minimum Standards
DHSSPS (2011) (NI) Residential Care Homes Minimum Standards
Disclosure Scotland (2011) Protecting Vulnerable Groups Scheme

Foreign and Commonwealth office & Home office (2015) Forced Marriage
Francis, R, (2013) Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry
Home Office (2015) Prevent Duty Guidance: For England and Wales
Home Office (2015) Prevent Duty Guidance: For Scotland
HM Government (2011) Prevent Strategy
HM Government (2016) Multi-agency Statutory Guidance on Female Genital Mutilation
Framework, Bournemouth University, 2010
SCIE, Bournemouth University (2014), Learn to Care, Skills to Care: National Capability Framework for Safeguarding Adults
NHS Commissioning Board (2013): Safeguarding Vulnerable People in the Reformed NHS Accountability and Assurance Framework
NMC (2015) The Code: Professional standards of practice and behaviour for nurses and midwives
RQIA Provider Guidance (2016-17) Adult Residential Care Homes
NIASP (2016) Protocol for Joint Investigation of Adult Safeguarding Cases
National Competency SCIE (2011) Adult Services Report 39 Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse
SCIE (2011) Adult Services Report 47 User Involvement in Safeguarding
SCIE (2011) Adult Services Report 50 Safeguarding Adults at Risk of Harm: A legal guide for practitioners
South Gloucestershire Safeguarding Adults Board (2012) Winterbourne View Hospital: A Safeguarding Adult Review
Volunteer Now (2011) Safeguarding Vulnerable Adults, A Shared Responsibility
Also refer to local Safeguarding policies and procedures published by Local Authorities

APPENDICES

APPENDIX 1 - Role descriptions
APPENDIX 2 - Internal Safeguarding Procedure
APPENDIX 3 - Safeguarding Adult Reviews - Process for Appointment of Writer for Chronology and IMR
APPENDIX 4 - Safeguarding Adult Reviews - Process for Chronology and IMR

Associated forms:
OP Form: 09 - Log of Safeguarding Issues
OP Form: 16 - Local arrangements for Safeguarding Adults at Risk
OP Form: 16A - Adult Safeguarding – Staff Information Flashcards
OP Form: 17 - Referral of Alleged Safeguarding Concern
OP Form: 17A - Service user Information – Safeguarding Adults at Risk (Easy Read)
OP Form: 17B - Service User Information – Safeguarding Adults

APPENDIX 1

Role Descriptions

1 Designated Safeguarding Officer

A list of Designated Safeguarding Officers for each Division is published on the Intranet.

The role of the DSO on sites or clusters of sites should include, as a minimum, the following:

(a) Assume overall responsibility to make sure safeguarding practices are in place and act as the named lead
(b) Undertake training and updates to the level specified
(c) Report to the local governance meeting each month
(d) Receive papers and documents from other agencies and to comment on behalf of the site
(e) Provide the link from the site to the local Safeguarding Services
(f) Co-operate fully with all safeguarding enquiries which may include attending strategy meetings and case conferences
(g) Ensure that clear and accurate records of incidents are kept
(h) To be aware of what situations require referral to the local Safeguarding team
(i) To understand and advise other colleagues on referral processes
(j) Input into the development of local safeguarding procedures which effectively link with and reflect those of the Local Authority/Health and Social Care Trust
(k) Assist/advise other colleagues on safeguarding issues
(l) Communicate changes to procedures/documentation to colleagues
(m) To share best practice and lessons learnt through regular contact (at least annually) with other DSOs and safeguarding leads at the regional safeguarding meetings and regional safeguarding updates
(n) To deliver appropriate face to face safeguarding training to other colleagues

2 Regional Safeguarding Officer

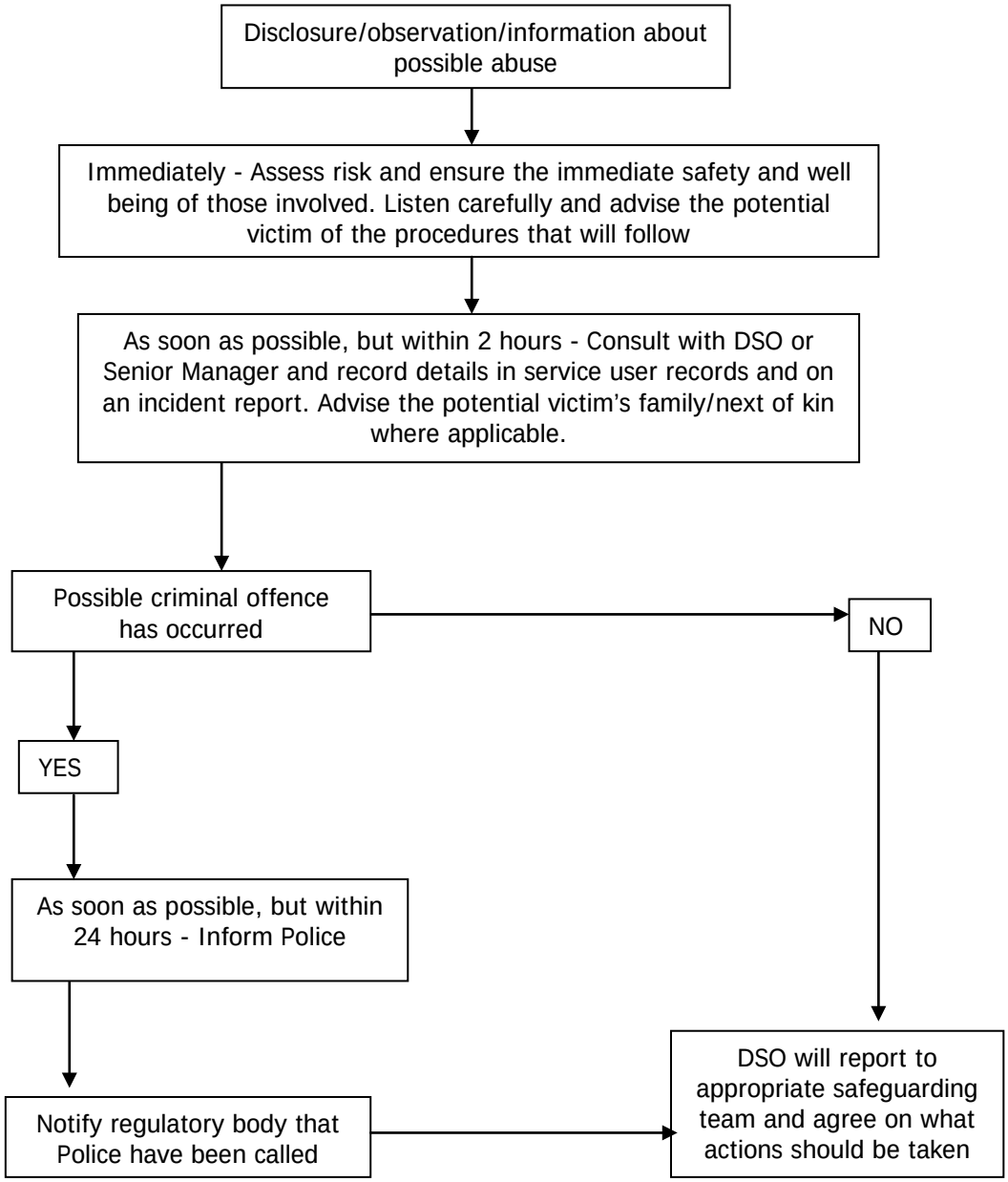
(a) Provide safeguarding supervision to the DSOs (and deputies)
(b) Offer sound procedure advice and support
(c) To analyse the results of the divisional audits of practice and identify any actions necessary for the region and monitor these to completion, analysis of disincentives to report, sharing of best practice and lessons learnt through regular contact (at least annually) with other regional safeguarding officers.

NB: Healthcare Division also have a divisional **Designated Safeguarding Lead** in place whose responsibilities include providing cover and support for the DSOs, chairing regional safeguarding meetings, developing practice at different sites (with a deeper dive analysis at sites where required), supporting DSOs with training, monitoring the training and ensuring that the sites have sufficient trained colleagues in place to deliver training.

APPENDIX 2

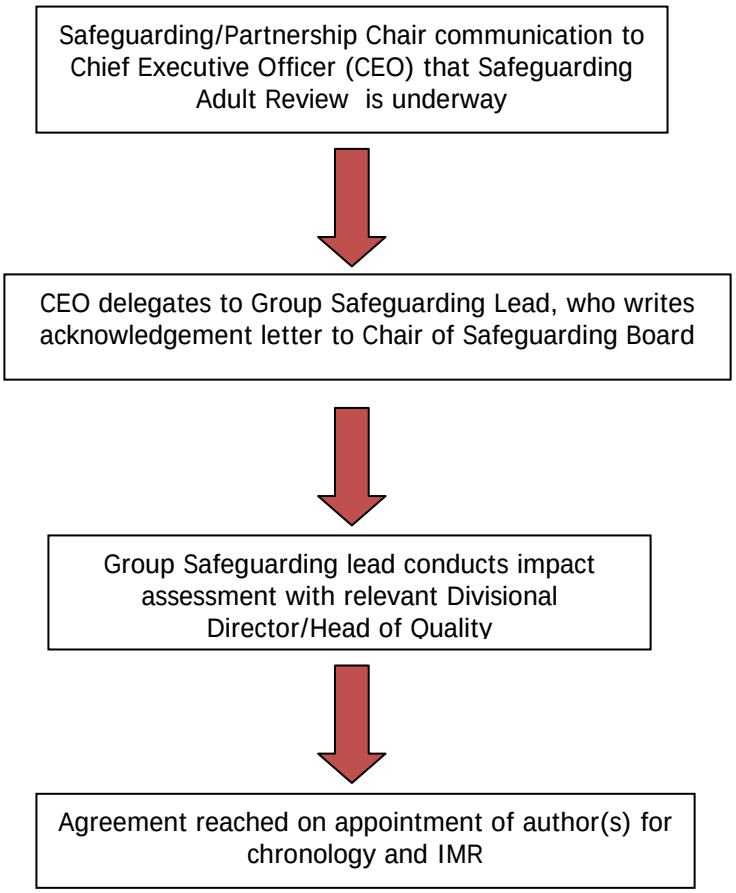
Internal Safeguarding Procedure

The following flowchart details actions that must be taken following suspicion that an adult at risk has been abused.



Appendix 3

Safeguarding Adult Reviews -
Process for Appointment of Writer for Chronology and IMR



Appendix 4

Safeguarding Adult Reviews - Process for Chronology and IMR