

(NAME OF AGENCY)

Procedures Manual

Title: SAFEGUARDING PEOPLE FROM ABUSE (*KLOE*)

1.0 Scope

1.1 The system and good practice used to prevent abuse.

2.0 Aims and Values

2.1 To ensure that Service Users are protected from all forms of abuse.

2.2 To ensure that effective policies and procedures are in place to prevent abuse.

2.3 To provide support to people who report abuse.

3.0 Contents

6.0 Preventing abuse.

7.0 Skills for Care Safeguarding Principles.

8.0 Dealing with suspected or reported abuse.

9.0 Maintaining Service Users' health and wellbeing.

10.0 Providing support to people who report abuse.

11.0 Providing information to Service Users and their representatives.

12.0 Abuse of staff by Service Users.

13.0 Improvement actions following incident of abuse.

14.0 Reporting allegations of abuse.

15.0 Controlled activity.

16.0 Deprivation of Liberty Safeguards Authorisation.

17.0 Records that must be kept.

18.0 Safeguarding adult's boards.

4.0 Referenced Documents

DC-001 Accident / Incident / Near Miss Report Form.

DC-021 Recognising and understanding abuse.

DC-043 Rehabilitation of Offenders Declaration Form.

DC-054 Person Centred Care Plan.

DC-SUOF Service User's Office File.

QP-61 Safeguarding.

MA-05 Confidentiality and Access to Records Procedure.

MA-16 Care Quality Commission Statutory Notifications.

PP-02 Checking the Authenticity of Qualifications Procedure.

MAPPVA Multi-Agency Panel for the Protection of Vulnerable Adults. /Safeguarding Adults Authority Procedures.

Department of Health Document No Secrets 2001.

Disclosure and Barring Service.

Skills for Care Safeguarding Principles.

Mental Capacity Act 2005.

Mental Health Act 2007.

5.0 Responsibilities

5.1 The manager, senior staff and all care staff.

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This is the procedure to be followed:

This procedure must be read in conjunction with the service's Safeguarding Policy, QP-61.

6.0 PREVENTING ABUSE

- 6.1 Staff are committed to maximising Service Users choice, control and inclusion and protecting their human rights as important ways of meeting their individual needs and reducing the potential for abuse.
- 6.2 As part of their induction staff will be made aware of discrimination, which might amount to discriminatory abuse or cause psychological harm? This includes discrimination on the grounds of age, disability, gender, gender identity, race, religion, belief or sexual orientation.
- 6.3 All staff are made aware of their individual responsibilities to prevent, identify and report abuse when providing care and treatment. This includes referral to other providers.
- 6.4 During induction training staff are made aware of the impact that diversity, beliefs and values of people who use services can have.
- 6.5 As part of the recruitment policy, every applicant for a job within the home should complete a Rehabilitation of Offenders Declaration Form, DC-043, in which they must declare any offence for which they have been convicted, regardless of time lapsed, or offences otherwise regarded as spent. This also includes applicants being the subject to a Disclosure and Barring Service check.
- 6.6 All staff are made aware of their personal responsibility to safeguarding Service Users. The manager ensures that all staff are aware of the agency's guidance on Recognising and Understanding Abuse, DC-021, and associated procedures. This must include an understanding of the local inter agency adult protection and safeguarding policies and procedures and other organisations who may be involved in responding to suspected abuse appropriate to their role.
- 6.7 All staff should receive training on the different forms of abuse and be equipped to recognise the signs of abuse that may have taken place. This includes a lack of dignity and respect which can cause psychological harm.
- 6.8 Staff are trained to understand the risk factors for abuse and what they must do if a person is being abused, suspected of being abused, is at risk of abuse or has been abused.
- 6.9 Where required, the service will work in partnership with other relevant bodies to contribute to other individual risk assessments, developing plans for safeguarding

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adults at risk. Including, implementing and regular reviewing outcomes for Service Users.

- 6.10 The manager must ensure compliance with the local Safeguarding Adults policies and procedures for which the local authority has the lead role. These policies and procedures must be available to staff at all times.
- 6.11 The manager should monitor and review incidents, concerns and complaints that have the potential to become an abuse or safeguarding concern and take appropriate action to prevent them.
- 6.12 The managers makes it known that he/she is always available to discuss any concerns that people may have about the service and takes appropriate action to deal with them.
- 6.13 Information is provided to people who use the service on how to raise a complaint or any concerns they may have about care of the Service Users.

7.0 SKILLS FOR CARE SAFEGUARDING PRINCIPLES

- 7.1 The following six principles apply to all staff who provide services to those whose circumstances put them at risk. These principles should inform the ways in which you work. These six key principles underpin all adult safeguarding work:

Empowerment - People being supported and encouraged to make their own decisions and informed consent.

Prevention - It is better to take action before harm occurs. Service Users receive clear and simple information about what abuse is, how to recognise the signs and what they can do to seek help.

Proportionality - The least intrusive response appropriate to the risk presented. Staff work in my interest, and they will only get involved as much as needed.

Protection - Support and representation for those in greatest need. Service Users get help and support to report abuse and neglect. Service Users get help so that I am able to take part in the safeguarding process to the extent to which they want to

Partnership - local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. Staff ensure that any Service Users personal and sensitive information is kept in confidence, only sharing what is helpful and necessary. **Accountability and transparency** in delivering safeguarding. Service Users understand the role of everyone involved in their life and so do those who provide the service.

8.0 DEALING WITH SUSPECTED OR REPORTED ABUSE

All staff will be given training in and must follow MAPPVA and local Safeguarding Adults Procedures.

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- 8.1 Where a member of staff recognises the signs or suspects abuse of a Service User it should be reported to the manager without delay.
- 8.2 The manager or senior person on duty must take action immediately to ensure that any abuse identified is stopped and suspected abuse is addressed by:
- Separating the alleged abuser from the person who uses services and others who may be at risk or managing the risk by removing the opportunity for abuse to occur, where this is within the control of the provider.
 - The manager (or other authorised person) should report the allegation through the Safeguarding Adults policies and procedures. This will involve reporting the matter to the local authority who will have multi agency arrangements in place for adult protection referrals. In some circumstances, it may be appropriate to also report directly to the police. The incident should be notified to CQC following the CQC Statutory Notifications procedure, MA-16.
 - Follow the Local Safeguarding Adults Procedures for reporting and investigating abuse.
 - Follow the referral process and timescales as described in all relevant local and national multi-agency procedures when responding to suspected abuse. They will take account of circumstances of the person using the service to identify and respond appropriately to other potential risk of abuse.
 - Follow the protection plan agreed through the multi-agency procedures in order to reduce the risk of further abuse after an actual or suspected case of abuse.
 - Inform Service Users representatives of the alleged abuse and the actions that have been taken.
 - Set up a confidential file and keep a recorded description of the incident and date and time the matter was reported to safeguarding authorities and CQC.
 - Contribute to actions required including sharing information and attending forums.
 - Work collaboratively with all relevant services, teams and agencies to safeguard and protect the welfare of Service Users and during any investigation process.
- 8.3 The manager (or other authorised person) must ensure that every effort is made to protect the privacy of the Service User by maintaining confidentiality, referring to Confidentiality and Access to Records, MA-05.
- 8.4 The manager should ensure that arrangements are put in place that enables staff and Service Users affected by the incident to access counselling services if required.

9.0 MAINTAINING SERVICE USERS HEALTH AND WELLBEING

- 9.1 Following an incident of alleged abuse the Service User will be comforted and a review of the care plan carried out to ensure they are appropriately supported.

10.0 PROVIDING SUPPORT TO PEOPLE WHO REPORT ABUSE

- 10.1 When people report abuse the manager must ensure that they are taken seriously, treated with dignity and respect and provided with appropriate help.

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- 10.2 The manager must ensure that Service Users are supported when they make allegations of discrimination or actually experience discrimination. Staff must not unlawfully victimise people who use services for making a complaint about discrimination.
- 10.3 When allegations of discrimination are substantiated, the manager must take corrective action and make changes to prevent it happening again. This may involve seeking specialist advice or support.
- 10.4 People should be supported to take part in the safeguarding process to the extent to which they want or are able to, or to which the process allows and are kept informed of progress.
- 10.5 The manager should ensure that people are made aware of, and supported to access, sources of support outside the service including local independent information advice, independent mental capacity advocacy services or independent mental health advocacy services where relevant.
- 10.6 The manager ensures that people are provided with support, or given information about how they can obtain support, for as long as they need it.
- 10.7 The manager promotes a culture where people feel reassured that their care, treatment and support will not be compromised if they raise issues of abuse.

11.0 PROVIDING INFORMATION TO SERVICE USERS AND THEIR REPRESENTATIVES

- 11.1 The manager should make Service User's, advocates and those acting on their behalf and staff aware of this procedure and provide information to people about:
- What abuse is and how to recognise the signs.
 - What they should do if they or another person are being abused or suspect abuse, including relevant contact details under the local safeguarding procedures.
 - What they might expect to happen when a referral is made under the local safeguarding procedures
 - How information about a safeguarding concern is appropriately shared in line with multi-agency procedures, taking into account the sensitive nature of the information.
 - Information that reassures people that safeguarding procedures are delivered in a way that protects people's human rights, including their human rights to life and not to be treated in an inhuman or degrading way.
 - Information that assures people that staff who are required to use restrictive physical interventions have received specialist training.
- 11.2 The manager should ensure that staff are kept up to date about changes to national and local safeguarding arrangements.

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12.0 ABUSE OF STAFF BY SERVICE USERS

12.1 If a Service User is suspected of allegedly abusing a member of staff, the manager should:

- Establish with the staff member what form the alleged abuse has taken.
- Suspend visits to the service user by the staff member pending investigation of the alleged abuse.
- Take statements from the staff member and any witnesses.
- Ask the member of staff to complete a Accident / Incident / Near Miss Report, DC-001
- The manager should arrange a visit with the service user to discuss the matter and the reason for the incident.
- Make arrangements for another care worker to visit where appropriate.
- Talk to the family of the alleged abuser.
- If founded, carry out a risk assessment before the service is reintroduced.
- Make arrangements for a best interest meeting where appropriate.
- Provide support to the member of staff and take any required actions in relation to the incident.
- Contact the Care Quality Commission.
- Involve the Service User's social worker.
- Contact the police (if appropriate).
- Inform the Multi Agency Panel for the Protection of Vulnerable Adults / Safeguarding Adults Authority.
- Inform the line manager.
- In discussion with all stakeholders, consider if the risk requires withdrawal of the service.
- Complete the necessary documentation as in section 16.0.

13.0 IMPROVEMENT ACTIONS FOLLOWING INCIDENT OF ABUSE

13.1 When allegations of abuse are made, the investigations and the corrective actions taken are recorded. Where changes in practice are required as a result procedures are reviewed and amended to prevent recurrence.

13.2 Information gained from safeguarding concerns will also be used by the manager to identify any non-compliance, or any risk of non-compliance, with the regulations and to decide what will be done to return to compliance.

13.3 Where allegations of abuse are substantiated, the manager must take action to redress the abuse and take the necessary steps to ensure the abuse is not repeated. This may involve seeking specialist advice or support.

13.4 The manager will continue to monitor the situation following the incident of abuse to reassure the Service User and prevent further abuse.

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14.0 REPORTING ALLEGATIONS OF ABUSE

- 14.1 All allegations of abuse must be reported to the Independent Safeguarding Authority and a record kept by the manager of the date when the allegation was reported,
- 14.2 Where staff are reasonably suspected to have caused harm or risk of harm to Service Users, and this includes the requirement for the person to be referred to the Disclosure and Barring Service, they must be referred for inclusion on the Disclosure and Barring Service Register where the requirements for referral are met.

15.0 CONTROLLED ACTIVITY

- 15.1 The manager ensures that staff who are barred but are able to work in a Safeguarding Vulnerable Groups Act 2006 “controlled activity” are subject to strict requirements. This includes the staff member being subject to tough safeguards including stringent supervision, and have specific plans of support, including any reasonable adjustments, to enable them to carry out their job.
- 15.2 Where staff subject to controlled activity are at risk of, or are, being exposed to physical, psychological or emotional hazards in the workplace in the course of their duties, the manager will provide information about how those risks can be minimised.

16.0 DEPRIVATION OF LIBERTY SAFEGUARDS AUTHORISATION

- 16.1 Where Service Users are not covered by the Mental Health Act 2007, we will, if allowed by legislation, only request authorisation under the Mental Capacity Act 2005 Deprivation of Liberty Safeguards, when it is in the best interests of the person who uses services and that person lacks capacity.
- 16.2 We will implement and review any subsequent authorisation in line with guidance.

17.0 RECORDS THAT MUST BE KEPT

- 17.1 The manager should ensure that full records are kept and maintained at all times and on every occasion where abuse is alleged or suspected, in the following records as appropriate:
- Staff Communications Book, DC-SCB.
 - Communication Record Sheet, DC-009.
 - Person Centred Care Plan, DC-054.
 - Accident / Incident / Near Miss Report Form, DC-001.
- 17.2 Records into investigation of an abuse should be kept separate from the other documents in the Service User’s Office File, DC-SUOF.
- 17.3 A record should be kept of all staff who have been made aware of the agency’s policy on abuse.

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17.4 A record should be kept of all staff who have received training in recognising and preventing abuse.

18.0 SAFEGUARDING ADULTS BOARDS

18.1 Where required, the manager and staff should participate in Safeguarding Adults Boards.

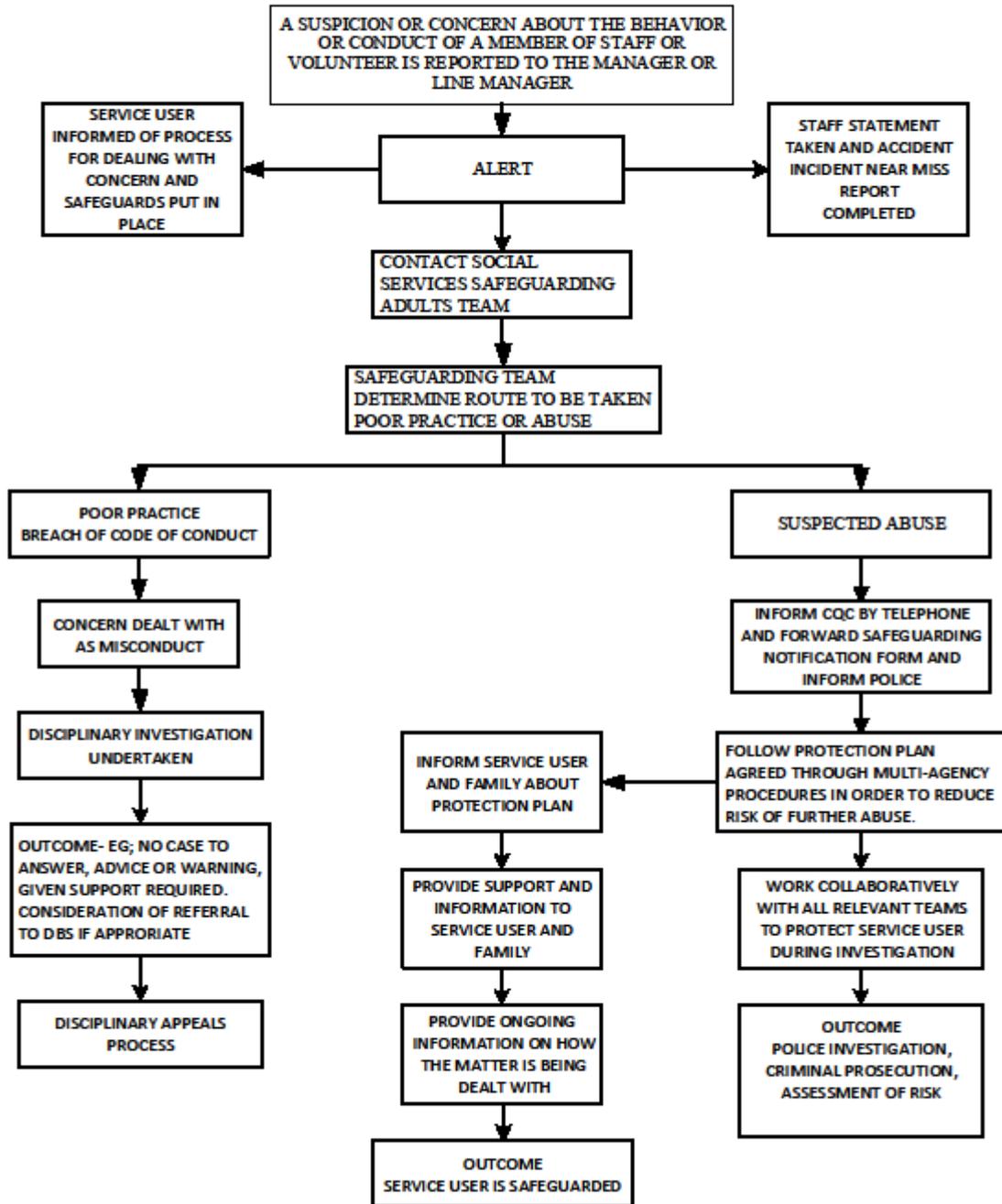
NB Definition of abuse

Abuse is a violation of an individual's human and civil rights by any other person or persons.' No Secrets 2000'

Sample

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SAFEGUARDING FLOWCHART



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Guidance for managers

What the Care Quality Commission requires

Key Lines of Enquiry 2018 - **Safe S1: How do systems, processes and practices safeguard people from abuse?**

Prompt	Compliance Evidence
S.1.1 How are safeguarding systems, processes and practices developed, implemented and communicated to staff?	Para 6.1 to 6.4 of this procedure addresses the prompt
S1.2 How do systems, processes and practices protect people from abuse, neglect, harassment and breaches of their dignity and respect? How are these monitored and improved?	Para 6.7 and his procedure addresses the prompt Section 13 of this procedure addresses the prompt
S1.3 How are people protected from discrimination, which might amount to abuse or cause psychological harm? This includes harassment and discrimination in relation to protected characteristics under the Equality Act.	Para 6.2 and 6.7 of this procedure addresses Refer to QP-40 Equality and Diversity
S1.4 How are people supported to understand what keeping safe means, and how are they encouraged and empowered to raise any concerns they may have about this? If people are subject to safeguarding enquiries or an investigation, are they offered an advocate if appropriate or required?	Refer to QP-65 Whistle blowing

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Key Lines of Enquiry 2018 - **Safe S6: Are lessons learned and improvements made when things go wrong?**

Prompt	Compliance Evidence
S6.2 What are the arrangements for reviewing and investigating safety and safeguarding incidents and events when things go wrong? Are all relevant staff, services, partner organisations and people who use services involved in reviews and investigations?	This procedure addresses the prompt

Managers will need to demonstrate to CQC that they are complying with the regulation and Fundamental Standard by following the procedure or policy that provides the evidence.

Sample

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