

SAFEGUARDING ADULTS POLICY UK

Document Name:	Safeguarding Vulnerable Adults
Document Classification:	Safeguarding
Document Number:	SGA001
Version Number:	2.0
Name of Originator:	
Policy Reviewer:	Lorraine Gallier
Date Created:	
Review Date:	26th April 2021
Responsible Committee:	Senior Management Team
Superseded policy:	1.0
Target Audience:	All Staff Groups
Other relevant policies	Incidents & Serious Incident Reporting Safeguarding Vulnerable Children Agency Workers Handbook

CONTENT:

1.0 POLICY STATEMENT

2.0 AIMS

3.0 SCOPE

4.0 DEFINITIONS

5.0 ROLES AND RESPONSIBILITIES

6.0 PROCEDURES

6.1 SAFEGUARDS

6.1 SAFE RECRUITMENT PROCEDURE

7.0 INFORMING VULNERABLE PERSONS OF THEIR RIGHTS

8.0 IDENTIFYING POTENTIAL ABUSE

9.0 REPORTING & RESPONSE TO SUSPECTED, ALLEGED OR CONFIRMED CASES OF ABUSE

11.0 SAFEGUARDS

12.0 CONFIDENTIALITY & RECORD KEEPING

13.0 POLICY REVIEW

14.0 BREACH OF POLICY BY EMPLOYEES OF SOS MEDICAL STAFFING

15.0 QUALITY ASSURANCE MONITORING

16.0 REFERENCES AND LINKS

1.0 POLICY STATEMENT

SOS Medical is committed to ensuring the safety and security of every vulnerable person with whom its staff, contractors and temporary workers come into contact and as such we have in place stringent safeguards to protect the patients, Service Users, colleagues and customers with whom we work. This policy also covers the practices and reporting procedures for our employees, contractors and temporary workers should they suspect that any form of abuse is taking place.

This policy is drawn from the guidance and requirements outlined in the following legislation:

Rehabilitation of Offenders Act 1974.

National Health Service & Community Care Act 1990.

The Police Act 1997.

Human Rights Act 2000.

Domestic Violence, Crime and Victims Act 2004.

Mental Capacity Act 2005 and Deprivation of Liberty Standards.

Safeguarding Vulnerable Groups Act 2006.

Mental Health Act 2007.

Equality Act 2010.

The Care Act 2014.

CQC Regulations Standard 13 Safeguarding service users from abuse and improper treatment

It is also based on advice and guidance taken from relevant regulatory agencies including the General Medical Council, Nursing & Midwifery Council and Health & Care Professionals Council.

The company's aim is to provide a service that enables patients to feel happy and secure and to allow parents, families and carers to feel confident that the people providing the services are trustworthy, responsible and will do everything they can to keep the person safe from harm by ensuring:

- We do not engage an employee, contractor or temporary worker to take part in regulated activity if they are on the adult's barred list.
- We obtain an enhanced DBS certificate for every employee, contractor and temporary worker taking part in a regulated activity prior to the employee or temporary worker commencing work.
- Candidates will not be allowed to participate in regulated activity without a valid DBS check.
- Employees, contractors and temporary workers are trained to understand the different types of abuse, the indicators for each of these and the procedures to follow in the event that they suspect such abuse is taking place.
- We consistently update training for employees, contractors and temporary workers to reflect statutory guidance and good practice guidance including where and how to report any concerns relating to suspected abuse or neglect. Normally this is done on a yearly basis.

SOS Medical Staffing has a zero tolerance approach to abuse and neglect. As per the CQC regulation 13 Safeguarding service users from abuse and improper treatment stipulates:

“The intention of this regulation is to safeguard people who use services from suffering any form of abuse or improper treatment while receiving care and treatment. Improper treatment includes discrimination or unlawful restraint, which includes inappropriate deprivation of liberty under the terms of the Mental Capacity Act 2005

2.0 AIMS

The aim of this policy is to provide ALL members of staff with knowledge on how to report safeguarding concerns;

Identify risk factors and potential harm early;

Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do when they have a concern about the safety or wellbeing of an adult;

Prevent harm and reduce the risk of abuse or neglect to adults with care or support needs;

Safeguard adults in a way that supports them in making choices and having control about how they want to live;

Promote an approach that concentrates on improving life for the adults concerned;

Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;

Address what has caused the abuse or neglect.

3.0 SCOPE OF THE POLICY

It is the duty of all employees, contractors and temporary workers to comply with this policy.

All employees, contractors and temporary workers are made fully aware of this policy and other duties and responsibilities under the above legislation as part of the company's induction programme and mandatory safeguarding training.

This policy applies to all Adults at risk, regardless of sex; race (including colour, nationality, ethnic or national origin); religion or belief; age; disability; marital status and civil partnership; sexual orientation; gender reassignment; pregnancy and maternity.

4.0 DEFINITIONS

Definition of Vulnerable Adult:

The Care Act and its guidance states that the duties apply to:

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

Consideration needs to be given to informal carers who may require support if they have been experiencing abuse from the cared for person or neglect of the cared for person has materialised as a result of their caring role.

Safeguarding means protecting an adult's right to live in safety free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect (Department of Health, 2014).

DEFINITION OF HARM

Harm is the impact on the victim of abuse, exploitation or neglect. It is the result of any action whether by commission or omission, deliberate, or as the result of a lack of knowledge or awareness which may result in the impairment of physical, intellectual, emotional, or mental health or well-being.

DEFINITION OF REGULATED ACTIVITY

An individual is engaged in regulated activity if they are providing any of the following activities as part of their role:

- Healthcare.
- Personal care.
- Social work.
- Assistance with cash, bills or shopping.
- Assistance with the conduct of their own affairs.
- Conveying services.

In addition, regulated activity also includes where an individual is providing “unsupervised” teaching, training, supervision, caring for or supervision of vulnerable persons where these activities are undertaken frequently. Frequently is determined as:

- Once a month or more.
- Three or more days in any 30 day period.
- Overnight between the hours of 2am and 6am.

DEFINITION OF RELEVANT CONDUCT

NMC code of conduct states:

***“The Code sets out common standards of conduct and behaviour for those on our register. This provides a clear, consistent and positive message to patients, service users and colleagues about what they can expect of those who provide nursing or midwifery care.*”**

Point 3.4 states: act as an advocate for the vulnerable, challenging poor practice and discriminatory attitudes and behaviour relating to their care.”

All staff undertaking shifts on behalf of SOS Medical Staffing will, at all times adhere to their relevant Code of Conduct, and the Professional Conduct expected and laid out in the Agency Workers Handbook.

DEFINITION OF ABUSE

Abuse is ‘a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to another individual or violates their human or civil rights’

Main Types of the abuse include:

- **Psychological / emotional harm** caused by an action or inaction that causes mental anguish.
- **Financial harm** usually associated with the misuse of money, valuables or property.
- **Physical harm** caused by any physical action or inaction that results in discomfort, pain or injury.
- **Sexual harm** such as coercion or force to take part in sexual acts.
- **Neglect** caused by failure to identify and / or meet care needs.
- **Verbal harm** which includes any remark or comment that causes distress.

5.0 ROLES AND RESPONSIBILITIES

The Role and responsibilities of the Adult Safeguarding Lead

The Adult Safeguarding Lead for SOS Medical Staffing is the Nurse Manager Lorraine Gallier, and can be reached via email, lorraine@sosmedical.co.uk or by telephone.

The Adult Safeguarding Lead provides operational leadership and oversight in relation to adult safeguarding for SOS Medical staffing and is responsible for implementing its adult safeguarding policy.

The Lead should ensure that, at a minimum, that SOS Medical Staffing safeguards adults at risk by:

- Recognising that adult harm is wrong and should not be tolerated
- Being aware of the signs of harm from abuse, exploitation and neglect
- Reducing opportunities for harm, abuse, exploitation and neglect to occur
- Knowing how and when to report adult safeguarding concerns

The Role of the Adult Safeguarding Lead is:

- To provide information and support for staff on adult safeguarding within the organisation;
- Ensure that the SOS Medical's adult safeguarding policy is disseminated and support implementation throughout the organisation;
- To advise the staff regarding adult safeguarding training needs;
- To provide advice to staff or volunteers who have concerns about the signs of harm, and ensure reporting to the correct Social Services where there is a safeguarding concern;

- To support staff to ensure that any actions take account of what the adult wishes to achieve – this should not prevent information about any risk of serious harm being passed to the relevant Trust Service for assessment and decision-making;
- To ensure accurate and up to date records are maintained detailing all decisions made, the reasons for those decisions and any actions taken;
- To compile and analyse records of reported concerns to determine whether a number of low-level concerns are accumulating to become significant; and make records available for inspection.

Where the Lead is not immediately available, this should not prevent action being taken or a referral being made to the Trust in respect of any safeguarding concern.

COMPLIANCE TEAM

The compliance team will be responsible for ensuring all staff are compliant for Mandatory Training and will communicate with bookings staff with regard to blocking any staff whose training has expired.

All temporary staff undertaking shifts on behalf of SOS Medical Staffing:

All employees must ensure their mandatory training is kept in date. Staff will not be allowed to undertake shifts should any of their training expire.

Registered nurses are expected to be trained to Level 3 for Safeguarding Adults and Children.

All staff will ensure they are familiar with this policy, the training requirements necessary and ensure they are competent in awareness of signs of abuse.

They will make themselves aware of the procedure to follow when in placement. (See 9.0 Procedure for reporting safeguarding concerns).

6.0 PROCEDURES

6.1 SAFER RECRUITMENT PROCEDURE

When recruiting staff, contractors or temporary workers to take part in regulated activities involving vulnerable persons, SOS Medical will ensure that the following:

Interviews are conducted by trained staff who have received guidance in relation to current legislation and best practice pertaining to the recruitment and placement of candidates who are to take part in regulated activity.

- The candidate's personal identity will be verified by checking an original form of recent photographic identification.
- Registrations will be checked with the relevant regulatory body and qualifications and training relevant to the role being recruited will be verified by checking original certificates and validating these for authenticity with the awarding body.
- A thorough biographical interview will take place to establish the candidate's employment history and identify any gaps in employment.
- A minimum of 2 written employment references will be obtained covering a minimum of the most recent 3 years employment and verification will be sought for any gaps in the candidate's employment history.
- All candidates will be checked against the adults and childrens' barred lists to confirm that they are not barred from participating in regulated activity.
- An enhanced DBS check will be undertaken prior to commencement of regulated activity.
- Candidates will not be allowed to participate in regulated activity without a valid enhanced DBS check.
- Candidates will be required to complete an application form which includes a declaration stating that there is no reason why they should be considered unsuitable to work with vulnerable persons (including past convictions, cautions, bind-overs or pending cases) and that they have not been barred from carrying out regulated activity.

7.0 INFORMING VULNERABLE PERSONS OF THEIR RIGHTS

Where our services are provided on client premises (e.g. a hospital or Care Home), we will operate according to the policies and procedures of that institution / organisation and it is expected that the vulnerable person will have been informed of their rights by that institution /organisation.

8.0 IDENTIFYING POTENTIAL ABUSE

Abuse is the misuse of power and control that one person has over another.

Abuse may be perpetrated by a wide range of people, including those who are usually physically and/or emotionally close to the individual and on whom the individual may depend and trust.

This may include, but is not limited to, a partner, relative or other family member, a person entrusted to act on behalf of the adult in some aspect of their affairs, a service or care provider, a neighbour, a health or social care worker or professional, an employer, a volunteer or another service user.

It may also be perpetrated by those who have no previous connection to the victim.

Abuse is the violation of an individual's human rights and can take the form of a single act or repeated acts. The main types of abuse include:

- Physical.
- Domestic.
- Sexual.
- Emotional / psychological.
- Financial.
- Modern slavery.
- Discriminatory.
- Organisational.
- Neglect or acts of omission.
- Self neglect.

All staff, contractors and temporary workers are expected and trained to look out for the common symptoms or indicators associated with the different types of abuse and neglect. Typical signs for each of the above include:

Physical Abuse – the signs of this are often evident, but can be hidden by both the victim and the abuser. Any unexplained injuries should always be fully investigated. Evidence to look out for includes:

- Cuts, lacerations, puncture wounds, open wounds, bruises, welts, discoloration, black eyes, burns, bone fractures, broken bones, and skull fractures.
- Untreated injuries in various stages of healing or not properly treated.
- Poor skin condition or poor skin hygiene.

- Dehydration and/or malnourished without illness-related cause.
- Loss of weight.
- Soiled clothing or bed.
- Broken eyeglasses/frames, physical signs of being subjected to punishment, or signs of being restrained.
- Inappropriate use of medication, overdosing or under-dosing.
- A person telling you they have been hit, slapped, kicked, or mistreated.

Sexual Abuse - very often the behaviour of a person, even if they are confused, will tell you that something is wrong.

Even with dementia, people can often make their feelings known to you if you take the time to listen, observe and take notice. It is the capacity to believe that sexual abuse is possible, (without automatically seeing it everywhere), that will increase the potential to detect and respond to it when it happens. Some of the physical signs to watch for are:

- Bruises around the breasts or genital area.
- Unexplained STDs.
- Unexplained vaginal or anal bleeding.

- Difficulty in walking or standing.
- Marked changes in behaviour.
- Torn, stained, or bloody underclothing.
- A person telling you they have been sexually assaulted or raped.

If you suspect sexual abuse, do NOT wash the person or their clothing.

Do NOT delay notifying the Nurse in Charge, while you think about your course of action. Inform this immediately to the nurse in charge of the shift and the Nurse Manager at SOS Medical Staffing Lorraine Gallier.

If you are working in a care home or acute trust, follow the procedures that pertain to that site. Document your concerns, any conversations that have led you to believe there is a safeguarding issue and injuries on a body map.

Staff must also inform SOS Medical's Adult Safeguarding Lead who will be able to assist you as they have full understanding of the local referral pathways and would advise who to contact.

The role of the Adult Safeguarding Lead is:

- To provide information and support for staff on adult safeguarding within the organisation;
- Ensure that the SOS Medical's adult safeguarding policy is disseminated and support implementation throughout the organisation;
- To advise the staff regarding adult safeguarding training needs;
- To provide advice to staff or volunteers who have concerns about the signs of harm, and ensure reporting to Trusts where there is a safeguarding concern;
- To support staff to ensure that any actions take account of what the adult wishes to achieve – this should not prevent information about any risk of serious harm being passed to the relevant Trust Adult Safeguarding Lead Gateway Service for assessment and decision-making;
- To ensure accurate and up to date records are maintained detailing all decisions made, the reasons for those decisions and any actions taken;
- To compile and analyse records of reported concerns to determine whether a number of low-level concerns are accumulating to become significant; and make records available for inspection.

Where the Lead is not immediately available, this should not prevent action being taken or a referral being made to the Trust in respect of any safeguarding concern.

Emotional / Psychological Abuse - this can have a profound impact on an individual's mental health. They can feel trapped, threatened, humiliated, used or a combination of all these. Most signs therefore relate to someone's mental state, and changes in behaviour such as:

- Helplessness.
- Hesitation to talk openly.
- Implausible stories.
- Confusion or disorientation.
- Anger without apparent cause.
- Sudden change in behaviour.
- Emotionally upset or agitated.
- Unusual behaviour (sucking, biting, or rocking).

- Unexplained fear.
- Denial of a situation.
- Extremely withdrawn and non communicative or non responsive.
- A person telling you they are being verbally or emotionally abused.

Neglect - this will often be manifested in the physical, social or health circumstances of the person. Examples may include:

- Dirt, faecal or urine smell, or other health and safety hazards in person's living environment.
- Rashes, sores, or lice.
- Inadequate clothing.
- Malnourishment or dehydration.
- Untreated medical conditions.
- Poor personal hygiene.
- Evidence of the withholding of medication or over-medication of the person.
- Evidence of a lack of assistance with eating and drinking.
- Unsanitary and unclean conditions.

In considering neglect it is also important to recognise that there are occasions when someone will choose a particular lifestyle that is considered by others to be poor. There is a difference between a chosen pattern of behaviour and neglect by others that causes deterioration in a person's circumstances and condition. It should also be remembered that neglect can be intentional or passive (i.e. where the 'perpetrator' is doing his / her best but cannot provide the level of care and support that is needed). From the perspective of the 'victim' the impact is the same, and they experience abuse.

Where abuse is intentional it is likely that the following signs will be apparent as the abuser may:

- Try to prevent the person from speaking for themselves or seeing others without them being present.
- Display attitudes of indifference or anger toward the person, or the obvious absence of assistance.
- Blame the person (e.g. accusation that incontinence is a deliberate act).
- Display aggressive behaviour (threats, insults, harassment) toward the person.
- Have a previous history of abuse of others.
- Display inappropriate affection toward the person.
- Display flirtatious behaviour, or coyness, etc that might be possible indicators of inappropriate sexual relationships.

- Create social isolation of the family, or isolation or restriction of activity of the person.
- Create conflicting accounts of incidents by family, supporters, or the person.
- Display inappropriate or unwarranted defensiveness.

Financial Abuse – the signs of financial abuse may include:

- Signatures on cheques etc that do not resemble the person's signature, or signed when the person cannot write.
- Sudden changes in bank accounts, including unexplained withdrawals of large sums of money by a person accompanying the older person.
- The inclusion of additional names on an older person's bank account.
- Abrupt changes to, or the sudden establishment of, wills.
- The sudden appearance of previously uninvolved relatives claiming their rights to a person's affairs or possessions.
- The unexplained sudden transfer of assets to a family member or someone outside the family.
- Numerous unpaid bills, or overdue rent, when someone else is supposed to be paying the bills.
- Unusual concern by someone that an excessive amount of money is being expended on the care person's care.
- Lack of amenities, such as TV, personal grooming items, appropriate clothing, that the person should be able to afford.
- The unexplained disappearance of funds or valuable possessions such as art, silver or jewellery.
- Deliberate isolation of a person from friends and family, resulting in one particular individual having total control.

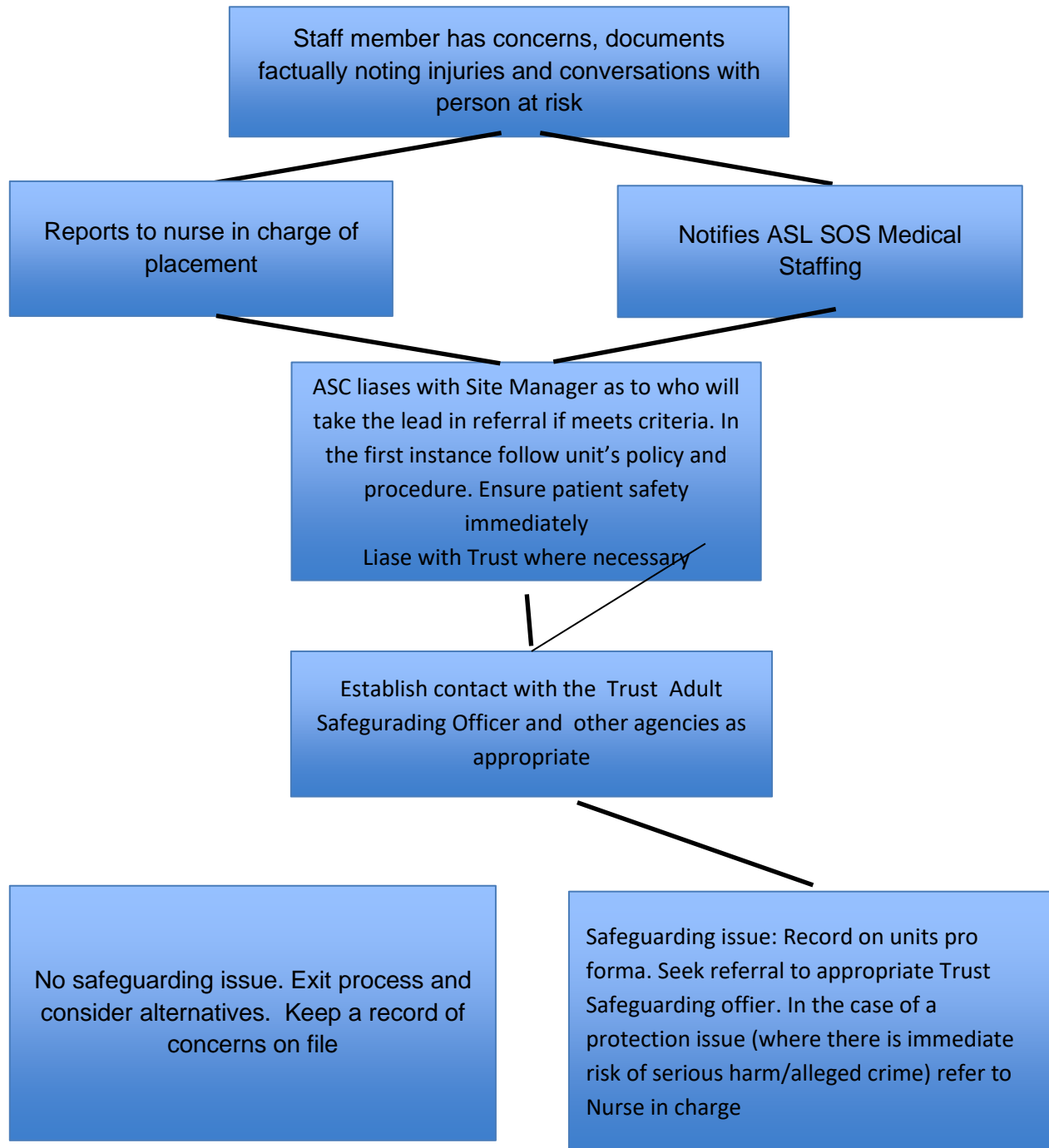
9.0 REPORTING & RESPONSE TO SUSPECTED, ALLEGED OR CONFIRMED CASES OF ABUSE

Please note that you should always follow the Safeguarding Policy where you are placed to work and if you are unsure where to find this, please contact the nurse in charge of the shift at the unit you are working.

Should you be the nurse in charge of the shift, then please contact SOS Medical and the Adult Safeguarding Lead in the office will be able to assist you as they have full understanding of the local referral pathways and would advise who to contact. Our 24X7 helpline number us: **0203 795 5041**

Any employee, contractor, temporary worker, family member, carer, healthcare professional or any other individual with concerns about possible abuse should report the matter to the nurse in charge of the shift. Where it is suspected that such abuse may be caused by another staff member, then reporting the matter will be done in accordance with the company's Whistleblowing Policy.

Reporting Flowchart



SOS Medical Staffing expects its employees, contractors and temporary workers to take all possible steps to cooperate with investigations by any statutory bodies such as the Local Health and Social Care Trust Safeguarding Team, Adult Safeguarding Lead at SOS Medical, and the Police if involved.

11. SAFEGUARDS

SOS Medical requires its employees, contractors and temporary workers to follow all of the instructions, guidance, policies and procedures provided by the Trust Adult Safeguarding Team.

Induction training will also be provided to all employees, contractors and temporary workers engaged to undertake regulated activity with vulnerable persons, including but not limited to:

- Training in relation to safeguarding and handling of reporting of alleged or suspected abuse;
- Risk management to prevent abuse;
- Actions to be taken in the event of alleged or suspected abuse;
- The company's complaints and escalation process;
- The company's Whistleblowing policy;
- Current legislation and best practice.

12.0 CONFIDENTIALITY & RECORD KEEPING

In most cases, confidentiality will mean that information relating to alleged or suspected abuse is only passed onto others with the consent of the Service User, however it should be recognised that in order to protect vulnerable persons it may be necessary on occasion to share information that might normally be regarded as confidential in order to investigate an alleged or suspected offence, particularly if the individual / individuals are in serious danger or are incapable of making an informed decision.

All staff, contractors and temporary workers are required to abide by our Confidentiality Policy and will receive training in this area prior to commencing the job / their first assignment.

13.0 POLICY REVIEW

This policy will be reviewed regularly and may be altered from time to time in light of legislative changes or other prevailing circumstances.

14.0 BREACH OF POLICY BY EMPLOYEES OF SOS MEDICAL STAFFING

Disciplinary action may be taken against any employee who acts in breach of this policy. Disciplinary action may include summary dismissal in the case of a serious breach of this policy or repeated breaches. In other cases, it may include a warning, oral or written. Such action will be taken in accordance with the Company's disciplinary procedure. For contractors or temporary workers on contract for services, the assignment may be terminated immediately and the contractor or temporary worker may not be offered further work until the outcome of the enquiry has been completed.

Breaches of this policy may also result in the employee responsible being held personally liable if legal action is taken in relation to safeguarding issues.

15.0 QUALITY ASSURANCE MONITORING

Registered staff will be monitored for compliance training upon registering and notified when 2 months from expiry by compliance officers.

NMC checks will be recorded monthly.

Any notifications from a regulatory body regarding fitness to practice or removal from the register for safeguarding issues will be recorded.

16.0 REFERENCES AND LINKS

www.gov.uk/government/publications/safeguarding-policy-protecting-vulnerable-adults

www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-13-safeguarding-service-users-abuse-improper