

SCHEDULE 2 – THE SERVICES

K. Safeguarding Adults at Risk Policy

Introduction

- 1.1 Safeguarding adults is everyone's business. The Care Act puts in place a framework for adult safeguarding and includes measures to guard against Provider failure to ensure this is managed without disruption to services.
- 1.2 The safeguarding duties apply to an adult who:
 - has needs for care and support (whether or not the local authority is meeting any of those needs) and;
 - is experiencing, or at risk of, abuse or neglect; and
 - 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.
- 1.3 Making Safeguarding Personal is a shift in culture and practice in response to what we now know about what makes safeguarding more or less effective from the perspective of the person being safeguarded. It is about having conversations with people about how we might respond in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. It is about seeing people as experts in their own lives and working alongside them. It is about collecting information about the extent to which this shift has a positive impact on people's lives. It is a shift from a process supported by conversations to a series of conversations supported by a process.
- 1.4 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, while at the same time making sure that the adult's well-being is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about.
- 1.5 Organisations should always promote the adult's wellbeing in their safeguarding arrangements. People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved. Professionals and other staff should not be advocating "safety" measures that do not take account of individual well-being, as defined in Section 1 of the Care Act.
- 1.6 Lessons from inquiries such as Mid Staffordshire NHS Foundation Trust have highlighted the need to make safeguarding integral to care. Prosecutions by the courts, enforcement measures by regulators and adverse media attention, all demonstrate the high cost to services, staff and patients, where there are failures in safeguarding patients.

Background

1.7 The Care Act states the aims of safeguarding are :

- To stop abuse or neglect wherever possible;
- Prevent harm and reduce the risk of abuse or neglect to adults with care and 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;
- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and
- Address what has caused the abuse or neglect.

1.8 This schedule and the accompanying principles act as a benchmark for good practice. They raise awareness of adult safeguarding and support organisations to demonstrate their compliance and governance arrangements in relation to adult safeguarding. Compliance with these will be monitored via the annual report and the Key Performance Indicators (Appendix 1)

1.9 All Providers will need to demonstrate compliance through regular reporting to the Clinical Commissioning Group (CCG), which will be based on the level of the Providers contact with adults at risk and their carers. The named professional for safeguarding adults in each Provider can support the evidencing of compliance. Providers are expected to produce these reports within the time frames indicated.

Provider Practice

1.10 The Care Act states that all organisations MUST cooperate with the local authority around safeguarding matters. This is now a statutory duty to work in partnership to ensure the best outcome for the adult.

1.11 The Provider will have an Executive Board / Practice lead for Safeguarding Adults.

1.12 The Practice Lead will receive an annual report on arrangements for Safeguarding Adults within the practice, to include year-end position data as outlined in Appendix 1, this will be shared with the CCG.

- 1.13 The Provider will ensure that Disclosure and Barring Service (DBS) checks are completed for all staff who work directly with adult patients and that staff are registered with the vetting and barring scheme introduced on 1 November 2010, and referrals are made to the vetting and barring scheme when required in accordance with the legislation.
- 1.14 The Provider will have in place and implement a Safe Recruitment Policy which detail robust mechanisms for ensuring the suitability and safety of staff employed before they commence in post.
- 1.15 The Provider will have in place a Safeguarding Adults Policy that complies with the Somerset Safeguarding Adult's Board Multi agency Policy, with acknowledgment of the Regional and Countywide policies. This policy will include arrangements for reporting concerns regarding safeguarding adults at risk, and will include all reporting mechanisms to the Somerset Safeguarding Adult's Board.
- 1.16 In addition to the Provider's obligations under the Safeguarding Adult's policy any serious adult protection incidents that arise will be reported through the practice Incident Reporting Policy and through the practice Serious Untoward Incident Reporting Process onto STEIS, and to the Executive lead for Safeguarding Adults at Risk in the Quality Safety and Governance Team of NHS Somerset Clinical Commissioning Group.
- 1.17 The Provider will have in place a training strategy for Safeguarding Adults Training, this training strategy will ensure that all staff who work with patients and the public have safeguarding adult's training which includes the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards, at the level commensurate with the role of each member of staff. The Provider will comply with this strategy in full, and evidence will be available of the number of staff trained at the appropriate level for their role.
- 1.18 Numbers of staff receiving Safeguarding Adult's Training, which includes MCA and DOLS, will be included in the annual monitoring report with an indication of compliance against the standard of 90% achieving training.
- 1.19 The Provider will have in place an annual audit programme for Safeguarding Adults that will include a rolling programme of audit of safeguarding adult's policy and procedures and clinical practice.
- 1.20 The Provider will have in place a Designated Adults Safeguarding Lead within the Practice who has sufficient time in their job plan to undertake this role. Any vacancies in significant safeguarding adults posts must be reported to the CCG Quality and Adult Safeguarding Lead together with an action plan for recruitment.
- 1.21 All staff, contractors and volunteers who come into contact with service users/patients undertake safeguarding awareness training on induction, including information about how to report concerns within the service or directly into the multi-agency procedures.

- 1.22 The Provider will have in place a process for recognising and reporting to Somerset County Council and the Commissioner when concerns are raised to initiate the safeguarding alert. Alerts will be raised in respect of the health services they deliver to determine where the care provided is suboptimal.
- 1.23 The Provider will cooperate fully in all Safeguarding Adults Reviews (SARs) that are initiated by the Somerset Safeguarding Adult's Board and will ensure that the learning from (SARs) are implemented.
- 1.24 The Provider will ensure that clinical practice in relation to patients who do not have, or who may not have mental capacity, is compliant with the Mental Capacity Act 2005.
- 1.25 The Provider will ensure that appropriate procedures are in place to apply for an authorisation from the supervisory body for Deprivation of Liberty (Somerset County Council) where it is deemed necessary to deprive an individual of their liberty, where the individual patient does not have mental capacity to agree to remain within the care environment and receive treatment provided by the Provider.
- 1.26 If a Provider has to report non-compliance in relation to their safeguarding practice with any other regulatory bodies they must immediately notify the CCG.
- 1.27 Where there is there is an unexpected death or serious harm to a service user and abuse or neglect may be a factor, this will be referred into Adult Safeguarding procedures in addition to being reported as a Serious Incident Requiring Investigation. The CCG should also be informed within 72 hours of the incident being identified/reported.
- 1.28 The Prevent agenda requires healthcare organisations to work with partner organisations to contribute to the prevention of terrorism by safeguarding and protecting vulnerable individuals who may be at a greater risk of radicalisation and making safety a shared endeavour. The *Prevent* programme in health has two key elements:
- a) responsibility for *Prevent* policy/strategy and partnership representation with other Government departments; and
 - b) delivery of commitments made in the *Prevent* strategy (June 2011) across the healthcare sector.
- 1.29 The Provider will fulfil all reporting requirements in relation to the Prevent agenda

Safeguarding Adults principles

- 1.29 The following six principles apply to all sectors and settings, the principles should inform the ways in which professionals and other staff work with adults (reference Safeguarding Adults: The Role of Commissioners, 2011).

1 – Empowerment

2 – Protection

3 – Prevention

4 – Proportionality

5 – Partnerships

6 – Accountability

- 1.30 **Principle no 1 Empowerment** Presumption of person led decisions and consent
- I. The Provider will give individuals relevant information about recognising abuse and the choices available to them to ensure their safety.
 - II. The Provider will give clear information to staff and services users about how to report abuse and crime and any necessary support in doing so.
 - III. The Provider will consult service users before they take any action.
 - IV. Where someone lacks capacity to make a decision, the Provider will always act in his or her best interests.
- 1.31 **Principle no 2 Protection** Support and representation for those in greatest need:
- I. Our local complaints, reporting arrangements for abuse and suspected criminal offences and risk assessments work effectively.
 - II. Our governance arrangements are open and transparent and communicated to our citizens.
- 1.32 **Principle no 3 Prevention** - Prevention of neglect, harm and abuse is a primary objective
- I. We can effectively identify and appropriately respond to signs of abuse and suspected criminal offences.
 - II. We make staff aware, through provision of appropriate training and guidance, of how to recognise signs and take any appropriate action to prevent abuse occurring.
 - III. In all our work, we consider how to make communities safer.
- 1.33 **Principle no 4 Proportionality** Proportionate and least intrusive response to the risk presented
- I. We discuss with the individual and where appropriate with partner agencies the proportionality of possible responses to the risk of significant harm before we take a decision.
 - II. We discuss with the individual and where appropriate with partner agencies the proportionality of possible responses to the risk of significant harm before we take a decision.
 - III. Our arrangements support the use of professional judgement and the management of risk.
- 1.34 **Principle no 5 Partnership** Local solutions through services working with their communities :
- I. The Provider will have effective local information-sharing and multi-agency partnership arrangements in place and staff understand these. We foster a

“one” team approach that places the welfare of individuals above organisational boundaries.

- II. All Providers will have a named and a board lead for adult safeguarding
- III. All allegations must be reported to the CCG where the incident is reported through the Serious Incident (SI) process
- IV. All Providers will adhere to the LSAB information sharing protocol for their area
- V. Staff will be supported to engage in the Adult Safeguarding process, which includes writing reports and attending safeguarding strategy or planning meetings
- VI. All staff will understand the risk issues that may lead to neglect or abuse
- VII. All Providers will supply appropriate information about their safeguarding adult’s arrangement to the LSAB as requested

1.35 **Principle no 6 Accountability** and transparency in delivering safeguarding

- I. The roles of all agencies are clear, together with the lines of accountability.
- II. Staff understand what is expected of them and others. Agencies recognise their responsibilities to each other, act upon them and accept collective responsibility for safeguarding arrangements.
- III. These Principles are not separate but integral to wider Government policy.
- IV. The Provider can identify the safeguarding adults training needs for their entire workforce
- V. The Provider can produce evidence of all staff’s safeguarding adults training (the minimum expectation for training compliance is 95% across all levels)
- VI. All safeguarding adults training is delivered by suitably qualified and experienced trainers
- VII. All training is formally evaluated
- VIII. Any adult safeguarding trainers have received formal supervision training and are appropriately supported

Links to other statements on adult social care

- 1.36 The Care Act also recognises the key role of **Carers** in relation to safeguarding. For example a carer may witness or report abuse or neglect; experience intentional or unintentional harm from the adult they are trying to support or a carer may (unintentionally or intentionally) harm or neglect the adult they support. It is important to view the situation holistically and look at the safety and well-being of both.
- 1.37 The Care Act recognises that local authorities cannot safeguard individuals on their own; it can only be achieved by working together with the Police, NHS and other key organisations as well as awareness of the wider public. Fears of sharing information must not stand in the way of protecting adults at risk of abuse or neglect. The Act includes new duties for SABs to work more closely together and share information.

References

Making Safeguarding Personal: Guide 2014

<http://www.local.gov.uk/documents/10180/5854661/Making+Safeguarding+Personal+-+Guide+2014/4213d016-2732-40d4-bbc0-d0d8639ef0df>

Safeguarding Adults: The Role of Commissioners, (2011) Department of Health gateway reference 15738 p 5.

Somerset County Council Policy <http://www.somerset.gov.uk/adult-social-care/safeguarding/report-an-adult-at-risk/>

The Care Act <https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets>