

Safeguarding Adults at Risk Policy

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Policy Statement

To comply with legislation and fulfil statutory responsibility, FitzRoy must make sure that:

Every person that we support can live their life free from abuse, exploitation, fear of aggression and/or violence

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Associated Forms

H&S 017 Incident Report
OPS 009 Mental Capacity Toolkit – FitzRoy Template

Scope

This Policy is relevant to:

- All employees of FitzRoy
- All contractors, agency staff and volunteers working on behalf of FitzRoy
- The people affected by FitzRoy work activities

Definitions

Abuse is behaviour towards someone that either deliberately or unknowingly causes them harm, endangers their wellbeing or life, or violates their civil or human rights.

Abuse can take many different forms; it can be:

- Physical
- Sexual
- Emotional
- Psychological
- Financial
- Discriminatory, i.e., racial, or cultural
- Neglect or deprivation
- Failure to prevent self-harm
- Inhuman or degrading treatment
- Domestic Abuse, including Female Genital Mutilation (FGM)
- Organisational
- Modern Slavery
- Prevent, anti-terrorism.

A **vulnerable adult** is a person aged 18 or over who is unable to protect him or herself from being exploited. This may be because of a mental health problem, disability, frailty, or dementia.

Adults at risk– is any person who is aged 18 years or over and at risk of abuse, harm, or neglect because of their needs of care and /or support and are unable to safeguard themselves.

Safeguarding means protecting people's health, wellbeing, and human rights, and enabling them to live free from harm, abuse, and neglect. It is fundamental to high-quality health and social care and enables each person to live free from fear and harm and have their rights and choices respected

One of the most important principles of safeguarding is that it is everyone's responsibility. Each professional and organisation must do everything they can to ensure that adults at risk are protected from abuse, harm, and neglect.

1. Who must do what – Responsibilities

Directors and Regional Managers must ensure:

- 1.1 The safety of any adult at risk so far as is reasonable by integrating strategies, policies, and services relevant to safeguarding adults in all organisational systems and processes
- 1.2 Any safeguarding concerns reported are fully investigated and issues are addressed
- 1.3 All staff receive information, instruction, and training regarding the Safeguarding Adults at risk policy and in line with the RCN 2018 Intercollegiate Standards- Adult Safeguarding: Roles and Competencies for Health Care Staff.
- 1.4 All service users are provided the appropriate support in the event of an allegation of abuse

Service Managers/Deputies/Senior Support Workers must ensure:

- 1.5 All staff supporting adults at risk, or those exposed to regular contact, have been DBS checked.
- 1.6 All support staff receive information, instruction, and training in respect of the Safeguarding Adults at Risk Policy and Procedures
- 1.7 A copy of the local authority's Safeguarding Vulnerable Adults Policy and Procedure is accessible and understood by staff
- 1.8 Documentation and personal data are kept confidentially, in compliance with the Information Governance Policy and in line with the RCN 2018 Intercollegiate Standards- Adult Safeguarding: Roles and Competencies for Health Care Staff
- 1.9 Any allegation of abuse is taken seriously and thoroughly investigated in compliance with Policy: Occurrence Reporting
- 1.10 Where appropriate, immediate action is taken to prevent further harm from occurring
- 1.11 Appropriate authorities are notified immediately (Local Authority / CQC etc)
- 1.12 Where required, the individual's family are informed of the concern raised in respect of their relatives

Employees and Temporary Staff (Banked or Agency) must:

- 1.13 Receive information, instruction, and training in respect of the Safeguarding Adults at Risk Policy and Procedures (including the Local Authority Procedures), in line with the RCN 2018 Intercollegiate Standards- Adults Safeguarding: Roles and Competencies for Health Care Staff
- 1.14 Report any concerns to the Service Manager or an identified Senior Manager outside the line management structure
- 1.15 Actively support the rights of the individual to lead an independent life based on self-determination and personal choice

Named Safeguarding Leads:

The Head of Operations and Head of Quality have joint responsibility for all safeguarding concerns and are responsible for the reporting, recording and referral of all safeguarding incidents internally and to external stakeholders as required.

Operations based at Central Support will:

- 1.16 Carry out periodic reviews on locations including compliance with this Policy and Procedure and Local Authority procedures
- 1.17 Review safeguarding referrals and outcomes along with Deprivation of Liberty referrals and authorisations
- 1.18 Outline improvement where required and advise on compliance as required

2. How this should be done - FitzRoy Procedures

Introduction

- 2.1 This policy supports FitzRoy's commitment to keeping safe the adults with whom it works alongside. Acknowledging our statutory duty to act appropriately to any allegations, reports, or suspicions of abuse.

Safeguarding Principles- The Care Act 2014

- 2.1 FitzRoy is committed to working towards making safeguarding personal, enabling a personalised approach that 'does with' and 'not to' people. This involves working with each person to set safeguarding outcomes which have meaning to the person, supporting each individual to make choices and have control in how they choose to live their lives.
- 2.2 In supporting a person-centred approach to safeguarding and promoting outcome focused support that enables safeguarding experiences to be the best experience possible, FitzRoy are committed to and expect all staff to work to the six principles that underpin adult safeguarding. These principles inform the ways in which all staff engage with people at risk of abuse, harm, or neglect
- 2.3 The six underpinning safeguarding principles are:

Empowerment -Personalisation and the presumption of person-led decisions and informed consent

Prevention– It is better to take action before harm occurs.

Proportionality–Proportionate and least intrusive response appropriate to the risk presented

Protection–Support and representation for those with the greatest needs. Ensuring people have the right support to report abuse, are supported to take part in the safeguarding process to the extent to which they want or are able to participate.

Partnership– Local solutions through services working within their communities. Communities have a part to play in preventing, identifying, and reporting neglect and abuse.

Accountability– Accountability and transparency in delivering safeguarding.

Intercollegiate Standards –Adult Safeguarding: Roles and Competencies for Health Care Staff 2018 RCN (Royal College of Nursing)

- 2.4 FitzRoy's Safeguarding policy is aligned to the Intercollegiate Standards. These standards reflect relevant legislation related to individuals of 18 years and over.
- 2.5.1 The Intercollegiate standards set out a framework of training and competence required for each particular job purpose. See section 3 on Adult Safeguarding Training

Disclosure and Barring Services (DBS)

- 2.6 FitzRoy is a regulated activity provider. All of our direct care staff and their managers are engaged in regulated activities and will therefore be Disclosure & Barring Service (DBS) checked. No person is permitted to work alongside the people we support alone, without having this authorised (includes contractors, volunteers, bank/agency workers).
- 2.7 FitzRoy uses the DBS to contribute to the assessment of the suitability of applicants, volunteers, and staff to work at FitzRoy. For details of DBS and FitzRoy's policy on referrals see HR Policy: DBS Checks and Referrals Policy.

- 2.8 All FitzRoy employees and Volunteers are subject to three yearly DBS checks and where able to do so, confirm checks via the DBS Update Service.
www.gov.uk/dbs-update-service
- 2.9 Where there is evidence that an employee is guilty of misconduct by harming or putting at risk a vulnerable adult (i.e., one of the people that we support), there is a legal requirement for the organisation's management to refer them to be placed on the DBS barred list(s). This must still be done even if the person has left the employment of the organisation.

Personal Risk Profiles

- 2.10 Each person supported must have a current Personal Risk Profile and Support & Risk Management Plan which describes any area in which that person might be vulnerable and at risk of abuse or exploitation. All staff supporting that individual will be made aware of this information.
- 2.11 Capacity is always assumed. However, if a 009 Mental Capacity Assessment is in place to make particular decisions, the decisions made on their behalf will always be made in their best interest (see Policy – Capacity and Consent).
- 2.12 Any concerns with regard to a person's welfare, must be reported to the appropriate line manager.

Information, Instruction and Training

- 2.13. All staff working in FitzRoy are trained in line with RCN 2018 Intercollegiate Standards-Adult Safeguarding: Roles and Competencies for Health Care Staff.

2.14 The Intercollegiate Standards framework for training and competence of staff is detailed within the table below:

Level of competence	Induction Training requirement	Refresher training requirement	FitzRoy Staff
Level 1	30 minutes minimum 2 hours recommended	3-yearly	All Central support staff. Board of Trustees
Level 2	Minimum 3-4 hours	3-yearly	All support staff in services Support workers, Senior Support workers, Maintenance workers, Drivers, administrators. Director of Operations and Business Development
Level 3	Minimum 8 hours	3-yearly	Registered Managers, Deputy Service Managers, Regional Managers, Quality Managers, Health and Safety Manager, Field Trainers, Nurses
Level 4	Minimum 24 hours	3-yearly	Named Safeguarding Lead-Head of Quality and Head of Operations
Level 5	Minimum 24 hours	3-yearly	N/A

2.15. All staff are trained to recognise abuse, and to understand what action to take when they believe abuse is being committed. This information is provided within the first 12 weeks of employment as part of the Care Academy induction. Appendix I provides detailed guidance on Protection of Adults for Staff Information.

2.16 In every FitzRoy service there will be a copy of the local authority's Safeguarding Vulnerable Adults Policy and Procedure. This must be displayed and be available for all staff to read and acknowledge these procedures.

Occurrence Reporting – Suspected Abuse

- 2.17 If staff know or believe that abuse is being committed, it must be reported as quickly as possible to the responsible manager, both verbally and in writing on an Incident Report (in compliance with Policy: Occurrence Reporting). If the concerns relate to the Responsible Manager, it should be reported to the Regional Manager for that service.
- 2.18 Suspicions of abuse should not become general knowledge. People should only be informed of suspicions/accusations on a need-to-know basis, in order to protect the right to confidentiality of the people concerned.
- 2.19 The Manager will be required to notify:
- Their Regional Manager
 - The FitzRoy Hub - 'Report an Occurrence' (within 24 hours)
 - HR (if the suspected abuser is a member of FitzRoy staff)
 - The Adult Safeguarding Team at the local Social Services Department
 - The Care Quality Commission (within 24 hrs)
 - The purchasing authority (where applicable)
 - The Police (if a criminal offence is suspected or has been committed)
- 2.20 **For Information:** The Adult Safeguarding Team within the local Social Service Department will gather information to decide if a full investigation is necessary. If it is decided that there must be a full investigation as part of an adult protection inquiry (Section 42 HSCA Inquiry), this may be carried out by police officers, relevant members of the Social Work team and CQC Inspectors or delegated to a nominated FitzRoy employee. Any potential evidence must not be tampered with.
- 2.21 Where the suspected abuser is a member of FitzRoy staff the Service Manager will contact the Human Resources (HR) Department and take action in line with the Disciplinary Procedure.
- 2.22 All safeguarding matters will be dealt with confidentially. However, if the issues concern evidence of a crime, or unacceptable risk, this may be shared with the appropriate authorities
- 2.23 All allegations and suspicions of abuse must be investigated and recorded in compliance with Policy: Occurrence Reporting and where appropriate their family will be notified of all proceedings and the final outcome in line with Duty of Candour. All associated reports should be appended to the on-line

Occurrence. Report and maintained confidentially within Service Location files.

2.24 All safeguarding occurrence reports are reviewed:

Monthly-The Regional Manager reviews all occurrences and works with each service to action and respond to lessons learned.

Each month there is a Regional Review meeting attended by the Regional and Quality Managers, Head of Operations, Head of Quality, Health and Safety Manager and PBS Team Manager. This meeting reviews all safeguarding incidents, for appropriate reporting, recording, referral, and lessons learned. The Head of Quality completes a Safeguarding report submitted to the Executive Board.

Quarterly- The Head of Quality is responsible for completing a quarterly report of all safeguarding incidents- reviewed at the Safeguarding Committee, Appendix III- Safeguarding Committee – Terms of Reference.

Safeguarding Committee- Governance Procedures

- FitzRoy operates a quarterly Safeguarding Committee as part of its Quality Committee.
- The terms of reference for the Safeguarding Committee are within Appendix III.
- FitzRoy's Board of Trustees are committed to FitzRoy's safeguarding procedures with a lead named Trustee responsible for Safeguarding concerns.

3. Policies related to this document

- Training Policy
- Capacity & Consent
- Whistleblowing Policy
- Occurrence Reporting
- Complaints and Compliments
- Disciplinary Policy
- Information Governance Policy

4. Main legislation applicable to this document

- Care Act Safeguarding Vulnerable Adults
- Mental Capacity Act
- Deprivation of Liberty
- Duty of Candour

5. Contact addresses and guidance links

- SharePoint – Operations / Safeguarding
- The Care Act: Safeguarding Adults
- Report on the abuse at Winterbourne View and the responses.
- Abuse and Neglect of Vulnerable Adults (NHS Choices)

6. Consultation and review

Version	Changes	Consulted with	Date implemented
003	Updated to latest format – content reviewed to include	Quality Managers Regional Managers Service Managers and Senior Support Workers	
004	Update of links and basic review	Maree McGovern	12.04.2018
005.2	Removal of hyperlinks and overview of policy	Sue Prior	06/04/2021
5.3	Add in Safeguarding Committee and Intercollegiate standards	Kirsty Millward	Sept 2022
5.4	Removal index numbering and overview of policy Reference to Adults at risk added and vulnerable adults removed where required. Terms of reference reviewed.	Kirsty Millward	22/11/2022

Appendix I – Actions for Staff in the Event of Disclosure

The FitzRoy Hub – Operations/Safeguarding provides more detail on Safeguarding, the types of safeguarding issues, including the common symptoms and signs that someone is being abused.

If a member of staff feels that a person they support is in immediate danger, they should take urgent action to intervene and call for assistance as soon as possible. First aid should be given, and emergency services called as necessary.

If the abuser is still present staff should try to keep the situation calm, whilst trying to avoid putting themselves at risk of harm or danger.

- Listen to the person, and reassure them that they are doing the right thing by telling you
- Explain that you are taking it seriously, and that you will tell your manager and other people who will help to protect them
- If a person that we support tells a member of staff that they are being abused, but says that they do not want it to be reported, the staff member must explain that they are not allowed to keep such things secret
- Ensure the safety of the person if they are immediate risk. It is important that the staff member tries to ensure that the person suspected of committing the abuse is not allowed access to the person.
- Do not confront the person who is suspected of committing the abuse unless absolutely necessary.
- Do not start an investigation yourselves by asking people questions.
- Report any actual or suspected abuse

All safeguarding matters will be dealt with confidentially. However, if the issues concern evidence of a crime, or unacceptable risk, this may be shared with the appropriate authorities.

Staff should refer to the Whistleblowing Policy for reassurance as to what will happen if they report any suspicions of wrongdoing.

Appendix II – Safeguarding Responsibilities Flow Chart

Person(s) Responsible	Action to be taken / Expected
The Alerted Member of Staff	<p>Immediate Action:</p> <ul style="list-style-type: none"> • Safeguard Individual(s) • Protect Forensic Evidence (if any) • Get emergency medical help if needed • Discuss with line manager <p>As soon as possible afterwards: Write a detailed, confidential report and pass it to your manager (no later than 24 hours after the event) - Do not discuss issues with your colleagues at this stage</p>
The Service Manager	<ul style="list-style-type: none"> • Check the above steps have been taken • Inform your Regional Manager • Inform the local Safeguarding Team with responsibility for Adult Protection • Inform the Police (where applicable) • Inform the relevant Inspection Unit e.g., CQC • Keep a record of all your actions to attach to the Incident Report • Liaise with FitzRoy Human Resources Dept. and suspend the alleged perpetrator if a member of staff
Local Safeguarding Team Service Manager Regional Manager (if necessary)	<p>Initial Strategy Discussion - If it is decided that a Safeguarding Inquiry will proceed there will be a pre-investigation strategy discussion to plan who will be involved</p> <ul style="list-style-type: none"> • Contact local Funding Authority • Contact key personnel in host local authority if different from funding authority • Contact family/families • Consider wishes of the person being supported • Risk asses if the perpetrator is another service user i.e. Do they need to be moved? • Consider immediate support needs of those involved
Professional Strategy Meeting (This must take place in response to all adult abuse cases which are to be investigated)	<p>This meeting will be chaired by a Social Services Manager and will:</p> <ul style="list-style-type: none"> • Consider all the available information and establish whether the incident is abuse as defined in the Safeguarding of Vulnerable Adults Procedure • If so, agree a multi-agency action plan and time scale for completion of the investigation • Decide on the most appropriate team to lead the investigation • If this meeting agrees that the incident is not one of abuse, they must agree on a procedure to deal with the incident
Safeguarding Case Conference Usually held at the conclusion of the investigation)	<p>The conference will:</p> <ul style="list-style-type: none"> • Hear the report of the person who has undertaken the investigation and risk assessment • Devise a Protection Plan to reduce the possibility of further abuse or support the person to improve their situation • Get multi-agency agreement to the plan • Set a date for a review of the plan (no later than 3 months after this meeting) • The person may participate in this meeting and should be asked their opinion
FitzRoy Manager	<ul style="list-style-type: none"> • Will review management and practice at the service in order to implement any improvements resulting from the lessons of the process

Appendix III – Safeguarding Committee- Governance Procedures

The Safeguarding Committee will be a subcommittee of the Quality Committee. Initially this will be reviewed after 6 months; thereafter the Terms of Reference will be reviewed annually.

Overall Responsibility

Take delegated responsibility on behalf of the Board of Trustees for overseeing all aspects of Safeguarding vulnerable adults within FitzRoy services.

To review the safeguarding procedures, training, and practices to assure compliance against Intercollegiate standards and legislation.

To review all safeguarding incidents occurring in FitzRoy services ensuring that lessons learnt are escalated and shared within the wider organisation.

To review external safeguarding incidents, legislation, and best practice to inform the ongoing review and improvement of our policies and practice.

Role

The role of the safeguarding committee is to:

- Ensure that safeguarding adults (children where appropriate) is embedded into FitzRoy's policies, processes and practice.
- Provide assurance that FitzRoy's Safeguarding policy is being adhered to by all staff.
- Ensure that safeguarding practice aligns with consistency across all FitzRoy services irrespective of service type.
- Provide strategic oversight of all aspects of safeguarding, across the organisation, ensuring that FitzRoy's policies and procedures, including staff competency training, are up to date and effective in protecting people we support from potential or actual harm.
- Review all safeguarding incidents to ensure full reporting, escalation and necessary regulatory Notifications have been made in a timely manner
- Review all safeguarding incidents for trends/patterns lessons learnt and ensure these learnings are shared to inform future practice.
- Identify, respond, and escalate as appropriate organisational risk within FitzRoy related to safeguarding to the Executive and Board members.
- Raise awareness of safeguarding and adult protection both internally and externally.

Composition, attendees, quorum, reporting, and meeting cycle

1. The Safeguarding committee will consist of two sponsoring Trustees appointed by the Board, one of which will be the safeguarding non-executive lead.
2. The committee membership will include core members as follows:
 - Director of Operations and Business Development
 - Head of Quality

- Head of Operations
- 3. The committee membership will have optional members as required- dependent of agenda and incident of concern raised:
 - Health and Safety Manager
 - Regional Managers
 - Quality Managers
 - Head of Human Resources
 - Service Managers
- 4. The chair of the Safeguarding Committee will be appointed by the Board and be reviewed annually
- 5. Any Trustees not being a member of the Safeguarding Committee may attend a meeting with the prior agreement of the Chair of the Committee
- 6. A quorum shall consist of one Trustee, one Director of Operations, and a Head of Service (Operations, Quality). In the absence of Trustee attendance, the Committee will continue to meet as a management forum and minutes will be circulated.
- 7. There will be at least four Safeguarding Committee meetings each year, planned quarterly.
- 8. The Safeguarding Committee meetings will be planned to precede the Quality Committee.
- 9. Minutes will be taken, and reporting will be direct to the Quality Committee

Standards Agenda items will include:

- Data of all safeguarding incidents recorded quarterly across all FitzRoy services
- Organisational, regional, and service trends
- Review of the most significant safeguarding incidents within services
- Review of all closed safeguarding incidents- reviewing:
 - Actions taken to resolve the incident
 - Learning for the service
 - Learning for the organisation
 - Policy development / revision required, practice into policy
 - Training development /revision required
- Experiences of Local Authority safeguarding procedures- lessons learnt
- Training compliance for Safeguarding – levels 1-3.
- Review of sector incidents of concern, relevance, and lessons to learn, including HSE and CQC serious incidents.
- Risk register review
- Update to the Safeguarding Strategy and quality objectives
- Horizon scanning-new legislation, guidance, best practice
- Dissemination of lessons and learning