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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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.

Under the **Care Act 2014**, abuse is defined as any form of mistreatment or harm that causes someone to suffer, typically involving vulnerable adults. The Act outlines **ten categories** of abuse that professionals and caregivers must be aware of to protect individuals from harm. These categories include:

1. **Physical Abuse**: This involves causing physical harm or injury to someone, such as hitting, slapping, pushing, or misuse of medication or restraints. It also considers bruising in non-mobile adults and adults who are under constant supervision with no care plan or explanation.
2. **Sexual Abuse**: Any non-consensual sexual act, exploitation, or coercion, including rape, sexual assault, or inappropriate behaviour. It includes sexual harassment or sexual acts to which the adult has not consented or was pressured into. Non-contact sexual abuse such as indecent exposure, online abuse, exposure to pornographic activities, harassment, grooming.
3. **Emotional or Psychological Abuse**: This includes threats, intimidation, humiliation, verbal abuse, or causing fear to undermine someone's emotional well-being. It includes threats of harm or abandonment, deprivation of contact, blaming, controlling, coercion, gaslighting, harassment, verbal abuse, bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
4. **Financial or Material Abuse**: This includes theft, fraud, exploitation, or pressuring someone into signing over money, property, or assets, coercion in relation to an adult's financial affairs or arrangements, including pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions, or benefits. This can include home invasion (known as 'cuckooing') where a person's property is taken over and used for illegal activities.
5. **Neglect and Acts of Omission**: Wilfully ignoring medical or physical care needs; failure to provide access to appropriate health and social care, such as not supporting a person to access clinical appointments and support; deliberately withholding necessities of life, such as medication, adequate nutrition, and heating; depriving a person of stimulation or company, adaptations, equipment, or aids to communication.
6. **Discriminatory Abuse**: Abuse based on age, disability, gender, gender reassignment, marriage, and civil partnerships, pregnancy and maternity, race, religion, and beliefs, sex or sexual orientation, known as 'protected characteristics' under the Equality Act (2010), and can include harassment, exclusion, or hate crimes.

7. **Organisational Abuse**: Abuse that occurs in care settings or institutions, such as poor practice, a lack of proper care standards, and failure to uphold individuals' rights. It includes an incident or as a series of incidents involving on-going ill-treatment. It can be through neglect or from poor professional practice resulting from inadequate structure, policies, processes, and practices within an organisation. For example, it may range from isolated incidents to continuing ill-treatment in a care service or in relation to care provided in someone's own home.
8. **Domestic Abuse**: Sections 1 to 3 of the Domestic Abuse Act 2021 (the 2021 Act England and Wales) creates a statutory definition of domestic abuse, defining 'abusive behaviour' as any of the following:
    - physical or sexual abuse (including non-fatal strangulation and non-fatal suffocation in England and Wales under the Domestic Abuse Act 2021)
    - violent or threatening behaviour
    - controlling or coercive behaviour
    - harassment or stalking
    - economic abuse
    - psychological, emotional, or other abuse
    - technology-facilitated abuse
    - abuse relating to faith and 'honour' based abuse.

    For the definition to apply, both parties must be aged 16 or over and 'personally connected'. 'Personally connected' is defined in the act as parties who:
    - are married to each other
    - are civil partners of each other
    - have agreed to marry one another (whether or not the agreement has been terminated)
    - have entered into a civil partnership agreement (whether or not the agreement has been terminated)
    - are or have been in an intimate personal relationship with each other
    - have, or there has been a time when they each have had, a parental relationship in relation to the same child
    - are relatives. Abuse between family members or intimate partners, including physical, emotional, sexual, or financial abuse
9. **Modern Slavery**: This includes human trafficking, forced labour, or servitude, domestic slavery, and exploitation of individuals for economic gain. Adults who have other risk factors such as a learning disability, mental health illness, autism etc, may be at increased risk of modern slavery. Trafficking is the movement of people by means such as force, fraud, coercion, or deception with the aim of exploiting them. It is a form of modern slavery. People can be trafficked for many different forms of exploitation such as forced prostitution, forced labour, forced begging, and forced criminality, forced marriage, and domestic servitude, forced organ removal. Trafficking can occur within the UK as well as countries outside the UK.
10. **Self-Neglect**: When a person neglects their own well-being in a way that causes harm, such as neglecting to care for one's personal hygiene, health, or surroundings, refusing to seek medical attention, hoarding, living in unsafe conditions.

11. **Female genital mutilation (FGM)** FGM comprises all procedures involving partial or total removal of the external female genital organs or any other injury to the female genital organs for non-medical reasons.

Prevent: The Prevent Programme is designed to safeguard people in a similar way to safeguarding processes to protect people from gang activity, drug abuse, and physical and sexual abuse. This type of abuse can affect anyone, and staff need to be cognisant of some of the overlapping processes such as mental health illness, social isolation and other things which can increase a person's risk of becoming radicalised.
(Refer to: FitzRoy's Prevent policy).

Under the **Care Act 2014**, a **vulnerable adult** is defined as someone who:

1. **Needs care and support**: This can be due to physical, mental, or emotional conditions that result in difficulty managing daily tasks.
2. **Is at risk of harm**: The adult may be at risk of abuse, neglect, or exploitation due to their care and support needs.
3. **Is unable to protect themselves from harm**: They may not have the ability to protect themselves from the risk of abuse, neglect, or exploitation, often because of their conditions.

The Care Act 2014 emphasizes the importance of safeguarding vulnerable adults and ensuring they are protected from abuse, neglect, and exploitation.

Adults at risk- describes individuals who:

1. **Have care and support needs**: These are individuals who may have physical, mental, or emotional conditions that affect their ability to carry out everyday tasks and require assistance or support.
2. **Are at risk of abuse or neglect**: They may be vulnerable to abuse, neglect, exploitation, or other forms of harm, due to their care needs.
3. **Are unable to protect themselves**: Adults at risk may not have the capacity or means to protect themselves from harm, exploitation, or abuse because of their care needs.

Under the **Care Act 2014**, **safeguarding** is defined as:

"Protecting an adult's right to live in safety, free from abuse and neglect." It involves a coordinated approach to prevent and respond to concerns about an adult's safety and well-being.

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.

FitzRoy also recognises MAPPA and MARAC as critical multi-agency mechanisms that support the safeguarding duties under the Care Act 2014, especially in relation to individuals who are at risk of abuse or neglect, or others who may present risks to the public.

MAPPA (Multi-Agency Public Protection Arrangements) are statutory arrangements used in the UK to assess and manage the risks posed by certain sexual and violent offenders living in the community.
They were established under the Criminal Justice Act 2003.

Key features:

- Brings together Police, Probation and Prison Services (the *Responsible Authority*).
- Other agencies, including Adult Social Care, have a duty to co-operate.
- Ensures information sharing, risk assessment, and multi-agency risk management planning.
- Focuses on managing people who pose ongoing risk, including violent offenders, registered sex offenders, and other dangerous offenders.

Adult Social Care involvement happens when:

- MAPPA identifies an adult at risk requiring safeguarding intervention
- A person receiving support is the offender themselves and poses a risk to others.
- Safeguarding enquiries identify an offender who meets MAPPA criteria and risk needs managing via MAPPA.

Staff should consider MAPPA where:

- A person supported is at risk from a known sexual or violent offender.
- A person receiving support is the offender themselves and poses a risk to others.
- Information arises during safeguarding enquiries that meets MAPPA referral criteria (sexual or violent offences).

Responsibilities of Adult Social Care

- Cooperate as a ‘duty-to-cooperate agency’ under MAPPA requirements.
- Share relevant and proportionate information to support risk assessment and risk management planning.
- Attend MAPPA panels when the person supported is:
    - a MAPPA-eligible offender, or
    - a potential victim identified through MAPPA processes.

Required Actions

Include steps such as:

- Identifying MAPPA relevance through safeguarding enquiries.
- Referring via the Police where serious public protection risks are identified.
- Recording MAPPA involvement within safeguarding documentation, risk assessments, and support plans.
- Implementing actions from MAPPA meetings and reviewing them within local safeguarding processes

What is MARAC

MARAC (Multi-Agency Risk Assessment Conference) is a multi-agency meeting for people at high risk of serious harm or homicide due to domestic abuse.
The model was first introduced in 2001 and is now widely used in the UK.

Key features:

- A MARAC is a local meeting involving police, health, housing, Adult Social Care, domestic abuse services, Independent Domestic Violence Advisors, and others.
- Focuses on high-risk victims, usually identified by a DASH (Domestic Abuse, Stalking, and Honour-Based Violence) risk assessment (14+ indicator ticks).
- Information is shared to create a coordinated, multi-agency safety plan.
- The victim does not attend; they are represented by an IDVA.
- The purpose is to increase safety and reduce harm, including safety planning for adults and any children.

Adult Social Care involvement includes:

- Contributing information where domestic abuse victims are also adults at risk.
- Implementing agreed actions relating to care, housing, mental health, capacity concerns, or safeguarding enquiries.

When MARAC is Relevant

MARAC involvement is required where:

- An adult supported is a high-risk victim of domestic abuse (DASH score ≥ 14)
- Professional judgement identifies significant risk of harm even if the score is lower.
- Safeguarding enquiries or incidents reveal escalating risk requiring a multi-agency safety plan.

Responsibilities of Adult Social Care

- Participate in MARAC meetings when individuals receiving support are involved.
- Provide relevant information about:
  - care needs
  - mental capacity
  - vulnerabilities
  - previous safeguarding concerns
- Deliver or coordinate actions assigned to the service as part of the MARAC safety plan.
- Ensure confidentiality requirements are met.

Required Actions

Include clear steps:

1. Risk identification using the DASH or equivalent domestic abuse risk tool.
2. Referral to MARAC where criteria are met (high-risk or significant professional concern).
3. Information sharing at MARAC meetings to support safety planning.
4. Implementation and monitoring of MARAC actions through safeguarding plans.
5. Non-disclosure to the perpetrator under any circumstances.

1. Who must do what – Responsibilities

Directors 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 (Reviewed 2024) - 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
1.5 The Safeguarding policy reflects how FitzRoy comply with the requirements of UK legislation and current recognised best practice
1.6 The policy is written down, consulted upon, implemented into working practices, and revised on an annual basis.
1.7 Sufficient time and resources are provided to enable the standards of this policy to be adhered to
1.8 Carry out periodic audits on operational compliance with this policy

Heads of Service must ensure:

1.9 Working practices are compliant and reflective of current legislative requirements and recognised best practice in relation to safeguarding all adults at risk.
1.10 The Safeguarding policy clearly defines the procedure that staff must follow to comply with the stated expected standards
1.11 Ensure the policy and associated procedures are achievable i.e. supported with appropriate resources and training
1.12 Review any associated training packages, safety team briefs, associated documents/medias delivered to staff to ensure that they reflect the expectations of the Policy
1.1 Any incidents meeting the threshold for Duty of Candour Serious, Incident reporting (Regulation 20, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 are recorded on the Occurrence Reporting System (ORS) and managed according to required processes.
1.2 Where required serious incidents are reviewed and investigated under Patient Safety Incident Response Framework (PSIRF) principles and lessons learned are clearly communicated across the organisation.
1.3 Carry out a Privacy Impact Assessment
1.4 Consult with relevant affected parties i.e. functional departments, staff forums, and people we support (where applicable)
1.5 Evidence consultation processes and those involved in the process, ensuring contemporaneous records are maintained

1.6 Ensure the policy is approved and ratified by the function Director.
1.7 Promote the updated / revised policy and procedure directly to all affected parties and to the Services
1.8 Review the implementation of the policy to ensure the procedures are embedded into FitzRoy working practices
1.9 Review the policy, procedures and associated guidance periodically following the above steps.

Line Managers must ensure:

1.10 All staff supporting adults at risk, or those exposed to regular contact, have been subject to a DBS check prior to recruitment with 3-yearly DBS update checks completed in line with FitzRoy's DBS Checks and Referrals Policy
1.11 All staff are subject to robust recruitment procedures, including reference checks, eligibility to work and values-based interview processes, in line with FitzRoy's recruitment and selection policy
1.12 All support staff receive information, instruction, and training in respect of the Safeguarding Adults at Risk Policy and Procedures
1.13 A copy of the local authority's Safeguarding Vulnerable Adults Policy and Procedure is accessible and understood by staff.
1.14 Documentation and personal data are kept confidentially, in compliance with the Information Governance Policy and in line with the RCN reviewed 2024 Intercollegiate Standards- Adult Safeguarding: Roles and Competencies for Health Care Staff.
1.15 Any allegation of abuse is taken seriously and thoroughly investigated in compliance with Policy: Occurrence Reporting Policy.
1.16 Where appropriate, immediate action is taken to prevent further harm from occurring.
1.17 Appropriate authorities are notified immediately (Local Authority / CQC etc)
1.18 Where required, the individual's family are informed of the concern raised in respect of their relatives
1.19 Any incidents meeting the threshold for Duty of Candour Serious, Incident reporting (Regulation 20, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 are recorded on the Occurrence Reporting System (ORS) and managed according to required processes.
1.20 They take action, including disciplinary action, should a member of staff or volunteer, not follow this policy
1.21 They maintain their knowledge and working practices in line with current policies and procedures
1.22 All staff always refer to The FitzRoy Hub latest versions for support.
1.23 Working practices are reflecting the requirements of policies and procedures
1.24 Shortfalls in working arrangements and all safeguarding related incidents (including policies and procedures) are reported in line with Policy: Occurrence Reporting.

Employees and Temporary Staff (Bank or Agency) must:

1.25 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 Intercollegiate Standards – Adult Safeguarding Roles and Competence for Health Care Staff (Second edition 2024) RCN (Royal College of Nursing)

1.26 Report any concerns (no matter how small) to the Service Manager or an identified Senior Manager outside the line management structure

1.27 Actively support the rights of the individual to lead an independent life based on self-determination and personal choice.

Named Safeguarding Leads:

1.28 The Safeguarding lead for FitzRoy is the Head of Quality. Their responsibility is to provide robust leadership, taking accountability for the organisational safeguarding portfolio. They are responsible and accountable for developing, implementing, and evaluating the delivery of safeguarding governance, assurance and that regulatory standards are maintained to the agreed level throughout the organisation. In so doing they will ensure the organisation is compliant and meets the requirements identified in legislation, not limited to the Care Act 2014.

1.29 A member of the Board of Trustees takes a lead role in Organisational Safeguarding Governance. This includes ensuring that the charity adheres to safeguarding laws and best practices and has effective safeguarding policies, practices, and procedures in place to protect adults at risk from harm or abuse. They ensure that FitzRoy promotes an open and positive culture where all individuals feel confident in reporting concerns, knowing they will be addressed appropriately.

Quality Support Team will:

1.30 Maintain most current knowledge of legislations, regulations and working practices in line with policies & procedures

1.31 Audit Services to ensure operational working procedures are compliant and reflective of current legislative & regulatory requirements and recognised best practice

1.32 Compile improvement plans where shortfalls or improvements are identified (added to Single Point Action Plan, and report to relevant parties (Internal or External)

1.33 Support & evidence improved knowledge of policy/procedure & individual responsibilities in operational services

1.34 Review safeguarding referrals and outcomes along with Deprivation of Liberty referrals and authorisations

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.

2.2 This policy supports a commitment to complying with national and local guidance and single and multi-agency policies and procedures to safeguard adults and is aligned to the:

- Care Act 2014
- LSAB Safeguarding Adults Multi-Agency Policy, Process and Guidance, relevant to location of service.

-Disclosure, Vetting & Barring Guidance Criminal record checks

Safeguarding Principles- The Care Act 2014

2.3 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.

2.4 The Care Act 2014 provides a framework for safeguarding adults at risk, including six underpinning principles to guide professionals and organisations in the delivery of their care and support. FitzRoy is committed to and expects all staff to work to these six principles, creating a person-centred approach that ensures the safety, dignity, and well-being of adults at risk, while respecting each person's autonomy and rights.

2.5 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 (Second edition published 2024) RCN (Royal College of Nursing)

2.6 FitzRoy's Safeguarding policy is aligned to the Intercollegiate Standards. These standards reflect relevant legislation related to individuals of 18 years and over.

The Intercollegiate standards set out a framework of training and competence required for each particular job purpose. See table in 2.14 Adult Safeguarding Training

Disclosure and Barring Services (DBS)

2.7 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).

2.8 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.

2.9 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

2.10 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

2.11 Each person supported must have within their Digital Support Plan a current Personal Risk Profile and Support Plan, with associated risk assessments. These describe any area in which the person might be vulnerable and at risk of abuse, neglect, or exploitation. All staff supporting that individual will be made aware of this information.

2.12 Capacity is always assumed. However, if a 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).

2.13 Any concerns with regard to a person's welfare, must be reported to the appropriate line manager.

Information, Instruction and Training

2.14 All staff working in FitzRoy are trained in line with Intercollegiate Standards – Adult Safeguarding: Roles and Competencies for Health Care Staff (Second edition published 2024) RCN (Royal College of Nursing).

2.15 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 Quality
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
Level 5	Minimum 24 hours	3-yearly	N/A

2.16 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.

2.17 Training of all staff and volunteers takes into account current safeguarding themes, highlighted from both internal and external safeguarding reviews and from regulatory guidance.

2.18 In every FitzRoy service there will be a copy of the local authority's Safeguarding Adults at risk Policy and Procedure. This must be displayed and be available for all staff to read and acknowledge these procedures. This must include the contact telephone number and/or online referral address of the Local Authority Safeguarding Team; to enable staff and people we support easy access to report their concerns if required.

Occurrence Reporting – Suspected Abuse

2.19 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 by completing an occurrence report on the Occurrence Reporting System (ORS) App (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.

2.20 Staff wishing to report their concerns to an external body can call the CQC Helpline on 03000 616161, or the Department of Health and Social Care Whistleblowing helpline 08000 724725, in line with FitzRoy's Whistleblowing policy.

2.21 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.

2.22 The Manager will be required to notify:

- Their Regional Manager
- 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) via CQC Notification 'Abuse or allegation of abuse concerning a person who uses the service'. (Regulation 18 (2) Care Quality Commission (Registration) Regulations 2009)
- The purchasing authority (where applicable)
- The Police (if a criminal offence is suspected or has been committed)

2.23 **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.

2.24 Where Section 42 investigations are delegated to be conducted by FitzRoy, the investigation officer will use either, the Section 42 inquiry form provided by the Local

Authority Safeguarding Team or in the absence of this, the Ops Section 42 Investigation form to detail the inquiry investigation record.

2.25 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.

2.26 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.

2.27 All allegations and suspicions of abuse must be investigated and recorded in compliance with Policy: Occurrence Reporting and where appropriate, the family of the person will be notified of all proceedings and the final outcome in line with Duty of Candour, Regulation 20, Care Quality Commission regulations. All associated reports should be appended to the online Occurrence report.

2.28 The management of allegations relating to adults is managed in accordance with each Local Authority, Safeguarding Allegations Management Framework. This sets out the structured approach that will be followed to handle and respond to safeguarding allegations. The framework ensures that concerns about abuse, neglect, or inappropriate behaviour are addressed promptly and effectively, with the safety and well-being of the individual at the centre of the process.

2.29 Managers are responsible for ensuring that all staff are aware, have access to, and comply with the Local Authority Safeguarding Procedure relevant to their service.

2.30 All safeguarding occurrence reports are reviewed:

Daily/ weekly – when processed and investigated by the Registered Service Manager, with oversight from the Area/Quality/Regional Manager and Head of Quality.
Monthly-The Regional Manager reviews all occurrences and works with each service to action and respond to lessons learned.
Each month there is a Quality Control, Assurance and Performance review meeting attended by the Regional Managers, Senior Quality Manager, Head of Operations, Head of Quality, Health and Safety Manager, PBS Team Manager and Mental Health Lead. This meeting reviews all safeguarding incidents, for appropriate reporting, recording, referral, and lessons learned.
Quarterly- The Head of Quality is responsible for completing a quarterly report of all safeguarding incidents- reviewed at the Quality and Safeguarding Committee.

Quality & Safeguarding Committee- Governance Procedures

2.31 FitzRoy operates a quarterly Quality & Safeguarding Committee as part of its Governance processes.

2.32 FitzRoy's Board of Trustees are committed to FitzRoy's safeguarding procedures, with a lead named Trustee assigned to review Safeguarding Governance across the Organisation.

3. Policies related to this document

- Training Policy
- PREVENT policy
- Capacity & Consent
- Whistleblowing Policy
- Occurrence Reporting
- Complaints and Compliments
- Disciplinary Policy
- Information Governance Policy
- CQC Notifications policy
- DBS and referrals 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)
- Intercollegiate Standards- Adult Safeguarding: Roles and Competences for Health Care Staff (Second edition) RCN (Royal College of Nursing)

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	Kirsty Millward	22/11/2022

	Reference to Adults at risk added and vulnerable adults removed where required. Terms of reference reviewed.		
5.5	Revised Terms of Reference to include Clinical Governance od Complex Support Needs Framework implementation	Quality Committee December 2022	19/12/2022
5.6	Annual review. Addition of PREVENT policy reference. DSP and ORS system Applications added	Operations	31/12/2023
5.7	Review to add CQC Notifications detail and telephone details and make explicit that LA safeguarding team contact/referral details are accessible with LA safeguarding procedures within each location	Operations	19/02/2024
6	Annual review. Change Governance to Quality and Safeguarding Committee. Added in regional Governance meetings and daily/weekly review of all safeguarding incidents. Add in Duty of Candour Reg 20 regulation reporting	Operations	February 2025
7	Annual review completed. MAPPA and MARAC requirement added.	Operations and Quality	March 2026

7. Care Academy Information & Impact Assessment

Is this Policy currently on Care Academy? Yes [x] No [ ]
Does this Policy need to be promoted on Care Academy? Yes [x] No [ ]

To whom is it applicable to (if there is a need to have it on Care Academy:

Applicable to	Y	Applicable to	Y
Existing Office Staff	x		
New Manager (Operations Based)	x	Existing Manager (Operations Based)	x
New Manager (Office)	x	Existing Manager (Office)	x
New Handy Person	x	Existing Handy Person	x
New Auxiliary/Domestic	x	Existing Auxiliary/Domestic	x
New Dom Care Worker (PROACT SCIPRr)	x	New Dom Care Worker (PBS)	
Soft Launch - (replaces previous version, no re-read required)		Re-read - (staff required to read it)	x

OPS 014 Part I – Privacy Impact Screen **completed**	**Yes**	**x**	**No:**	
Is an OPS 014a – Part II Privacy Impact Assessment **required?**	**Yes**		**No:**	**x**

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 in 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	**Immediate Action:** • Safeguard Individual(s) • Protect Forensic Evidence (if any) • Get emergency medical help if needed • Discuss with line manager **As soon as possible afterwards:** Complete a detailed, ORS report and inform your manager (no later than 24 hours after the event) - **Do not discuss issues with your colleagues at this stage**
The Service Manager	• 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. On the link below https://www.cqc.org.uk/guidance-providers/notifications. • 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)	**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 • 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 assess 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)	This meeting will be chaired by a Social Services Manager and will: • 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)	**The conference will:** • 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	• Will review management and practice at the service in order to implement any improvements resulting from the lessons of the process