NURSDOC

REFERENCE NUMBER OF DOCUMENT:	11.1.333.04
COMMITTEE IDENTIFICATION:	Galago Directors
SECRETARIAT:	MS
DOCUMENT TYPE:	External Policy
DOCUMENT LANGUAGE:	E

SAFEGUARDING ADULTS

WARNING:

If the document contains proprietary information, it may only be released to third parties after management has approved its release.

Unless otherwise marked, documents are uncontrolled; uncontrolled documents are not subject to update notifications.

The latest revision of this document can be found in the reference panel above. It can also be determined and double checked by checking the 'Master Document List' before using or sending.

Any changes must be requested through the 'Document Control Manager' by submitting a 'Document Change Request' form.

SAFEGUARDING ADULTS POLICY

AIMS

The Aim of this Policy is to ensure that that Nursdoc as a care provider supports its staff including Agency Workers to understand and strictly comply with the legislations that protects vulnerable adults. The primary aim of Nursdoc is to prevent all forms of abuse where possible, outlining the safeguarding processes that Nursdoc should follow to protect and support adults at risk.

Alongside the above primary aim, this policy supports Nursdocs staff including Agency Workers to understand and follow the following core principles.

- Doing Nothing is not an option,
- Safeguarding is everybody's business.

Adult service user's right to live safely free from harm, reducing the risk of abuse or neglect with meeting their care and support needs.

1. PURPOSE

1.1 **Meeting Regulation 13: Safeguarding Service Users from abuse and improper treatment**
To safeguard Service Users from abuse and improper treatment by implementing robust procedures for prevention, identification, and response. Staff including Agency Worker are trained to recognise signs of abuse and are equipped with clear reporting mechanisms to address any concerns promptly and effectively.

1.2 To ensure that this policy is understood by all staff including Agency Workers at Nursdoc and that it includes and refers to Local Authorities, CCG's and other service users' policy and procedures and details clearly who is responsible and accountable for managing safeguarding concerns within Nursdoc.

- **Overall accountability for managing safeguarding concerns: The Registered Manager, Ms Leanne Harris**
  - The Registered Manager, Ms Leanne Harris is responsible for the governance and authorisation of this policy.
  - The Registered Manager, Ms Leanne Harris can be contacted, including in an emergency or out of hours, on 0330 555 5000

- **Safeguarding Lead at Nursdoc: The Registered Manager, Ms Leanne Harris**
  - The Registered Manager can be contacted, including in an emergency or Out of Hours on:
    - Telephone: 0330 555 5000
    - Email: clinicalteam@nursingdirect.co.uk

- Nursdoc Contact Details: 0330 056 6000
- Local Authority: Local Authorities, CCG's and other service users
- Croydon Local Authority Main Contact Details: 020 8726 6500

There is a designated Deputy Safeguarding Lead to ensure consistency and best practice in the absence of Registered Manager, Safeguarding Lead at Nursdoc.

1.3 To set out the key arrangements and systems that Nursdoc has in place for safeguarding and promoting the welfare of adults at risk and to ensure compliance with relevant policies and procedures. Adults are those aged 18 years and over.

Nursdoc has a separate Safeguarding Children and Child Protection Policy and Procedure in place that provides detailed guidance in this area.

1.4 This policy dovetails with the following policies:

- Deprivation Of Liberty in Community Settings Policies and Procedures
- Mental Capacity Act (MCA) 2005 Policy and Procedure
- Duty of Candour Policy and Procedure
- Raising Concerns, Freedom to Speak Up and Whistleblowing Policy and Procedure
- Consent to Care, Support and Treatment Policy and Procedure
- Restrictive Practices Including Restraint and Physical Interventions Policy and Procedure

1.5 However, should a person 18 years old or older have learning disabilities' or is a care leaver (Looked After Children), their needs may be extended to their 21st birthday (Section 9 Children Act 2004), where the Safeguarding Children and Child Protection Policy and Procedure would be referenced.

1.6 To support Nursdoc in meeting the CQC Key Lines of Enquiry (KLOEs) and associated Quality Statements.

1.7 **Relevant Legislation:**

- The Care Act 2014
- Care Quality Commission (Registration) Regulations 2009
- Equality Act 2010
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Human Rights Act 1998
- Mental Capacity Act 2005
- Safeguarding Vulnerable Groups Act 2006

- UK GDPR
- Protection of Freedoms Act 2012 (Disclosure and Barring Service Transfer of Functions) Order 2012
- Public Interest Disclosure Act 1998
- The Criminal Justice and Courts Act 2015 Section 20-25
- Anti-social Behaviour, Crime and Policing Act 2014
- The Modern Slavery Act 2015
- The Counter Terrorism and Security Act 2015
- Domestic Violence, Crime and Victims Act 2004
- Serious Crime Act 2015 Section 76
- FGM Act 2003
- Sexual Offences Act 2003
- Data Protection Act 2018

2. SCOPE

2.1 The following roles may be affected by this policy:

- All staff including Agency Workers

2.2 The following people may be affected by this policy:

- Service Users

2.3 The following stakeholders may be affected by this policy:

- Family
- Advocates
- Representatives
- Commissioners
- External health professionals
- Local Authorities
- NHS / ICB
- Housing Provider Partners

3. OBJECTIVES

3.1 **Meeting Regulation 13: Safeguarding Service Users from abuse and improper treatment**
To safeguard Service Users from abuse and improper treatment by implementing robust procedures for prevention, identification, and response. Staff including Agency Workers are trained to recognise signs of abuse and are equipped with clear reporting mechanisms to address any concerns promptly and effectively.

3.2 To ensure that all staff, including Agency Workers working for, or on behalf of, Nursdoc, understand their responsibilities in relation to safeguarding adults at risk and know who to escalate concerns to within Nursdoc and externally if needed and appropriate to do so.

3.3 To protect the Service User's right to live in safety, free from abuse and neglect.

3.4 To have a clear, well publicized policy of zero-tolerance of abuse within Nursdoc.

3.5 To identify lessons to be learned from cases where adult service users have experienced / exposed to abuse or neglect.

3.6 To know the ways of dealing with suspicions and allegations of abuse including identifying the forms of abuse which could give rise to a safeguarding concern, reporting, follow up procedures and data protection relating to abuse.

3.7 To manage the safety and wellbeing of adult service users in line with the six principles of safeguarding adults under the Care Act 2014: empowerment; prevention; proportionality; protection; partnership; accountability.

3.8 Nursdoc aims to support and empower all adult service users to make choices, to have control over how they want to live their own lives and prevent abuse and neglect occurring in their lives.

4. POLICY

4.1 The Registered Manager and Nominated Individual of Nursdoc have overall management responsibility for this policy and procedure. This is in line with the Policy Management Policy and Procedure at Nursdoc.

4.2 **CQC REGULATED ACTIVITIES, SERVICE TYPES AND SERVICE USER BANDS**
Where required, Nursdoc will be registered with the CQC for regulated activities, service types and service user bands as defined in the CQC Statement of Purpose.

This will ensure that Nursdoc provides services that are safe, effective, caring, responsive and well-led in line with the CQC's published quality statements, regulatory framework and associated best practice guidance.

Nursdoc is registered to provide the following regulated activities:

- Personal Care
- Treatment of disease, disorder or injury
- Nursing Care

Nursdoc is registered to provide the following service types:

- Dementia
- Physical disabilities
- Sensory impairments

Nursdoc is registered to support the following service user bands:

- Caring for adults over 65 years old
- Caring for adults under 65 years old

4.3 **Care and Support at Nursdoc**
Nursdoc provide care and support to Service User's with a range of needs in a person-centred, safe, and lawful way.

All staff, including Agency Workers, must follow the guidance within this policy and the Service User's Care Plan, ensuring that assessed needs, reasonable adjustments and individual preferences are met.

- Every Service User is treated equally and with dignity and respect
- Care and support are tailored to individual needs, preferences and desired outcomes
- Staff including Agency Workers follow legal, regulatory, and professional guidance at all times
- Person-centred approaches are used to promote independence, choice, and wellbeing

To support this approach, staff including Agency Workers will also follow the policies and procedures below where applicable:

- Person-Centred Care and Supporting Planning
- Safeguarding Adults
- Raising Concerns, Freedom to Speak Up and Whistleblowing
- Mental Capacity Act (MCA) 2005
- Deprivation Of Liberty in Community Settings
- Consent to Care, Support and Treatment
- Equality, Diversity and Human Rights
- Overarching Medicines Management
- Positive Behaviour Support Including Challenging Behaviour
- Restrictive Practices Including Restraint and Physical Interventions
- Sex, Sexuality and Relationships

This list is not exhaustive and there will be additional policies and procedures in place to support specific Service User needs. Staff including Agency Workers must seek clarification Nursdoc if there is any uncertainty. Staff including Agency Workers supporting any specialist area of need will receive appropriate induction and training. They will complete competency assessments, where required, to meet the needs of Service User's as outlined in the Training Policy and Procedure at Nursdoc.

4.4 **What is Safeguarding?**
Nursdoc recognises the definition of safeguarding as the actions taken to keep Service Users safe from harm and neglect.

The Care Act 2014 sets out that adult safeguarding duties apply to any adult who:

- Has care and support needs and
- Is experiencing, or is at risk of, abuse and 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

Safeguarding adults includes:

- Protecting their rights to live in safety, free from abuse and neglect
- People and organisations working together to prevent the risk of abuse or neglect and to stop them from happening
- Making sure people's wellbeing is promoted, taking their views, wishes, feelings and beliefs into account
- This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear, or unrealistic about their personal circumstances.

Nursdoc should always promote the Service User's wellbeing in its safeguarding arrangements. Service Users have complex lives and being safe is only one of the things they want for themselves. Staff, including Agency workers, should work with the service user to establish what being safe means to them and how that can be best achieved. Staff including Agency Workers should not be advocating "safety" measures that do not take account of individual wellbeing.

Safeguarding is also a collective responsibility, and Nursdoc requires its staff including Agency Workers and others involved to understand the importance of working together in partnership to make sure that all adult Service Users are safe through collective and proactive approaches to safeguarding.

The local Authority is the lead agency for adult safeguarding and should be notified whenever abuse or neglect is suspected. It will decide whether a safeguarding enquiry is necessary, and if so, who will conduct it. The decision to conduct an enquiry depends on the criteria set out in the care Act 2014, and not on whether a service user is eligible for, or receiving, services funded by the local authority.

4.5 **What Constitutes Abuse?**
Staff including Agency Workers at Nursdoc understand that the Service Users its supports can be extremely vulnerable to abuse and neglect, especially if they have care and support needs.

Abuse is a violation of an individual's human or civil rights by any other person. It is where someone does something to another person, or to themselves, which puts them at risk of harm and impacts on their health and wellbeing.

Abuse can have a damaging effect on the health and wellbeing of Service Users. These effects may be experienced in the short and long term and sometimes can be lifelong.

4.6 The signs of abuse are not always obvious, and a victim of abuse may not tell anyone what is happening to them. Sometimes they may not even be aware that they are being abused.

The robust governance processes at Nursdoc will make sure that staff including Agency Workers working for, and on behalf of, Nursdoc, recognise and respond to the main forms of abuse which are set out in the Care Act 2014 Statutory Guidance Chapter 14.

Safeguarding issues can be identified by monitoring a service user's emotional and physical wellbeing and reviewing any changes and signs regularly. The most common signs or changes, such as events of distress or illness or any noticeable changes such as rapid weight gain or weight loss, Bed injuries, Dehydration, Fractures or head injuries, Infections, Malnutrition, Unexplained injuries – bruises, wounds, scratches, etc., Unsanitary personal hygiene, Unusual behaviour patterns, Desiring to be isolated from others, History of frequent illnesses that do not seem to have been treated, are some of them but are not an exhaustive list, but an illustration as to the sort of behaviour that could give rise to a safeguarding concern:

Common signs and symptoms of abuse include:

- Unexplained changes in behaviour or personality - such as aggression, anger, hostility, or hyperactivity
- Becoming withdrawn
- Seeming anxious, depressed, or unusual fears, or a sudden loss of self-confidence
- Withdrawal from friends or usual activities
- Lacks social skills and has few friends if any.
- Poor bond or relationship with close family members
- Running away or going missing
- Sleep problems and nightmares.
- Hidden harms may also include:
- Exploitation
- County lines
- Forced marriage - honour based abuse (HBA)
- Female genital mutilation (FGM)
- Radicalisation
- Gang violence.
- Modern slavery

High Risk Groups

- Certain groups of people may be at higher risk of abuse or neglect, including:
- Those with care and support needs, such as older people or people with disabilities. They may be seen as an easy target and may be less likely to identify abuse themselves or to report it.
- Those with communication difficulties because they may not be able to alert others.
- Those with cognitive impairment, as they may not even be aware that they are being abused.

Who Abuses and Neglects?

- Anyone in contact with the Service User can perpetrate abuse or neglect, including:
- Volunteers
- Family members
- Friends
- People who deliberately exploit adults they perceive as vulnerable to abuse.
- Staff including Agency Workers
- Professionals
- Other Service Users

4.7 The local authority is the lead agency for adult safeguarding and should be notified whenever abuse or neglect is suspected. It will decide whether a safeguarding enquiry is necessary, and if so, who will conduct it. The decision to conduct an enquiry depends on the criteria set out in the Care Act 2014, and not on whether the Service User is eligible for, or receiving, services funded by the local authority.

4.8 Everybody has the right to live a life that is free from harm and abuse. Nursdoc recognises that safeguarding adults at risk of abuse or neglect is everybody's business. Nursdoc aims to ensure that all adults at risk of abuse or neglect are enabled to live and work, be cared for and supported in an environment free from abuse, harassment, violence, or aggression. The safeguarding policies and procedures of Nursdoc will be followed alongside the Local Authorities, ICB's and other service provider multi-agency policy and procedures, which we understand take precedence over those of Nursdoc.

4.9 Nursdoc aims to provide services that will be appropriate to the adult at risk and not discriminate because of disability, age, gender, sexual orientation, race, religion, culture, or lifestyle. It will make every effort to enable Service Users to express their wishes and make their own decisions to the best of their ability, recognising that such self-determination may well involve risk.

Nursdoc will work with Service Users and others involved in their Care to ensure they receive the support and protection they may require, that they are listened to and treated with respect (including their property, possessions, and personal information) and that they are treated with compassion and dignity.

A chaperone is always present when the Service User needs treatment and missed healthcare appointments must be monitored to consider signs of abuse or neglect. These must be followed up with the healthcare provider and information shared in the best interests and safety of the Service User.

4.10 Nursdoc will follow the six principles as set out in guidance to the Care Act 2014 and this will inform practice with all Service Users:

- **Empowerment** – People being supported and encouraged to make their own decisions and informed consent.
- **Prevention** – It is better to take action before harm occurs.
- **Proportionality** – The least intrusive response appropriate to the risk presented.
- **Protection** – Support and representation for those in greatest need
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting, and reporting neglect and abuse.
- **Accountability** – Accountability and transparency in delivering safeguarding.

4.11 Nursdoc is committed to the principles of 'Making Safeguarding Personal' and aims to ensure that safeguarding is person-led and focused on the outcomes that Service Users want to achieve. It will engage Service Users in conversation about how best to respond to their safeguarding situation in a timely way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.

4.12 Nursdoc understands the importance of working collaboratively to ensure that:

- The needs and interests of adults at risk are always respected and upheld.
- The human rights of adults at risk are respected and upheld.
- A proportionate, timely, professional, and ethical response is made to any adult at risk who may be experiencing abuse.
- All decisions and actions are taken in line with the Mental Capacity Act 2005
- Each adult at risk maintains:
- Choice and control
- Safety
- Health
- Quality of life
- Dignity and respect

4.13 **Escalation**
"Alerting" is the main responsibility of staff including Agency Workers if they suspect that abuse of an adult service user may have taken place or is likely to take place.

A concern that an adult service user is or could be abused may have arisen/escalated either from:

- A direct disclosure by the adult service user. They may confide that they are being abused.
- A complaint or expression of concern by another staff including Agency Worker or another service user.
- A complaint or expression of concern by a family member or relative or a member of the public reporting that an adult service user has confided in them that they are being abused or that they have a suspicion that adult service user is being abused.
- An adult service user with signs of physical abuse
- An observation of the behaviour or change in the behaviour of the vulnerable adult service user by the staff, including Agency Workers, may suggest that there is an abuse that has taken place.

In any of the above events, it is the responsibility of the staff including Agency Worker to act quickly but appropriately and professionally. Potentially there are two people who have responsibilities at the alert stage of an incident:

1) The person who was first to be made aware of the issue,
2) Their manager within Nursdoc as their first port of call

However, in the event of a vulnerable adult being in immediate danger, the staff including Agency Worker will call 999. There are a number of ways in which suspicions of abuse may be raised or actual abuse brought to the attention of Nursdoc; telephone, email, in-person, and communication through the One Touch App based care management system.

4.14 **Whistleblowing**
Nursdoc has a clear Raising Concerns, Freedom to Speak Up and Whistleblowing Policy and Procedure in place which staff including Agency Workers are frequently reminded about and with which they must be familiar. They must also understand how to escalate and report concerns.

Staff including Agency Workers are able to access this policy through the OneTouch App, through our website or via email request. Our policies will provide guidance around how to understand and how to escalate and report concerns.

Whistleblowing is an important aspect of the support and protection of adults at risk of harm where staff including Agency Workers are encouraged to share genuine concerns about safety or wrongdoing with Nursdoc.

4.15 **Responsibilities of Nursdoc**

4.15.1 **Management Responsibilities**
- To establish the facts about the circumstances giving rise for concern

- To identify sources and level of risk
- To ensure that information is recorded and that the Local Authorities, CCG's and other service users Adult Safeguarding Team is contacted to inform them of the concern or harm.
- If the Service User is at immediate risk of harm, the Registered Manager will contact the police. The CQC will also be informed.
- In all cases of alleged harm, there will be early consultation between Ms Leanne Marguerite Harris, Local Authorities, CCG's and other service users and the police to determine whether or not a joint investigation is required. Nursdoc Limited understands that it may also be necessary to advise the relevant Power of Attorney if there is one appointed. In dealing with incidents of potential harm, people have rights which must be respected and which may need to be balanced against each other.
- The wishes of the person harmed will be taken into account whenever possible. This may result in no legal action.
- Documentation of any incidents of harm in the Service User's file and using body maps to record any injuries
- Follow Local Authorities, CCG's and other service users' policy guidelines where applicable.
- Report any incidents of abuse to the relevant parties.
- Work with multi-agencies.
- Advise and support staff including Agency Workers
- Ensure staff including Agency Workers are trained during induction, assess knowledge annually and run refresher training if needed.
- Actively promote the whistleblowing policies
- Ensure that staff including Agency Workers working at Nursdoc have completed the necessary safeguarding training for their role.
- Participate in relevant Safeguarding Adults Board arrangements for sharing experiences about managing safeguarding concerns.
- Share relevant information from Safeguarding Adults Board meeting minutes and reports with staff including Agency Workers.

4.15.2 **All staff including Agency Worker's Responsibilities**

- To be able to recognise and respond to suspected abuse and substandard practice.
- To report concerns of harm or poor practice that may lead to harm.
- To remain up to date with training
- To read and follow the policy and procedure.
- To know how and when to use the whistleblowing procedures
- To understand the Mental Capacity Act 2005 and how to apply it in practice, including consent and best interests' decisions.

4.16 **General Principles of Nursdoc**

Nursdoc will maintain robust safer recruitment and staffing policies to ensure all staff, including Agency Workers, are fit to work with adults at risk. All recruitment and pre-employment checks will follow national safe recruitment and employment practices, including Disclosure and Barring Service (DBS) requirements and CQC regulatory expectations. Compliance will be assured through the Safer Recruitment Assessment (SRA) process and other related compliance department checks.

Safeguarding responsibilities should be included in the job description of all staff including Agency Workers.

A named safeguarding lead will be in place who is responsible for embedding safeguarding practices and improving practice in line with national and local developments. At Nursdoc, this person is the Registered Manager.

4.16.1 Any member of staff including Agency Worker who knows or believes that abuse or harm is occurring or about to occur, will report it to the Nursdoc and/or the designated safeguarding lead as quickly as possible, or if they feel they cannot follow the regular reporting procedure, they must use the Whistleblowing process.

4.16.2 Nursdoc will work collaboratively with other agencies, including liaison in relation to the investigation of allegations and will ensure its procedures work alongside the Local Authorities, CCGs, and other service providers multi-agency procedures.

4.16.3 Nursdoc will use incident reporting, root cause analysis, lessons learned and auditing to determine themes to improve care practice.

4.16.4 Nursdoc will have a learning and development strategy which specifically addresses adult safeguarding. Nursdoc will provide training and support on the identification and reporting of harm, as well as training on the required standards in relation to procedures and processes should something need to be reported.

4.16.5 Nursdoc recognises its responsibilities in relation to confidentiality and will share information appropriately.

4.16.6 Nursdoc will have a zero-tolerance approach to harm and abuse.

4.16.7 Nursdoc will work in partnership with other agencies to ensure that concerns or allegations of abuse are appropriately referred for investigation to the most appropriate agency/authority.

4.16.8 Nursdoc will ensure that any action that is taken is assessed, proportionate to and reflective of the risk presented to the people who use the services.

4.16.9 Nursdoc will report any incidents in line with the regulatory requirements.

4.16.10 Nursdoc will ensure that all staff including Agency Workers adhere to the Codes of Conduct.

4.16.11 There is a clear, Raising Concerns, Freedom to Speak Up and Whistleblowing Policy and Procedure in place that staff including Agency Workers know how to use.

4.17 Nursdoc acknowledge that the Risks of neglect, harm and abuse will be reduced where there is a strong leadership and a shared value base within the governance system where:

- The Service User is the primary concern.
- Service Users and staff including Agency Workers are partners in their care.
- Quality is prioritised and measured.
- Staff including Agency Workers understand the risks of neglect, harm, and abuse.
- There is a culture of learning and improvement.
- There is openness and transparency, and all staff including Agency Workers are listened to.

4.18 **Leadership, Staff including Agency Workers and Culture**
The Registered Manager is responsible for providing leadership.

Good governance in safeguarding will follow where it is seen as an integral part of Service User care and all staff including Agency Workers take responsibility. Risks of neglect, harm and abuse will be reduced where there is strong leadership and a shared value base where:

- The Service User is the primary concern
- Service Users and staff including Agency Workers are partners in their care
- Quality is prioritised and measured
- Staff including Agency Workers understand the risks of neglect, harm and abuse
- There is a culture of learning and improvement
- There is openness and transparency, and all staff including Agency Workers are listened to

4.19 **Prevention**

4.19.1 **Providing information to support to Service Users**
- Nursdoc will support Service Users by providing accessible, easy to understand information on what abuse is and what signs to look out for
- Nursdoc will comply with the Accessible Information Standard.
- All Service Users will receive a copy of the Service User Guide, have access to the Complaints, Suggestions and Compliments Policy and Procedure and be given information on how to escalate any concerns to the Commissioner, CQC, advocacy or Local Government and Social Care Ombudsman should they not be satisfied with the approach taken by Nursdoc or at any time they wish.

4.19.2 **Raising Awareness**
- Staff including Agency Workers will need to be trained and understand the different patterns and behaviours of abuse as detailed in the Care Act 2014, Chapter 14 and Nursdoc Limited will ensure that it is able to respond appropriately
- Nursdoc will ensure that all staff including Agency Workers are provided with the Raising Concerns, Freedom to Speak Up and Whistleblowing Policy and Procedure and the Mental Capacity Act (MCA) 2005 Policy and Procedure.
- Nursdoc will ensure that all staff including Agency Workers complete required statutory / mandatory Safeguarding training to work with vulnerable adults at risk of abuse, harm, and neglect.

4.20 **Policy Accessibility**
Nursdoc are committed to making this policy accessible to Service Users, families, Staff including Agency Workers, and others who may need it. Information can be provided in a format that meets an individual's communication needs, including accessible and alternative formats when required. This may include:

- Large print
- Audio
- Easy Read
- Plain language
- Translated versions
- Other reasonable adjustments upon request

Support can also be provided to help people understand the policy and how to raise a safeguarding concern.

5. PROCEDURE

Abuse may occur as one-off or as multiple ways affecting Nursdocs Service Users. As such Nursdoc should have systems in place to track and monitor incidents, accidents, disciplinary action, complaints, and safeguarding concerns, to identify patterns of potential harm. Repeated instances of poor care may be an indication of more serious problems (organisational abuse). In order to see these patterns, it is important that information is recorded and appropriately shared following appropriate procedure. The procedure covers a broad range of topics which includes:

5.1 **Forms of Abuse and Neglect**
There are different types of abuse and signs and indicators for each. While indicators are not proof of abuse or neglect, they should alert staff including Agency Workers to follow the Safeguarding Policy.

It is important that staff including Agency Workers at Nursdoc are aware of the signs of abuse and what to look out for.

Physical abuse includes:

- Being hit, slapped, pushed or restrained
- Being denied food or water

- Not being helped to go to the bathroom when you need to
- Misuse of medication
- Restraint
- Inappropriate physical sanctions

Signs and indicators of physical abuse include:

- No explanation for injuries or inconsistency with the account of what happened Injuries are inconsistent with the person's lifestyle
- Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps
- Frequent injuries
- Unexplained falls
- Subdued or changed behaviour in the presence of a particular person
- Signs of malnutrition
- Failure to seek medical treatment or frequent changes of GP

Domestic violence or abuse:

This is typically an incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is, or has been, an intimate partner or family member, and can be:

- Psychological
- Physical Sexual
- Financial
- Emotional
- So called 'honour' based violence, female genital mutilation and forced marriage

Signs and indicators of domestic violence or abuse include:

- Low self-esteem
- Feeling that the abuse is their fault when it is not
- Physical evidence of violence such as bruising, cuts, broken bones
- Verbal abuse and humiliation in front of others
- Fear of outside intervention
- Damage to home or property
- Isolation – not seeing friends and family
- Limited access to money

Sexual abuse includes:

- Indecent exposure
- Sexual harassment
- Inappropriate looking or touching
- Sexual teasing or innuendo
- Sexual photography
- Being forced to watch pornography or sexual acts
- Being forced or pressured to take part in sexual acts
- Rape
- Sexual assault

Signs and indicators of sexual abuse include:

- Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
- Torn, stained or bloody underclothing
- Bleeding, pain or itching in the genital area
- Unusual difficulty in walking or sitting
- Foreign bodies in genital or rectal openings
- Infections, unexplained genital discharge, or sexually transmitted diseases
- Pregnancy in a woman who is unable to consent to sexual intercourse
- The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude
- Incontinence not related to any medical diagnosis
- Self-harming
- Poor concentration, withdrawal, sleep disturbance
- Excessive fear/apprehension of, or withdrawal from, relationships
- Fear of receiving help with personal care
- Reluctance to be alone with a particular person

Psychological or emotional abuse includes:

- Threats to hurt or abandon
- Deprivation of contact
- Humiliating
- Blaming
- Controlling
- Intimidation
- Harassment
- Verbal abuse
- Cyberbullying

- Isolation
- Unreasonable and unjustified withdrawal of services or support networks

Signs and indicators of psychological or emotional abuse includes:

- An air of silence when a particular person is present
- Withdrawal or change in the psychological state of the person
- Insomnia
- Low self-esteem
- Uncooperative and aggressive behaviour
- A change of appetite, weight loss/gain
- Signs of distress: tearfulness, anger
- Apparent false claims, by someone involved with the person, to attract unnecessary treatment

Financial or material abuse includes:

- Theft
- Fraud
- Internet scamming
- Coercion in relation to the Service User's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions
- Misuse or misappropriation of property, possessions or benefits

Signs and indicators of financial abuse includes:

- Missing personal possessions
- Unexplained lack of money or inability to maintain lifestyle Unexplained withdrawal of funds from accounts
- Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity
- Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so
- The person allocated to manage financial affairs is evasive or uncooperative
- The family or others show an unusual interest in the assets of the person
- Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA
- Recent changes in deeds or title to property Rent arrears and eviction notices
- A lack of clear financial accounts held by a service
- Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person
- Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house

Modern slavery includes:

- Slavery
- Human trafficking
- Forced labour and domestic servitude
- Traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment

Signs and indicators of modern slavery includes:

- Signs of physical or emotional abuse
- Appearing to be malnourished, unkempt or withdrawn
- Isolation from the community, seeming under the control or influence of others
- Living in dirty, cramped or overcrowded accommodation and or living and working at the same address
- Lack of personal effects or identification documents
- Always wearing the same clothes
- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers
- Fear of law enforcers

Discriminatory abuse includes:

Some forms of harassment, slurs or unfair treatment because of:

- Race
- Sex
- Gender and gender identity
- Age
- Disability
- Sexual orientation
- Religion

Signs and indicators of discriminatory abuse include:

- The person appears withdrawn and isolated
- Expressions of anger, frustration, fear or anxiety
- The support on offer does not take account of the person's individual needs in terms of a protected characteristic

Organisational or institutional abuse:

Including neglect and poor care practice within an institution or specific care setting, or in relation to care provided in the Service User's own home, this may range from one-off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within Nursdoc:

- Discouraging visits or the involvement of relatives or friends
- Run-down or overcrowded establishment
- Authoritarian management or rigid regimes
- Lack of leadership and supervision
- Insufficient staff including Agency Workers or high turnover resulting in poor quality care
- Abusive and disrespectful attitudes towards people using the service
- Inappropriate use of restraints
- Lack of respect for dignity and privacy
- Failure to manage residents with abusive behaviour
- Not providing adequate food and drink, or assistance with eating
- Not offering choice or promoting independence
- Misuse of medication
- Failure to provide care with dentures, spectacles or hearing aids
- Not taking account of individuals' cultural, religious or ethnic needs
- Failure to respond to abuse appropriately
- Interference with personal correspondence or communication
- Failure to respond to complaints

Signs and indicators of organisational abuse include:

- Lack of flexibility and choice for people using the service
- Inadequate staffing levels
- People being hungry or dehydrated
- Poor standards of care
- Lack of personal clothing and possessions and communal use of personal items
- Lack of adequate procedures
- Poor record-keeping and missing documents
- Absence of visitors
- Few social, recreational and educational activities
- Public discussion of personal matters
- Unnecessary exposure during bathing or using the toilet
- Absence of individual care plans
- Lack of management overview and support

Neglect or acts of omission include:

- Ignoring medical emotional or physical care needs
- Failure to provide access to appropriate health, care and support or educational services
- Withholding of the necessities of life, such as medication, adequate nutrition and heating
- Failure to administer medication as prescribed
- Not taking account of individuals' cultural, religious or ethnic needs

Signs and Indicators of neglect or acts of omission include:

- Poor environment – dirty or unhygienic
- Poor physical condition and/or personal hygiene
- Pressure ulcers
- Malnutrition or unexplained weight loss
- Untreated injuries and medical problems
- Inconsistent or reluctant contact with medical and social care organisations
- Accumulation of untaken medication
- Uncharacteristic failure to engage in social interaction
- Inappropriate or inadequate clothing

Self-neglect includes:

A wide range of behaviour including neglecting to care for one's personal hygiene, health or surroundings and behaviour such as hoarding. It should be noted that self-neglect may not prompt a Section 42 enquiry. An assessment should be made on a case-by-case basis. A decision on whether a response is required under safeguarding will depend on the Service User's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.

- Lack of self-care to an extent that it threatens personal health and safety
- Neglecting to care for one's personal hygiene, health or surroundings
- Inability to avoid self-harm
- Failure to seek help or access services to meet health and social care needs
- Inability or unwillingness to manage one's personal affairs

Signs and indicators of self-neglect include:

- Very poor personal hygiene
- Unkempt appearance

- Lack of essential food, clothing or shelter
- Malnutrition and/or dehydration
- Living in squalid or unsanitary conditions
- Neglecting household maintenance
- Hoarding
- Collecting a large number of animals in inappropriate conditions
- Non-compliance with health or care services
- Inability or unwillingness to take medication or treat illness or injury

5.2 **High Risk Groups**
Certain groups of people may be at higher risk of abuse or neglect, including:

- Those with care and support needs, such as older people or people with disabilities. They may be seen as an easy target and may be less likely to identify abuse themselves or to report it
- Those with communication difficulties because they may not be able to alert others
- Those with cognitive impairment, as they may not even be aware that they are being abused

5.3 **Prevention of Abuse**
Nursdoc recognises that it is very important to establish a positive culture where abuse is not tolerated and ways of working and supporting the Service User are focused on providing compassionate, person-centred care and reducing the opportunity for abuse or abusive practice to occur.

This is encouraged by:

- Understanding this safeguarding policy and following the wide range of other policies available within the management system
- Robust and effective recruitment and induction practices
- Ongoing supervision, observation and support for staff including Agency Workers on best practice
- Training for staff including Agency Workers
- Completion of detailed assessments and Care Plans that provide information about how to effectively support the Service User
- Identifying any Service Users that are at increased risk of abuse to ensure that monitoring and support are effective to reduce the chance of abusive situations developing

5.4 **Who Abuses and Neglects?**
Anyone in contact with the Service User can perpetrate abuse or neglect, including:

- Volunteers
- Family members
- Friends
- People who deliberately exploit adults they perceive as vulnerable to abuse
- Staff including Agency Workers
- Professionals
- Other Service Users

5.5 **Incidents of Abuse**
Patterns of abuse vary and include:

- Serial abuse - in which the person alleged to have caused the harm seeks out and 'grooms' individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse
- Long-term abuse - in the context of an ongoing family relationship such as domestic violence between spouses or generations, or persistent psychological abuse
- Opportunistic abuse - such as theft occurring because money or jewellery has been left lying around

Abuse may be one-off or multiple and affect one Service User or more.

Staff including Agency Workers should look beyond single incidents or Service Users. Nursdoc should have systems in place to track and monitor incidents, accidents, disciplinary action, complaints and safeguarding concerns, to identify patterns of potential harm.

Repeated instances of poor care may be an indication of more serious problems (organisational abuse). To see these patterns, it is important that information is recorded and appropriately shared.

5.6 **Concerns**
A concern might arise from:

- Something that is being observed (for example: bruises, a marked change in behaviour)
- An allegation that is made (for example, you are told that someone has behaved inappropriately or put a Service User or colleague at risk)
- A disclosure where a Service User tells something about themselves or their circumstances that leading to the belief that they are being abused or are at risk of abuse.

Where any abuse or harm, has been observed/ occurred or becoming aware of such concern or potential abuse, all staff including Agency Workers must be able to:

Recognise: Identify that the adult at risk may be describing abuse, even when they may not be explicit
Respond: Stay calm, listen carefully and show empathy

Record: Write up notes of the conversation clearly and factually as soon as possible following the disclosure. Date, time, and sign the record. Do not speculate or accuse anybody. Do not give any opinion, just state the actual facts.
Report in a timely manner to the appropriate people and organisations

Who do you report your concerns to?
At Nursdoc the person responsible for safeguarding is:

Ms Leanne Harris, Registered Manager
They can be contacted on 0330 555 5000 or clinicalteam@nursingdirect.co.uk

Escalating Concerns
We report our concerns to Local Authorities, CCG's and other service users

Croydon SAB,
Floor 2, Zone A Bernard Weatherill House
8 Mint Walk
Croydon
CR0 1EA

Telephone: 020 8726 6500

Raising a Concern to the CQC
You can also contact the CQC if you feel that you cannot use the Raising Concerns, Freedom to Speak Up and Whistleblowing Policy and Procedure at Nursdoc. The CQC can be contacted by using the following methods:

Phone: 03000 616161
Email: Enquiries@cqc.org.uk
Post: CQC National Correspondence, Citygate, Gallowgate, Newcastle upon Tyne, NE1 4PA

5.7 **Staff who Consider or Suspect Abuse or Neglect**
If staff including Agency Workers observe something that causes concern, they should ask the Service User what happened, unless this would be inappropriate or cause further distress.

If the Service User does not communicate with speech, they should help them explain what has happened as far as possible.

Staff including Agency Workers, should document what they have seen or been told and report to the Registered Manager and the Safeguarding Lead,

If staff including Agency Workers are unsure if there is an indicator of abuse or neglect with a Service User, they should discuss this with the Registered Manager and the Safeguarding Lead at Nursdoc.

The Registered Manager and the Safeguarding Lead will decide whether to make a safeguarding referral or to seek further advice from Local Authorities, ICB's, and other services

Staff, including Agency Workers who suspect abuse or neglect must act on it and must not assume that someone else will do this.

If someone makes an allegation to staff including Agency Workers about them or another member of staff, they must listen carefully and explain that they will need to pass these concerns to the Registered Manager and the Safeguarding Lead, reassuring them that their concerns will be taken seriously. If the allegation is made by a family member or a worker from another agency, the staff member including Agency Worker should take their name, contact details, and assure them that the Registered Manager and the Safeguarding Lead will contact them as soon as possible. Staff including Agency Workers must pass the information to the Registered Manager and the Safeguarding Lead, immediately.

5.8 **Responding to a Disclosure or Suspicion of Abuse or Neglect**
If a Service User discloses potential or actual abuse, staff including Agency Workers will:

Straight away:

- Stay calm and not be judgmental
- Try not to show shock or disbelief
- Not interrupt the Service User who is freely recalling significant events, allow them to tell you whatever they want to share:
    - Some Service Users may simply be telling a story and not realise that they are subject to abuse. It is important to keep this in mind and be thoughtful in response
- Take whatever action is required to ensure the immediate safety or medical welfare of the Service User(s) at risk:
    - Where appropriate, call 999 for the emergency services if there is a medical emergency, other danger to life or risk of imminent injury, or if a crime is in progress. Where a crime is suspected of being committed, leave things as they are wherever possible
    - Call for medical assistance from the GP or NHS 111 if there is a concern about the Service User's need for medical assistance or advice, when the situation is not life-threatening or is out of hours
- Reassure the Service User that they are right to share this information with you; show empathy with them
- Do not press for more detail
- Do not make promises that cannot be kept
- Remain sympathetic and attentive

Then:

- Listen very carefully and reflect back what you are being told to ensure you have correctly grasped what is being said
- Use simple and open questions, do not ask leading questions, (e.g. 'So was it Peter who did that?') or attempt to 'investigate' in any way
- Explain carefully that what they have said is worrying and that you have to share that with Nursdoc:
    - Explain the safeguarding process to the Service User and discuss the next steps
    - Explain that Nursdoc may contact the Local Authorities, CCG's and other service users Safeguarding Adults Team and / or the Police
- Seek the Service User's consent to share this information
- As soon as you can, write down an account of your conversation, try to use the words/phrases that the Service User used. Sign and date your record
- Preserve evidence (physical evidence - for example, ask the Service User to not wash or bathe)
- Inform the Registered Manager or the Safeguarding Lead, as soon as possible to inform them of the incident or concern
    - The Registered Manager will be contacted on 0330 056 6000
    - The Safeguarding Lead, will be contacted on 0330 056 6000
- Do not share this information with anyone else
- Do not contact the person alleged to have caused the harm about the incident yourself, unless this is essential (for example, if the Registered Manager needs to immediately suspend a member of staff including Agency Worker)
- The Service User may feel frightened, so ask whether they want someone they feel comfortable with to stay with them

Staff including Agency Workers must inform the Registered Manager or Safeguarding Lead, unless they are the person alleged to have caused the harm; if this is the case, then support should be sought directly from another manager within Nursdoc or Local Authorities.

Staff including Agency Workers must also act without the immediate authority of the Registered Manager or Safeguarding Lead:

- If a discussion with them would involve a delay in an apparently high-risk situation
- If they have raised concerns with the Registered Manager or Safeguarding Lead, and they have not taken appropriate action (whistleblowing)

There should be effective and well publicised ways of escalating concerns where the Registered Manager or Safeguarding Lead, does not take action in response to a concern being raised.

The Registered Manager or Safeguarding Lead, will:

- Listen to any staff member including Agency Workers if they speak up about abuse or neglect, take them seriously and act accordingly
- Consider if there are other adults or children with care and support needs who are at risk of harm and take appropriate steps to protect them
- Support and encourage the Service User to contact the police if a crime has been, or may have been, committed

When responding to indicators of abuse and neglect, staff including Agency Workers must:

- Follow the principles of the Making Safeguarding Personal Framework:
- Ensure that any actions are guided by the wishes and feelings of the Service User
- Be aware that Service Users experiencing abuse or neglect may be influenced, coerced or controlled by someone else
- Be aware that duties of care and public interest can override personal preference, for example, there is a risk that a person alleged to have caused the harm could abuse again - this needs to be addressed and prevented
- Staff including Agency Workers must also follow the principles of the Mental Capacity Act 2005 if the Service User lacks capacity

5.9 **Documenting a Disclosure**
Nursdoc must ensure that all staff including Agency Workers.

- Record what the Service User actually said, using their own words and phrases Describe the circumstance in which the disclosure came about.
- Note the setting and anyone else who was there at the time.
- When there are cuts, bruises, or other marks on the skin, use a body map to indicate their location, noting any bruising - bruising from abuse is often found on areas of the body such as the torso, ears, neck, eyes, cheeks, and buttocks.
- Record information that is factual.
- Use a pen with black ink so that the report can be photocopied.
- Keep writing clear.
- Sign and date the report, noting the time and location.
- Are aware that the report may be needed later as part of a legal action or disciplinary procedure.

The Registered Manager must ensure they preserve any evidence relating to a safeguarding concern, including care records, as these may be required in future for local authority enquiries or police investigations. For further information please refer to the Record Keeping policy and procedure.

5.10 **Response by the Registered Manager or Safeguarding Lead to Reports of Abuse or Neglect**
The Registered Manager and the Safeguarding Lead, at Nursdoc should treat any report of abuse or neglect as a safeguarding concern and:

- Ask the Service User at risk what they would like to happen next
- Ensure that they have access to communication support
- Explain that they have a responsibility to report concerns to Local Authorities, CCG's and other service users, and tell the Service User who they will report to, why, and when

Decision-Making Pre-referral to the Local Authorities, CCG's and other service users Safeguarding Adults Team:

The Registered Manager or Safeguarding Lead will lead on decision-making.

When considering if a safeguarding concern needs to be completed, the Registered Manager or Safeguarding Lead must consider the three duties in Section 42 (1) of the Care Act 2014:

- Does the person have needs for care and support (whether the authority is meeting any of those needs)?
- Are they experiencing, or at risk of, abuse or neglect? and
- As a result of those needs, are they unable to protect themself against the abuse or neglect or the risk of it?

When using professional judgement to determine whether an incident is reported to the local authority safeguarding adults' team/police, the Registered Manager or Safeguarding Lead, should consider the following:

- The consequences to the alleged victim and the equality of the relationship between the person alleged to have caused the harm and the alleged victim
- The ability of the alleged victim to consent
- The mental capacity of the person alleged to have caused the harm to understand the consequences of their decision to act in the way that is alleged
- The intent of the person alleged to have caused the harm
- The frequency of this and similar allegations regarding the person alleged to have caused the harm
- The alleged victim considers the actions against them to be abusive
- The alleged victim or carer is distressed, fearful or feels intimidated by the incident You believe that there is a deliberate attempt to cause harm or distress
- Incidents are repetitive and targeted to either the Service User or others
- The action resulted in a physical injury
- A crime has been committed
- The incident involves a member of staff including Agency Worker
- If any other people (including children) are at risk as well as the Service User, you are concerned about

In the decision-making process, they must evidence the following:

- Why does this adult(s) need safeguarding – what are the risks?
- What actions need to be taken to reduce that risk?
- Do they consent to this action?
- Are others potentially at risk?

The Registered Manager or Safeguarding Lead will document their decision-making process.

If the Registered Manager or Safeguarding Lead is not sure whether to make a safeguarding referral to Local Authorities, CCG's and other service users (because they are not sure whether they suspect abuse or neglect), they should discuss this with Local Authorities, ICB's and other service users.

If a Service User does not want any safeguarding actions to be taken, but abuse or neglect is suspected, a safeguarding referral must still be made.

Nursdoc will ensure that staff including Agency Workers are aware of the Local Authorities, ICB's and other service users reporting procedures and timescales for raising adult safeguarding concerns.

If a referral is made but the Service User at risk is reluctant to continue with an investigation, this must be recorded and brought to the attention of the Local Authorities, ICB's and other service users safeguarding adults' team. This will enable a discussion on how best to support and protect the Service User at risk.

5.11 **Consent and Mental Capacity**
When reporting information that directly concerns the safety of an adult at risk of harm, consent from the Service User is not required. However, informing the Service User of your concerns and your referral is good practice unless it puts you, your staff including Agency Workers or your colleagues at risk or it would put the adult at further risk.

When reporting allegations or concerns about an adult at risk of harm to the Local Authority, the Local Authority must be informed whether the Service User is aware of the report.

The Service User lacks capacity if their mind is impaired or disturbed in some way, and this means the Service User is unable to make a decision at that time.

- Where a mental capacity assessment identifies that the Service User lacks the mental capacity to give valid consent, consent will be sought from the Service User's legally authorised representative (such a person having Lasting Power of Attorney)
- The assessor will consider whether the lack of capacity is temporary or permanent and consider if there are occasions when capacity fluctuates

- The Service User will be supported and encouraged to be involved, as far as they want to and are able, in decisions with regard to safeguarding referrals

It may be that Nursdoc works in partnership with other professionals such as a social worker, GP or psychologist to arrange a formal assessment for complex decision making.

Nursdoc ensures that staff including Agency Workers receive training and understand the 5 Principles of the Mental Capacity Act to implement in their service:

1. The presumption of capacity
2. Service Users are supported to make their own decisions
3. Service Users can make unwise decisions
4. Best interest decisions
5. Least restrictive option

More detailed information can be found in the Mental Capacity Act (MCA) 2005 Policy and Procedure, which staff including Agency Workers adhere to.

In reporting all suspected or confirmed cases of harm, staff including Agency Workers have a responsibility to act in the best interest of the Service User but still operate within the relevant legislation and the parameters of the codes and standards of their practice.

5.12 **Referral to the Local Authorities, CCG's and other service users Safeguarding Adults Team**
Nursdoc must ensure that the Local Authorities, ICB's and other service users safeguarding adult referral process is followed and must collect the following information to assist with the referral. The referral process must be clearly visible with contact numbers, including out-of-hours, where staff including Agency Workers can access the information.

Where the Integrated Care Board is the commissioner, they must also be informed.

The referral information will also be required for some of the CQC notifications of abuse documentation. Nursdoc must use any up-to-date Care Plan information where possible and have the following information available where possible:

- Contact details for the adult at risk, the person who raised the concern and for any other relevant individual, and next of kin
- Basic facts, focusing on whether or not the Service User has care and support needs including communication and ongoing health needs
- Factual details of what the concern is about; what, when, who, where?
- Immediate risks and action taken to address risk
- Preferred method of communication
- If reported as a crime, details of which police station/officer, crime reference number
- Whether the adult at risk has any cognitive impairment which may impede their ability to protect themselves
- Any information on the person alleged to have caused harm
- Wishes and views of the adult at risk, in particular consent
- Advocacy involvement (includes family/friends)
- Information from other relevant organisations, for example, the CQC
- Any recent history (if known) about previous concerns of a similar nature or concerns raised about the same person, or someone within the same household
- Names of any staff including Agency Workers involved

5.13 **Local Authority Safeguarding Enquiry**
Local Authorities, ICB's and other service users may well be reassured by the response of Nursdoc so that no further action is required. However, Local Authorities, ICB's and other service users would have to satisfy itself that the response of Nursdoc has been sufficient to deal with the safeguarding issue and, if not, to undertake any enquiry of its own. This will identify if action needs to be taken and who needs to take that action.

The enquiry:
Could be an informal conversation with the Service User at risk
Could be a more formal multi-agency discussion
Does not have to follow a formal safeguarding process

The objectives of an enquiry are to:

- Establish facts
- Ascertain the Service User's views and wishes
- Assess the needs of the Service User for protection, support and redress and how they might be met
- Protect from the abuse and neglect, in accordance with the wishes of the Service User
- Make decisions as to what follow-up action should be taken with regard to the person or organisation responsible for the abuse or neglect
- Enable the Service User to achieve resolution and recovery

If Local Authorities, ICB's and other service users decides that Nursdoc should make the enquiry, then Local Authorities, ICB's and other service users should be clear about timescales, the need to know the outcomes of the enquiry and what action will follow if this is not done.

What happens as a result of an enquiry should reflect the Service User's wishes wherever possible, as stated by them or by their representative or advocate. If they lack capacity, it should be in their best interests if they are not able to make the decision and be proportionate to the level of concern. The Service User should always be involved from the beginning of the enquiry. Staff including Agency Workers will follow the Mental Capacity Act Policy and Procedure with regards to consent.

Strategy Meeting/Case Conference:

- Following a safeguarding enquiry, or at any time during the process, a strategy meeting with all relevant agencies may be called to make decisions about future action to address the needs of the individual.
- Any agency involved in the case may ask for a strategy meeting to be held but the final decision to hold such a meeting is with the Local Authorities, CCGs, and other service providers or the Safeguarding Adults Team Manager.
- Nursdoc must ensure that it attends this meeting when invited and that all relevant information about the safeguarding incident is available. A timeline of events is a useful document to prepare in complex cases.

Safeguarding Adults Reviews:

- Safeguarding adults' reviews (SARs) are a statutory requirement for Safeguarding Adults Boards with the purpose of promoting learning and improving safeguarding practice.
- A safeguarding adults review must be arranged by a Safeguarding Adults Board if:
- There is reasonable cause for concern that partner agencies could have worked more effectively to protect an adult
- Serious abuse or neglect is known or suspected
- Certain conditions are met, in line with section 44 of the Care Act 2014 and related statutory guidance.

Nursdoc will support and work in partnership with all professionals included in the Safeguarding Adults Board.

5.14 **Involve the Service User Concerned Throughout the Enquiry**

- The process of the enquiry must be explained to the Service User in a way they will understand and their consent to proceed with the enquiry obtained, if possible
- Arrangements will be made to have a relative, friend or independent advocate present if the Service User so desires. The relative, friend or independent advocate must not be a person suspected of being in any way involved or implicated in the abuse
- A review of the service users' care plan and/or risk assessment may be undertaken, if necessary, to ensure individualised support following an incident
- The Service User will be supported by the Nursdoc service to take part in the safeguarding process to the extent to which they wish, or are able to, having regard for their decisions and opinions. They must be kept informed of progress

Desired Outcomes Identified by the Service User:

The desired outcome by the Service User at risk must be clarified and confirmed:

- To ensure that the outcome is achievable
- To manage any expectations that the Service User may have
- To give focus to the enquiry
- The Registered Manager will support Service Users at risk to think in terms of realistic outcomes but must not restrict or unduly influence the outcome that the Service User would like. Outcomes must make a difference to risk and, at the same time, satisfy the Service User's desire for justice and enhance their wellbeing
- The Service User's views, wishes and desired outcomes may change throughout the course of the enquiry process
- There must be an ongoing dialogue and conversation with the Service User to ensure that their views and wishes are gained as the process continues and enquiries re-planned if the Service User changes their views
- The Service User will be informed of the outcome of any investigation, but guidance will be sought from the Local Authorities, ICB's and other service users Safeguarding Adults Team before any outcome is shared

5.15 **After An Enquiry**

Once an initial enquiry has been undertaken, discussions should be had with the Service User as to whether a further enquiry is needed and what further action could be taken.

That action could include disciplinary, complaints or criminal investigations or work by contracts managers and CQC to improve care standards.

Local Authorities, ICB's and other service users must determine what further action is necessary. One outcome may be the formulation of agreed action or a safeguarding plan for the Service User which should be recorded in their Care Plan. This will be the responsibility of the relevant agencies to implement. This will entail joint discussion, decision taking and planning with the Service User for their future safety and wellbeing.

In relation to the Service User, this could set out:

- What steps are to be taken to assure their safety in future
- The provision of any support, treatment or therapy including ongoing advocacy
- The need for fuller assessments by health and social care agencies
- Any modifications needed in the way services are provided (for example, same gender care or placement; appointment of an OPG deputy)
- How best to support the Service User through any action they take to seek justice or redress
- Any ongoing risk management strategy as appropriate
- Any action to be taken in relation to the person or organisation that has caused the concern

5.16 **If a Safeguarding Concern is not agreed**

If Local Authorities, ICB's and other service users decides not to investigate, staff including Agency Workers must ensure the continual safety of Service Users.

Staff including Agency Workers should:

- Evaluate existing risk assessments and Care Plans. Ensure that there is clear, documented evidence that this has occurred

- If the existing risk assessments and Care Plans do not cover the current risk(s), staff including Agency Workers must implement new ones to ensure measures have been put in place to reduce future risk
- Staff including Agency Workers can consider other referral options (this list is not exhaustive):
    - Human resources (capability/disciplinary routes)
    - Health and safety
    - Complaints
    - Local Authorities, CCG's and other service users care management, request review of current Care Plan, request for a case conference
    - NHS continuing care team, request a review
    - Request for a best interest meeting

5.17 **Informing the Relevant Inspectorate**

- By law, Nursdoc must notify the Care Quality Commission without delay of incidents of abuse and allegations of abuse, as well as any incident which is reported to, or investigated by, the police
- Nursdoc must notify CQC about abuse or alleged abuse involving a person(s) using the service, whether the person(s) is/are the victim(s), the abuser(s), or both
- Nursdoc must also alert the relevant local safeguarding authority when notification is made to CQC about abuse or alleged abuse
- The forms are available on CQC's website
- If a concern is received via the whistleblowing procedure, Nursdoc must inform the Local Authorities, ICB's and other service users Safeguarding Team and CQC

5.18 **Support and Supervision**

Nursdoc will recognise that dealing with situations involving abuse and neglect can be stressful and distressing for staff including Agency Workers and workplace support should be available.

During safeguarding enquiries, The Registered Manager should:

- Be aware of how safeguarding allegations can affect the way other staff including Agency Workers and Service Users view the Service User subject to a safeguarding enquiry
- If staff including Agency Workers are concerned about working with the Service User who has made allegations, the Registered Manager should provide support, additional training and supervision to address these concerns and ensure that the Service User is not victimised by staff including Agency Workers
- Acknowledge that enquiries are stressful and that morale may be low
- Think of ways to support staff including Agency Workers (such as one-to-one supervision and team meetings)
- Provide extra support to cover absences as part of the enquiry, and to help staff including Agency Workers continue providing consistent and high-quality care
- Staff including Agency Workers to sources of external support or advice if needed

Regular face-to-face supervision and reflective practice is essential to support staff including Agency Workers, and to enable staff including Agency Workers to work confidently and competently with difficult and sensitive situations.

The Registered Manager has a central role in ensuring high standards of practice at Nursdoc and that staff including Agency Workers are properly equipped and supported.

5.19 **Confidentiality and Information Sharing**

In seeking to share information for the purposes of protecting adults at risk, Nursdoc is committed to the following principles:

- Personal information will be shared in a manner that is compliant with the statutory responsibilities of Nursdoc
- Adults at risk will be fully informed about information that is recorded about them and as a general rule, be asked for their permission before information about them is shared with colleagues or another agency. However, there may be justifications to override this principle if the adult or others are at risk.
- All staff including Agency Workers will receive appropriate training on Service User confidentiality and secure data sharing.
- The principles of confidentiality designed to protect the management interests of Nursdoc must never be allowed to conflict with those designed to promote the interests of the adult at risk.
- All staff including Agency Workers will follow the policy of Nursdoc with regard to UK GDPR, Data Protection and Confidentiality and comply with the Caldicott principles.

5.20 **Staff including Agency Workers Alleged to be Responsible for Abuse or Neglect**

Nursdoc does not only have a duty to the Service User, but also a responsibility to take action in relation to staff including Agency Workers when allegations of abuse are made against them. Nursdoc should ensure that their disciplinary procedures are compatible with the responsibility to protect adults at risk of abuse or neglect.

When staff including Agency Workers are subject to a safeguarding enquiry, Nursdoc should:

- Tell them about any available Employee Assistance Programme
- Tell them about professional counselling and occupational health services (if available)
- Make them aware of their rights under employment legislation and any internal disciplinary procedures
- Nominate someone to keep in touch with them throughout the enquiry (if they are suspended from work)
    - They should be able to request that the nominated person be replaced, if they think there is a conflict of interest
    - The nominated person should not be directly involved with the enquiry
- If the police are involved, tell them who the nominated person is

For staff including Agency Workers who return to work after being suspended, the Registered Manager and/or delegated person should:

- Arrange a return-to-work meeting when the enquiry is finished, to give them a chance to discuss and resolve any problems
- Agree a programme of guidance and support with them

Where appropriate, Nursdoc should report staff including Agency Workers to the statutory and other bodies responsible for professional regulation such as the Nursing and Midwifery Council.

If the Registered Manager is subject to a safeguarding enquiry, Nursdoc should put an acting manager in their place if required.

5.21 **Disclosure and Barring Service (DBS) Referral**
There is a statutory requirement for Nursdoc to refer staff including Agency Workers to the DBS for inclusion on the DBS Vetting and Barring scheme list if they consider that the person is guilty of misconduct such that a vulnerable adult was harmed or placed at risk of harm. This legal duty to refer to the Disclosure and Barring Service also applies where a staff including agency Workers leave their role to avoid a disciplinary hearing following a safeguarding incident and Nursdoc feels they would have dismissed the person based on the information they hold.

Please see the DBS/Disclosure Policy and Procedure for further procedures regarding initial employment and referral.

5.22 **Abuse by Another Adult at Risk**
Nursdoc recognises that they may also have responsibilities towards the person causing the harm and certainly will have if they are both in a care setting or have contact because they attend the same place (for example, a day centre). The person causing the harm may themselves be eligible to receive an assessment. In this situation, it is important that the needs of the Service User at risk who is the alleged victim are addressed separately from the needs of the person causing the harm. It will be necessary to reassess the adult allegedly causing the harm.

Under the Mental Capacity Act 2005, people who lack capacity and are alleged to be responsible for abuse, are entitled to the help of an Independent Mental Capacity Advocate to support and represent them in the enquiries that are taking place. This is separate from the decision whether or not to provide the victim of abuse with an independent advocate under the Care Act.

5.23 **Management of Allegations Against People in Positions of Trust (PiPoT)**
A relationship of trust is one in which one person is in a position of power or influence over the other person because of their work or the nature of their activity. Any allegation against a person who works with adults with care and support needs must be reported immediately to Nursdoc.

When an allegation is made against a PiPoT, Nursdoc will refer this to Local Authorities, CCG's and other service users as part of the safeguarding process. For sensitive information, it may be necessary to contact the Adult Local Authority Designated Officer directly and Nursdoc will ensure this information is readily available as well as the Local Authorities, CCG's and other service users' policy itself which outlines the local protocol in this instance.

Where the person alleged to have caused the harm or neglect is a volunteer or a member of a community group, Nursdoc must work with adult social services to support any action under this policy.

Where the person alleged to have caused the harm is a neighbour, a member of the public, a stranger or a person who deliberately targets vulnerable people, the Service User at risk should receive the services and support that they may need. In all cases, issues of consent, confidentiality and information sharing must be considered.

5.24 **Safeguarding Concerns about the Registered Manager and/or Nominated Individual**
If staff including Agency Workers at Nursdoc have safeguarding concerns about the Registered Manager and / or Nominated Individual, they can report their concerns to the Deputy Safeguarding Lead and the HR Manager in confidence. If they have concerns about the Registered Manager only, they can report their concerns to the Deputy Safeguarding Lead and the Nominated Individual.

In some services where there may be dual roles held role by the same person, you can report your concerns in the following routes:

- Follow the Raising Concerns, Freedom to Speak Up, Whistleblowing Policy and Procedure at Nursdoc

Alternatively, you may wish to contact:

- **Local Authority Safeguarding Team:** Local Authorities, CCG's and other service users
  - Contact: Croydon SAB, Floor 2, Zone A Bernard Weatherill House 8 Mint Walk Croydon CR0 1EA
  - Telephone: 020 8726 6500
- **The Care Quality Commission (CQC):**
  - Address: Citygate, Gallowgate, Newcastle upon Tyne NE1 4PA
  - Email: enquiries@cqc.org.uk
  - Telephone: 03000 616161
  - Report online: https://www.cqc.org.uk/give-feedback-on-care
- **The Police**
  - If your safeguarding concerns involve criminal activity, such as physical or sexual abuse or if someone is in immediate danger, you should report the matter to the police. They can investigate and take immediate action if needed

In cases where the Registered Manager is suspended due to a pending investigation, the Discipline Policy and Procedure will be followed. In these instances, Nursdoc or another representative instructed by Nursdoc, will be responsible for this process.

5.25 **Allegations Against People who are Relatives or Friends**

There is a clear difference between unintentional harm caused inadvertently by a relative or friend and a deliberate act of either harm or omission, in which case the same principles and responsibilities for reporting to the police apply.

In cases where unintentional harm has occurred, this may be due to lack of knowledge or due to the fact that the relative's own physical or mental needs make them unable to care adequately for the adult at risk. The relative may also be an adult at risk. In this situation, the aim is to protect the adult from harm, work to support the relative to provide support and to help make changes in their behaviour in order to decrease the risk of further harm to the person they are caring for. A carer's assessment will take into account a number of factors and a referral to Local Authorities, CCG's and other service providers will be made as part of the safeguarding process.

5.26 **Pressure Ulcers**

Nursdoc must follow local safeguarding reporting requirements and the Department of Health and Social Care (DHSC) guidance 'Pressure Ulcers: How to Safeguard Adults' (a link can be found in the Underpinning Knowledge section of this policy) with regards to pressure ulcers.

The aim of the DHSC guidance is to provide a national framework, identifying pressure ulcers as primarily an issue for clinical investigation rather than a safeguarding enquiry led by the local authority. Indicators to help decide when a pressure ulcer case may additionally need a safeguarding enquiry are included.

'It is the responsibility of the designated safeguarding lead in each setting to appropriately triage any safeguarding concerns and ensure that referrals to the local authority for consideration of a section 42 (2) enquiry are appropriate.' (GOV.UK 2025)

The DHSC guidance contains the following appendices that are used in the decision making:

- Appendix 1: Adult safeguarding decision guide
- Appendix 2: Body map
- Appendix 3: Adult safeguarding concern proforma regarding pressure ulceration

Safeguarding Concern Assessment Guidance:

- A history of the development of the skin damage should first be obtained by a clinician
- Where there is concern from the clinician assessing the pressure ulcer that there has been abuse or neglect that can be directly associated with the pressure ulcer, there is a need to raise it as a safeguarding concern within Nursdoc
- In some cases, it may warrant raising a safeguarding concern with Local Authorities, CCG's and other service users
- If the Service User's care has recently been transferred, this may require contact being made with former care providers for information to seek clarification about the cause and timing of the skin damage. This is the responsibility of Nursdoc, and a concern should not be raised with Local Authorities, CCG's and other service users until this has been done
- If a concern is raised that the Service User has severe damage, Nursdoc should:
- Complete the adult safeguarding decision guide
- Raise an incident immediately as per the policy of Nursdoc (Severe damage in the case of pressure ulcers may be indicated in some cases by multiple category 2 or single category 3 or 4 ulcers, but could also be indicated by the impact the pressure damage has on the Service User affected (for example, pain)

Adult Safeguarding Decision Guide:

- The decision guide should be completed by a qualified practicing registered nurse (RN) with experience in wound management and not directly involved in the provision of care to the Service User at the time the pressure ulcer developed
- The adult safeguarding decision guide should be completed immediately or within 48 hours of identifying the pressure ulcer of concern. In exceptional circumstances this timescale may be extended but the reasons for extension should be recorded
- The outcome of the assessment should be documented on the adult safeguarding decision guide. If further advice or support is needed with regards to making the decision to raise a concern to Local Authorities, CCG's and other service users, the Registered Manager or the Safeguarding Lead, should be involved
- Where the Service User has been transferred into the care of Nursdoc it may not be possible to complete the decision guide. Contact should be made with the transferring organisation to ascertain if the decision guide has been completed or any other action taken
- Following this, a decision should be made whether to raise a safeguarding adults concern with Local Authorities, CCG's and other service users, in line with agreed local arrangements
- The decision as to whether there should be a Section 42 enquiry will be taken by the local authority, informed by a clinical view. A summary of the decision should be recorded and shared with all agencies involved
- Where an internal investigation is required, this should be completed by the organisation that is, or was, taking care of the Service User when the pressure ulcer developed, in line with the local policies
- The local authority needs to decide or agree after completion of the internal investigation if a full multi-agency meeting (virtual or face to face) needs to be convened to agree findings, decide on safeguarding outcomes and any actions
- The safeguarding decision guide assessment considers 6 important questions that together indicate a safeguarding decision guide score. This score should be used to help inform decision making regarding escalation of safeguarding concerns related to the pressure ulceration. It is not a tool to risk assess for the development of pressure damage
- The threshold for raising a concern is 15 or above in most instances. However, this should not replace professional judgement
- Photographic evidence to support the report should be provided wherever possible. Consent for this should be sought as per local policy but great sensitivity and care must be taken to protect the identity of the individual
- A body map should be used to record skin damage and can be used as evidence, if necessary, at a later date. If 2 workers observed the skin damage, they should both sign the body map where possible

- Documentation of the pressure ulcer should include as a minimum:
  - Site
  - Size (including its maximum length, width and depth in centimetres)
  - Tissue type
  - Category
- Where the decision guide score is 15 or higher, or where professional judgement determines safeguarding concerns, copies of the completed decision guide and safeguarding concern proforma should then be sent to the adult safeguarding team within Local Authorities, CCG's and other service users. Copies of both should also be retained in the Service User's Care Plan
- Where there is no indication that a safeguarding concern needs to be raised, the completed decision guide should be retained in the Service User's Care Plan

5.27 **Medication Errors**
Nursdoc must follow local safeguarding reporting procedures for medication errors and ensure that notifications are made to the CQC in line with statutory requirements. Nursdoc will have an open and transparent approach to medication incidents and ensure that staff including Agency Workers follow the Medication Errors and Near Misses Policy and Procedure at Nursdoc and understand their Duty of Candour responsibilities.

5.28 **Exploitation by Radicalisers who Promote Violence**
Individuals may be susceptible to exploitation into violent extremism by radicalisers. Staff including Agency Workers will be expected to follow the Protecting Adults at Risk from Radicalisation Policy and Procedure in place at Nursdoc.

5.29 **Self-Neglect and Refusal of Care**
Nursdoc must ensure that all staff, including Agency Workers, understand the importance of delivering care as detailed in the Care Plan. Where a Service User refuses Care, this must always be documented. Where refusal occurs repeatedly, it must be escalated by Nursdoc as a safeguarding concern and a request for a review of the Service User's Care will be instigated.

5.30 **Restrictive Practices Including Restraint and Physical Interventions**
The Restrictive Practices Including Restraint and Physical Interventions Policy and Procedure must always be followed to prevent the unauthorised and potentially abusive use of restraint, physical interventions or restrictive practices at Nursdoc.

At all times if restraint/physical intervention is used it:

- Must be only used when absolutely necessary, be proportionate in relation to the risk of harm and the seriousness of that harm to the person using the service or another person.
- Takes account of the assessment of the person's needs and their capacity to consent to such treatment.
- Follows current legislation and guidance.

Nursdoc will regularly monitor and review the approach to, and use of, restraint and restrictive practices. If any aspect of the restraint policy is not followed it is recognised that there may be abuse and, in those situations, this safeguarding policy will be used to assess, manage and define any actions taken.

5.31 **Abuse and Sexual Safety**
We recognise that culture, environment and processes support the Service User's sexuality and keep them and staff including Agency Workers safe from sexual harm. As such, Nursdoc will ensure that sexuality is discussed as part of the Care Plan process and is addressed positively to support people to raise concerns where necessary.

The CQC publication on sexuality and sexual safety can be referred to for further guidance in this area.

5.32 **Mandatory Reporting of Female Genital Mutilation (FGM)**
Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act 2003 ('the 2003 Act'). Nursdoc has a mandatory duty to report known cases of FGM in under 18-year-olds to the police via the non-emergency number 101. 'Known' means that you have either visually identified that FGM has been carried out, or you have had direct verbal disclosure from the person affected.

Other ways to report FGM include:

- The national FGM helpline on 0800 028 3550
- The social care team at your local council
- Crimestoppers, confidentially and anonymously

5.33 **Criminal offences**
Everyone is entitled to the protection of the law and access to justice. Behaviour which amounts to abuse and neglect, for example physical or sexual assault or rape, psychological abuse or hate crime, wilful neglect, unlawful imprisonment, theft and fraud and certain forms of discrimination also often constitute specific criminal offences under various pieces of legislation.

Local Authorities, CCG's and other service providers have the lead role in making enquiries. However, where criminal activity is suspected, the early involvement of the police should take place.

5.34 **Risk Assessment and Management**
Achieving a balance between the right of the Service User to control their care package and ensuring that adequate protection is in place to safeguard wellbeing is a very challenging task. The assessment of the risk of abuse, neglect and exploitation of Service Users will be integral in all assessment and planning processes. Assessment of risk is dynamic and ongoing, especially during the adult safeguarding process, and must be reviewed throughout so that adjustments can be made in response to changes in the levels and nature of risk.

5.35 **Training and Competence**

Nursdoc will ensure all staff, including Agency Workers, receive training to understand the different times of abuse and neglect and how to recognize, respond to and report any safeguarding concerns. This training will form part of induction and annual refresher training.

Training will be provided at all levels within Nursdoc and will be updated regularly to reflect current legislation, best practice guidance and local safeguarding requirements. To ensure consistency of practice and compliance with regulatory expectations, all required safeguarding training is included within the Nursdoc training matrix and monitored by the Compliance Department.

Nursdoc will assess and monitor staff including Agency Workers competence through a range of measures including supervision, observation, reflective debriefs, and appraisal processes.

We ensure that all staff, including Agency Workers, complete safeguarding training to ensure they are equipped with knowledge, confidence, and skills required to effectively safeguard adults at risk.

Nursdoc will benchmark its training and competencies within the service with the framework outlined in the Royal College of Nursing Intercollegiate Guidance, 'Adult Safeguarding: Roles and Competencies for Health Care Staff'(2024). Nursdoc recognize this as a minimum benchmark which can also support practice in adult social care, alongside any local authority commissioner, contractual. Or role specific requirements. Nursdoc will also refer to the NHS Prevent Training and Competencies Framework where relevant in relation to the Prevent strategy.

Staff, including Agency Workers, will be trained to recognize the signs and symptoms of abuse and neglect, understand their safeguarding responsibilities, know how to respond appropriately, and know where to seek advice and support.

Training takes place at all levels in Nursdoc and is updated regularly to reflect current best practice. To ensure that practice is consistent, no group is excluded, including the Registered Manager and the Safeguarding Lead at Nursdoc.

The Registered Manager, and other delegated people, are appropriately trained and competent to fulfil the responsibilities of the role and holds safeguarding training at Level 4. This is refreshed every 3 years as a minimum.

The Registered Manager will cascade safeguarding information about adults at risk to appropriate staff including Agency Workers. The Registered Manager will undertake and provide internal training and attend local safeguarding partnership updates, education and development sessions including regular group-based supervision.

Training needs to make a difference to the understanding, confidence and competence of staff, including Agency Workers. Assess what changes it has prompted through regular supervision sessions as well as annually during appraisals. Arrange refresher training if the annual check indicates this is needed.

5.36 **Deprivation Of Liberty in Community Settings**

Where a person lacks mental capacity to consent to the arrangements for their care or treatment, including depriving them of their liberty, Nursdoc will follow a best interest process in accordance with the Mental Capacity Act 2005, including the use of the Mental Capacity Act 2005 Deprivation of Liberty in Community Settings.

The Deprivation of Liberty in Community Settings Policy and Procedure for Nursdoc will always be followed to ensure that where a person's liberty is controlled, this is only done when they are assessed as not having capacity, when it is in their best interests and an appropriate application has been made to the Local Authority.

It is recognised that if the Service User has their liberty denied, and they have capacity, this is abuse and this safeguarding policy will be used to define the actions to be taken.

5.37 **Audit and Compliance**

It is essential that the implementation of this policy and associated procedures is audited to ensure that Nursdoc is doing all it can to safeguard those people receiving its services. The audit of this policy will be completed through a systematic audit of:

- Recruitment procedures and disclosure and barring checks
- Incident reporting, frequency and severity
- Training processes, including reviews of uptake of training and evaluations

Safeguarding concerns and incidents will be reviewed by the senior management team as part of a root cause analysis with the following terms of reference:

- Review incident themes
- Reports from the lead responsible for safeguarding within Nursdoc Limited
- Look in detail at specific cases to determine learning or organisational learning Ensure implementation of the Safeguarding Adults Policy and Procedure
- Nursdoc should maintain and regularly audit care records (in addition to external checks, such as audits or Care Quality Commission inspections) and ensure that they are complete and available in case they are needed if a safeguarding concern is raised.

Nursdoc will also ensure that as part of lessons learnt duty of candour is always followed.

5.38 **Sharing of Information**

Nursdoc acknowledges that the sharing of information may be required when dealing with Safeguarding concerns. Information will be made accessible to health professionals, advocates, families, legal representatives acting on behalf of Service Users, and those close to them. The process for sharing information will follow the steps set out within the Data Protection and UK GDPR Policies and Procedures at Nursdoc.

6. DEFINITIONS

6.1 **All staff including Agency Workers**

6.1.1 **Staff**
Denotes the employees of Nursdoc Limited.

6.1.2 **Agency Workers**
Refers to individuals who are contracted with Nursdoc Limited or another employment business as an Agency Worker (temporary worker) provided to Nursdoc Limited to perform care services under the direction of Nursdoc.

6.2 **Nursdoc Limited**
Nursdoc, also known as Nursdoc Limited, is the entity regulated by the CQC (Care Quality Commission) and responsible for the care service provision, contracted to provide homecare services to service users in their homes, in placements, essential healthcare facilities and in the community.

6.3 **CQC (Care Quality Commission)**
CQC throughout this policy, the term "CQC" refers to the Care Quality Commission (CQC) which is the independent regulator of health and social care in England.

6.4 **A Person with Care and Support Needs**
According to the Care Act 2014: an older person, a person with a physical disability, a learning difficulty or a sensory impairment, someone with mental health needs, including dementia or a personality disorder, a person with a long-term health condition, someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living

6.5 **Investigation**
- Investigation is a process that focuses on gathering 'good evidence' that can be used as a basis for the decision as to whether or not abuse has occurred
- It must be a rigorous process, and the evidence must be capable of withstanding close scrutiny as it may later be required for formal proceedings

6.6 **Referral**
- Referral is when information regarding a possible safeguarding incident is passed on to another person for their direction. In the case of this policy, from the Provider to the Adult Social Care Team
- Sometimes this may be referred to as 'reporting'

6.7 **Multi-agency**
- More than one agency coming together to work for a common purpose
- This could include partners of the local authority such as: Integrated Care Boards (ICBs), NHS trusts and NHS foundation trusts, Department for Work and Pensions, the police, prisons, probation services, and/or other agencies such as general practitioners, dentists, pharmacists, NHS hospitals, housing, health and care providers

6.8 **Caldicott Principles**
- The Caldicott Principles were developed in 1997 following a review of how patient information is protected and only used when it is appropriate to do so
- Since then, when deciding whether they needed to use information that would identify an individual, an organisation must use the principles as a test
- The principles were extended to adult social care records in 2000 The Principles were revised in 2013

6.9 **Adults at Risk**
- Adults at risk means adults who need community care services because of mental or other disability, age or illness, and who are, or may be, unable to take care of themselves against significant harm or exploitation
- The term replaces 'vulnerable adult'

6.10 **Making Safeguarding Personal**
- Making Safeguarding Personal is about person-centred and outcome-focused practice
- It is how professionals are assured by adults at risk that they have made a difference to people by taking action on what matters to people and is personal and meaningful to them

6.11 **Honour-based Violence**
- The terms 'honour crime', 'honour-based violence', and 'izzat' embrace a variety of crimes of violence (mainly but not exclusively against women), including physical abuse, sexual violence, abduction, forced marriage, imprisonment and murder where the person is being punished by their family or their community
- They are punished for actually, or allegedly, 'undermining' what the family or community believes to be the correct code of behaviour
- In transgressing this, the person shows that they have not been properly controlled to conform by their family and this is to the 'shame' or 'dishonour' of the family
- 'Honour crime' may be considered by the person(s) alleged to have caused the harm as justified to protect or restore the 'honour' of a family

6.12 **Forced Marriage**
- The Anti-Social Behaviour, Crime and Policing Act 2014 protects people from being forced to marry without their free and full consent as well as people who have already been forced to do so
- We will ensure that staff are reminded of the one chance rule: i.e. our employees may only have one chance to speak to a potential victim of forced marriage and, therefore, only one chance to save a life

- Forced marriage can involve physical, psychological, emotional, financial and sexual abuse including being held unlawfully captive, assaulted and raped
- Law enforcement agencies will also be able to pursue person(s) alleged to have caused the harm in other countries where a UK national is involved under powers defined in legislation

6.13 **Independent Mental Capacity Advocate (IMCA)**
- An advocate appointed to act on a person's behalf if they lack capacity to make certain decisions
- Refer to the Mental Capacity Act (MCA) 2005 Policy and Procedure

6.14 **Female Genital Mutilation (FGM)**
- Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act 2003 ('the 2003 Act')
- Nursdoc has a mandatory duty to report known cases of FGM in under 18-year-olds to the police via the non-emergency number 101. 'Known' means that you have either visually identified that FGM has been carried out, or you have had direct verbal disclosure from the person affected

6.15 **Safeguarding Adults Board**
- The Care Act 2014 required each local authority to set up a Safeguarding Adults Board
- This includes the local authority, the NHS and the police. They should meet regularly to discuss and act upon local safeguarding issues
- They develop shared plans for safeguarding, working with local people to decide how best to protect adults in vulnerable situations

6.16 **Whistleblowing**
- The act of reporting a concern about safety, malpractice or wrongdoing within an organisation to formal authorities

6.19 **Deprivation of Liberty Safeguards (DoLS)**
- Deprivation of Liberty Safeguards (DoLS) are the legal protections under the Mental Capacity Act 2005 that apply where a person lacks capacity to consent to their care or treatment arrangements and those arrangements amount to a deprivation of their liberty, as defined by the Supreme Court "acid test"
- In residential and nursing homes, deprivation of liberty is authorised under the DoLS framework by the relevant Supervisory Body
- In community settings, including domiciliary care and supported living, any deprivation of liberty must be authorised by the Court of Protection
- Any restrictions must be necessary, proportionate, and the least restrictive option, and individuals and their representatives must be supported to understand and exercise their rights

OUTSTANDING PRACTICE

To be 'outstanding' in this policy area you could provide evidence that:

- Service Users report that if they are involved in a safeguarding incident, then they are supported to be involved as much as they would like
- Staff report that the service is fully aware of its responsibilities with regard to safeguarding, that they are encouraged to report incidents and are fully supported through the process
- The same issues do not reoccur, and robust measures and systems have been put in place to address the original safeguarding concern
- Records are kept in regard to safeguarding and are extremely clear, transparent and well-ordered with all incidents reviewed and learning disseminated. Training materials are updated to reflect any learning
- Care or support planning includes tailored information to support Service Users to make safe choices to promote independence and wellbeing. People report that they feel safe and well supported

SIGN OFF DATE:	02/06/2026
REVIEW DATE:	02/06/2027
SIGNED:	 Marc Stiff – Group Managing Director