



Safeguarding Policy

Version	Date	Author	Changes
1.0	March 2017	Miranda Pearce	-
2.0	November 2018	Miranda Pearce	CQC updates and formatted
3.0	November 2018	Miranda Pearce	Added detail about clinicians' training and inter-agency flow chart

Purpose

The objective of this policy is to provide clear guidance on prevention of abuse and the procedure for reporting any concerns or allegations of abuse and to set out the levels of responsibility by:

- Ensuring that staff are aware of the policy;
- Ensuring that children and vulnerable adults are protected from any form of abuse;
- Ensuring that staff receive the appropriate training;
- Ensuring that any allegations of abuse are reported and are thoroughly investigated, and lessons are learnt.

Relevant CQC Fundamental Standard/H+SC Act Regulation (2014)

- Regulation 13: “Safeguarding from abuse”

Scope

This policy applies to all SkinViva Limited staff, agency, contract, locum staff, and stakeholders involved in the care of replaces.

Policy Statement

It is the policy of SkinViva to ensure that all persons who may be deemed as vulnerable receive the appropriate protection, support and intervention required in order to ensure their safety is maintained.

Staff engaged via SkinViva will always make appropriate notifications (see ‘How to Respond to Possible Abuse’) following any suspected abuse of a person of any age by any member of the staff team. Such notifications will be both internal (including the CQC Registered Manager) and to the relevant local Safeguarding authority.

The organisation will work within and adhere to all relevant statutory provisions, including those in the Care Act 2014. SkinViva will also follow all relevant national and local guidance regarding safeguarding, including “Working Together to Safeguard Children” (2015) and any subsequent related documents.

Objectives

In implementing the Safeguarding Policy, SkinViva has the following objectives:

Protection

- To ensure that all replaces deemed as vulnerable receive appropriate protection whilst under the care of SkinViva.

Support

- To ensure that replaces receive the appropriate support to maintain safety whilst a replace of SkinViva and during any potential Safeguarding investigation.

Advocacy

- To ensure adequate arrangements for advocacy for replaces are in place, especially where there are potential issues relating to capacity and consent.

Intervention

- To ensure that appropriate interventions are instigated by appropriately trained staff in an appropriate and timely manner.
- To ensure that any interventions implemented are the least restrictive wherever practicable.

Co-operation

- To work collaboratively with all multidisciplinary team members involved within Safeguarding /Child Protection procedures, through both internal and external policy.

Communications

- To ensure that staff demonstrate effective communication skills and that communication is maintained within the collaborative team, on a 'need to know' basis, throughout the Safeguarding process.
- That staff ensure that communication takes place in an appropriate environment.

Confidentiality

- To ensure national legislation and professional codes of conduct relating to confidentiality are always adhered to.

- To ensure appropriate areas are provided where discussions can take place regarding safeguarding issues or concerns, free from intrusion of visitors and other replaces.
- To ensure that SkinViva provides a confidential service to all replaces, paying attention to Safeguarding Policy when required.

Privacy and Dignity

- To ensure that the privacy and dignity of replaces involved in a Safeguarding process is always maintained throughout the process
- To ensure that principles of common courtesy are upheld by staff, especially when faced with challenging questions or working under difficult circumstances.
- To ensure replace privacy is respected in all interactions with staff.

Individual and Cultural Diversity

- To ensure replaces are treated fairly based on need and not negatively discriminated against because of age, sex, race, religion, disability or sexual orientation.
- To ensure replaces are treated in a manner, which respects their religious beliefs, culture, gender, sexual orientation or ability.
- To ensure replaces cultural and religious needs will be valued and met where possible.
- To ensure decisions on care that replaces receive are determined only by their needs.

Definitions

Definition of Vulnerable

The Police Act 1997 (Enhanced Criminal Record Certificates) (Protection of Vulnerable Adults) Regulations 2000 - In these Regulations 'vulnerable adult' means a person aged 18 or over who is receiving services of a type listed in paragraph (i) below and in consequence of a condition of a type listed in paragraph (ii) below has a disability of a type listed in paragraph (iii) below.

(i) The services are:

- a) Accommodation and nursing or personal care in a care home;
- b) Personal care or nursing or support to live independently in his/her own home;
- c) Any services provided by an independent hospital, independent clinic, independent medical agency or NHS body;
- d) Social care services; and
- e) Any services provided in an establishment catering for a person with learning difficulties.

(ii) The conditions are:

- a) A learning or physical disability;
- b) A physical or mental illness, chronic or otherwise, including an addiction to alcohol or drugs; and
- c) A reduction in physical or mental capacity.

(iii) The disabilities are:

- a) A dependency upon others in the performance of, or a requirement for assistance in the performance of, basic physical functions;
- b) Severe impairment in the ability to communicate with others; and
- c) Impairment in a person's ability to protect him/herself from assault, abuse or neglect.

Definition of Abuse

"Abuse is the harming of another individual usually by someone who is in a position of power, trust or authority over that individual. The harm may be physical, psychological or emotional or it may be directed at exploiting the vulnerability of the victim in more subtle ways (for example, through denying access to people who can come to the aid of the victim, or through misuse or misappropriation of his or her financial resources). The threat or use of punishment is also a form of abuse. In many cases, it is a criminal offence"

Physical abuse

- Bodily assaults resulting in injuries e.g. hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
- Bodily impairment e.g. malnutrition, dehydration, failure to thrive.
- Medical/healthcare maltreatment.

Sexual abuse

- Rape, incest, acts of indecency, sexual assault.
- Sexual harassment or sexual acts to which the vulnerable adult has not consented or could not consent or was pressured into consenting.
- Sexual abuse might also include exposure to pornographic materials, being made to witness sexual acts and encompasses sexual harassment and non-contact abuse.

Psychological/emotional abuse

- Including threats of harm, controlling, intimidation, coercion, harassment, verbal abuse, enforced isolation or withdrawal from services or supportive networks.
- Humiliation.
- Bullying, shouting, swearing.

Neglect

- Including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services.
- The withholding of the necessities of life, such as medication, adequate nutrition and heating.

Financial or material

- Including theft, fraud.
- Exploitation, pressure in connection with Wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Discriminatory

- Including racist, sexist, or based on a person's disability, and other forms of harassment, slurs or similar treatment.

Multiple forms of abuse may occur in an on-going relationship or abusive service setting to one person, or to more than one person at a time, making it important to look beyond single incidents or breaches in standards, to underlying dynamics and patterns of harm. Any or all these types of abuse may be perpetrated as the result of deliberate intent and targeting of vulnerable people, negligence or ignorance. No abuse is acceptable, and some abuse is a criminal offence and must be reported to the Police as soon as possible.

Physical abuse signs (Note: Some ageing processes can cause changes which are hard to distinguish from some aspects of physical assault, e.g. skin bruising can occur very easily due to blood vessels becoming fragile).

- A history of unexplained falls or minor injuries.
- Bruising in well protected areas, or clustered from repeated striking.
- Finger marks.
- Burns of unusual location or type.
- Injuries found at different states of healing.
- Injury shape like an object.
- Injuries to head/face/scalp.
- History of GP or agency hopping, or reluctance to seek help.
- Accounts which vary with time or are inconsistent with physical evidence.
- Weight loss due to malnutrition, or rapid weight gain.
- Ulcers, bed sores and being left in wet clothing.
- Drowsiness due to too much medication, or lack of medication causing recurring crises/hospital admissions.

Sexual abuse signs

- Disclosure or partial disclosure (use of phrases such as 'It's a secret').
- Medical problems, e.g. Genital infections, pregnancy, difficulty walking or sitting.
- Disturbed behaviour e.g. depression, sudden withdrawal from activities, loss of previous skills, sleeplessness or nightmares, self-injury, showing fear or aggression to one person, repeated or excessive masturbation, inappropriately seductive behaviour, loss of appetite or difficulty in keeping food down.
- Behaviour of others towards the vulnerable adult.
- Circumstances – e.g. two service users found in a toilet area, one in a distressed state.

Psychological/emotional signs:

- Isolation.
- Unkempt, unwashed, smell.
- Over meticulous.
- Inappropriately dressed.
- Withdrawn, agitated, anxious not wanting to be touched.
- Change in appetite.
- Insomnia, or need for excessive sleep.
- Tearfulness.
- Unexplained paranoia, or excessive fears.
- Low self-esteem.
- Confusion.

Neglect signs

- Physical condition poor.
- Clothing in poor condition.
- Inadequate diet.
- Untreated injuries or medical problems.
- Failure to be given prescribed medication.
- Poor personal hygiene.

Financial or material signs

- Unexplained or sudden inability to pay bills.
- Unexplained or sudden withdrawal of money from accounts.
- Disparity between assets and satisfactory living conditions.
- Extraordinary interest by family members and other people in the vulnerable person's assets.

Discriminatory signs

- Lack of respect shown to an individual.
- Signs of substandard service offered to an individual.
- Exclusion from rights afforded to others, such as health, education, criminal justice.

Other signs of abuse

- Inappropriate use of restraints.
- Sensory deprivation e.g. spectacles or hearing aid.
- Denial of visitors or phone calls.
- Failure to ensure privacy or personal dignity.
- Lack of flexibility of choice e.g. bedtimes, choice of food.
- Restricted access to toilet or bathing facilities.
- Lack of personal clothing or possessions.
- Controlling relationships between care staff and service users.

Responsibilities

The CQC Registered Manager will be responsible for ensuring that the requirements of the Safeguarding policies and procedures are effectively managed and that the staff are aware of, and implement, those requirements.

All Staff

All members of staff have responsibility for:

- Bringing any concerns relating to abuse to the immediate attention of their line manager.
- Observing the requirements of SkinViva Safeguarding Policy and procedures.
- Attending any designated training.

Any member of staff involved in the Safeguarding adult process can:

- Seek the advice and support of the CQC Registered Manager.
- Seek advice and support from their line manager.

Domestic Abuse, Forced Marriages and Honour Based Violence

Domestic abuse is defined as ‘any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been, intimate partners or family members, regardless of gender or sexuality’.

The Company will always ensure an appropriate response where there are concerns about domestic abuse.

The definition of domestic abuse includes forced marriage. Forced marriage is different to an arranged marriage in that if a marriage is forced one or both parties do not consent to the marriage and some element of duress is involved. Duress can include both physical and emotional abuse. Front-line staff dealing with cases of forced marriage should consult, the guidelines issued by the Forced Marriage Unit.

See: <https://www.gov.uk/guidance/forced-marriage#forced-marriage-unit>

Adults with A Disability

Where adults have a disability and safeguarding processes are being considered or invoked, those involved in leading the safeguarding processes must ensure the engagement of appropriate support services and replace representatives to facilitate communication and ensure that the replace is given every opportunity to participate in the process and make decisions about their wellbeing.

Where the replace has a learning disability and/or does not have the necessary mental capacity, consideration must be given to supporting the replace in choices and of assessment of capacity to understand and retain information and consent to intervention. This will be in line with the Mental Capacity ACT 2005 and Deprivation of Liberty Safeguards 2007.

Where information is required by outside agencies the information sharing process must be followed and where a replace has mental capacity consent must be obtained unless there is risk to other persons.

Provision for Adults Who Do Not Speak English

The Company is committed to ensuring that replaces whose first language is not English receive the information they need and are able to communicate appropriately with healthcare staff. It is not appropriate to use children to interpret for family members who do not speak English.

In order to minimise misunderstanding and ensure that the replace is satisfied with the information being offered please follow the guidance below.

- Ensure that the correct language is identified in order to provide information in the appropriate language.
- Ensure that information about safeguarding is given to the replace in appropriate language prior to seeking consent.
- If the replace/parent does not read their own language, ensure that relatives/friends who are asked to act as interpreters have declared their relationship to the replace and are not involved in any allegations of abuse against the replace.
- Where possible an independent interpreter should be used.
- Consideration should be given to the involvement of interpreter/link worker if they have been consistently involved in interpreting as they may have useful information and be able to offer support to the replace.

Advice and Involvement from The Police

Some incidents may require police involvement – e.g. any abuse arising from terrorism and those involving the national PREVENT Strategy. Where referrals are made to local safeguarding adult's services multiagency procedures will indicate when and how the police are involved along with recording and retaining evidence.

The types of replace safety incidents that may need consideration of police involvement are where there is evidence or suspicion:

- That the actions leading to harm were intended
- That adverse consequences were intended
- Of gross negligence and or recklessness in a replace safety incident

Recognising Abuse/Training

There are four main categories of abuse:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Neglect/failure to thrive

These aspects will be covered fully in all safeguarding training for our staff.

All SkinViva staff will be appropriately trained in Safeguarding Training will normally be to Level 1, and clinical staff normally to a minimum of Level 2. The Registered Manager will ensure that safeguarding training undertaken by clinical staff in *other* healthcare settings is up to date, relevant to SkinViva's setting, and complies with this policy. Certificates will be kept on the clinicians' file. In addition, the CQC Registered Manager will receive appropriate additional training in Safeguarding issues to Level 3 and will have access to independent advice about Safeguarding issues.

How to Respond to Possible Abuse

Strict procedures will be in force within SkinViva in order to carry out appropriate notifications in the event of abuse or suspected abuse being identified. In summary, these are:

Step 1

Ensure that the Safeguarding Lead is fully aware of the issue.

Step 2

Ensure that the CQC Registered Manager (if different to the Safeguarding lead) is fully aware of the issue.

Step 3

The designated Safeguarding Lead/Deputy (using the most appropriate communication route) will make the necessary notification to the appropriate local statutory Safeguarding agency. The telephone number for notifications to the relevant local Safeguarding Authority will be obtained immediately, and a referral made via the mandated procedure as soon as possible should this be deemed necessary.

Step 4

If relevant (e.g. abuse/suspected by member of SkinViva's staff) a Statutory Notification to be made to the CQC.

Step 5

Full records will be kept on a confidential basis.

Confidentiality/Record Keeping

Clear, confidential and comprehensive records relating to all events and decisions about safeguarding will be maintained.

Members of staff have a duty of confidentiality, and replaces have a right to expect that information given to a member of staff in a professional context will not be shared without their permission. Exceptions include the disclosure of a safeguarding referral (subject to following the guidance above).

Where there are safeguarding concerns staff have a duty to share information. It is important to remember that in most serious case reviews, lack of information sharing can be a significant contributor when things go wrong.

Information Sharing

Information should be shared with consent wherever possible. However, a person's right to confidentiality is not absolute and may be overridden where there is evidence that sharing information is necessary to support an investigation or where there is a risk to others e.g. in the interests of public safety, police investigation, etc.

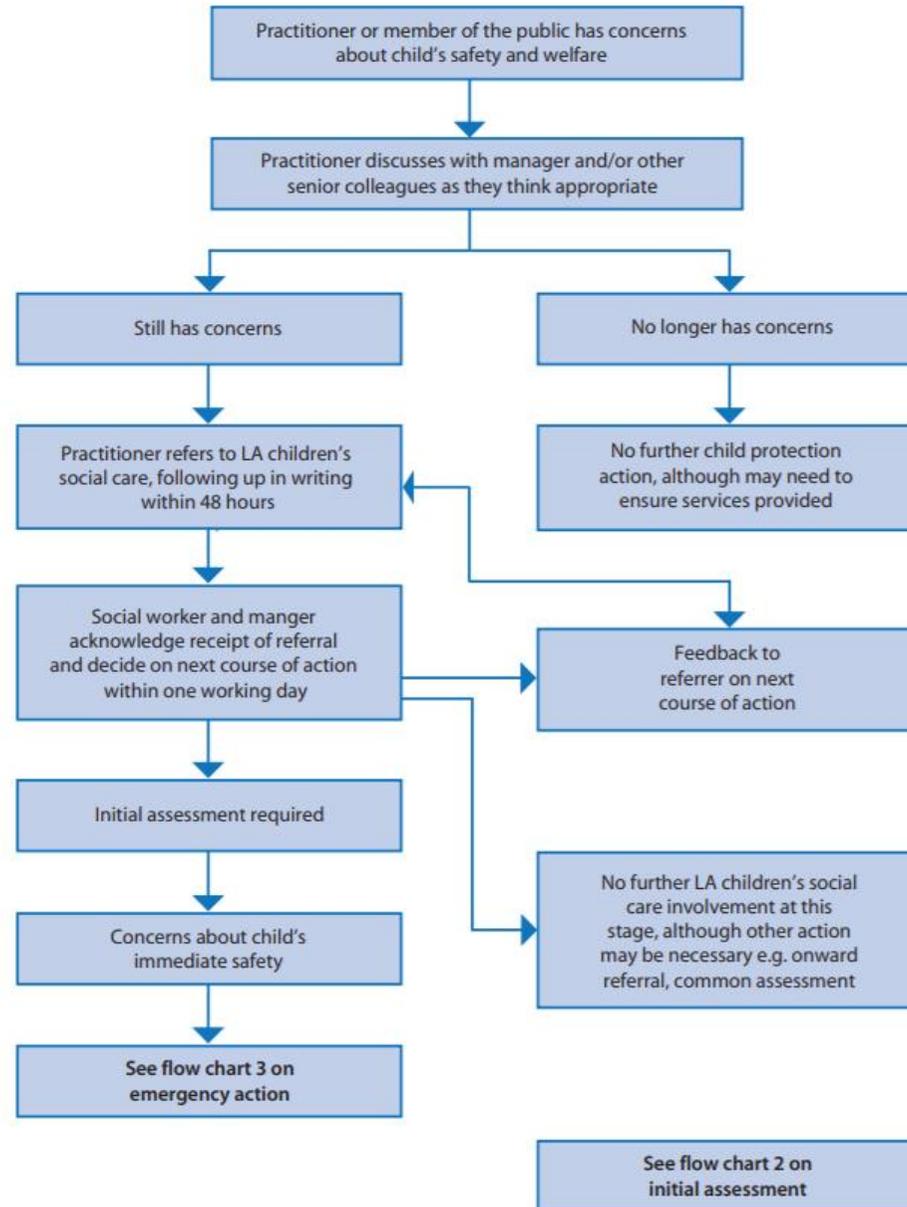
The following guidelines are therefore in place for our staff:

- a) Remember that the General Data Protection Regulation is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.
- b) Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
- c) Seek advice if you are in any doubt, without disclosing the identity of the person where possible.
- d) Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgment, that lack of consent can be overridden in the public interest. You will need to base your judgment on the facts of the case.
- e) Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions or the actions of the perpetrator.
- f) Sharing should be necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate, and up-to-date, is shared in a timely fashion, and is shared securely.
- g) Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

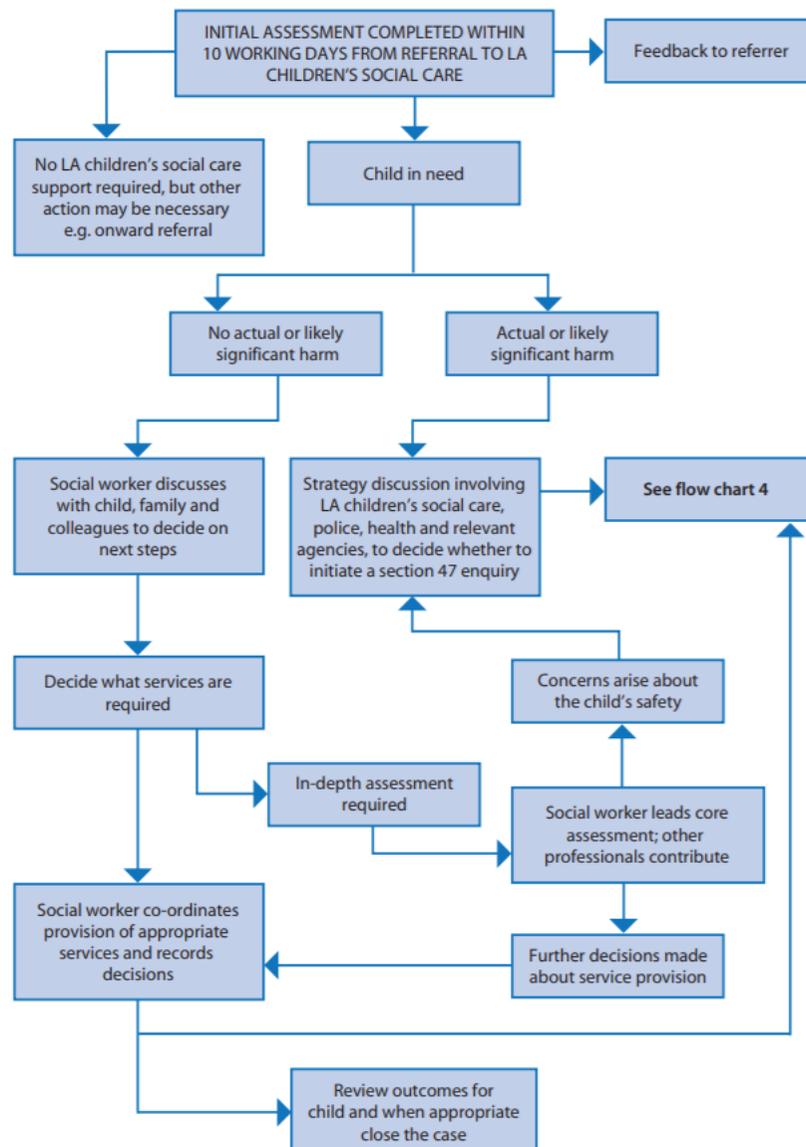
IN SUMMARY, any information disclosed should be:

- clear regarding the nature of the problem and purpose of sharing information
- based on fact, not assumption
- restricted to those with a legitimate need to know
- relevant to specific incidents
- strictly limited to the needs of the situation at that time
- recorded in writing with reasons stated.

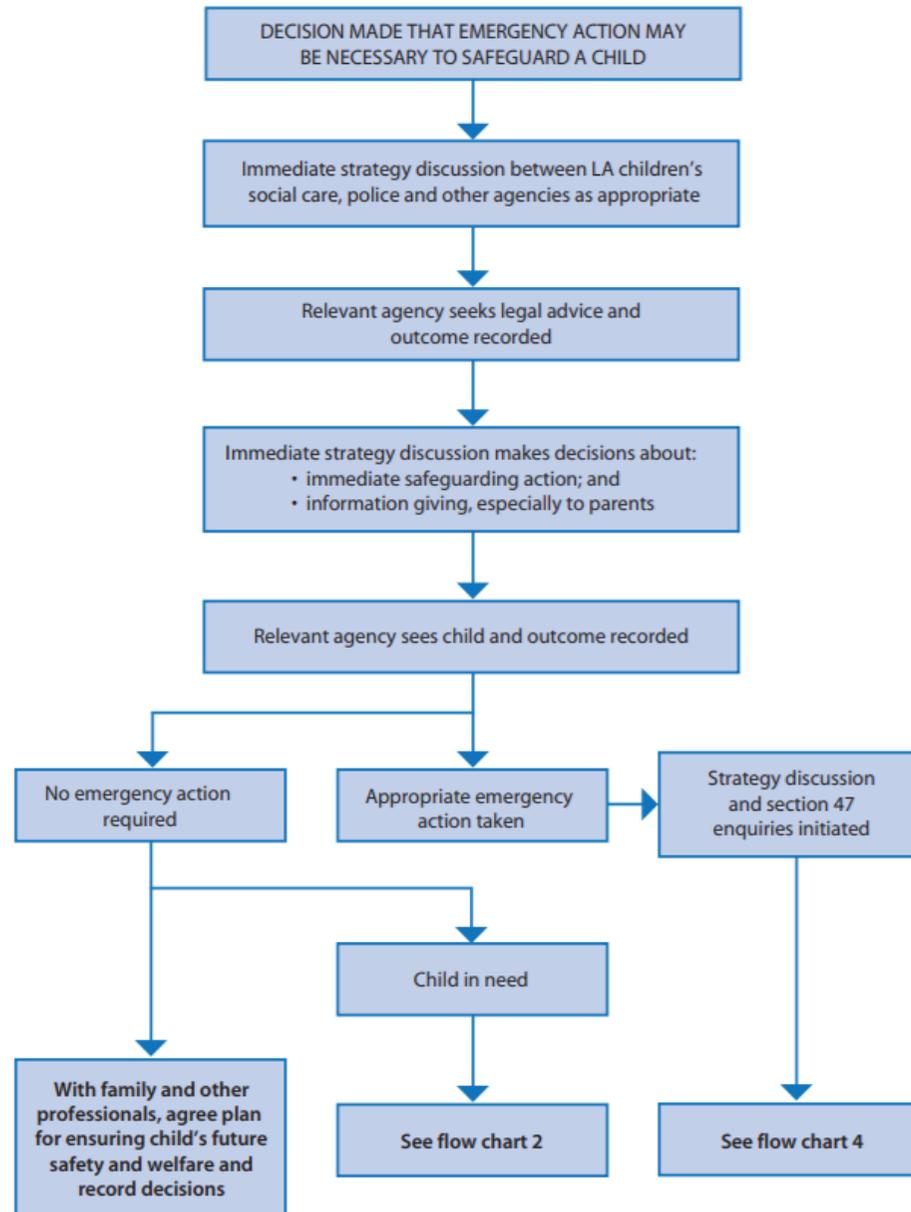
Flow chart 1: Referral



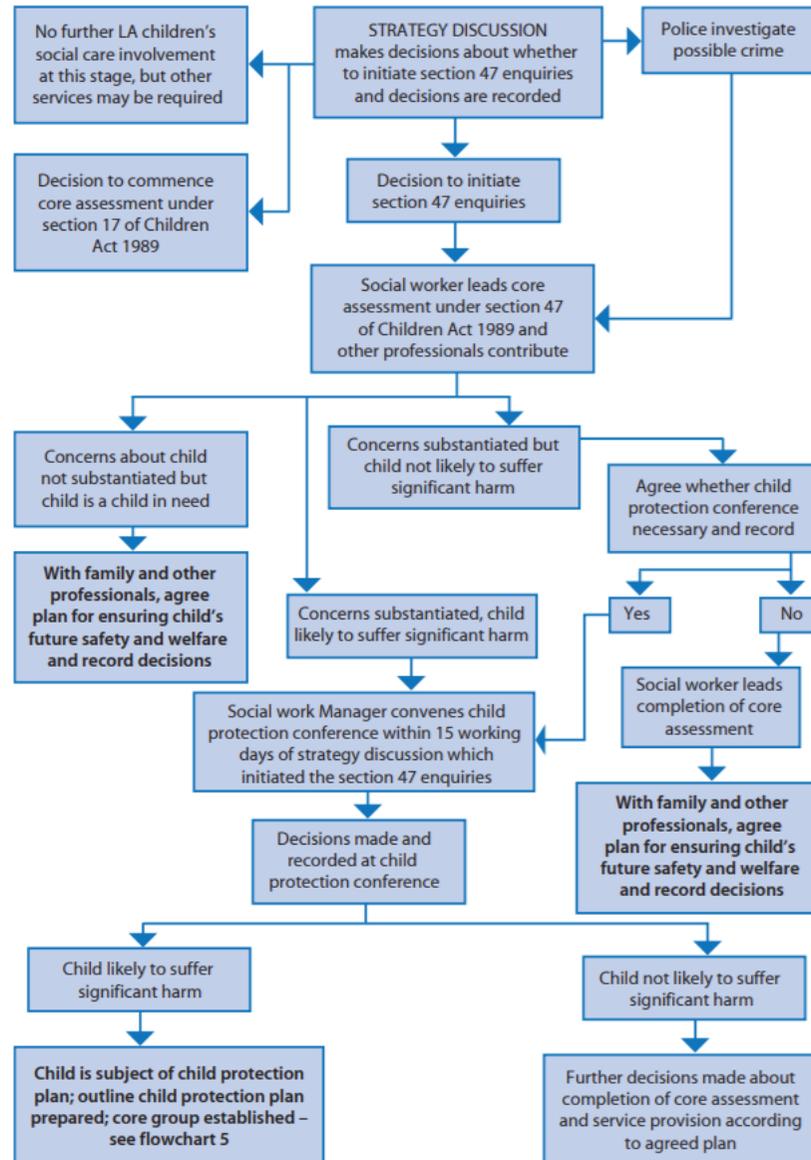
Flow chart 2: What happens following initial assessment?



Flow chart 3: Urgent action to safeguard children



Flow chart 4: What happens after the strategy discussion?



Flow chart 5: What happens after the child protection conference, including the review process?

