# Adult Safeguarding Policy

Doccla Management System

29 September, 2025

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| **Version issue date** | 27/06/2025 |
| **Anticipated review date** | 27/06/2027 |

1. https://doccla.atlassian.net/wiki/spaces/DMS/pages/831357009/Chief+Medical+Officer

# 1 1. Introduction

Safeguarding means protecting people's health, wellbeing and human rights; enabling them to live free from harm, abuse and neglect. It is about people and organisations working together to prevent and reduce both the risks and experience of abuse or neglect (Department of Health and Social Care, 2022).

Doccla is committed to upholding the rights of all people to live a life free from harm from abuse, exploitation and neglect. All staff have a responsibility to safeguard the people who come into contact with Doccla's services but extra care must be taken to protect those who are least able to protect themselves. This involves recognising people at risk as well as the signs of abuse, exploitation and neglect and knowing how to respond safeguarding concerns. This includes recognising and reporting harm experienced in any setting, including within Doccla's services, in the community and in the person’s own home.

The procedures outlined in this document will uphold the principles of safeguarding to ensure that any action taken is prompt, proportionate and that it includes and respects the voice of the adult concerned. It is intended to support national legislation and the requirements of the Care Quality Commission's (CQC) standard 13 on safeguarding services users from abuse and improper treatment.

# 2 2. Purpose

The aim of this Adult Safeguarding Policy and Procedures is to make all staff aware of their responsibilities to protect the rights of adults at risk, and how to take action to prevent them from experiencing neglect, harm or abuse.

To do this, the key objectives of this document are:

- Define the safeguarding principles and legislation that underpin Doccla's safeguarding procedures for the safeguarding of adults at risk;
- Ensure all staff understand their roles and responsibilities in connection with safeguarding adults at risk; and
- Provide step-by-step guidance on how to escalate and manage a safeguarding concern.

# 3 3. Scope

This policy applies to anyone employed by Doccla, hereafter referred to as 'staff', which includes contractors, honorary appointees, temporary or locum workers and trainees.

The procedures outlined within this document have been designed to protect 'adults at risk' (further defined below). If there is a concern about a person under the age of eighteen, staff must refer to Doccla's Safeguarding Children Policy and Procedures.

This document should be used alongside the following Doccla policies:

- Whistleblowing Policy[2]
- Recruitment and Selection Policy[3]
- Children Safeguarding Policy[4]
- Clinical Supervision Policy[5]

2. https://doccla.atlassian.net/wiki/spaces/DMS/pages/1031766044/Doccla+Employee+Handbook#🗣️-Whistleblowing-policy
3. https://doccla.atlassian.net/wiki/spaces/DMS/pages/1031766044/Doccla+Employee+Handbook#✍️-Recruitment-and-Selection-Policy
4. https://doccla.atlassian.net/wiki/spaces/DMS/pages/1001127980/Children+Safeguarding+Policy
5. https://doccla.atlassian.net/wiki/spaces/DMS/pages/1001095200/Clinical+Supervision+Policy

# 4 4. Policy Statement

Doccla believes that everyone has the right to live free from abuse and neglect regardless of their age, gender identity, disability, sexual orientation, ethnic origin and religion.

Doccla is committed to creating a culture of openness which values working collaboratively with others, respects diversity and promotes equality and the welfare of adults at risk.

Doccla is dedicated to raising awareness of the kinds of abuse that might occur and encouraging all staff to act against abuse.

Doccla operates a zero-tolerance policy concerning the abuse of adults at risk. Any adult at risk of abuse, exploitation or neglect must be able to access support, to enable them to live a life free from violence and abuse. Doccla will not tolerate any member of staff subjecting patients or carers to any type of abuse. This will be treated as gross misconduct.

In implementing the Adult Safeguarding Policy and Procedures, Doccla has the following objectives:

***Protection***

- To ensure that all patients deemed as adults at risk receive appropriate protection whilst under the care of Doccla.

***Reporting***

- To ensure that appropriate statutory safeguarding authorities are contacted promptly and with the necessary information as and when necessary.

***Support***

- To ensure that patients receive the appropriate support to maintain safety whilst a patient/ service user of Doccla and during any potential safeguarding investigation.

***Advocacy***

- To ensure adequate arrangements for advocacy for patients 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 adhered to at all times.
- To ensure appropriate areas are provided where discussions can take place regarding safeguarding issues or concerns, free from intrusion of visitors and other patients.
- To ensure that Doccla provides a confidential service to all patients, paying attention to Safeguarding Policy when required.

***Privacy and Dignity***

- To ensure that the privacy and dignity of patients involved in a Safeguarding process is maintained at all times 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 patient/service user privacy is respected in all interactions with staff.

***Individual and Cultural Diversity***

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

# 5 5. Definitions

## 5.1 5.1 Abuse

Abuse is mistreatment by any person that violates a person's human and civil rights. It may occur by either an act, or a failure to act, that results in an absence of respect for an individual's safety, privacy, dignity and cultural background.

Abuse of adults can be broadly defined under the following categories:

- Physical
- Psychological
- Sexual
- Neglect
- Self-neglect
- Financial
- Discriminatory
- Organisational
- Domestic abuse
- Modern Slavery

Staff must not limit their view of what constitutes abuse or neglect as they can take many forms and the circumstances of the individual case must always be considered. Further detail regarding these categories can be found below.

## 5.2 5.2 Adult at risk

In line with The Care Act 2014, Doccla defines an adult at risk as someone who:

- Has needs for care and support;

and

- Is experiencing, or is at risk of, abuse or neglect;

and

- As a result of those needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

## 5.3 5.3 Harm

Harm includes;

- Ill treatment (including sexual abuse, exploitation and forms of ill treatment which are not physical);
- The impairment of health (physical or mental) or development (physical intellectual, emotional, social or behavioural;
- Neglect; and
- Unlawful conduct which adversely affects property, rights or interests (for example financial abuse).

# 6 6. Roles and responsibilities

## 6.1 6.1 All staff

Safeguarding is everyone's business. All members of Doccla staff must;

- Read this policy and follow the procedures for escalating safeguarding concerns;
- Work in a way that promotes a safe and positive environment and contribute to an open, listening culture where people feel able to share concerns;
- Bring any concerns relating to abuse to the immediate attention of the clinical safety team and their line manager;
- Abide by their professional codes of conduct (if applicable); and
- Attend and stay up to date with mandatory safeguarding training.

All members of staff involved in the safeguarding process are encouraged to seek the advice and support of the Safeguarding Lead, as well as their line manager.

## 6.2 6.2 Human Resources (HR)

The HR team play an important role in safeguarding. Members of the HR team:

- Ensure that the recruitment process identifies candidates who may be unsuitable to work with vulnerable people by undertaking Disclosure and Barring Service (DBS) checks;
- Ensure that appropriate disciplinary investigation and procedures are in place to deal appropriately with any staff who act abusively towards a patient or other person;
- Inform the appropriate local and national bodies when staff are suspended or dismissed due to a safeguarding concern or allegation; and
- Ensure that there is a policy in place which supports staff to raise concerns and report poor practice.

## 6.3 6.3 CQC Registered Manager

The CQC registered manager is responsible for providing leadership and ensuring that safeguarding is integral to patient care. To do this, the CQC Registered Manager must:

- support a culture which priorities the prevention of harm and the wellbeing of service users and enables safeguarding issues to be identified and addressed quickly.
- oversee the implementation of this policy and procedures and monitoring and evaluating the effectiveness of its processes;
- ensure staff complete mandatory training and read and comply with this policy and procedures;
- facilitate training opportunities for individual staff groups and ensure that staff are trained appropriately for their role;

- support staff to escalate concerns to the Safeguarding Lead;
- facilitate access to support and supervision for staff working with vulnerable adults and families;
- provide an update on safeguarding issues at the clinical governance meeting;
- build effective relationships with key partners (including NHS clients and local authorities) to promote effective information sharing; and
- share and use learning from safeguarding cases to prevent similar harm occurring again;

Doccla's CQC Registered Manager is Chief Medical Officer[6] Greg Edwards[7]

## 6.4 6.4 Named professional

Named professionals have safeguarding expertise and play an important role in promoting good professional practice within Doccla. They support the safeguarding process by providing advice and expertise to other staff and making sure training opportunities are available. The Named Professional can be a nurse or doctor. They work closely with the Safeguarding Lead. As part of their role, the Named Nurse or Doctor will:

- Develop, implement and review safeguarding across Doccla, as well as Doccla's networks;
- Provide specialist professional safeguarding advice;
- Develop, implement and evaluate a safeguarding training programme for all staff group from induction to specific training courses;
- Help to coordinate and undertake Internal Management Reviews;
- Contribute to Safeguarding Adults Board's serious case review process and be an active member of multi-agency safeguarding groups;
- Facilitate safe and effective multi-professional communication and information sharing across a range of settings;
- Foster effective working relationships to promote inter-disciplinary and multi-agency working;
- Undertake regular safeguarding supervision and/or peer review and undertake reflective practice;
- Circulate written update briefings and literature, as appropriate, to all staff at least annually to include, for example, changes in legislation, changes in local policies and procedures, the risks associated with the internet and online social networking or lessons from serious case reviews; and
- Co-ordinate and contribute to implementation of action plans and the learning following reviews.
- Liaise with Care Quality Commission if there have been allegations of abuse

**Doccla's Named Doctor is** Chief Medical Officer[8]Greg Edwards[9]

**Doccla's Named Nurse is** Head of Clinical Services[10] @matthew parkes

6. https://doccla.atlassian.net/wiki/spaces/DMS/pages/831357009/Chief+Medical+Officer
7. https://doccla.atlassian.net/wiki/spaces/DMS/pages/834994240/Greg+Edwards
8. https://doccla.atlassian.net/wiki/spaces/DMS/pages/831357009/Chief+Medical+Officer
9. https://doccla.atlassian.net/wiki/spaces/DMS/pages/834994240/Greg+Edwards

## 6.5 6.5 Safeguarding Lead

The Safeguarding Lead is an experienced and trained member of the senior management team who is the point of contact for all safeguarding concerns. As part of this role, the Safeguarding Lead will:

- Act as a point of contact for staff in order to bring forward any concerns that they have, to document those concerns and to take any necessary action to address the concerns raised;
- Assess information received on safeguarding concerns promptly and carefully, clarifying or obtaining more information about the matter as appropriate;
- Provide expert advice and guidance in relation to the management of individual safeguarding concerns;
- Take the initiative in communicating externally about safeguarding issues, including making any statutory notifications to the relevant local Adult Safeguarding Authority and where required also the CQC;
- Responds to information requests from partner agencies, such as the local authorities and contribute to safeguarding investigations;
- Disseminate information in relation to safeguarding throughout the organisation;
- Ensure that the team reports safeguarding incidents correctly, including completion of any relevant documentation;
- Ensure that there are clear lines of accountability;
- Appoint a Freedom to Speak Up Guardian;
- Ensure that there are effective procedures in place for managing allegations of abuse against staff; and
- Draft serious case review documentation, incident reports and unexpected death documentation.

Note: It is not the responsibility of the Safeguarding Lead to decide whether a person has been abused or not - that is the responsibility of statutory agencies such as adult social care or the police.

Doccla's Safeguarding Lead is Chief Medical Officer[11] Greg Edwards[12]

## 6.6 6.6 Chief Executive Officer (CEO)

The ultimate responsibility for safeguarding within the organisation sits with Doccla's CEO. As the accountable officer, the CEO must ensure senior management is committed to safeguarding and ensure that the responsibility for safeguarding is delegated to an appropriate executive lead.

Docclas Chief Executive Officer[13] is Dag Larsson[14]

10. https://doccla.atlassian.net/wiki/pages/createpage.action?fromPageId=1000898591&linkCreation=true&spaceKey=DMS&title=Head+of+Clinical+Services
11. https://doccla.atlassian.net/wiki/spaces/DMS/pages/831357009/Chief+Medical+Officer
12. https://doccla.atlassian.net/wiki/spaces/DMS/pages/834994240/Greg+Edwards
13. https://doccla.atlassian.net/wiki/spaces/DMS/pages/831520800/Chief+Executive+Officer
14. https://doccla.atlassian.net/wiki/spaces/DMS/pages/835223576/Dag+Larsson

## 6.7 6.7 Safeguarding partners: local authorities

Doccla operates services across multiple health boards, therefore safeguarding concerns requiring escalation will be escalated to the local authority where the adult at risk is a resident. The Care Act 2014 states that local authorities must:

- Set up a Safeguarding Adults Board;
- Make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect and is unable to protect themselves. Section 42 Enquiry of the Care Act requires that an enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom.
- After a safeguarding referral is received, decide whether to initiate a safeguarding enquiry. The local authority may decide not to initiate a safeguarding enquiry if:
    - the adult at risk is not an adult who is covered by their procedures;
    - the situation does not involve abuse, neglect or exploitation; and
    - significant harm has not been caused; or
    - the adult at risk has the mental capacity to make an informed choice about their own safety and they choose to live in a situation in which there is risk or potential risk and there are no public interest concerns or other vital interest considerations.
- Arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR) where the adult has ‘substantial difficulty’ in being involved in the process and where there is no other suitable person to represent and support them;
- Co-operate with each of its relevant partners to protect the adult; and
- Coordinate local risk management processes.

# 7 7. Legislation and Key Principles

## 7.1 7.1 Legislative Framework

Doccla has a legal responsibility to safeguard adults at risk. This policy and procedure document has been developed using the following legislation, standards and guidance:

- Care Act (2014[15])
- Care and Support Statutory Guidance[16]
- CQC Regulation 13: Safeguarding service users from abuse and improper treatment[17]
- Mental Capacity Act (2005[18])
- Mental Capacity Act Code of Practice[19]
- Human Rights Act (1998[20])
- Health and Social Care Act (2008)[21]
- Equality Act (2010)[22]
- Counterterrorism and Security Act 2015[23]
- Prevent Competency Framework (2017)[24]

The legal responsibilities placed on Doccla to safeguard adults at risk are set out in the Care Act 2014 and the associated Care and Support Statutory Guidance. The Care Act sets out a clear legal framework for how local authorities along with partner agencies, such as Doccla, must protect adults at risk of abuse or neglect. In line with these obligations, Doccla will work in partnership with local authorities, as part of a wider inter-agency approach to ensure effective safeguarding across our local communities.

Safeguarding service users from abuse and improper treatment is one of the CQC's fundamental standards. To meet the requirements of Regulation 13 Doccla has a zero-tolerance approach to abuse, unlawful discrimination and restraint. This includes:

- Neglect;
- Subjecting people to degrading treatment;

15. https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted
16. https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance
17. https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-13-safeguarding-service-users-abuse-improper
18. https://www.legislation.gov.uk/ukpga/2005/9/contents
19. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/921428/Mental-capacity-act-code-of-practice.pdf
20. https://www.legislation.gov.uk/ukpga/1998/42/contents
21. https://www.legislation.gov.uk/ukpga/2008/14/contents
22. https://www.legislation.gov.uk/ukpga/2010/15/contents
23. https://www.legislation.gov.uk/ukpga/2015/6/contents/enacted
24. https://www.gov.uk/government/publications/nhs-prevent-training-and-competencies-framework/nhs-prevent-training-and-competencies-framework#training-needs-analysis

- Unnecessary or disproportionate restraint; and
- Deprivation of liberty.

The CQC states that abuse and improper treatment includes care or treatment that is degrading for people and care or treatment that significantly disregards their needs or that involves inappropriate recourse to restraint. For these purposes, 'restraint' includes the use or threat of force, and physical, chemical or mechanical methods of restricting liberty to overcome a person's resistance to the treatment in question.

## 7.2 7.2 Six safeguarding principles

The Care Act and the associated Care and Support Statutory Guidance define six key principles that should inform the way in which staff work with adults at risk. Table one presents the safeguarding principles from their publication 'Care and Support Statutory Guidance'.

| **Principle** | **Explanation** | **How people might experience this principle** |
|---|---|---|
| Empowerment | People being supported and encouraged to make their own decisions and informed consent. | “I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.” |
| Prevention | It is better to take action before harm occurs. | “I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.” |
| Proportionality | The least intrusive response appropriate to the risk presented | “I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.” |
| Protection | Support and representation for those in greatest need. | “I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.” |
| Partnership | Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. | “I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.” |

| | | |
|---|---|---|
| Accountability | Accountability and transparency in delivering safeguarding. | “I understand the role of everyone involved in my life and so do they.” |

*Table 1: Safeguarding Principles*

## 7.3 7.3 Making Safeguarding Personal

The Care Act endorses a “person-led” and “outcome-focused” approach as part of 'Making Safeguarding Personal'.

Making Safeguarding Personal involves working with the adult at risk to establish what being safe means to them and helping them, as far as possible, to achieve their preferred outcome. The objective of Making Safeguarding Personal is to ensure that the adult at risk experiences the safeguarding process as empowering and supportive.

Doccla is committed to person-centred care and in any safeguarding situation the wellbeing of an adult at risk must always be promoted, and their wishes taken into account. To do this, staff involved in the safeguarding process must discuss with the adult at risk, the best way to respond to their safeguarding situation. They must do this in a way that enhances their involvement, choice and control as well as improving quality of life, wellbeing and safety.

Staff must always assume that an adult has capacity to make their own decisions and must do everything possible to support them to do so. This is also a core principle of the Mental Capacity Act (2005). Where an adult is found to lack capacity to make a decision then any action taken, or any decision made on their behalf, must be made in their best interests.

In summary, staff involved in the safeguarding process must:

- Work with the adult at risk (and their advocates if they lack capacity) from the outset in order to identify the outcomes they want to achieve;
- Review, with the adult, the extent to which their preferred outcomes have been achieved; and
- Record and monitor the results in a way that can be used to inform practice.

## 7.4 7.4 Think Family

It’s important that Doccla staff recognise that neither adults or children exist in isolation. Think Family aims to promote the importance of a whole family approach.

A Think Family approach refers to the steps taken by staff to identify wider family needs which extend beyond the individual they are supporting. For example, staff must consider the welfare of children when undertaking assessment of adults who have caring responsibilities, this includes unborn children. Equally, staff working with children must consider the needs of the vulnerable adults.

The aim of taking a Think Family approach is to co-ordinate the response to families in order to:

- Identify families at risk of poor outcomes to provide support at the earliest opportunity;
- Develop services which can respond effectively to challenges experienced by families; and

- Strengthen the ability of family members to provide care and support to each other.

When undertaking a safeguarding assessment, staff must consider all relevant information regarding parents, children, siblings and carers. The family grouping functionality should also be used on electronic health systems where available.

# 8 8. Consent

## 8.1 8.1 Mental Capacity and Consent

**Note: Capacity must only be assessed by members of staff who are sufficiently trained (minimum Level 3 Safeguarding) and competent to do so. Therefore all concerns about an adult's mental capacity must be escalated to line management and the clinical team.**

Mental capacity must always be a consideration when dealing with adult safeguarding concerns. The Mental Capacity Act (2005) provides a legislative framework that protects individuals, aged 16 and over who may lack the mental capacity to make their own decisions about their care and treatment.

The Mental Capacity Act states that

*A person is not to be treated as unable to make a decision unless all practicable steps to help [them] do so have been taken without success*.

This means that an adult must be assumed to have the capacity to make decisions unless it is established otherwise.

Where there is evidence that an adult lacks the capacity to make a particular decision, then all decisions must be made in accordance with the best interest principles.

The act states that an assessment of a person's capacity must be based on their ability to make a specific decision at the time it needs to be made, and not their ability to make decisions in general. A person is considered unable to make a decision if they cannot do one or more of the following things:

- Understand the information given to them that is relevant to the decision;
- Retain that information long enough to be able to make the decision;
- Use or weigh up the information as part of the decision-making process;  and/or
- Communicate their decision – this could be by talking or using sign non-verbal communication methods and can include simple muscle movements such as blinking an eye or squeezing a hand.

If a person lacks capacity in any of these areas, then this represents a lack of capacity and the Safeguarding Lead must refer to the Mental Capacity Act Code of Practice for guidance. In summary, where a person is assessed as lacking capacity, and there is no person suitable to help make decisions such as family members or friends, or where there are concerns that these individuals may pose a risk to the adult concerned, then an independent mental capacity advocate (IMCA) should be appointed to represent the interests of the adult at risk. Contact details of the IMCA services for each local authority are available from the link below: https://www.scie.org.uk/mca/imca/find%20

## 8.2 8.2 Overriding the wishes of an adult at risk

The top priority in any safeguarding situation is to ensure the safety and wellbeing of the adult at risk. It is also a key principle of the Care Act 2014 that people must be in control of their own care and can refuse any supportive interventions. However, in practice, there may be occasions when it might be

necessary to override the expressed wishes of the adult at risk to preserve their safety or the safety of other vulnerable people involved.

There are many reasons why an adult may not give their consent to the sharing of safeguarding information. For example, they may:

- Be unduly influenced, coerced or intimidated by another person;
- Frightened of reprisals;
- Fear losing control;
- Not trust social services or other partners; or
- Fear that their relationship with the abuser will be damaged.

These situations should be managed by the Safeguarding Lead or someone else suitably experienced in managing these safeguarding situations. If appropriate, they should support the adult by exploring the reason(s) for their objection and reassuring them of how and why the information will be shared.

The Safeguarding Lead should decide whether it is necessary to take action without consent and whether doing so is proportionate. They must balance the adult's wishes alongside the wider implications, such as whether a criminal offence may have taken place, the level of risk, and the risk of harm to others including any children.

- If the decision is to take action without the adult's consent, then unless it is unsafe to do so, the adult should be informed that this is being done and of the reasons why.
- If the decision is not to share safeguarding information with other safeguarding partners or not to intervene, the Safeguarding Lead must ensure that the adult is aware of all the options and support them to weigh up the risks and benefits of different options. They should also offer to arrange an advocate or peer supporter and record the reasons for not intervening or sharing information.

# 9 9. Information sharing and confidentiality

Responsible information sharing plays a key role in effective safeguarding, and in extreme cases it can save lives. The Care Act 2014 emphasises the need to share information about safeguarding concerns at an early stage and meeting these obligations requires lawful information sharing.

The General Data Protection Regulation (GDPR) and Data Protection Act 2018 govern what, and how, information can be shared and in what circumstances. This legislation requires all organisations handling personal data to have comprehensive and proportionate arrangements for collecting, storing, and sharing information. **Importantly, the GDPR and Data Protection Act 2018 do not prevent, or limit, the sharing of information for the purposes of safeguarding adults at risk.**

Under the GDPR and Data Protection Act 2018 staff may share information without consent if, in their judgement, there is a lawful basis to do so, such as where safety may be at risk.

It is Doccla's policy to always try to gain the consent of the adult at risk before sharing any information relating to safeguarding. If consent is refused, staff must apply the Public Interest Test. The Public Interest Test refers to the process of deciding whether to share confidential information without consent. It requires consideration of the competing public interests (for example, the public interest in protecting people at risk of abuse, promoting their welfare or preventing crime) and to balance the risks of not sharing against the risk of sharing.

Where there is doubt about deciding whether the public interest justifies disclosing confidential information without consent, Doccla staff must seek advice from a line manager, Caldicott Guardian, CQC Registered Manager and/or Safeguarding Lead. If it is necessary to share confidential information without consent, this must be explained to the adult at risk unless to do so would put them at further risk of harm.

When an adult at risk discloses that abuse is happening, absolute assurances about confidentiality cannot be given, even if the adult has capacity to make informed decisions.

# 10 10. Prevent

Prevent is part of the Government's counter-terrorism strategy, CONTEST. It is about stopping people from being radicalised and becoming terrorists or supporting terrorism.

The aim of Prevent is to:

- Tackle the causes of radicalisation
- Respond to the challenges that terrorist ideology may present
- Safeguard and support those most at risk of radicalisation through early intervention
- Support those who have already engaged in terrorism to disengage and rehabilitate

Effective safeguarding processes are fundamental to providing early intervention to protect and divert people away from being drawn into terrorist activity.

Safeguarding adults at risk of radicalisation is no different from safeguarding from other forms of harm. If there are signs that someone has been, or is being, drawn into terrorism then a safeguarding referral must be made to the person's local authority. Any subsequent decision regarding whether to make a referral to the Channel (de-radicalising) programme will be made in conjunction with local police.

A concern that an individual may be vulnerable to radicalisation does not necessarily mean that they are thought to be a terrorist; this simply means that there are concerns that they may be being exploited by others. Staff who have such concerns must report these concerns to the clinical safety team and their line manager, as per the procedure defined below.

# 11 11. Training

All Doccla staff will receive mandatory safeguarding training as part of induction and thereafter every three years.

The level of training will depend on each staff member's role (Appendix A).

- All staff will be appropriately trained in Safeguarding Level 1;
- Non-clinical staff who regularly work with patients, families, carers or the public will be appropriately trained in Safeguarding Level 2;
- Clinical staff will be appropriately trained in Safeguarding Level 3; and
- The CQC Registered Manager and Safeguarding Lead will complete Level 4 training.

Training will address the core competencies and learning outcomes set out in the Intercollegiate Guidance 'Adult Safeguarding: Roles and Competencies for Health Care Staff'.[25] and will be delivered via the Skills for Health eLearning platform.

In addition to mandatory eLearning, Doccla will maximise flexible learning opportunities to acquire and maintain safeguarding knowledge and skills. This might include drawing upon lessons from case studies and critical incident reviews, accredited programmes, practice-based learning exercises and professional development opportunities. Importantly, Doccla staff in patient facing roles will attend face-to-face training to learn about the company's processes for escalating concerns and their role in the safeguarding process and clinical staff will also take part in monthly safeguarding supervision.

It is the responsibility of individual staff members and their line managers to ensure that training is accessed and updated in line with their personal development plans.

Adult safeguarding competences will be reviewed annually as part of staff appraisal in conjunction with individual learning and development plans. Training certificates will be stored in the employee's training records.

## 11.1 11.1 Prevent Training

All staff will receive Prevent training. The level of training and training competencies for each role is determined by the Prevent Competency Framework (2017)[26]:

- All staff working in the healthcare setting will receive a minimum of level 1 Prevent training.
- Staff who have regular contact with patients, families and members of the public will receive level 3 Prevent training.

25. https://www.rcn.org.uk/Professional-Development/publications/rcn-adult-safeguarding-roles-and-competencies-for-health-care-staff-011-256
26. https://www.gov.uk/government/publications/nhs-prevent-training-and-competencies-framework/nhs-prevent-training-and-competencies-framework#level-1-training-and-competencies

## 11.2 11.2 Safeguarding Supervision

Supervision is a critical part of the learning process. It is a formal way of supporting, assuring and developing the knowledge, skills and values of an individual, group or team.

During safeguarding supervision, members of staff come together to reflect on their work by pooling their skills, experience and knowledge. It is a safe contained environment where staff have the time to think and take responsibility for their practice. It can be in the form of a one-to-one meeting or a group discussion and it can be planned or responsive.

The aim of safeguarding supervision is to promote positive outcomes for children, young people and adults at risk by:

- Providing an opportunity for staff to reflect and discuss their practice and issues that impact on their practice;
- Helping staff reduce the negative impact of human factors (such as biases and assumptions) on their performance through the recognition of their own personal triggers;
- Promoting a person-centred approach and the principles of Making Safeguarding Personal;
- Helping staff to identify gaps in the knowledge and skills needed for effective safeguarding practice; and
- Helping staff to build effective working relationships.

Safeguarding supervision is a requirement for all clinical staff. All clinicians are expected to access safeguarding supervision every 4 to 6 weeks. More information on Doccla's safeguarding supervision arrangements are outlined in Doccla's Clinical Supervision Policy[27].

27. https://doccla.atlassian.net/wiki/spaces/DMS/pages/1001095200/Clinical+Supervision+Policy

# 12 **Procedure Section**

# 13 12. Recognising Different Types of Abuse

As defined above, abuse is mistreatment by any person or persons that violates a person's human and civil rights. Doccla expects all staff to know how to recognise and report their concerns.

It is important to remember that there are different types of abuse. Abuse can be a one-off act or multiple acts that affect more than one person, and several types of abuse may be happening simultaneously.

Patterns of abuse vary and can include:

- **Serial abuse**, in which the perpetrator 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 on-going family relationship such as domestic violence between spouses or other closely connected people, or persistent psychological abuse;
- **Opportunistic abuse** such as theft, occurring because money or jewellery has been left lying around.

## 13.1 12.1 Categories of Abuse

The Care Act 2014 and associated Care and Support Statutory Guidance describes ten categories of adult abuse. Table 2 summarises the different types of abuse and potential signs that might indicate that abuse. This is not an exhaustive list but an illustrative guide to the sort of behaviour which could give rise to a safeguarding concern.

**The presence of one or more does not confirm abuse.** However, a cluster of several indicators may indicate a potential for abuse and hence the need for further assessment. The indicators have been roughly grouped by the type of abuse, for ease of reference. However, an abusive situation will usually involve indicators from several groups in combination.

| Type of abuse | Examples | Potential indicators of abuse |
|---|---|---|

| | | |
|---|---|---|
| Physical abuse | • Assault<br>• Hitting<br>• Slapping<br>• Pushing<br>• Misuse of medication<br>• Restraint<br>• Inappropriate physical sanctions | • Unexplained bruises and/or fractures, especially when there are multiple at various stages of healing<br>• Bruises that reflect the shape of an object<br>• Unexplained burns, especially on soles, palms and back, immersion burns, rope burns and electric appliance burns<br>• Unexplained lacerations or abrasions to mouth, lips, gums, eyes and external genitalia<br>• Any injury not fully explained by the history given<br>• Self-inflicted injury<br>• Malnutrition, rapid or continuous weight loss. No evidence of food, dehydration and/or complaints of hunger<br>• Poor personal hygiene and oral care<br>• Inadequate or inappropriate clothing that may be wet or dirty<br>• History of GP or agency hopping, a reluctance to seek help or inconsistent contact with health or social agencies<br>• Untreated or delay in seeking treatment for medical problem or falls resulting in injury and signs of medication misuse (over or under-medication)<br>• Accounts which vary with time or are inconsistent with physical evidence and/or incomplete or inconsistent records of care<br>• Ulcers and bed sores<br>• Accommodation with dirty, broken or inadequate furnishings<br>• Accommodation with inadequate heating and lighting<br>• Hypothermia |
| Neglect and acts of omission | • Ignoring medical, emotional or physical care needs<br>• Failure to provide access to appropriate health, care and support or educational services<br>• The withholding of necessities, such as medication, adequate nutrition and heating | |

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|---|---|---|
| Domestic Violence | Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:<br>• psychological<br>• physical<br>• sexual<br>• financial<br>• emotional abuse<br>• so called 'honour' based violence<br>Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence and regulating their everyday behaviour.<br>Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. This definition includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group. | |

| | | |
|---|---|---|
| Sexual abuse | • Rape<br>• Indecent exposure<br>• Sexual harassment<br>• Inappropriate looking or touching<br>• Sexual teasing or innuendo<br>• Sexual photography<br>• Subjection to pornography or witnessing sexual acts<br>• Sexual acts to which the adult has not consented or was pressured into consenting | • Full or partial disclosure or hints of sexual abuse<br>• Urinary / faecal incontinence<br>• Poor concentration<br>• Unusual difficulty in walking or sitting<br>• Torn, stained or bloody underclothing<br>• Pain or itching, bruises or bleeding in genital area, arms and upper thighs<br>• Sexually transmitted disease / urinary tract or vaginal infections<br>• Love bites<br>• Significant change in sexual behaviour or outlook<br>• Pregnancy in a person who is not able to consent |
| Psychological abuse | • Emotional abuse<br>• Threats of harm or abandonment<br>• Deprivation of contact<br>• Humiliation<br>• Blaming<br>• Controlling<br>• Intimidation<br>• Coercion<br>• Harassment<br>• Verbal abuse<br>• Cyber bullying<br>• Isolation<br>• Unreasonable and unjustified withdrawal of services or supportive networks | • Ambivalence<br>• Deference<br>• Passivity<br>• Resignation<br>• Fearfulness expressed in the eyes, avoids looking at caregiver<br>• Emotional withdrawal<br>• Sleep disturbance<br>• Low self esteem<br>• Unexplained fear or defensiveness<br>• Isolation<br>• Withdrawn, agitated, anxious not wanting to be touched and possibly flinching on approach<br>• Change in appetite<br>• Insomnia, or need for excessive sleep<br>• Tearfulness<br>• Unexplained paranoia, or excessive fears<br>• Confusion |

| | | |
|---|---|---|
| Financial abuse | • Theft<br>• Fraud<br>• Internet scamming<br>• Coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions<br>• The misuse or misappropriation of property, possessions or benefits | • Change in living conditions<br>• Lack of heating, clothing or food<br>• Unexplained or sudden inability to pay bills inability to pay bills or unexplained shortage of money<br>• Unexplained withdrawals from an account<br>• Unexplained loss/ misplacement of financial documents<br>• The recent addition of authorised signers on a client or donor's signature card<br>• Sudden or unexpected changes in a will or other financial documents<br>• Unexplained or sudden withdrawal of money from accounts<br>• Disparity between assets and satisfactory living conditions<br>• Extraordinary interest by family members and other people in the adult at risk's assets |

| | | |
|---|---|---|
| Modern Slavery | Modern slavery is a serious and brutal crime in which people are treated as commodities and exploited for criminal gain.<br>It encompasses:<br>• slavery;<br>• human trafficking;<br>• forced labour and domestic servitude;<br>• sexual exploitation; and<br>• 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.<br>Modern slavery victims can often face more than one type of abuse and slavery. | • Being accompanied by someone who appears controlling, who insists on giving information and coming to appointments<br>• Being withdrawn or submissive and afraid to speak to a person in authority and the accompanying person speaks for them<br>• Gives vague and inconsistent explanation of where they live, their employment or schooling<br>• Has old or serious injuries left untreated<br>• Either gives vague information or is reluctant to explain how the injury occurred or to give a medical history<br>• Is not registered with a GP, nursery or school<br>• Has experienced being moved locally, regionally, nationally or internationally<br>• Appears to be moving location frequently<br>• Appearance suggests general physical neglect<br>• Struggles to speak English<br>• Have no official means of identification or suspicious looking documents<br>For more information on modern slavery refer to the Department for Health guidance: Identifying and supporting victims of modern slavery: guidance for health staff[28] |

28. https://www.gov.uk/government/publications/identifying-and-supporting-victims-of-human-trafficking-guidance-for-health-staff/identifying-and-supporting-victims-of-modern-slavery-guidance-for-health-staff

| | | |
|---|---|---|
| Discriminatory abuse | • Harassment<br>• Slurs or similar treatment because of:<br>  • race;<br>  • gender and gender identity;<br>  • age;<br>  • disability;<br>  • sexual orientation; or<br>  • religion | • Coercion<br>• Causing distress to a person by locking in at home, in a car etc.<br>• No visitors, phone calls or mail allowed<br>• Inappropriate clothing<br>• Sensory deprivation, for example not being allowed to have hearing aids, glasses, etc<br>• Ignoring the person's customary preferences in clothes, hairstyles, cosmetics etc<br>• Ignoring the person's ethnic or cultural needs<br>• Depriving an individual of ambulatory or cosmetic prostheses<br>• Restricted access to personal hygiene and toilet<br>• Lack of respect for the dependant person as an individual<br>• Use of furniture and other equipment to restrict movement<br>• Not providing food consistent with a person's cultural beliefs<br>• Use of derogatory names or teasing about differences<br>• Lack of appropriate social contacts<br>• Not allowing attendance or observance of at religious festivals<br>• Lack of respect shown to an individual<br>• Signs of substandard service offered to an individual<br>• Exclusion from rights afforded to others, such as health, education, criminal justice |

| | | |
|---|---|---|
| Organisational abuse | Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation. | • An unsafe, unhygienic or overcrowded environment<br>• A strict or inflexible routine<br>• Lack of privacy, dignity, and respect for people as individuals<br>• Withdrawing people from community or family contacts<br>• No choice offered with food, drink, dress or activities<br>• No respect or provisions for religion, belief, or cultural backgrounds.<br>• Treating adults like children, including arbitrary decision-making |
| Self neglect | • Lack of self-care to an extent that it threatens personal health and safety<br>• Neglecting to care for one's personal hygiene, health or surroundings<br>• Inability to avoid harm as a result of self-neglect<br>• Failure to seek help or access services to meet health and social care needs<br>• Inability or unwillingness to manage one's personal affairs<br>A decision on whether a response is required under safeguarding will depend on the adult'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. | • Dehydration<br>• Malnutrition<br>• Untreated or improperly attended medical conditions and poor personal hygiene<br>• Hazardous or unsafe living conditions (poor wiring, plumbing, heating etc)<br>• Unsanitary or unclean living quarters (for example, animal or insect infestation, no toilet, faecal or urine evidence)<br>• Inappropriate or inadequate clothing<br>• Lack of medical aids (such as walking aids, glasses etc)<br>• Eccentric behaviours and lifestyle |

*Table 2: Categories of abuse*

## 13.2 12.2 Other Social Indicators

Some additional social indicators of abuse include:

- Physical and mental dependence on a key member of the family;
- Poor communication or a breakdown in communication;

- Considerable change in carers lifestyle, (e.g. unemployment, illness);
- Negative perception of a carer towards dependence of vulnerable person;
- Frequent visits to GP or Accident and Emergency Department;
- Role reversal – introduction of intimate care;
- Provocative behaviour (e.g., wetting, spitting, shouting, exposure);
- Apathy of carer/dependant;
- Deteriorating health of carer/dependant;

## 13.3 12.3 Forced Marriage

Forced marriage is where one or both people do not or cannot consent to the marriage and pressure or abuse is used.

Forced marriage is different to an arranged marriage. 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 Right to Choose guidelines[29] issued by the Forced Marriage Unit.

## 13.4 12.4 Honour Based Violence/Killing

Honour violence/killing is the injury/murder of a person accused of bringing shame upon their family. Victims have been killed for refusing to enter a marriage, committing adultery or being in a relationship that displeased their relatives. In many instances, the crimes are committed by family members.

## 13.5 12.5 Female Genital Mutilation

Female Genital Mutilation (FGM), also known as female circumcision or female genital cutting, is defined by the World Health Organisation (WHO) as “all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons”. The practice has no health benefits for girls and women. FGM is mostly carried out on young girls below the age of 15.

FGM causes significant harm and constitutes physical and emotional abuse. FGM is a violation of a person’s right to life, their bodily integrity as well as their right to health. It is associated with complications in childbirth and an increased risk of newborn deaths. FGM was made illegal in the UK by the Prohibition of Female Circumcision Act (1985). The FGM Act (2003) extended the prohibition by making it also illegal to take a child abroad to undergo FGM. A child for whom FGM is planned is at risk of ‘significant harm’.

29. https://www.gov.uk/government/publications/the-right-to-choose-government-guidance-on-forced-marriage

## 13.6 12.6 Advice for Healthcare Professionals

Since October 2015, all regulated professionals including doctors and nurses have a mandatory duty to report known cases of FGM in under 18 year olds to the police by dialling 111. This action would not breach patient confidentiality but it is good practice to inform the individual of your duties to report to the police.

A child may be at risk if it is known that older girls or adults in the family (including a mother) have been subjected to the procedure. It is a mandatory duty for a regulated healthcare professional to report any concerns they have about a female under 18 years and record when FGM is disclosed or identified as part of healthcare. The duty is a personal duty which requires the individual professional who becomes aware of the case to make a report; the responsibility cannot be transferred. There is a mandatory requirement for health care professionals to submit their FGM data for both children and adults via the Health & Social Care Information Centre. If staff believe that a victim or potential victim of FGM is in immediate danger, they must always dial 999.

## 13.7 12.7 Hate Crime

Some issues of adult abuse must also be considered in the context of hate crime legislation. The term 'hate crime' can be used to describe a range of criminal behaviour where the perpetrator is motivated by hostility or demonstrates hostility towards the victim's disability, race, religion, sexual orientation or transgender identity. These aspects of a person's identity are known as 'protected characteristics'.

A hate crime can include verbal abuse, intimidation, threats, harassment, assault and bullying, as well as damage to property. The perpetrator can also be a friend, carer or acquaintance who exploits their relationship with the victim for financial gain or some other criminal purpose.

# 14 13. Risk Factors for Abuse

Doccla staff must recognise that certain circumstances may put an adult at greater risk of experiencing harm from abuse. Some factors which may place people at particular risk of being abused include:

- Increased dependency of the adult, leading to a high degree of care being required, for example immobility, incontinence, assistance with personal tasks;
- Increased family stress leading to a breakdown in communication;
- A history of poor family relationships;
- A living in the same household as a known abuser, a person with a history of violent or aggressive behaviour, alcoholism, drug misuse or sexual offending;
- Living in the same household as a person with a recent, severe, frequent or previous pattern of self-harm or violence related to mental health problems;
- Having a learning disability;
- Having a physical disability;
- Increased emotional dependence or isolation;
- Increased social isolation;
- Financial problems; or
- Considerable change in a carer's lifestyle, e.g., unemployment.

## 14.1 13.1 Staying Vigilant to Signs of Abuse

Anyone can witness, or become aware of information that indicates, abuse and neglect could be occurring. This might be through:

- A disclosure, allegation or complaint by a patient about their care or treatment by paid carers, professionals, family members, friends, strangers or other individuals;
- A disclosure, allegation or complaint raised by a third party;
- An observation relating to a person’s professional practice or behaviour towards an adult at risk;
- An observation of changes in behaviour or the wellbeing of an adult at risk; or
- A build-up of concerns over a period of time.

# 15 14. Reporting Concerns or Allegations of Adult Abuse

All Doccla staff are expected to be vigilant to all signs of abuse or neglect, as described above. If staff witness or suspect the possible abuse of an adult at risk, immediate action must be taken to safeguard the adult and report the abuse.

**To ensure the safety of the adult, it is essential that information about the allegation is not shared with the person alleged to have committed the abuse.**

The flowchart below illustrates the process for escalating concerns that must be followed by the first person who witnesses or suspects abuse (figure 1). It mirrors the process for escalating clinical safety and health concerns and is intended to be used as a tool by staff in patient facing roles who are likely to be the first to identify safeguarding situations.

The steps below describe the process for reporting a concern or allegation.

## 15.1 Step 1: Make the situation safe.

Staff must contact the emergency services immediately, by calling 999, if the adult at risk or someone accompanying them appears to be in immediate physical danger.

When abuse is first identified, the first action should be to make the situation safe. Members of staff must do what they can, within their job description and level of confidence, to re-establish a safe care environment.

The course of action will depend on the situation. For example, experienced members of the clinical team might advise a patient to take their prescribed medication, whereas members of the customer services team might advise a carer to call an ambulance. If staff do not feel they are able to confidently take action to make the situation safe, they must skip to step 3 and escalate the situation immediately.

> If there doesn't appear to be any immediate physical danger, staff should proceed to step 2.

## 15.2 Step 2: Escalate the concern without delay.

### 15.2.1 Advice for non-clinical members of staff

Non-clinical members of staff must escalate their concern to the clinical team immediately.

Between 8am and 9pm, staff can contact the Clinical Shift Lead by sending a message to the CS-Clinical Slack channel. The CS-Clinical Slack channel is monitored by the clinicians on the clinical monitoring rota. However, if no response is received from the clinicians on shift within 5 minutes, staff must call:

- Senior Clinician On-Call
- Chief Medical Officer[30] & CQC Registered Manager - Greg Edwards[31] on 07971794066

### 15.2.2 Advice for clinicians

Members of the clinical team who have a safeguarding concern, or are made aware of a safeguarding concern by another member of staff, must take action to protect the adult at risk. Clinicians must also decide whether the concern needs to be urgently escalated to the Safeguarding Lead.

> If the concern does not need to be escalated further then a record of the concern and this decision must be recorded in the incident log. The requirements for record keeping are provided in more detail below.

> If a criminal offence has been committed this must be reported to the police by calling 101 (described in more detail below) and then proceed to step 3.

Clinicians should refer to the Doccla Clinician Manual for details of how to further escalate safeguarding concerns across our different clients/Trusts/regions.

## 15.3 Step 3: Document

Staff must document their concern in the patient's record in Zendesk or equivalent electronic health record (if applicable). All notes should contain the following information:

- Who is involved (patients/carers/staff etc);
- A description of the concern or allegation;
- What was done to make the situation safe; and
- Who was the concern/incident escalated to.

## 15.4 Step 4: Report to line management (if not already aware)

Staff must inform their line manager and shift lead within 2 hours of becoming aware of the safeguarding issue.

## 15.5 Step 5: Complete an online incident report through Radar

Staff must complete and submit an online incident report through Radar Healthcare, which is Doccla's incident reporting system before the end of their shift. The link to online reporting system is here: Report Incident[32]

The report can be completed by the staff member who first witnessed/suspected the abuse or the clinician who the concern was escalated to. The reporter must give as much detail as possible.

Staff can contact the clinicalsafety@doccla.com[33] for assistance to complete the form.

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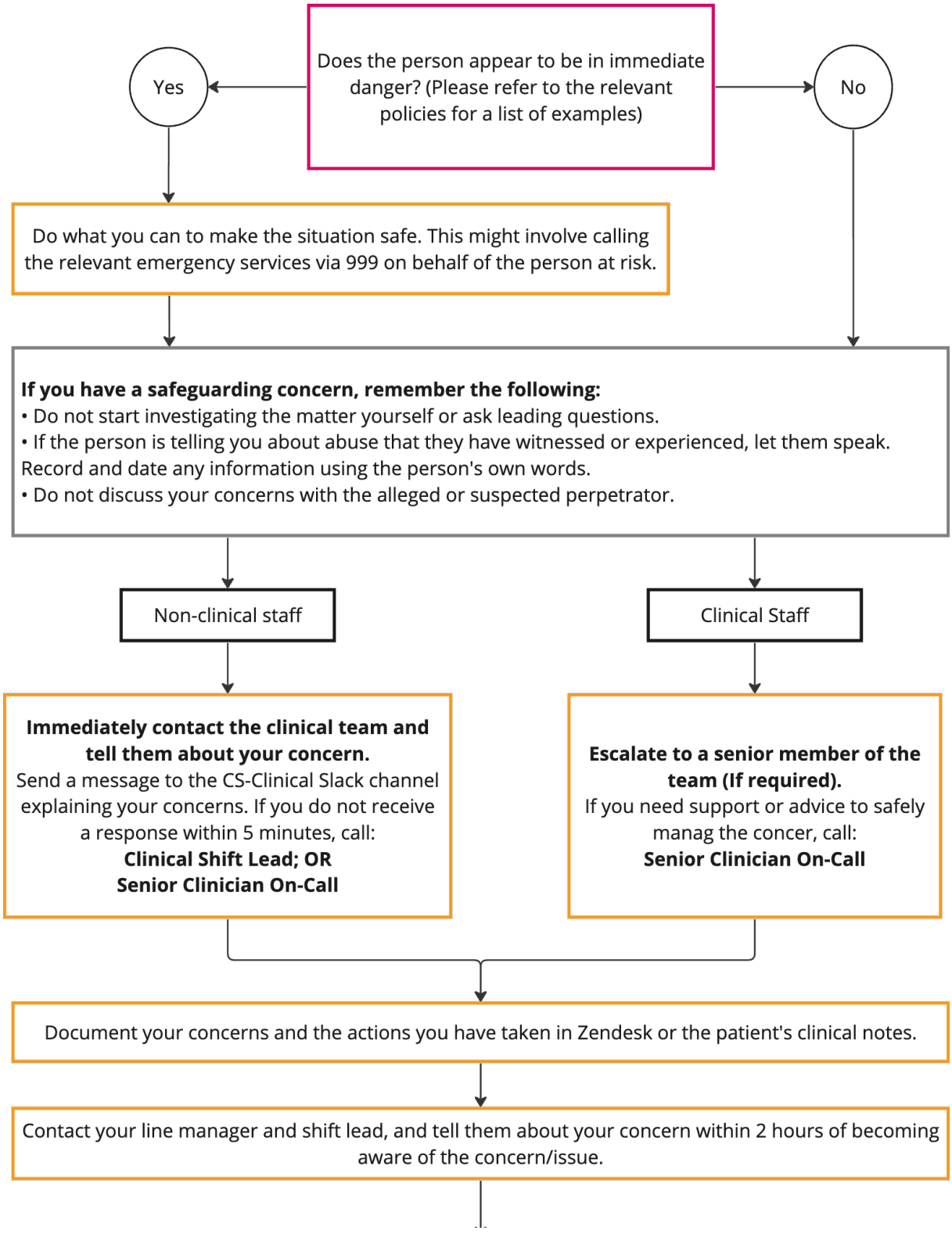
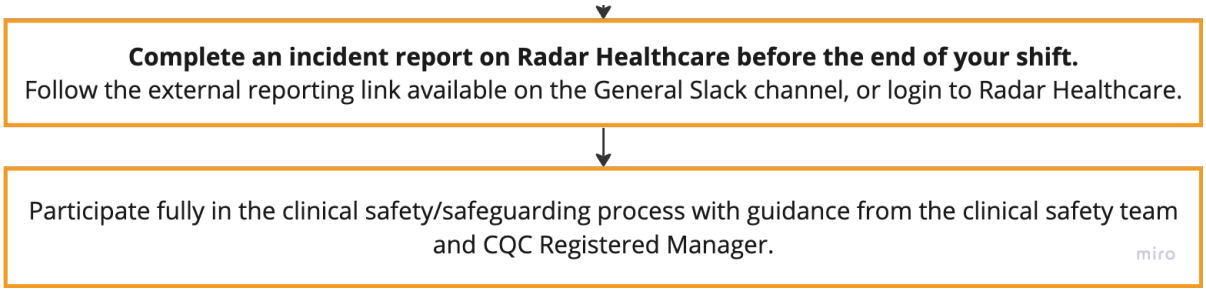
30. https://doccla.atlassian.net/wiki/spaces/DMS/pages/831357009/Chief+Medical+Officer
31. https://doccla.atlassian.net/wiki/spaces/DMS/pages/834994240/Greg+Edwards
32. https://live.radarhealthcare.net/incident/27/external-form/DUL/-SFpuUbn3Zj__rb0_doccla-incident-reporting-form/402
33. mailto:clinicalsafety@doccla.com

## What to do if you have a concern about a person's health or safety






1 Figure 1: Escalation flowchart

## 15.6 14.1 Sharing information

As explained in the above, the GDPR and the Data Protection Act are not a barrier to sharing information but provide a framework to ensure that personal information is shared appropriately.

If it is necessary to share information, staff must 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.

If a member of staff is in doubt about whether to share information, they should seek advice from their line manager, CQC Registered Manager or Safeguarding Lead without disclosing the identity of the person where possible.

Sharing should be necessary, proportionate, relevant, accurate, timely and secure. This means that staff must ensure that the information is necessary for the purpose for which it is being shared, 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. If information is shared, then staff must record what was shared, with whom and for what purpose.

# 16 15. Managing concerns or allegations of adult abuse

Once the concern or allegation has been escalated, there are several actions that need to be taken by members of the clinical team and Safeguarding Lead (if applicable).

## 16.1 Action 1: Immediate Response

In some situations, it may be necessary to take action to protect a child or adult at risk.

If an adult at risk is in immediate danger, the member of staff who is handling the incident must take the following actions without delay:

1. Report the incident to the police; and
2. Inform the Safeguarding Lead.

> If the safeguarding concern does not require this type of initial response then staff managing the incident can skip to action 2.

## 16.2 Action 2: Review Incident Report Form within 24 hours

Upon receiving a completed incident report through Radar, a member of the clinical safety team must review the report within 24 hours. The member of the clinical team who reviews the incident report form will become the 'incident handler' and must respond to the email within 24 hours to acknowledge receipt of the incident report.

## 16.3 Action 3: Investigate the concern or allegation of abuse

The incident handler must work with the Safeguarding Lead to undertake a confidential internal investigation. This might involve taking verbal and/or written statements from witnesses. If appropriate, the Safeguarding Lead will also make external confidential enquiries with the relevant organisations such as the relevant GP, NHS care team, social worker, etc.

The investigation should be started within 7 days of receiving the incident report.

If possible, staff should ask the adult at risk what they would like to happen next, unless asking this question could put the adult in danger.

> If following the investigation, the Safeguarding Lead decides that no further action is required then the decision not to escalate will be documented in the incident log.

> If following the investigation, the Safeguarding Lead decides that further measures need to be taken to protect the adult at risk then they will document the decision in the incident log and proceed to action 4.

> If the adult at risk is a patient, then the decision to report the concern or allegation to the local authority will also be recorded in the patient's health record and the patient's NHS care team who referred the patient to Doccla must be informed via email.

## 16.4 Action 4: Report the concern or allegation of abuse to the local authority (if necessary)

The concern or allegation should be reported to the local authority in which the adult at risk lives, via the mandated referral procedure of that authority.

The referral should ideally be made with the consent of the adult at risk, but lack of consent does not prevent the referral from being completed. When making the referral, the Safeguarding Lead must:

- Try to establish what the adult wants as an outcome of the referral;
- Inform the adult that they are carrying out the referral and say what might happen next; and
- Not inform the person/people alleged to have caused harm of the referral.
- Details of local safeguarding processes can be found in the Doccla Clinician Manual[34].

## 16.5 Action 5: Report the concern or allegation of abuse to the CQC.

The CQC regulations require the CQC Registered Manager to notify the CQC without delay of the incidents which involve any abuse (or allegation of abuse) in relation to a service user. This includes both incidents which occur whilst the service is being provided and incidents that occur because of the service being provided.

Therefore the CQC Manager will notify the CQC of the concern or allegation if a safeguarding concern regarding a patient is referred to the local authority.

**For sites where Doccla provides remote monitoring services:**

Doccla will complete a CQC notification of any notifiable event and inform the Trust/ICB. Doccla's governance team may require further details to complete this and will contact the Clinical Lead at the Trust, if necessary.

**For sites where Doccla does not provice remote monitoring services:**

The responsibility of notifications to the CQC will be owned and submitted by the Trust/ICB as appropriate. In addition, the Trust is to inform the Doccla Clinical Governance Team on doccla.clinicalgovernance@nhs.net[35] in the event of any notifications so Doccla may retain this for the relevant records.

The table below highlights the type of incidents and circumstances that need to be reported to the CQC without delay:

| Notifiable Event | The CQC must be informed without delay if: |
|---|---|

34. https://doccla.atlassian.net/wiki/spaces/DOC/pages/397214075/Clinician+Manual
35. mailto:doccla.clinicalgovernance@nhs.net

| | |
|---|---|
| A person's death | • A person dies while a regulated activity was being provided (for example the person died whilst receiving Doccla's clinical remote monitoring);<br>• A person's death may have been a result of a regulated activity of how it was provided;<br>• The person has died while being detained (or liable to be detained) under the Mental Health Act 1983.<br>Doccla will review all patient deaths if the reported death occurred **within 28 days** of the patient being paused on or discharged from Doccla's monitoring activity, and will inform the CQC without delay if contributory factors have been identified by Doccla. |
| Events that stop a service running safely and properly | • Doccla cannot meet people's assessed needs safely (for example, due to a staff absence or damage to premises); or<br>• A utility, fire alarm, call systems or other safety equipment fails for more than 24 hours. |
| Allegations of abuse (Safeguarding) | • A person is affected by abuse; or<br>• A person is affected by alleged abuse; or<br>• A person is an abuser; or<br>• A person is an alleged abuser. |
| Incidents reported to or investigated by the police | If any incident related to a regulated activity is reported to, or investigated by the police. |
| Serious injury to a person using the service | • The person was seriously injured while a regulated activity was being provided;<br>• The person's injury may have been a result of the regulated activity or how it was provided. |
| Outcome of an application to deprive a person of their liberty (DoLS) | If Doccla submits an application to deprive a person of their liberty under the Mental Capacity Act 2005 and receives an outcome of that application.Action 6: Contribute to multi-agency investigations and interventions |

Doccla staff will participate fully in work that is being undertaken by the Local Safeguarding Adult Boards. This includes attending meetings and responding to requests for information, chronologies and Independent Management Reviews to inform Serious Case Reviews, Domestic Homicide Reviews, the child death review process in a timely manner.

# 17 16. Managing concerns about specific types of abuse

In addition to following the above process, certain types of abuse require a specific response.

## 17.1 16.1 Reporting PREVENT Concerns

Where there are urgent concerns that an individual is presenting as an immediate terrorist risk to themselves, others or to property this must be reported to:

- The National Counter Terrorism Hotline on 0800 789321; or
- The police via 999.

Other safeguarding concerns that relate to an adult at risk of extremism or radicalisation should be escalated to the local authority by the Safeguarding Lead. The Prevent referral process can be described in three stages: notice, check and share.

- Notice - Staff should be aware of an individual's vulnerability to radicalisation, changes in behaviour, ideology and other forms of extremism.
- Check - Staff should check their concerns with the individual (if it is safe to do so) and with their line manager and Safeguarding Lead. This will ensure a proportionate response to the concern.
- Share - If there are concerns about an adult at risk of extremism or radicalisation, the Safeguarding Lead should make a referral to the local authority Channel Programme. As far as possible, staff should be open and honest with the individual about the duty to share your concerns.

Channel is a multi-agency partnership led by the local authority with the police and other services. Its purpose is to protect and divert children and adults from being drawn into committing terrorist-related activity. The local authority's website will have information about the referral process.

## 17.2 16.2 Reporting concerns of abuse to the police

Everyone is entitled to the protection of the law and all victims of abuse must be informed of their right to report an allegation to the police. The police are responsible for investigating any criminal offences committed against an adult at risk.

If a crime is suspected in connection with a safeguarding concern or allegation, then the police must always be informed. If there are any doubts about whether the allegation is a criminal offence, the Safeguarding Lead must be consulted for advice and if necessary, they will contact the police.

Early involvement of the police ensures that they are able preserve evidence and have a better opportunity to safeguard the individual who may have suffered harm and hold the alleged offender to account.

In non-urgent situations the police can be contacted using the 101 telephone number. Any discussion with the police, including a crime reference number assigned to the case, must be recorded.

Line managers, CQC Registered Managers and the Safeguarding Lead must always be informed whenever police are called by a staff member in relation to a safeguarding concern.

It is essential that any actions taken by Doccla staff do not increase risk to the adult or compromise an investigation. It is vital that the accounts of any adults at risk, witnesses and suspects are obtained in a way that does not affect their admissibility in the courts.

Other than investigating a crime, the involvement of the police can be of additional benefit such as obtaining victim support or enabling the police to invoke specific protective actions, such as Domestic Violence Protection Orders.

## 17.3 16.3 Reporting concerns about domestic abuse

When the Safeguarding Lead is undertaking an assessment, they must consider all relevant information regarding partners, any children or adult at risk who are living in the household or carers.

When domestic violence is suspected, children in that household should be referred to Children's Social Care and information shared with the child's GP, Health Visitor or School Nurse.

Where possible, the victim(s) should be provided with information on local support services and refuge details, making any ethnic or cultural considerations.

The Safeguarding Lead should also consider referring to the Multi Agency Risk Assessment Conference (MARAC). MARAC reviews the highest risk cases of domestic violence to ensure a coordinated management plan is developed.

## 17.4 16.4 Reporting suspected modern slavery

The National Referral Mechanism (NRM) is a government initiative that can provide support to victims of modern slavery. If it is suspected that a person is the victim of modern slavery, the Safeguarding Lead, or appointed staff member, will complete and submit the NRM referral form.

The NRM referral will only be accepted if the adult has given informed consent. If the potential victim does not want to be referred to the NRM, then a Duty to Notify referral must be completed.

Both referral forms can be found on the home office website: https://www.modernslavery.gov.uk/start?hof-cookie-check

## 17.5 16.5 Protecting adults at risk who do not speak English

Effective communication is an essential part of managing a safeguarding concern. An interpreter should always be used in situations where there are safeguarding concerns about an adult whose first, or preferred, language is not English.

Even if the person appears to be reasonably fluent in English, the option of an interpreter must be offered when dealing with sensitive issues. It is never appropriate to use children to interpret for family members who do not speak English.

Doccla uses [ZEN desk DeLanguage ], who can be contacted through ZenDesk or by phone on: 0330 0882443 quoting Doccla.

To avoid misunderstanding and ensure that the adult at risk is satisfied with the information being offered, staff must:

- identify the adults preferred language for communication (this may include sign language);
- provide information about safeguarding in the appropriate language prior to seeking consent to share information; and
- consider the involvement of an interpreter, if they have been consistently involved in interpreting as they may have useful information and be able to offer support to the patient/service user.

## 17.6 16.6 Managing safeguarding allegations against staff and whistleblowing

Whistleblowing is the name given to the act of disclosing information to the employer or the relevant authority by an individual who knows, or suspects, that Doccla is responsible for or taken part in some wrongdoing. This includes where Doccla staff are responsible in full, or in part, for the abuse of an adult at risk during the course of their work for Doccla.

Staff must always feel able to express their concerns about the abuse of adults at risk and there is a requirement by Doccla to protect whistleblowers.

Whilst Doccla promotes an open, transparent, and learning culture, Doccla recognises that not all staff will feel comfortable in tackling concerns directly. Where staff do not feel comfortable in raising concerns as suggested in the reporting steps (above), staff are encouraged to raise their concerns with the Freedom to Speak up Guardian.

Doccla's Freedom to Speak Up Guardian is Chief Medical Officer[36]

36. https://doccla.atlassian.net/wiki/spaces/DMS/pages/831357009/Chief+Medical+Officer

# 18 17. Recording concerns or allegations of adult abuse

All staff involved in raising and managing a safeguarding concern must create a written record of what the adult at risk has said (using their own words), what they have seen and the subsequent decisions and actions.

Staff must follow the record keeping professional standards set by their professional body (GMC or NMC) when producing written records/notes. In summary, all written records/notes must be:

- Attributable - Records should indicate who wrote it and when.
- Legible and Clear - Information within records must be able to be understood.
- Contemporaneous - Information must be recorded at the time of activities or event, or as soon as possible after an event.
- Original- Records should be preserved in their unaltered state.
- Accurate - Records should correctly reflect the action/interaction/observation, without bias, prejudice or professional judgement. It should be clear what information is fact and what is a judgement made by the reporter.
- Complete - Records should be complete till that point in time.

All files relating to a safeguarding concern or allegation must be stored in the Safeguarding Folder within the corporate drive. Within the Safeguarding Folder, a new Safeguarding Case File will be created for each new safeguarding concern or allegation. Any evidence relating to a concern or allegation (such as completed referral forms, email correspondence, Zendesk call recordings and notes) must be saved in the appropriate Safeguarding Case File.

- If the safeguarding concern is about a patient, then the record should be made within the patient's health records.
- If the safeguarding concern is about a person who is not a patient, then notes must be recorded in a google document and saved within the Safeguarding folder.

# 19 18. Monitoring and Compliance

Compliance with this policy will be monitored through a regular auditing of incident reports and management. The Clinical Governance Group oversees the monitoring of compliance. Any areas of non-compliance with the policy highlighted by the audit will be discussed at the monthly Clinical Governance meeting.

The table below presents the minimum audits that must be carried out to monitor compliance with this policy.

| Minimum Criteria | Method of Monitoring | Frequency | Committee/Individual responsible |
|---|---|---|---|
| All staff have access to Radar Healthcare (Incident reporting system) | Internal audit | Annual | Clinical Governance |
| Safeguarding incidents are reviewed promptly | Audit of incident log | Monthly | Clinical Safety Committee |
| Safeguarding investigations are undertaken according to this policy | Audit of incident log | Annual | Clinical Governance |
| Safeguarding incidents are reported to external bodies (if required) | Audit of incident log | Annual | Clinical Governance |
| Duty of Candour is fulfilled | Audit of incident log | Annual | Clinical Governance |
| Safeguarding incidents are analysed and key learning is shared | Audit of incident log and safety bulletin | Monthly | Clinical Governance |

# 20 19. Document Management

From August 20th 2024 and forward, this policy is controlled by Comala Document Management.

| | |
|---|---|
| **Responsible** | Safeguarding Lead |
| **Approver** | @Greg Edwards |
| **Informed** | Patient-facing employees |

# 21 20. Revision History

| Date | Version | What's changed | Approved by |
|---|---|---|---|
| 31/03/2023 | 1.0 | Edit changes to registered manager details | @Greg Edwards |
| 06/04/2023 | 1.1 | • Escalation process updated to include new Jira reporting system<br>• Minor edits to formatting<br>• Clinical Supervision for all staff changed to only clinical staff. | @Greg Edwards |
| 08/08/2023 | 1.2 | • minor edits to medically unwell flowchart<br>• changes to reflect new members of staff | @Greg Edwards |
| 17/05/2024 | 1.3 | • New flow chart added<br>• Escalation process updated to replace Jira with Radar as incident reporting system<br>• EIA added | @Greg Edwards |
| 1/11/2024 | 1.4 | • Formatting changes including up to date links and section numbering<br>• Changes to reflect accurate staff members | @Greg Edwards |
| 27/06/2025 | 1.5 | • Update to Doccla investigations for patient deaths<br>• Changes to reflect accurate staff members | @Greg Edwards |

Printed and emailed copies of this document are uncontrolled.

# 22 21. Appendix

**Appendix A: Training requirements**

| Level | Staff Group | Example staff roles | Delivery method | Frequency | Refresher training over a three year period |
|---|---|---|---|---|---|
| 1 | All staff working in the healthcare setting | Information technology staff, human resources and finance staff, administration, sales and implementation staff | E-learning | At induction and then regular refresher training | 2 hours |
| 2 | All non-clinical staff who have regular contact with patients, their families or carers, or the public | Customer services agents | E-learning<br>Face-to-face | At induction and then regular refresher training | 4 hours |
| 3 | All clinical staff | Doctors, nurses and paramedics | E-learning<br>Face-to-face<br>Supervision | At induction and then regular refresher training | 8 hours |
| 4 | Specialist roles and Names Safeguarding Professionals | CQC Registered Manager | E-Learning<br>Face-to-face<br>Supervision<br>Supervision Training | At induction and then regular refresher training | 24 hours |

| EQUALITY IMPACT ASSESSMENT | YES/NO | Comments |
|---|---|---|
| **Does the document have a positive or negative impact on one group of people over another on the basis of their:** | | |
| • Age? | No | |

| | | |
|---|---|---|
| • Disability? | No | |
| • Gender reassignment? | No | |
| • Pregnancy and maternity (which includes breastfeeding?) | No | |
| • Race (including nationality, ethnic or national origins or colour)? | No | |
| • Religion or belief? | No | |
| • Sex? | No | |
| • Sexual orientation? | No | |
| **If you have identified any potential impact (including any positive impact which may result in more favourable treatment for one particular group of people over another), are any exceptions valid, legal and/or justifiable?** | N/A | |
| **If the impact on one of the above groups is likely to be negative:** | | |
| • Can the impact be avoided? | N/A | |
| • What alternatives are there to achieving the document's aim without the impact? | N/A | |
| • Can the impact be reduced by taking different action? | N/A | |
| • Is there an impact on staff, patient or someone else's privacy? | N/A | *If yes, data protection impact assessment required (for support and advice on this, liaise with the central IG & DPO function)* |