Quad Medical Ltd

Event Medical Provider
www.quadmedical.co.uk

SAFEGUARDING ADULTS POLICY & PROCEDURES

Version 1.4
Updated 03/02/22
Review Date: 03/02/24

Safeguarding Adults Policy

Contents

	Topic	Page Number
1.	Introduction	3-4
2.	Scope	5
3.	Objectives	5
4.	Responsibilities	5-6
5.	Types and indicators of abuse and neglect	7 – 8
6.	Identifying concerns	9-10
7.	Raising alerts	10-11
8.	Patients who lack mental capacity	12
9.	Referrals requiring external agencies	12 – 13
10.	Record and report	13-14
11.	Training	14
12.	QML Adult Safeguarding process	15
13.	PREVENT strategy	16

1. Introduction

1.1 Quad Medical Limited and its staff has a moral, professional and legal responsibility to safeguard its service user from harm. This policy establishes a framework to support staff in their practices and clarify the organisations expectations.

1.2 As a Care Quality Commission regulated company Quad Medical Limited have a duty to safeguarding adults. Safeguarding is defined as 'protecting an adult's right to live in safety, free from abuse and neglect.' (Care and Support statutory guidance, chapter 14). Adult safeguarding is about preventing and responding to concerns of abuse, harm or neglect of adults. Staff should work together in partnership with adults so that they are:

- Safe and able to protect themselves from abuse and neglect;
- Treated fairly and with dignity and respect
- Protected when they need to be
- Able easily to get the support, protection and services that they need.

1.3 The introduction of the Care Act 2014 emphasises the importance of identifying and working with adults at risk of abuse and neglect to enable agencies to assist them in maintaining their independence, by preventing abuse and neglect and to give meaningful options of dealing with it should it occur. For QML staff this policy and the Care Act provides clearer guidance, and supports pathways for caring for adults with safeguarding needs.

1.4 QML and its staff must work in partnership with appropriate external agencies and the adults themselves to prevent abuse and neglect where possible, and provide a consistent approach when responding to safeguarding concerns. This entails joint accountability for the management of risk, timely information sharing, co-operation and a collegiate approach that respects boundaries and confidentiality within legal frameworks.

1.5 This policy and the procedures laid down therein are based on the following six principles that underpin adult safeguarding:

2. Scope

2.1 This policy applies to all staff and contractors that work for, in conjunction with Quad Medical Limited.

3. Objectives

3.1 To ensure that all QML employees and contractors, are aware of their duties to fulfil their professional responsibilities and to take action to empower, prevent and minimise adults from experiencing neglect, harm or abuse and to offer adults options on how to deal with neglect and abuse and support when it has occurred.

3.2 To ensure that all QML employees and contractors can recognise the signs of suspected neglect, harm or abuse and know how to report it in a timely manner.

4. Responsibilities

4.1 It is the responsibility of the safeguarding lead and the deputy safeguarding lead to:

- Identify clear lines of accountability
- Foster a culture within the organisation of listening to adults and taking into account wishes and feelings
- Share information in an appropriate and timely manner
- Support other professionals in their agencies for safeguarding
- Ensure safe recruitments
- Provide appropriate support for staff
- Communicate with and collaborate with other professionals

4.2 The Safeguarding lead and the deputy safeguarding lead also have a responsibility to ensure that everyone is trained appropriately and that the training is updated at least every three years.

4.3 The Safeguarding lead and the deputy safeguarding lead are responsible for creating, disseminating, storing and maintaining key files and documents such as safeguarding procedures, policies and referrals and ensuring that they are up to date.

4.4 It is the responsibility of all QML staff and subcontractors to ensure they are up to date with their mandatory training and have read and understood QML's policies and procedures

4.5 It is the responsibility of QML staff and subcontractors to observe service users and raise safeguarding concerns with the safeguarding lead and to document their observations. It is also their responsibility to when necessary complete a formal safeguarding referral

4.6 It is the responsibility of the safeguarding lead and deputy safeguarding lead to listen to concerns raised by staff and to action any formal safeguarding concerns that have been submitted

4.7 The safeguarding lead and the deputy safeguarding lead must feedback the outcome of staff referrals to external agencies

4.8 The management team must recognise that there is a potential for emotional and psychological stress on staff members when raising and dealing with safeguarding issues and should provide reassurance and support to all staff that submit safeguarding referrals or raise safeguarding concerns. In some cases it may be necessary to attend meetings with the individual who is involved. It is important to ask the individual what their preferences are in regard to on-going support. You may need to refer them for counselling or suggest leave if they are distressed.

4.9 It is the responsibility of the managing director and quality assurance manager to ensure that all members of staff have enhanced Disclosure and Barring checks in place

4.10 It is the responsibility of the Local Authority to act as the lead agency with in coordinating the safeguarding adults' process once a formal notification has been made through multiagency procedures.

5. Types and indicators of abuse and neglect

5.1 The Care and Support statutory guidance identifies types of abuse, but also emphasises that organisation should not limit their view of what constitutes abuse or neglect. The specific circumstances of an individual case should always be considered The table that follows identifies what forms of abuse are considered in the guidance documents.

Neglect and acts of omission
Ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life such as medication, adequate nutrition and heating. Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves.
Discriminatory abuse
Discrimination on the grounds of race, faith or religion, age, disability, gender, sexual orientation and political views, along with racist, sexist, homophobic or ageist comments or jokes, or comments and jokes based on a person's disability or any other form of harassment, slur or similar treatment. Excluding a person from activities on the basis they are 'not liked' is also discriminatory abuse
Domestic abuse
The Home Office (March 2013) defines domestic abuse as: Any incident or pattern of incidents of controlling, coercive or 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. This can encompass but is not limited to the following types of abuse: Psychological; Physical; Sexual; Financial; Emotional. Domestic Abuse includes controlling and coercive behaviour.
Female genital mutilation (FGM)
Involves procedures that intentionally alter or injure female genital organs for non-medical reasons. The procedure has no health benefits for girls and women. The Female Genital Mutilation Act (2003) makes it illegal to practise FGM in the UK or to take girls who are British nationals or permanent residents of the UK abroad for FGM whether or not it is lawful in another country
Financial or material abuse
Theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
Forced marriage
Is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of a third party in identifying a spouse. In a situation where there is concern that an adult is being forced into a marriage they do not or cannot consent to, there will be an overlap between action taken under the forced marriage provisions and the adult safeguarding process. In this case action will be co-ordinated with the police and other relevant organisations. The police must always be contacted in such cases as urgent action may need to be taken. The Anti-social Behaviour, Crime and Policing Act 2014 make it a criminal offence to force someone to marry. In addition, Part 4A of the Family Law Act 1996 may be used to obtain a Forced Marriage Protection Order as a civil remedy.
Honour-based violence
Will usually be a criminal offence, and referring to the police must always be considered. It has or may have been committed when families feel that dishonour has been brought to them. Women are predominantly (but not exclusively) the victims and the violence is often committed with a degree of collusion from family members and/or the community. Some of these victims will contact the police or other organisations. However, many others are so isolated and controlled that they are unable to seek help.

Human trafficking
Is actively being used by Serious and Organised Crime Groups to make considerable amounts of money. This problem has a global reach covering a wide number of countries. It is run like a business with the supply of people and services to a customer, all for the purpose of making a profit. Traffickers exploit the social, cultural or financial vulnerability of the victim and place huge financial and ethical obligations on them. They control almost every aspect of the victim's life, with little regard for the victim's welfare and health. The Organised Crime Groups will continue to be involved in the trafficking of people, whilst there is still a supply of victims, a demand for the services they provide and a lack of information and intelligence on the groups and their activities.
Mate Crime
A 'mate crime' as defined by the Safety Net Project is 'when vulnerable people are befriended by members of the community who go on to exploit and take advantage of them. It may not be an illegal act but still has a negative effect on the individual.' Mate crime is often difficult for police to investigate, due to its sometimes ambiguous nature, but should be reported to the police who will make a decision about whether or not a criminal offence has been committed. Mate Crime is carried out by someone the adult knows and often happens in private. In recent years there have been a number of Serious Case Reviews relating to people with a learning disability who were murdered or seriously harmed by people who purported to be their friend.
Modern slavery
Slavery, servitude and forced or compulsory labour. A person commits an offence if: • The person holds another person in slavery or servitude and the circumstances are such that the person knows or ought to know that the other person is held in slavery or servitude, or • The person requires another person to perform forced or compulsory labour and the circumstances are such that the person knows or ought to know that the other person is being required to perform forced or compulsory labour. There are many different characteristics that distinguish slavery from other human rights violations, however only one needs to be present for slavery to exist. Someone is in slavery if they are forced to work through mental or physical threat.
Breast ironing
Breast ironing or breast flattening refers to a practice where the breasts of pre-pubescent girls are ironed, compressed or pounded down with the use of a heated object or binding. The practice is usually carried out by family members (58% of the time by the mother) and is justified by the belief that it will help prevent young girls from being harassed, raped, abducted or forced into marriage. However, just like FGM, it is a harmful cultural practice that is classified as physical abuse. There is no specific law in the UK relating to breast ironing but if you suspect that it has occurred or may occur, you must report it following your standard procedures.
Organisational abuse
Is the mistreatment, abuse or neglect of an adult by a regime or individuals in a setting or service where the adult lives or that they use. Such abuse violates the person's dignity and represents a lack of respect for their human rights.
Physical abuse
Assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions. Restraint can also be considered a form of physical abuse. In extreme circumstances unlawful or inappropriate use of restraint may constitute a criminal offence. Someone is using restraint if they use force, or threaten to use force, to make someone do something they are resisting, or where an adult's freedom of movement is restricted, whether they are resisting or not.
Psychological abuse
Emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
Sexual abuse
Rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

6. Identifying concerns

6.1 There are a wide range of indicators that may lead QML staff and subcontractors to be concerned that a patient may be being harmed or abused. The presence of one or more indicators does not confirm abuse but may indicate a need for further assessment. These may come to the attention of QML staff in a number of ways:

- They may witness poor practice, patient care or abuse
- They may be told about possible harm or abuse by another care provider, a colleague, a family member, the patient or another person
- They may identify a concern from a health care assessment or review of clinical information
- They may make observations about a person's behaviour or symptoms that lead them to suspect harm or abuse

6.2 Signs of harm/abuse examples

Physical Abuse
We can all get cuts and bruises during our everyday life and these can also be part of a child's normal development or an adult's daily life. For example an adult may trip and fall or injure themselves during their daily home, work, sports and leisure activities. This can make it difficult to ascertain if an individual is being physically abused. When injuries have occurred it's always important to listen to what the individual tells you, if they are able to tell you. You need to consider if their story matches with the nature of the injuries and all other available information before reaching a conclusion.
Psychological/Emotional Abuse
This type of abuse can be harder to detect than the other types of abuse and may need to be assessed over a period of time through monitoring the individual's behaviour with the responses of parents, carers, friends or family towards that individual. Psychological and emotional abuse may be experienced at any age just as the other types of abuse. It may be experienced on its own but very often in combination with other types of abuse. It may also be experienced in isolation as a one off but is more likely to be experienced over a longer period of time. The adverse effects of emotional abuse can have a significant impact on all areas of an adult's mental health and self-esteem. It is also important to consider the possibility of bullying and racism within the context of emotional harm.
Neglect and Acts of Omission
Neglect and acts of omission, refers to a combination of factors which may develop quickly or over a period of time. It may not always be immediately obvious as everyone has different standards of living. An individual may experience neglect due to the family being in poverty and the carer being unable to provide adequate care. Neglect may also occur within a health or social care setting. It can also arise when an individual is forced to take on caring responsibilities beyond their capability. However, neglect may also be inflicted purposely and on one specific individual in a family. Long term, sustained neglect is damaging emotionally, socially and educationally and is likely to cause far more developmental delays and medical impairments than any other form of abuse.

6.3 Recognising abuse can be very complex; some indicators are really obvious whilst others are not so obvious. Some individuals will go to great lengths to try to hide any possible signs that something is wrong. This can make the identification process even more difficult. It is not the responsibility of the QML staff to investigate or draw conclusions from signs of abuse but rather to be mindful of the forms and presentations of harm/abuse and to observe and document what they see and to inform their safeguarding lead. Equally staff should not rule out harm and abuse purely on assumptions that there are other explanations.

5.4 QML's position is that doing nothing is not an option. If there is any doubt then an alert should be raised. An alert does not confirm abuse or constitute a formal referral to full external multiagency safeguarding teams.

7. Raising Alerts

7.1 Any member of staff who identifies a concern that a patient may be at high risk of harm or is being abused should ensure that the duty manager and safe guarding lead/ deputy lead are aware of the situation. They must also document their concerns on an adult safeguarding form

7.2 The safeguarding lead or deputy lead will review the alert and arising actions to ensure the safety of the patient and determine whether a referral should be made to the local multi-agency safeguarding team. In the absences of the safeguarding lead or deputy safeguarding lead the QML duty manager will assume this role and make decisions with the safeguarding lead and deputy safeguarding lead over the phone.

7.3 If a criminal offence is suspected, the event security should be notified immediately to offer assistance to keep the patient safe and the police called

7.4 If the concern is related to an incident arising within the QML team, the referral is scrutinised by the Safeguarding lead, and an adverse incident is also logged when appropriate. Appropriate actions are taken following QML's Incident reporting Policy, as well as consideration as to whether further safeguarding procedures are necessary.

7.5 In all circumstances of concern, a Safeguarding Adults form is completed and sent to the Safeguarding lead via the duty manager. This does not constitute a formal referral to multiagency adult safeguarding procedures.

7.6 If there is a concern that the patient is at immediate risk of harm, protection requirements must be identified and implemented as appropriate. The following responses must be considered:

1. Intervention to safeguard the patient – the patient retains the right to make choices and determine the level of intervention or intrusion into their own life.

2. Action taken to safeguard others or to address poor standards of care in a service.

The appropriate level of protection for an individual will be determined at local level, with management approval and support from the QML safeguarding lead and deputy lead, as needed. The protection plan will be clearly documented and communicated to the healthcare team who are caring for the patient. If the risk is serious, or access to the patient must be restricted (e.g. due to threat of harm from people known to the patient) then the protection plan must also be communicated to, the event security team, QML Management & QML Staff.

7.7 Determine patient wishes or best interests

7.8 Patients who have mental capacity to make decisions about their safety, have the right to make informed choices about any protection requirement or onward referrals to multiagency safeguarding adults procedures. A patient who has the mental capacity to make a decision about their safety, and chooses to live with a level of risk, is entitled to do so. The law will treat that person as having consented to the risk. However, health professionals have a duty to ensure that reasonable steps have been taken to help the patient explore their options and the likely consequences of those actions.

A patient's right to make choices about their own safeguarding does not extend to making decisions that impact upon others or violate others' rights to be safe. If others are potentially at risk, QML staff have a duty of care to make appropriate arrangements for their safety too.

8. Patients who lack mental capacity

8.1 Where a patient lacks the ability to make decisions for themselves or consent to safeguarding interventions, QML staff have a duty to act in their best interests. The steps set out in the Mental Capacity Act (2005) and in the QML Mental capacity act/ Deprivation of liberty safeguarding policy must be followed, including observation of the key principles:

1. A presumption of capacity: adults are presumed to have capacity unless it is proven otherwise.

2. Maximising decision making capacity: everything practicable must be done to support individuals to make their own decisions before it is decided they lack capacity.

3. The freedom to make unwise decisions: the fact that an adult makes what may appear an unwise decision is not in itself evidence of a lack of capacity.

4. Best interests: where it is determined that an adult lacks capacity, any decision or action taken on their behalf must be in his or her best interests.

5. Less restrictive alternative: where a patient lacks capacity, before a decision or act is undertaken on their behalf, consideration must be given as to whether it can be carried out in a less restrictive way.

9. Referrals requiring external agencies

9.1 Usually the decision whether to make a formal referral to external multiagency safeguarding adults teams will be made by the safeguarding lead, if appropriate. They will initiate a review and screening of the case to ascertain facts and (where possible) the likelihood of the allegation. They will also identify the patient's wishes or best interest in regards to an external safeguarding referral.

9.2 In cases where the safeguarding concern has arisen due to the actions or care given by QML staff, the Safeguarding lead or deputy safeguarding lead will grade the notification to establish if significant harm has occurred. In instances where there has been significant harm QML's regulating body the CQC shall be notified and the incident report policy initiated.

9.3. If a formal referral to external multiagency Safeguarding Adults teams is required the safeguarding lead shall contact the patient's local safeguarding adults board

A referral to multiagency Safeguarding Adults procedures will not be undertaken when the individual, who was identified as having been abused or at significant risk of harm, has capacity and requests that a Safeguarding Adults Investigation is not undertaken, and no risk of harm to others has been identified as a possible consequence of this . It

is essential that QML staff establish that when adults are at risk they have no dependants or other children associated with them that are also at risk. In circumstances where an adult declines a safeguarding referral but there is an ongoing safeguarding issue for children, the children's safeguarding policy must be adhered to and a referral made in the best interests of the child.

10. Record and Report

10.1The outcomes of all safeguarding processes must be recorded appropriately (following QML's guidance on consent, record keeping and Caldecott guidance on confidentiality of patient records).

10.2 Sharing the right information, at the right time with the right people, is fundamental to good safeguarding practice, but it has been highlighted as a difficult area of practice. The Care Act 2014 Section 45 'supply of information' duty xiii covers the responsibilities of others to comply with requests for information. Sharing information between organisations as part of day-to-day safeguarding practice is already covered in the common law duty of confidentiality, the Data Protection Act 1998 xiv, the Human Rights Act 1998 xv and the Crime and Disorder Act 1998 xvi. As a general principal people QML staff assume it is their responsibility to raise a safeguarding concern if they believe an adult at risk is suffering or likely to suffer abuse or neglect, and/or are a risk to themselves or another, rather than assume someone else will do so. They should share the information with the local authority and/or the police if they believe or suspect that a crime has been committed or that the individual is immediately at risk. Helpful guidance is set out in the Caldicott principles.

10.3 The Caldicott Committee Report on the review of patient-identifiable information recognises the need for disclosure in the best interest of the patient and discusses the appropriate circumstances and the safeguards to be observed. The principles that have not been covered elsewhere in this policy are summarised as follows:

- Information will only be shared on a 'need to know' basis when it is in the best interest of the person concerned.

- Confidentiality must not be confused with secrecy.

- It is inappropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations where other vulnerable people may be at risk.

- Decisions about who needs to know and what needs to be known should be taken on a case by case basis.

- If it is necessary to email confidential information, the information must be attached to the email within an encrypted, password protected document, such as a Microsoft Word document. (Please note that when working with Microsoft Word documents, password protecting the document leads to the document being encrypted.)

11. Training

11.1 Safeguarding adults training is mandatory for all existing and new staff in line with QML's mandatory training policy.

12. QML Adult Safe Guarding Reporting Process

12.1 The steps laid out in the following flow diagram are to be followed in the event a safeguarding concern needs to be raised or reported;

13. PREVENT strategy

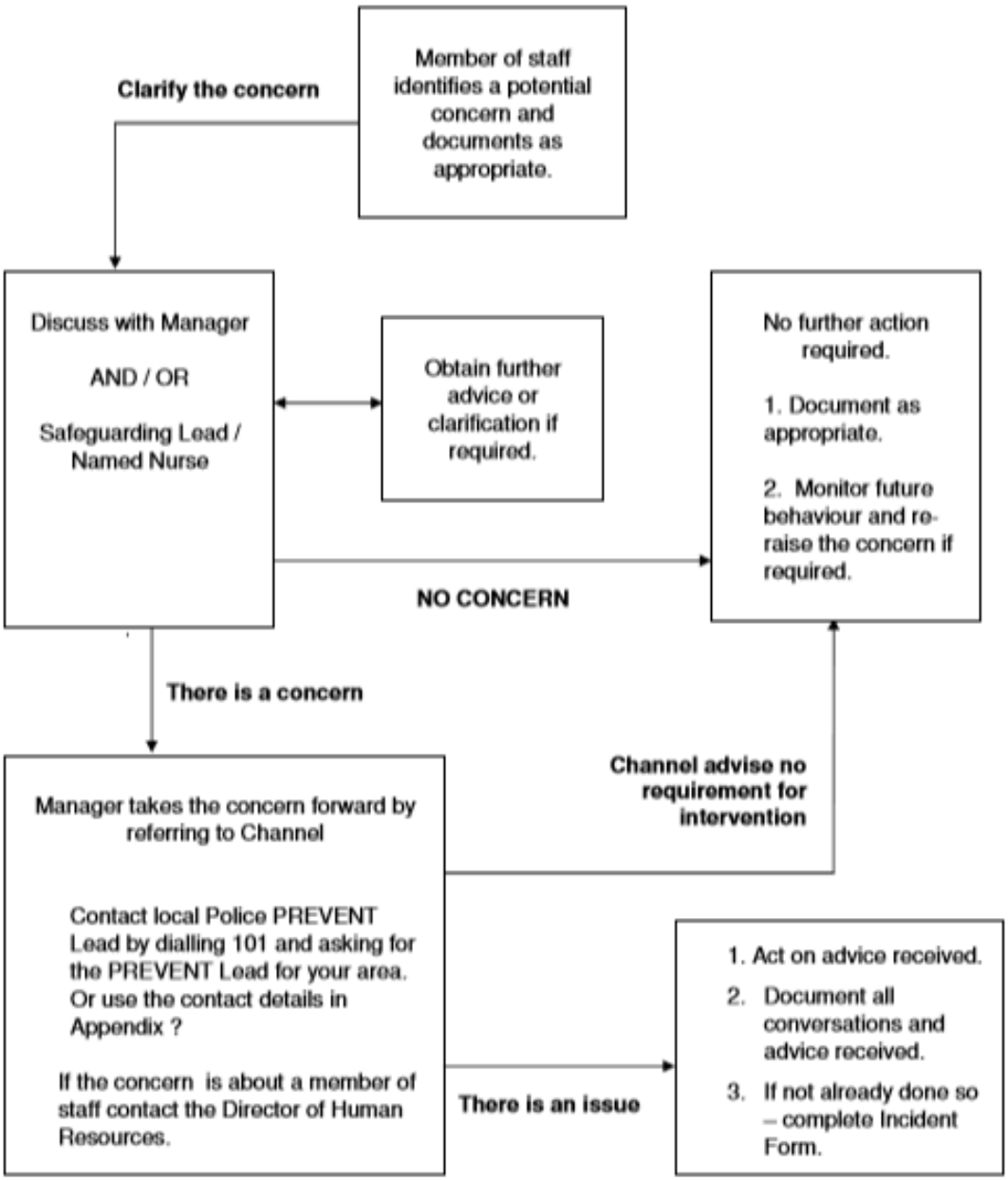
Section 26 of the Counter-terrorism and security act 2015 places a duty in specified bodies to have "due regard to the need to prevent people from being drawn into terrorism".

PREVENT has 3 national objectives:

Objective 1: respond to the ideological challenge of terrorism and the threat we face from those who promote it
Objective 2: prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support
Objective 3: work with sectors and institutions where there are risks of radicalisation which we need to address.

13.1 All QML staff will undertake prevent training as provided by the government : It is essential that staff are able to identify those who may be vulnerable to radicalisation, and know what to do when they are identified. Protecting people from the risk of radicalisation should be seen as part of wider safeguarding duties, and is similar in nature to protecting people from other harms (e.g. drugs, gangs, neglect, sexual exploitation), whether these come from within their family or are the product of outside influences.

13.2 Although it is not necessary to have distinct policies on implementing the Prevent duty, general safeguarding principles apply to keeping people safe from the risk of radicalisation as set out in the relevant statutory guidance. As such QML staff should report any person that they feel is at risk of radicalisation through the same procedure as any other safeguarding concern. IF THERE IS ANY CONCERN RE AN IMMINENT THREAT OF A TERRORIST ACTIVITY THEN Contact the Counter-Terrorism Hotline on 0800 789321 or 999



IF THERE IS ANY CONCERN RE AN IMMINENT THREAT OF A TERRORIST ACTIVITY THEN
Contact the Counter-Terrorism Hotline on 0800 789321 or 999.

Appendix i

Legal framework

This policy has been drawn up based on law and guidance that seeks to protect adults, namely:

- Safeguarding vulnerable groups act 2006
- The care act 2004
- The mental capacity act 2005