



Policy Name	ACACIUM GROUP SAFEGUARDING AND PROTECTING ADULTS AT RISK POLICY
Purpose of Document	To set out Acacium Group' approach to safeguarding and protecting all adults at risk within its care.
Target Audience	All Acacium Group workers within Acacium Group' companies: Pulse, Frontline, TNS, SNG, TCS, Hobson Prior, Asclepius, Maxxima, Acacium Group H&W, Liquid Personnel and Bank Partners.
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Equality Impact Assessment (EIA) Form	EIA completed by the author of this Policy and attached as Appendix A
About Acacium Group	Details of all Acacium Group trading companies that this policy applies to are detailed within Appendix B
Legislation	Legislation and Guidance pertinent to this policy can be found within Appendix C

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1. Policy Standards

- 1.1 To safeguard and protect all adults at risk from abuse, harm and neglect
- 1.2 All Acacium Group workers have a clear understanding of their responsibilities in regard to safeguarding and protecting adults at risk from abuse or neglect.
- 1.3 Acacium Group provides guidance and support to all its workers who have direct contact with adults at risk, to ensure that clients and their carers have confidence in Acacium Group safeguarding practices.
- 1.4 People's rights are positively promoted through service support and delivery with respect of all adults' rights and dignity regardless of their age, gender, ethnic origin, culture, faith, ability, or sexuality.
- 1.5 Acacium Group aim to ensure that the 6 principles that underpin adult safeguarding are applied when investigating any safeguarding concern.

2. Definitions

- 2.1 Definitions relevant to this policy are set out in table1.

Table 1: Definitions

Topic	Definition
Adult at Risk	In the Care Act the term 'adult at risk' replaces previous terms such as 'vulnerable adult', or 'victim'. The adult at risk (hereafter referred to as 'the adult') describes the person who is the subject of the safeguarding concern. An adult at risk is 'any person who is aged 18 years or over and at risk of abuse or neglect because of their needs for care and support' (Care Act 2014 [England]) There is no eligibility for safeguarding services, only as described in section 42 of the Care Act that safeguarding duties apply to the adult who: · Has needs for care and support (whether or not the local authority is meeting any of those needs) and · Is experiencing, or at risk of, abuse or neglect · As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect
DBS	The Disclosure Barring Service was established under the Protection of Freedoms Act 2012 and merges the functions previously carried out by the Criminal Bureau (CRB) and Independent Safeguarding Authority (ISA)
Significant harm	Is a key concept in adult protection work, which helps to determine how serious or extensive abuse must be to justify intervention. 'harm should be taken to include not only ill-treatment (including sexual abuse and forms of ill-treatment that are not physical) the impairment of, or an avoidable deterioration in, physical or mental health and the impairment of physical, emotional, social or behavioural development'. 'Who Decides' Lord Chancellor's Department 1997.

Abuse	“A violation of a person’s human, civil, or legal rights by another person or persons” In safe Hands 2000 Types of abuse include: • Physical abuse • Psychological abuse including emotional abuse • Sexual abuse • Neglect and acts of omission • Self-neglect • Domestic abuse including Female Genital Mutilation • Discriminatory abuse • Organisational abuse • Modern Slavery • Financial or material abuse Table 2 sets out examples of abuse Abuse and neglect of vulnerable adults (safeguarding) - NHS (www.nhs.uk)
Alleged perpetrator	Is a person accused of abusing an adult at risk

Table 2: Examples of abuse

Type of Abuse	Explanation
Physical	Hitting, assault, slapping, punching, kicking, scalding or burning, misuse of medication the use of inappropriate restraints, or inappropriate sanctions
Psychological Abuse	Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks
Sexual	Including rape and sexual assault, sexual harassment or sexual acts to which the adult has not consented or was pressured into consenting. This can include “non-contact” sexual acts such as indecent exposure, online abuse, non-consensual pornographic activities
Domestic Abuse	The cross-government definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, honour based violence, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality (Gov.UK, 2013). The offence of coercive and controlling behaviour in intimate and familial relationships was introduced into the Serious Crime Act (2015) and recognition of violence against women domestic abuse and sexual violence (VAWDASV) is part of the Social Services and Well-being (Wales) Act 2014.
Female Genital Mutilation	FGM comprises all procedures involving partial or total removal of the external female genital organs or any other injury to the female genital organs for nonmedical reasons. FGM is most often carried out on young girls aged between infancy and 15 years old. Whilst there is a mandatory requirement to report incidents of FGM for children and young people this is not a requirement for adult women. If a professional has safeguarding concerns about an individual who has experienced FGM a referral should be made in line with usual local safeguarding arrangements (GOV UK, 2012).

Modern Slavery	The Modern Slavery Act 2015 encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment. Trafficking is the movement of people by means such as force, fraud, coercion or deception with the aim of exploiting them. It is a form of Modern Slavery. People can be trafficked for many different forms of exploitation such as forced prostitution, forced labour, forced begging, and forced criminality, forced marriage, domestic servitude, forced organ removal. Trafficking can occur within the UK as well as countries outside the UK.
Discriminatory Abuse	Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as ‘protected characteristics’ under the Equality Act (2010))
Neglect/ Acts of Omission	Including wilfully ignoring medical or physical care needs, failure to provide access to appropriate health and social care, including not supporting a person to access clinical appointments and support, the withholding of the necessities of life, such as medication, adequate nutrition and heating or depriving someone of stimulation or company, adaptations, equipment or aids to communication
Self-Neglect	This covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and can include behaviour such as hoarding and non-attendance at necessary health/dental appointments. Consideration must be given to the impact on other family members and/or the wider community, mental capacity legislation and whether this gives rise to a safeguarding concern
Financial or Material Abuse	Including theft, fraud and exploitation, coercion in relation to an adult’s financial affairs or arrangements, including pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits. This can include “cuckooing” where a person’s property is taken over and used for illegal activities
Organisational Abuse	Incident or as a series of incidents involving ongoing ill treatment. It can be through neglect or from poor professional practice resulting from inadequate structure, policies, processes and practices within an organisation, eg, this may range from isolated incidents to continuing ill-treatment in an institution or in relation to care provided in one’s own home

3. Roles and Responsibilities

3.1 The overall organisational roles and responsibilities are set out in the policy document: Policy for drafting, approval and review of policies and SOPs.

Role	Responsibilities
CEO	The CEO will provide strategic leadership, promote a culture of supporting good practice with regard to adult safeguarding within Acacium Group and promotes collaborative working with other agencies.
Board Members	Board Members are held accountable for ensuring adults at risk in Acacium Group, receive high quality, evidence based care and personalised safeguarding
Group Clinical Director	The Group Clinical Director is responsible for ensuring that: • there is compliance with this Policy • the workers are trained to provide the required level of care • incidents in relation to resuscitation are managed effectively and according to this Policy • the Resuscitation Policy is effectively disseminated.
Clinical Advisory Group	Are responsible for: • Identifying gaps in policy • Review of new or updated Legislation and its impact on the group • Identify changes in practice required from new/updated legislation
Line Managers / appropriate others	Ensure that safe recruitment and vetting procedures, in line with national guidelines, are in place and ensure robust recruitment and vetting procedures for all Acacium Group workers which includes: • Thorough checks being carried out as part of the recruitment process • Gaps in employment history accounted for and checked • Qualifications checked • References taken up and followed up as necessary • Periodic checks made during the employment of the worker • Request an enhanced check (disclosure barring service, access NI check, Garda
Individual workers	Must: • be familiar with Acacium Group policies, procedures, and guidance, for safeguarding adults at risk • ensure that they report any concerns regarding the welfare of adults at risk, immediately to their Line Manager / appropriate other • document reasons for their concerns and actions taken • work closely with professionals from other agencies to promote the welfare of all adults at risk • promote confidentiality of identifiable information given by adults at risk whilst supporting the need for information sharing, where appropriate • take part in training, including attending updates, so that they maintain their skills and are familiar with procedures

	• access regular supervision and support in line with local procedures • maintain accurate, comprehensive and legible records. Records must be being stored securely in line with Acacium Group CLIN 14 Health Records Management Policy.
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4. Legislation

4.1 All legislation appropriate to this policy can be found in Appendix C.

5. The Six Principles of Adult Safeguarding

5.1 There are six principles that underpin adult safeguarding, these apply to all sectors and settings.

5.2 NHS England developed the six principles to inform the ways in which professionals and other staff work with people at risk of abuse or neglect. The principles aim to personalise safeguarding for the client, the aims are:

- Empowerment – Personalisation and the presumption of person-led 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 act before harm occurs. “I receive clear and simple information about what abuse is, how to recognise the signs and what can I do to seek help”.
- Proportionality – Proportionate and least intrusive response appropriate to the risk presented. “ I am sure that the professionals will work for my best interests, 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. I get help to take part in the safeguarding process to the extent to which I want and to which I am able”.
- Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, identifying 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 to get the best result for me”.
- Accountability – Accountability and transparency in delivery safeguarding. “I understand the role of everyone involved in my life” .

5.3 The Aims of Making Safeguarding Personal

5.3.1 A personalised approach that enables safeguarding to be done with, not to, people.

- To work with the person to set safeguarding outcomes which have meaning to them.
- Practice that focuses on achieving meaningful improvement to peoples circumstances rather than just an ‘Investigation’ and ‘Conclusion’.
- To prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
- To safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives.

- To promote an outcome based approach in safeguarding that works for people resulting in the best experience possible.
- To raise public awareness so that professionals, other staff and communities as a whole play their part in preventing, identifying and responding to abuse, harm or neglect.

6. Safeguarding and Protecting Adults at Risk: Prevention and Recognition of Abuse

6.1 Equality and diversity

6.1.1 Under the Race Relation (Amendment) Act 2000, Acacium Group has a statutory duty to 'set out arrangements to assess and consult on how their policies and functions impact on race equality', in effect to undertake Equality Impact Assessments (EIA) on all policies and SOPs. The Equality Act October 2010 demands a similar process of Equality Impact Assessment in relation to disability. An EIA must be completed by the author of this policy using the checklist provided in Appendix A. See also the Acacium Group Equality and Diversity policy.

6.2 Prevention of abuse

6.2.1 The principles of good practice: These are set out in table 4. A summary of the principles of good practice. Acacium Group workers should not wait until an incident occurs to put these principles into practice. Acting positively may prevent risks arising.

6.2.2 Where Acacium Group workers are aware of risk, doing nothing is not an option. Acacium Group workers have a responsibility to protect clients from all forms of abuse. Sometimes it will not be obvious or clear whether a situation could be considered abusive or criminal or meet other definitions of concern. What is important is that a discussion takes place with the Line Manager/appropriate other as to whether action is warranted.

6.2.3 Health, Social Services and other agencies provide the support required to enable clients and their carers to maintain independence and further develop this where appropriate. This includes an understanding that the client's own home is likely to be the most desirable setting in which to provide services. However, the interests of the carers and clients are not necessarily the same and that different perspectives may have to be respected and if possible reconciled if satisfactory solutions to particular problems are to be found.

6.2.4 Adults have the right to make their own decisions and to exercise choice. However, these rights are not unfettered and must be viewed with regard to the freedom of others and the risks others may be exposed to. Sometimes there are legal constraints such as mental health legislation, where an individual cannot safely exercise choice for him/herself.

6.2.5 It is the responsibility of the Acacium Group worker to ensure that proper account is taken of the individual's capacity to evaluate risk for him/herself and to decide whether the individual is able to act appropriately having evaluated the risk. It must also be recognised that the right to autonomy can involve risk and there should be an open discussion between the individual and all agencies about the risks and how they can be minimised. Please refer to Acacium Group Policy Mental Capacity Act 2005 & Deprivation of Liberty Safeguarding Policy for further guidance .

6.2.6 Clients and carers have the right to be treated with respect by all Acacium Group workers. Part of their task is to actively encourage them to express views and to consider the implications of

their action or choices. Within the limitations of their personal circumstances, clients and carers must be supported and helped to arrive at their own solution to problems.

Table 3: Summary of the principles of good practice

Principle	Good Practice
Working Together	Actively work together within Acacium Group and the inter-agency framework in the best interests of adults at risk
Empowerment and well-being	Actively promote the empowerment and well-being of adults at risk through the service provided
The rights of the individual	Act in a way that supports the rights of the individual to lead an independent life based on self-determination and personal choice
People who are unable to make their own decisions	Recognise people who are unable to take their own decisions and/or protect themselves, their assets and bodily integrity, i.e. financial, physical or sexual abuse
Mental Capacity Act 2005 (MCA)	The principles of the Mental Capacity Act must be considered and followed in every instance when working with someone who may lack capacity to make a decision or decisions for themselves.
The right to self-determination can involve risk	Recognise that the right to self-determination can involve risk and ensure that such risk is recognised and understood by all concerned and minimised whenever possible, there should be an open discussion between the individual and the agencies about the risks involved to him or her
The safety of adults at risk	Ensure the safety of adults at risk by integrating strategies, policies and services relevant to abuse, within the framework of: the NHS & Community Care Act 1990 the Mental Health Act 1983 the Public Interest Disclosure Act 1998 the Care Standards Act 2000 the Human Rights Act 1998 and the Data Protection Act 2018.
Deprivation of Liberty Safeguards (DOLs)	The Deprivation of Liberty Safeguards is the procedure prescribed in law when it is necessary to deprive of their liberty a resident or patient who lacks capacity to consent to their care and treatment in order to keep them safe from harm.
The right to an independent lifestyle	Ensure that when the right to an independent lifestyle and choice is at risk the individual concerned receives appropriate help, including advice, protection and support from relevant agencies
The law and statutory requirements	Ensure that the law and statutory requirements are known and used appropriately so that adults at risk receive the protection of the law and access to the judicial process
The rights of the alleged perpetrator	Respect the rights of the alleged perpetrator. Maintaining confidential information where appropriate

6.2.7 Where a direct intervention is required in response to identified risk, this should be at the minimum level necessary to give the individual protection rather than to overreact.

6.2.8 Assessing an adult at risk's risk of becoming subject to abuse or neglect, must be a continuous process. Effective gathering of information, recording and analysis of that information and communication between the Acacium Group worker and the Line Manager/or appropriate other, is essential to the planning of care and the management of risk.

6.2.9 It should not be assumed that in any set of circumstances, where predisposing factors are present that actual harm has or is occurring. A referral to the Social Services Adult Protection

Team Care, through the Clinical Director, leads to gathering of information followed by a detailed assessment to define the risk and agree necessary action.

6.3 Recognition of abuse

6.3.1 It is not always easy to recognise when abuse has taken place or when a situation is developing that may become abusive. Acacium Group workers are not expected to be experts at recognising such situations. However below are some indicators of abuse:

- Unexplained or suspicious injuries such as bruising, cuts or burns, particularly if situated in a part of the body not normally prone to such injuries. Bruises that reflect hand marks or fingertips could indicate pinching or slapping. Cigarette burns and scalds would also be a concern
- Declining to remove clothing which is necessary for care or treatment
- An injury for which the explanation seems inconsistent
- The adult at risk describes what appears to be an abusive act involving him/her
- Unexplained reaction to an individual or physical setting
- Frequent visits to a GP or hospital
- Frequent or irrational refusal of treatment or care
- Inconsistency of explanations
- Someone else expresses concern about the welfare of another person
- Unexplained changes in behaviour i.e. becoming very quiet, withdrawn or having severe temper outbursts
- Engaging in sexually explicit behaviour
- Discomfort when walking or sitting down
- Distrust of others, particularly those with whom a close relationship would normally be expected
- Difficulty making friends
- Is prevented from socialising with other people
- Displays variations in eating patterns including overeating and loss of appetite
- Loss of weight for no apparent reason
- Becomes increasingly dirty and unkempt

This list is not exhaustive and the presence of one or more of the indicators is not proof that abuse is actually taking place or has taken place.

6.4 Barriers to reporting abuse

6.4.1 There are a number of barriers that exist which prevent an adult at risk from telling others about abuse, some of the main barriers are that they may:

- Be scared because they may have been threatened
- Think they will be taken away from home
- Believe that they are to blame, or they may feel guilty
- Think it happens to others and is normal
- Feel embarrassed
- Not want their abuser to get in trouble
- Have communication or learning difficulties
- Not have the vocabulary to describe what has happened
- Be afraid that they won't be believed
- Think they have already told someone i.e. by dropping hints
- Has told someone before and weren't believed, so what's the point in trying again

6.5 Disclosure of abuse

6.5.1 Set out in table 4 are the responses that should be made and those to be avoided in the event of a client disclosing abuse.

Table 4: Summary of what to do and not to do in response to suspected or actual abuse of an adult at risk.

Do's	Don'ts
Stay calm	Do not appear shocked, horrified, disgusted or angry
Remember the role of the alerter is to pass on information	Do not stop the client from talking
Listen carefully to anything that is said	Do not press the client for details
Believe the client and take them seriously	Do not ask leading questions as this is not a formal interview and to ask leading questions may affect any later proceedings
Reassure the client that they are not to blame.	Do not make comments or judgements other than to show concern
Reassure the client that they are doing the right thing by telling you, if a disclosure is being made	Do not offer the victim of sexual and/or physical assault a bath, food or drink until after a medical examination
Explain what you are going to do.	Do not promise to keep secrets.
Call the police if it is an emergency or if a crime has been committed	Do not contact, question, confront or alert the abuser to the situation
Report to your Line Manager/appropriate other	Do not share information with colleagues until the event has been discussed with the Line Manager is involved in the process
Write a factual account immediately of what you have seen or been told	Do not undertake the investigation
Signpost to local advocacy services and social services for independent support	

6.5.2 If the adult at risk is in immediate danger, urgent action should be taken to ensure their safety including calling the appropriate emergency services. If the alleged abuser is also a client then another worker will need to be allocated to attend to their needs and ensure they do not pose a risk to other clients at risk.

6.5.3 If there is reason to believe a crime has been committed, the Police must be called immediately. In cases involving physical or sexual abuse, care must be taken to preserve evidence i.e. do not offer the client a bath, food or drink until after a medical examination. Do not contaminate or remove possible forensic evidence. See Table 5 - Protection or Preservation of Evidence.

6.5.4 Seek medical attention before contacting the Line Manager/ appropriate other when there:

- Is an obvious recent injury which is of a serious nature
- Are injuries that are life-threatening
- Are injuries where the adult at risk appears to be in great pain. If these injuries are to the genital or rectal area then the police should be contacted immediately for them to arrange

or advise on medical attention as this may be required for evidence in a criminal proceedings.

6.5.5 Inform the adult at risk that they require urgent medical attention and that you are going to arrange this. Call 999. Consent is not required due to the serious nature of the situation.

Table 5: Protection or Preservation of Evidence

The first concern is for the immediate wellbeing of the alleged person at risk, but if there is a criminal case to answer, efforts to preserve evidence will be vital.

It may not be clear that there is a criminal case so it is important that Acacium Group workers assume that it might be, until advised otherwise. The following list of actions will help to preserve the evidence if it is needed:

- do **not** wash or bath the adults at risk
- do **not** hug the alleged adults at risk. If appropriate, explain that it is possible for hairs from your clothing to contaminate evidence. Touch them on the arm or hand
- make a record of the state of the clothing of both the alleged adults at risk and the alleged abuser
- all of the above are particularly important in the case of suspected sexual abuse
- preserve bedding and clothing in separate bags
- use disposable gloves
- do **not** touch what you do not have to touch
- do **not** clean up!
- Police/Social services will arrange a suitably qualified trained specialist to conduct an examination/interview

6.6 Local Safeguarding Adults Boards/Adult Protection Committees

6.5.6 Acacium Group provide staff and services in many locations covered by varying local authorities and regional NHS teams . Referral pathways and multidisciplinary policies and procedures vary from location to location. Each local council or authority has a dedicated Board or Committee that provides local guidance on Safeguarding issues. Acacium Group will make contact with each local contact to obtain information about local procedures and guidelines. Where possible, copies of these will be available in the Acacium Group location and will be provided to all members of staff.

All staff should make themselves aware of the local pathways and the lead for safeguarding in the location they are working in .

6.5.7 In the instance of a safeguarding incident the local safeguarding adults board/adult protection committee will be contacted by the Group Clinical Director/Chief Nurse to instigate local procedures.

6.6 Police involvement

6.6.1 The local Public Protection Unit (PPU) will be contacted in all cases of abuse against an adult at risk. Once the local safeguarding adults board/adult protection committee has been alerted by the Group Clinical Director/Chief Nurse , they will make contact with the PPU. The PPU will advise if a criminal investigation is required. Where appropriate they will agree to a joint investigation.

6.6.2 Always contact your Line Manager/appropriate other as well as the local police:

- When the assault is still occurring
- Where sexual assault has occurred
- When serious physical assault has occurred
- Where individual client/client strategies have been identified that indicate police involvement
- Where a less serious assault has occurred and the adult at risk wishes to contact the police (in this situation you may support the adult at risk in contacting the police)

6.7 **Reporting concerns**

6.7.1 False allegations of abuse do sometimes occur however where an Acacium Group worker is concerned about the welfare of an adult at risk, they must immediately inform their Line Manager. This should also be reported via the incident reporting system. Whether an allegation is true or false should not be the decision of the Acacium Group Worker to make the Line Manager must support the Acacium Group worker and seek guidance from the Group Clinical Director/Chief Nurse if required. There is always a facility to report concerns including out of hours.

6.7.2 If the Acacium Group worker feels they cannot discuss the issue with their Line Manager/appropriate other because they feel the Line Manager/appropriate other is the alleged perpetrator, the worker should consult the Acacium Group Whistle Blowing policy for guidance.

6.7.3 A referral to Social Services must initially be made by telephone call on the day of the discovery of the abuse and followed up within 24 hours by email or via online portal. A note is to be made of the name and job title of the person from Social Services that has received the report of alleged abuse. The relevant Social Service Adult Protection Team member will provide the reporter of the incident, with the form relevant to their procedures.

6.7.4 The reasons for referral are discussed with the adult at risk and his/her consent sought for the referral. If consent is not given the referral may still go ahead if it is felt that the adult at risk or others are at increased risk. Discussion and guidance from the Group Clinical Director/Chief Nurse may be necessary.

6.7.5 If, after the referral to the local authority an adult with capacity decides that they do not want particular steps, or any steps, taken this should be respected unless there is a serious risk to their life or health, or a risk or suspected risk to others.

6.7.6 It is not necessary to contact the alleged perpetrator, unless this is done as part of emergency action. This must only be done when agreement has been given as part of the investigation. The senior management team will support the worker if a false allegation has been made. It is better to have made a false allegation than to miss a case of abuse and Acacium Group workers would be supported in this case. If any concerns are raised, this will be recorded on Datix via a Manager.

6.8 **Writing a report**

6.8.1 A report will need to be written by the Acacium Group worker who identified the abuse. The following information must be provided with body maps completed demonstrating the position of injuries where appropriate. See Appendix D for body map templates. The report must include the following:

- Name, address and date of birth of the abused person
- Allegations/suspicious reported, list each separately
- If an allegation has been made, note who is making it and about whom. If a suspicion, on what it is based
- Record dates and locations, where known
- Previous related allegations or history of abuse if any
- Write a brief description of the adult at risk, including nature of disability, vulnerability, communication needs, etc.
- Note the social situation or family network and current services received
- Note where they are currently residing if different from their normal address
- Assess the client's capacity to consent in relation to allegations or suspicions and their legal status. Refer to the Mental Capacity Act 2005, and check if an Independent Mental Capacity Advocate is required
- Note the adult at risk views. . Do they wish to involve the police if it is appropriate?
- Record information about the person allegedly responsible for abuse, as applicable
- Write a description of the investigation process, the evidence gathered and attach body maps to the report. See Appendix D
- Include information about the level of co-operation that you received from the various people involved
- Write your evaluation of the evidence
- Note your assessment of the seriousness of the alleged abuse
- Make a risk assessment for potential reoccurrence
- Make recommendations for action, and
- Include your name, organisation, team, position and qualifications

6.8.2 Following certain incidents medical attention must be sought. Inform the examining doctor of the suspicion of abuse and that a written report will be required, which may be used in legal proceedings.

6.8.3 All records must be kept in accordance with national requirements such as the Data Protection Act 2018 and with Acacium Group information governance and records management policies. Recording in the clinical care records must be according to Acacium Group best practice. See Record Management policy and SOP.

6.8.4 All records remain the property of the commissioner of the care package, and the commissioner is responsible for the storage and retention of the records in line with the CQC & Records Management Policies and Codes of Practice

6.9 **Safeguarding adults at risk strategy meeting attendance**

6.9.1 Following a referral to a Social Service Adult Protection Team a strategy meeting is called to determine the facts and seek agreement about whether an investigation is to take place. Acacium Group workers who are invited to attend one of these meetings must prioritise attending. Advice and support will be provided by the Clinical Director. Timescales will be set for conclusion of the investigation if there is to be one and the proposed actions. The reporter of the abuse can expect to be involved throughout the process.

6.9.2 A written report regarding their involvement with and knowledge of, the family, including identification of risk factors must be prepared for the meeting. See earlier guidance for the requirements of the report. Support in writing the report can be provided by the Clinical Director.

6.10 Involvement of Adults with limited Mental Capacity in the Safeguarding Process

6.10.1 Adults with a lack of mental capacity, who may be at risk, will be involved as partners in the strategy discussion, with appropriate use of independent advocacy and victim support services. Unless they are prevented to do so because of reasons of their safety, the safety and rights of others (including the rights of an alleged perpetrator) or for the potential contamination of evidence.

6.10.2 Where an adult with a lack of mental capacity cannot be included as a full partner a member of the Social Service Adult Protection Team from the local authority will agree with them as to how their views are to be incorporated into the strategy making process.

6.10.3 If it is unclear as to whether or not an adult has capacity to make decisions arising in the safeguarding process, a capacity assessment will be arranged as a matter of urgency. The same will apply if expert evidence is required as to the client's capacity.

6.11 Independent Mental Capacity Advocate (IMCA)

6.11.1 IMCA is a system of statutory advocacy introduced by the Mental Capacity Act 2005. Acacium Group workers should be aware of the requirements for their use if a person lacks capacity. However, it is the responsibility of local authorities or the NHS to instruct an IMCA to support and represent a person who lacks capacity where it is alleged that a person:

- Is or has been abused or neglected by another person
- Is alleged to be the person abusing or has abused another person.

6.12 Information sharing

6.12.1 In the best interests of protecting adults at risk, Acacium Group will comply with any valid request to share information in regard to the safety of adults at risk as the request complies with information governance and sharing policies and agreement. Information will only be shared on a need to know basis.

6.12.2 There may be occasions when information is shared, in the best interests of the adult at risk, without consent of the adult at risk or health professionals. This may be permitted when there is:

- Reasonable concern about an adult at risk's health or development being impaired without the provision of services
- Evidence or reasonable cause to believe that an adult at risk is suffering or is at risk of suffering significant harm
- A need to prevent significant harm arising to an adult at risk, including through the prevention, detection and prosecution of serious crime

6.13 If an Acacium Group worker is accused of abuse

6.13.1 Any concerns about the welfare of an adult at risk arising from alleged abuse or harassment by an Acacium Group worker must be reported immediately. It can often be difficult to report a fellow worker, but Acacium Group assures all workers that it will fully support and protect anyone who, without malicious intent reports their concerns about a colleague's practice or the possibility that an adult at risk may be being abused or harassed. The Whistle Blowing Policy and SOP, which enables and encourages employees to raise any concerns that they have about malpractice, abuse or wrongdoing at an early stage and in the correct way, without fear of victimisation, subsequent discrimination or disadvantage. As detailed in the Whistleblowing Policy, if the matter has been reported to the Line Manager/appropriate other, and the concern

has not been resolved satisfactorily then it should be raised again but this time in writing to the Group Clinical Director.

6.13.2 All Acacium Group workers must act in a professional manner at all times to minimise being accused of abuse and maintain high standards of documentation. If an Acacium Group worker suspects that the relationship between them and the adult at risk and their representative is breaking down for any reason, they should discuss these issues with their Line Manager/appropriate other.

6.13.3 Acacium Group workers must be aware that if they are accused of abuse that they will be suspended from duty whilst an investigation is underway. This is as much to protect the Acacium Group worker, the investigation and any vulnerable persons/client/client's family. Suspension or restriction from work does not imply or infer any guilt on the part of the Worker.

6.13.4 Any allegations related to safeguarding will be investigated as part of the Acacium Group Incident Reporting Policy. If the allegations against an Acacium Group worker are deemed to be founded the usual disciplinary procedures will be followed, up to and including dismissal where appropriate.

6.13.5 Where dismissal takes place, Acacium Group will make a referral to the relevant bodies as necessary, including professional regulatory bodies, barring lists and the Police.

6.14 Handling difficult situations

6.14.1 There may be situations when a client poses an immediate risk to others, property or themselves. Where dialogue and diversion tactics fail there are two types of simple control methods that can be used:

- Simple physical presence as control which involves no contact i.e. standing in front of an exit
- Holding or touching to persuade a client to comply with verbal requests i.e. holding their hand or using their shoulders to steer a person away from a situation

6.14.2 If a situation is approaching the point where these methods will not or do not work or if the client is threatening or using violence then the police should be contacted immediately. After the incident the Line Manager should be informed and the incident reported via the incident reporting mechanism. See Reporting and Managing Incidents policy.

6.15 Making Safeguarding Personal

6.15.1 The Care Act Statutory Guidance puts the adult at risk at the centre of safeguarding encourages the development of personalised responses to safeguarding situations. This is in response to messages from research that people using safeguarding services want more involvement in safeguarding situations, having more choice and control to achieve the outcomes they want. These procedures support the principle of promoting wellbeing which underpins the Care Act. They are reliant on partnership working and good communication between all individuals and agencies involved in safeguarding situations.

7. Training and Core Competencies

7.1 There are six principles that underpin adult safeguarding, these apply to all sectors and settings.

7.2 NHS England developed the six principles to inform the ways in which professionals and other staff work with people at risk of abuse or neglect. The principles aim to personalise safeguarding for the client, the aims are:

- Empowerment – Personalisation and the presumption of person-led 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 act before harm occurs. “I receive clear and simple information about what abuse is, how to recognise the signs and what can I do to seek help”.
- Proportionality – Proportionate and least intrusive response appropriate to the risk presented. “I am sure that the professionals will work for my best interests, 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. I get help to take part in the safeguarding process to the extent to which I want and to which I am able”.
- Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, identifying 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 to get the best result for me”.
- Accountability – Accountability and transparency in delivery safeguarding. “I understand the role of everyone involved in my life”.

7.3 The Aims of Making Safeguarding Personal

7.3.1 A personalised approach that enables safeguarding to be done with, not to, people.

- To work with the person to set safeguarding outcomes which have meaning to them.
- Practice that focuses on achieving meaningful improvement to peoples circumstances rather than just an ‘Investigation’ and ‘Conclusion’.
- To prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
- To safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives.
- To promote an outcome based approach in safeguarding that works for people resulting in the best experience possible.
- To raise public awareness so that professionals, other staff and communities as a whole play their part in preventing, identifying and responding to abuse, harm or neglect.

7.3.2 Acacium Group ensures staff are in receipt of , or provide evidence of , the appropriate competency training for their role in accordance with Adult Safeguarding: Roles and Competencies for Health Care Staff 2018 Intercollegiate Document .

- Level 1: All staff working in health care settings
- Level 2: All practitioners who have regular contact with patients, their families or carers, or the public

- Level 3: Registered health care staff working with adults who engaging in assessing, planning, intervening and evaluating the needs of adults where there are safeguarding concerns (as appropriate to role)
- Level 4: Specialist roles – named professionals within the division
- Level 5: Specialist roles – Lead professional for safeguarding in Acacium Group – Chief Nurse and Group Clinical Director

Training level will be determined by role and where applicable by the NHS Framework requirements . Acacium Group compliance teams assure that training is up to date and recorded for compliance purposes.

Competency Framework

Adult safeguarding competences should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plans and three-yearly refresher training.

Competency descriptions can be referenced at:

https://www.researchgate.net/publication/330114951_INTERCOLLEGIATE_DOCUMENT_Adult_Safeguarding_Roles_and_Competencies_for_Health_Care_Staff

8. Implementation Plan

8.1 For consultation, ratification and dissemination of this policy see Acacium Group Policy on Policies .

8.2 Audit and monitoring

8.2.1 Acacium Group supports the use of a thorough, open and multi-disciplinary approach to investigating abuse, where improvements to local practice can be discussed, identified and disseminated.

8.2.2 Any incident of abuse must be reported through the incident reporting system. See Reporting and Managing Incidents policy.

8.2.3 The Group Clinical Director or designated senior personnel of the organisation reports any incident of abuse to any external bodies.

8.2.4 All lessons learned from any incident of abuse is reviewed by the Group Clinical Director/Group Chief Nurse and disseminated across the organisation.

8.2.5 Any outcomes from Serious Case Reviews where it was demonstrated that Acacium Group could have performed better, are taken very seriously. Acacium Group will set up its own internal review process and implement the necessary policy changes.

8.2.6 Processes for monitoring the effectiveness of the policy include:

- Assessment of the management of safeguarding alerts and their outcomes
- Evidence of learning across the organisation
- Incident reporting procedure

- Annual report to the Senior Board .
- Appraisal and Personal Development Plan (PDP)

9. Policy Replaces

- 9.1 This policy replaces all other safeguarding and protecting adults at risk policies within Acacium Group

10. Associated Policies/SOP

Policy

CLIN 01 Clinical Risk Management Policy
 CLIN 06 Consent Policy
 CLIN 14 Health Record Management Policy
 CORP10 Policy on Policies Policy
 ORG 04 Incident Reporting Policy
 CORP14 Complaints Policy
 CORP03 Whistleblowing for Internal Employees Policy
 CORP04 Whistleblowing for Associate Workers and External Parties Policy
 CORP07 Equality and Diversity and Human Rights Policy

11. References

- Action on Elder Abuse (2000) Listening is not enough. Available from Action on Elder Abuse, Astral House, 1268 London Road, London SW16 4ER Registered Charity. www.elderabuse.org.uk
- Association of Directors of Social Services (1995) Mistreatment of older people. ADSS, Northallerton 1995. Association of Directors of Adult Social Services www.adass.org.uk
- Department of Health (1993) Ordinary residence. LAC(93)7. DH, London. Department of Health Social Services Inspectorate (1995). The Care & Support (Disputes Between Local Authorities) Reg 2014
- United Kingdom Central Council for Nursing, Midwifery and Health Visiting (1999) Practitioner service user relationships and the prevention of abuse. UKCC, London
- McCreadie, C (1996) Elder abuse: update on research. Age Concern, Institute of Gerontology, King's College London Mental Capacity Act 2005
- Northern Ireland Adult Safeguarding Partnership and five Local Adult Safeguarding Partnerships. Department of Health, Social Services and Public Safety (DHSSPS) 2011
- Safeguarding Vulnerable Groups (Northern Ireland) Order 2007
- The Protection of Children and Vulnerable Adults (NI) Order 2003 (POCVA)
- Mental Capacity Act (2005) applies to England, Scotland and Wales. HMSO 2005
- Legislative framework for mental capacity and mental health legislation in Northern Ireland [Department for Health, Social Services and Public Safety \(DHSSPS\) \(2009\)](http://www.dhssps.gov.uk)
- NMC Code of Conduct
- CQC – Build a Culture that supports peoples sexual needs and keeps them safe from harm – 27/02/2020

- <https://www.nice.org.uk/about/nice-communities/social-care/quick-guides/creating-a-safeguarding-culture>
- [Abuse and neglect of vulnerable adults \(safeguarding\) - NHS \(www.nhs.uk\)](https://www.nhs.uk)
- [https://www.researchgate.net/publication/330114951 INTERCOLLEGIATE DOCUMENT Adult Safeguarding Roles and Competencies for Health Care Staff](https://www.researchgate.net/publication/330114951_INTERCOLLEGIATE_DOCUMENT_Adult_Safeguarding_Roles_and_Competencies_for_Health_Care_Staff)

Appendix A: Equality Impact Assessment

Additional paper to be completed as part of the ratification process: Equality Impact Assessment (EIA) checklist for the Safeguarding and Protecting Adults at risk. Policy. To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the procedural document affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are there any exceptions valid, legal and / or justifiable?	No	
4.	Is the impact of the procedural document likely to be negative?	No	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the procedural document without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

If you have identified a potential discriminatory impact of this procedural document or need advice please refer it to the Clinical Director, together with any suggestions as to the action required to avoid / reduce this impact.

Appendix B: About Acacium Group

Acacium Group consists of a number of trading companies, each providing services within core niche areas of the health and social care industries. Therefore, as this document is a Group Policy, the Policy herein applies to all trading companies detailed below:

Pathology Group

With experience of filling niche vacancies within Pathology, our clients' services have been allowed to return to full capacity and ensure candidates are placed into the right role.



General Medicine Group

With the largest network of medicine doctors in the UK, we are able to offer our candidates the most up to date vacancies and a steady stream of the high calibre Doctors to the NHS.



Surgical People

Dedicated to the supply of high quality Doctors to the NHS and private healthcare providers across several Surgery sub-specialties.



A&E Agency

A&E Agency is a leading recruitment agency for placing specialist doctors in temporary and permanent roles throughout the UK. We supply highly experienced doctors across a range of acute and general medical specialties, including but not limited to, A&E, anaesthetics, obs & gynae, paediatrics, radiology and surgery.



GP World

As a leading provider of locum and permanent General Practitioners & primary care clinicians including nurses to the NHS and private sector, we play an important role as a staffing and career partner to our clients.



Pulse Staffing Limited (Pulse)

Pulse recruits health and social care professionals for temporary and permanent jobs in the UK, and abroad. Pulse is the UK's leading independent provider of staff bank management services and provides specialist care packages to individuals in their own home or community setting.



As an approved supplier to the NHS, Pulse holds contracts with NHS trusts, private organisations and local authorities nationwide. Pulse also works with hospitals globally, specifically within Australia, New Zealand, North America, the Middle East and across Europe.

Pulse places candidates - medical, scientific and nursing staff, allied healthcare professionals, social workers, support workers and carers - in posts appropriate for their training and experience.

Pulse Staffing consists of a number of Pulse brands delivering staffing solutions and health and social care services globally, with a UK branch network and overseas offices, key brands include;

- **Pulse Nursing at Home** – management of packages of care to support/ enable individuals to live independently
- **Pulse Nursing & Care, Pulse Critical Care, Pulse Specialist Nursing, Pulse Theatres** – provision of all categories and grade of nursing & midwifery staff
- **Pulse Doctors** – provision of all specialty and grade of doctor including Psychiatry, Acute and GP
- **Pulse Allied Health & Health Science Services** – provision of all categories and grade of AHP & HSS staff (including Physiotherapy, Radiography, Speech and Language Therapy and Pharmacy)
- **Pulse Staffing Partners** – incorporating end-to-end management of complete staff banks
- **Pulse Social Care** – provision of all categories of unqualified social care staff
- **Pulse Social Work** – provision of all specialty of qualified social work staff.

Frontline Staffing (FL)

FL is a dedicated division of Pulse, committed to managing short-notice and hard-to-fill vacancies on both a temporary, and permanent, basis across the spectrum of health and social care categories of staff.



Part of Acacium Group

Thornbury Nursing Services (TNS)

Established in 1983, TNS is one of the UK's leading independent nursing agencies, providing skilled nurses on a temporary or permanent basis to NHS trusts, and private sector clients, throughout England and Wales.



Part of Acacium Group

The TNS mission is simple: “To provide the best professional solution to meet the requirements of each of our clients whilst recognising and rewarding the exceptional skills and efforts of our nurses.”

TNS delivers an exceptional service to both patients and clients by ensuring every nurse represented meets the most rigorous professional standards.

TNS' team of specially trained recruiters (themselves qualified nurses) personally interview and select nurses across the country using a strict method of competence-based assessment, ensuring that every nurse meets the highest expectations – in terms of professional accreditation, competency, attitude and personality.

Scottish Nursing Guild (SNG)

Established in 1995, SNG, as part of Acacium Group, is one of Scotland's leading independent nursing agencies, providing skilled nurses on a temporary basis to major NHS trusts, and private sector clients, throughout Scotland, Northern Ireland and Republic of Ireland.



Part of Acacium Group

SNG's ability to respond promptly to staffing needs makes the service an invaluable resource in maintaining effective nursing coverage, with unparalleled commitment to providing nurses who meet the highest professional standards.

SNG provides appropriately skilled healthcare assistants, operating department practitioners and qualified nursing staff to cover staffing shortages – both short-term and ongoing. SNG provides temporary nursing staff to both NHS trusts and private sector clients throughout Scotland. SNG's procedures and standards fully conform to, or exceed, the regulatory requirements in each territory.

Thornbury Community Services (TCS)

At Thornbury Community Services (TCS), high quality care is our number one priority. With a team of exceptional and conscientious nurses and care staff, we're able to deliver the best complex care at home or in the community, 24/7 or whenever you need it. With compassion, integrity and dedication, we help empower individuals to achieve personal aspirations, as well as providing care tailored to their needs. Making a positive difference to our client's lives is our passion and it's this that sets us apart.



Part of Acacium Group

Hobson Prior

Hobson Prior International is an award winning provider of staffing services for the medical device, drug discovery and clinical development community in Europe. Since 2002, we have been working exclusively within the life sciences industry, supporting organisations seeking to engage with exceptional professionals within the functional disciplines of clinical operations, medical affairs, pharmacovigilance, quality assurance and regulatory affairs. All our consultants specialise in a specific life sciences discipline and combine in-depth industry knowledge with an ethical and proactive sourcing approach to deliver the right solution for each client.



Part of Acacium Group

Maxxima

Maxxima is an established recruitment agency operating under two successful brand names; Labmed Recruitment and Swim Recruitment. Maxxima operates predominantly within the healthcare and social services sectors.



Part of Acacium Group

As well as offering traditional recruitment solutions to their clients, Maxxima runs a number of successful master vendor contracts. It provides the NHS with a robust vendor managed solution, capable of making large scale cost savings whilst still retaining the expert knowledge and attention to detail associated with more specialist agencies in the market.

Xyla Health and Wellbeing

Xyla Health and Wellbeing is one of a few organisations in the UK offering a fully integrated health and wellbeing service that can be tailored to suit the needs of individuals and local communities.



We have extensive experience of providing large-scale health improvement services for public and private sector organisations. By creating an approach that incorporates innovative technology, strong operational management and effective engagement, we use our expertise and wide range of skills, to provide a high quality and efficient solution for commissioners and long-term health benefits for individuals.

Commissioners can choose to work with us across all, or a selection of, our four core elements:

1. Health and wellbeing hub and interventions
2. Community outreach
3. Training
4. Social marketing campaigns

Liquid Personnel

Liquid Personnel provide temporary and permanent jobs to qualified social work professionals in a wide range of local authorities, NHS Trusts, fostering agencies, charities and other private sector organisations throughout the UK. We are trusted by over 150 organisations in England, Scotland and Wales to provide exceptional agency staff.



Part of Acacium Group

Xyla Health and Social Services

Xyla Health and Social Services is one of the largest commissioned providers of managed social work services in the UK. We work in partnership with local authorities and health trusts, and have 200 qualified staff delivering assessment and review.



Our high-quality statutory services within adults and children's services covers DoLS, Care Reviews and CIN, CP & LAC cases across 30+ organisations.

Xyla Diagnostics

Xyla Diagnostics is a leading specialist in the provision of echocardiography and cardiac rhythm analysis services. Every aspect of our pioneering clinical support service is designed to increase capacity, efficiency and quality across the cardiac diagnostics industry. Our partnerships with healthcare technology providers enable us to provide our customers with access to our specialist clinical network through a range of innovative onsite and remote diagnostic services.



Xyla Digital Therapies

Xyla Digital Therapies is a pioneering new service improving the accessibility, affordability and effectiveness of psychological therapies within IAPT. Through our extensive network of qualified therapists, we provide a broad range of digitally-enabled brief therapies at both step 2 and step 3 that can be accessed securely from a computer, tablet or smartphone anywhere, at any time of the day.



Xyla Elective Care

Xyla Elective Care provides best in class waiting list management solutions to NHS Trusts. Our elective care services are aimed at helping trusts to recover their RTT position so that they can improve aggregate and specialty level performance. In addition to RTT recovery solutions, we also provide ongoing elective and diagnostic capacity as well as 2-week suspected cancer outpatient capacity.



ProClinical

ProClinical has one aim: to support life science companies in the many challenges they face while combating unmet medical need worldwide. ProClinical's mission is to support their work by connecting life science companies with the highly skilled professionals they need to continue innovating. Whatever the hiring need, ProClinical will provide a bespoke staffing



CHS Healthcare

We partner with the NHS and social care systems to deliver innovative patient flow, pathway solutions, and continuing healthcare services. As patient flow experts, we deliver innovative processes and systems which mean that we are able to support the NHS reset and recovery across the entire health and care pathway. Our purpose is to help everyone to live their lives as fully as possible.



Appendix C: Legislation

1. This policy is supported by the following national policies, guidance and legislation as set out in table 1.

Table 1: National policy, guidance or legislation

Acts, national policies and guidance	Description
Human Rights Act 1998	Under the European Convention on Human Rights (ECHR), everyone has a number of rights, which the Human Rights Act 1998 makes directly enforceable in the UK Courts. The following are particularly relevant to safeguarding adults from abuse: • Article 8 ECHR: “Everyone has the right to respect for (their) private and family life, (their) home and correspondence” • Article 3: “No-one shall be subjected to torture, or inhuman or degrading treatment or punishment” • Article 14 prohibits discrimination on any ground in the way that people access their rights under the Convention • Article 6 entitles everyone to a “fair hearing” when a decision is made about their civil rights and obligations. This includes the right to be consulted before decisions are made, and to be given reasons for decisions
Data Protection Act 2018	Covers all recording, storage and sharing of personal information held on paper files or computer. All personal data must be recorded and shared lawfully. Investigating, assessing and responding to risk to adults are multidisciplinary, joint agency activities. They depend on the selective sharing of information which is normally confidential. Information sharing should comply with the Data Protection Act 2018
Safeguarding Vulnerable Groups Act 2006 (England, Wales and Ireland)	This Act describes activities, establishments and positions, that are ‘regulated’, the barred lists and prohibits those who are barred from carrying out those activities
Protection of Vulnerable Groups (Scotland) Act 2007	This Act describes activities, establishments and positions, that are ‘regulated’, the barred lists and prohibits those who are barred from carrying out those activities
The Care Act 2014	The Act ensures that health and social services work together. Helping people make informed choices about health and social care

The Adult Support and Protection (Scotland) Act 2007	Part 1 deals with the protection of adults at risk of harm. Parts 2, 3 and 4 streamline and improve existing legislation by amending the Adults with Incapacity (Scotland) Act 2000; Mental Health (Care and Treatment) (Scotland) Act 2003; and the Social Work (Scotland) Act 1968. Part 5 is mainly procedural, to ensure that the Act operates effectively
Northern Ireland Adult Safeguarding Partnership and five Local Adult Safeguarding Partnerships. Department of Health, Social Services and Public Safety (DHSSPS).	The Department of Health Social Services and Public Safety (DHSSPS) and the Department of Justice, with the support of other government departments are actively taking forward policy development in relation to Safeguarding Adults at Risk in Northern Ireland. It is intended that a policy framework will be issued for public consultation early in 2011
Safeguarding Vulnerable Groups (NI) Order 2007	Established a new vetting and barring scheme. The scheme will protect both children and vulnerable adults by preventing those who are known to pose a risk of harm from accessing these groups through their work
The Protection of Children and Vulnerable Adults (NI) Order 2003 (POCVA)	Is there to prevent unsuitable people from working with vulnerable groups. The Order strengthens the existing system for checking people seeking work with children and adults at risk against lists maintained by the Department of Health, Social Services and Public Safety and by the Department of Education
Mental Capacity Act (2005) Applies to England and Wales	• The Mental Capacity Act (2005) came in to force in October 2007. The Act deals with liability for actions in connection with the care of a person who lacks capacity to consent to what is done. It establishes a new statutory scheme for 'lasting' powers of attorney and also enshrines - through an Advanced Directive - the ability for individuals to make provision in law for their future care and treatment options • Encompasses the requirement of a person having the capacity to make decisions and consent. Capacity determines who makes a decision. If an adult can make an informed decision, it is for them to make family members and professionals can only advise and support. If the adult lacks capacity to decide, others must make the decision, acting in what they believe to be the person's best interests. This is a crucial distinction in work to safeguard adults
Adults with Incapacity Act (Scotland) 2000	The Act changes the system for safeguarding the welfare, and managing the finances and property, of adults (aged 16 or over) who lack the capacity

	to take some or all decisions for themselves because of mental disorder or inability to communicate by any means. It allows other people to make decisions on behalf of these adults, subject to safeguards
The Parliamentary Review of Health & Social Care in Wales Jan 2018	• The report said that the way care and support is delivered by public, independent and third sector bodies rather than their underpinning organisational structures needed to change. The report published in January 2018 recommended that the vision should aim to deliver against four mutually supportive goals referred to as 'the Quadruple Aim', each of which should be vigorously pursued. They are continually to: • Improve population health and wellbeing through a focus on prevention • Improve the experience and quality of care for individuals and families • Enrich the wellbeing, capability and engagement of the health and social care workforce; and • Increase the value achieved from funding of health and care through improvement, innovation, use of best practice, and eliminating waste.
Legislative framework for mental capacity and mental health legislation in Northern Ireland Department for Health, Social Services and Public Safety (DHSSPS) (2009)	This policy consultation document attempts to draw together key messages stemming from Bamford's legislative report and from the responses to Delivering the Bamford Vision. The document draws especially on recent developments in law and practice in the rest of the United Kingdom
Care Quality Commission (CQC) Essential standards of quality and safety. March 2010	The independent regulator of all health and social care services in England. They stipulate 28 Outcomes for all providers to comply with
Care Quality Commission (CQC) Fundamental Standards 2014	These are fundamental standards below which care should never fall. Included as one of the standards in Safeguarding from Abuse
Regulation and Quality Improvement Authority (RQIA) . 2005,2009	'The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland, and encouraging improvements in the quality of those services.' The reviews undertaken by RQIA are based on the 2006 'Quality standards for health and social care'. In 2009 the duties of the Mental Health Commission were also transferred to RQIA

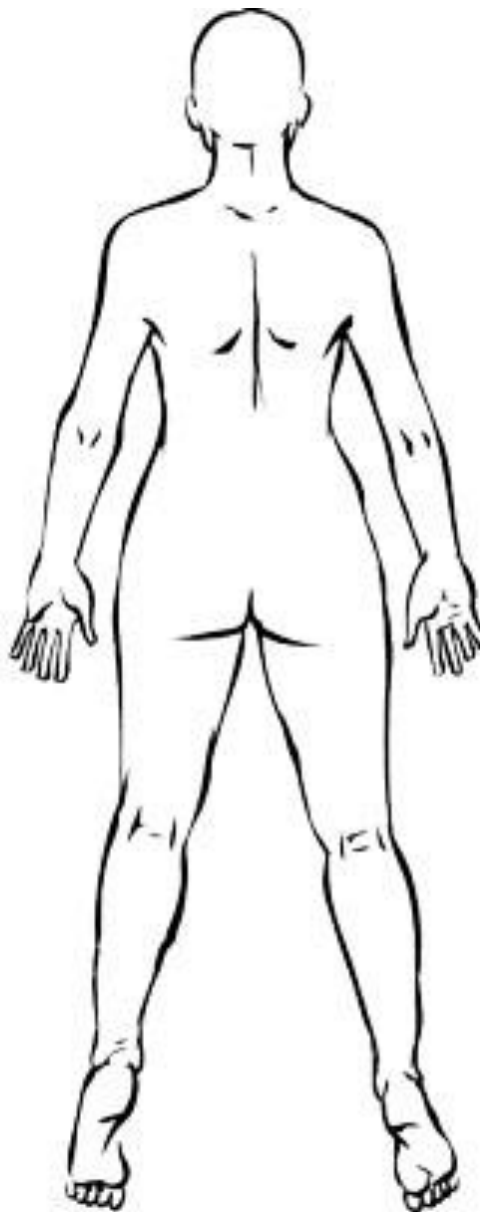
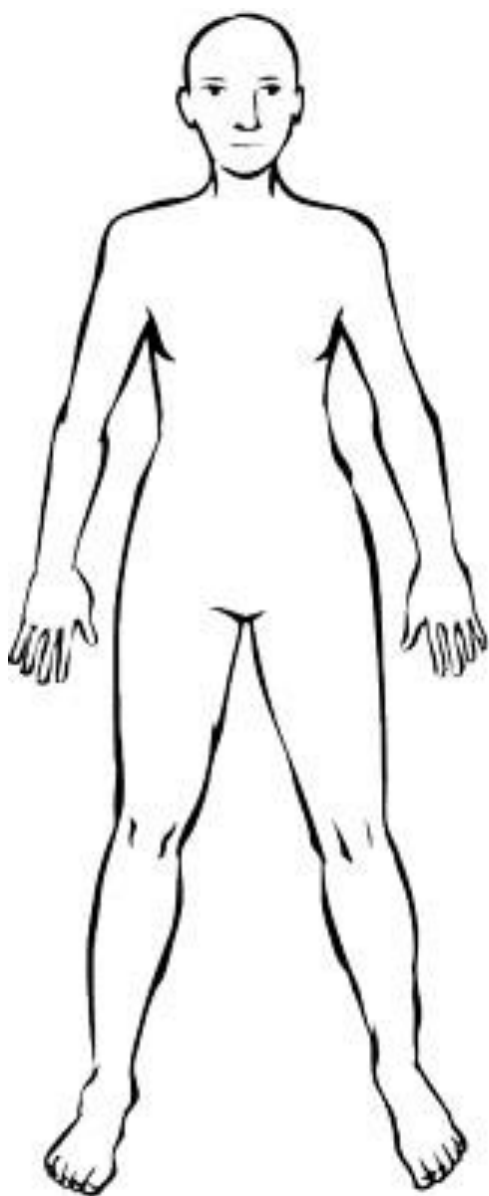
Health and Social Care Act 2008 revised 2012	The relevant part of this act to this policy is introduction of the Care Quality Commission which is an integrated regulator for health and adult social care bringing together existing health and social care regulators into one regulatory body, with new powers to ensure safe and high quality services
Social Care and Social Work Improvement Scotland (SCSWIS) September 2011 (Known as the Care Inspectorate)	The independent regulator of social care and social work services across Scotland. They regulate, inspect and support improvement of care, social work and child protection services for the benefit of the people who use them
Care Inspectorate for Wales (CIW) (2004)	Nursing Regulations Standard 8 Protection “Clients who are also patients are protected from abuse, where the agency is an employment business”
Regulation and Inspection of Social Care (Wales) Act 2016	This act supports the aim of the Social Services and Well Being (Wales) Act 2014 which enshrines the rights of people using care and support services into law
Adult Safeguarding Network (NHS England)	The NHS England National Network of Safeguarding Adult Designated Professionals is a network that brings together professionals across the UK. The group works together to standardise national topics relating to safeguarding adults providing national leadership
Adult Safeguarding: Roles and Competencies for Health Care Staff (Intercollegiate Document 2018)	Guidance produced by the intercollegiate endeavour and is intended to have relevance to all health care professionals and social care colleagues. It is concerned with the competencies required to support adult safeguarding and focuses on the knowledge and skills need to undertake the important and core professional role.
Autism Act 2009	The Autism Act is to ensure provision is in place to meet the needs of adults with autistic spectrum conditions, and for connected purposes. The Autism Act 2009 is an Act of the Parliament of the United Kingdom.
Autism Strategy 2010	In March 2010 the Government produced an adult autism strategy: “Fulfilling and rewarding lives: the strategy for adults with autism in England.” This sets out the strategy for meeting the needs of adults on the autism strategy in England by improving the provision of relevant services by local authorities and the NHS. It sets out how organisations should

	carry out their responsibilities under the <i>Autism Act 2009</i> .
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Appendix D: Body Map

Body Map (for use in cases of suspected physical abuse)

Male



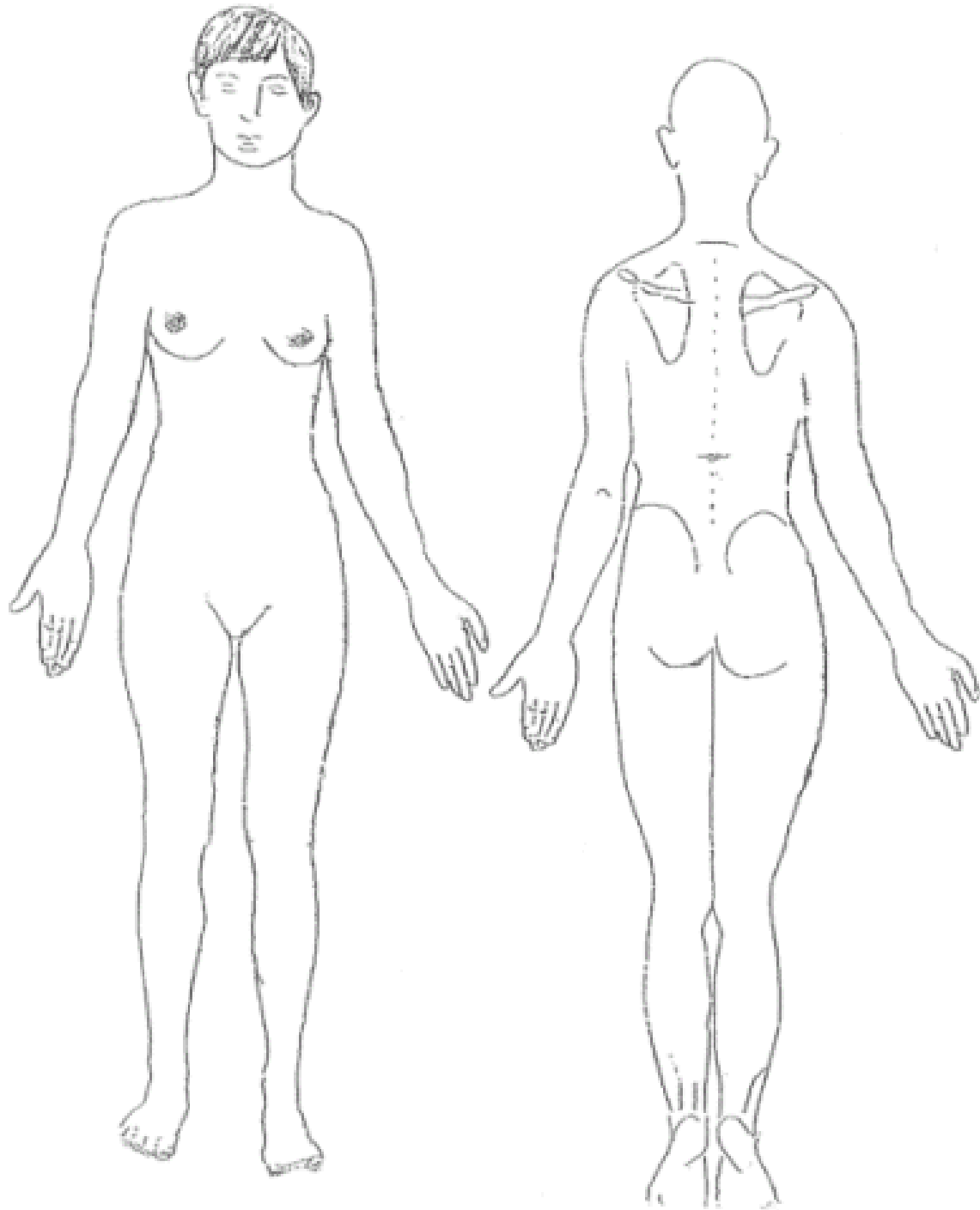
Client's name:

Name of person completing body map:

Date of assessment:

Body Map (for use in cases of suspected physical abuse)

FEMALE



Client's name:

Name of person completing body map:

Date of assessment: