



SAFEGUARDING OF ADULTS POLICY

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SAFEGUARDING OF ADULTS AT RISK

Corporate Policy

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1. INTRODUCTION

- 1.1 Nurse24 Ltd is committed to protecting adults and children at risk from abuse (see also separate *Safeguarding Children and Young People* policy). Nurse24 Ltd acknowledges that it has a duty of care to adult service users provided by Nurse24 Ltd.
- 1.2 Everyone has the right to live their lives free from violence and abuse, and any form of exploitation. This right is underpinned by the duty on public agencies under the *Human Rights Act* (1998) to intervene proportionately to protect the rights of citizens.
- 1.3 Abuse of adults at risk is the violation of an individual's civil or human rights by others who have influence over them. These violations may be intentional or unintentional, and may be a single act or repeated over a period of time by one person, or by several people.
- 1.4 The broad definition of an '**adult at risk**' suggested by the Law Commission and referred to in the Lord Chancellor's Department's consultation paper 'Who Decides' and the Department of Health's 'No Secrets', is used:

"A person aged 18 years or over who is or may be in need of community care services by reason of mental or other disability, age or illness and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation".

Law Commission Report 231, 1997 & 'No Secrets', Department of Health, 2000

- 1.5 The purpose of this policy is to enable employees of Nurse24 Ltd working with adults at risk to be able to recognise instances of abuse and to address them quickly and effectively. This encompasses the prevention of abuse, early detection, protection, and work with adults affected by abuse following interventions to avoid any further abuse in the future. This policy also addresses the promotion of wellbeing through protecting vulnerable adults from abuse and neglect in line with the requirements of the *Care Act 2014*. This is to ensure that the personal dignity, physical and mental health, and emotional wellbeing of those involved are maintained, both during and after their involvement in the safeguarding process.
- 1.6 This policy must be adhered to by all employees of Nurse24 Ltd, including bank workers, volunteers, students on placement, board members and those undertaking official visits. The policy also applies to consultants and agency workers contracted to work for Nurse24 Ltd.
- 1.7 This policy is the Nurse24 Ltd corporate safeguarding policy, which provides guidance for staff to enable adults to be kept safe from abuse or neglect and immediate action to be taken where required in order to achieve this.

2. STATEMENT OF COMMITMENT

- 2.1 *No Secrets* (2000) and the review in 2009 set out the Government's commitment to make the protection of adults who are at risk of abuse a high priority. *Making Safeguarding Personal* is about person-centred and outcome-focused practice. It is how professionals are assured by adults at risk that they have made a difference to people by taking action on what matters to people, and is personal and meaningful to them.

Making Safeguarding Personal 2014 represents a shift in culture and practice. At Nurse24 Ltd we will work with Local Authorities to support and empower people at risk of harm to resolve the circumstances that put them at risk. We will ensure our practice puts the person at the centre of their safeguarding, giving them more control and we will work with them to agree and achieve their desired outcomes.

2.2 The Care Act 2014 and accompanying Care and Support Statutory Guidance underpins Nurse24 Ltd's safeguarding policy.

2.3 Nurse24 Ltd's policy and procedures are based on **The Six Principles of Safeguarding** that underpin all adult safeguarding work:

- i. **Empowerment** – People being supported and encouraged to make their own decisions and informed consent without coercion, by helping them to choose the care and support that best enables them to meet their goals.
- ii. **Prevention** – It is better to take action before harm occurs. Nurse24 Ltd are committed to making the prevention of abuse one of the key priorities in all of its services, ensuring all sites have robust procedures in place for dealing with incidents of abuse where the prevention strategy has not been effective.
- iii. **Proportionality** – The least intrusive response appropriate to the risk presented. While remembering that adults have the right to have their decisions respected, even if this involves taking risks, assessment of the individual's capacity in relation to making decisions about a specific issue is essential to protect these rights.
- iv. **Protection** – Support and representation for those in greatest need. Immediately upon any concerns of possible abuse being raised, the safety of the individual or group must be the primary consideration. Staff should be alert to indications of possible abuse and understand how to raise any concerns appropriately.
- v. **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. Nurse24 Ltd will work closely with Local Authorities to provide an effective multi-agency approach to the prevention, detection and investigation of abuse.
- vi. **Accountability** – Accountability and transparency in delivering safeguarding. All staff must work within the framework of the law, and safeguarding procedures should be seen as an integral part of working practices in all services.

3. DUTY OF CANDOUR

Nurse24 Ltd acknowledges and works in accordance with the Duty of Candour under regulation 20 of the *Health & Social Care Act 2014*, whereby we agree to work in an open and transparent way, providing information where it has been identified that a service user's safety has been affected, or could have been affected, even if no harm has occurred, whilst in receipt of Nurse24 Ltd services.

4. RESPONSIBILITIES

- 4.1 Overall responsibility for Nurse24 Ltd's arrangements to safeguard adults at risk ultimately lies with the Director for Nurse24 Ltd.
- 4.2 It is the responsibility of all Registered Managers to ensure that there are effective processes in place in their services regarding adult safeguarding, and that these processes and procedures link effectively with those of the Local Authority. This includes ensuring that all staff read this policy and undertake appropriate training and refresher training as required.
- 4.3 It is the responsibility of all Registered Managers and Senior Management Teams to ensure services have local safeguarding policies and procedures in place which include the relevant Local Authority procedure for submitting a safeguarding alert with up to date contact details.
- 4.4 Staff are responsible for maintaining clear and professional boundaries between themselves and the people they support in accordance with the Code of Practice. This is important because staff who do not adhere to boundaries based on trust, respect and the appropriate use of power with a focus on meeting the needs of the individual, can cause confusion and the risk of potential abuse.
- 4.5 It is the responsibility of all Nurse24 Ltd staff to act on any concerns, suspicions or evidence of abuse, and report any concerns to their line manager or a senior member of staff. Outside of office hours safeguarding concerns must be reported to the Head Office Duty Manager who will ensure that the concern is reported to the relevant local authority and other agencies as appropriate. The lead senior manager will also advise staff and liaise with other agencies to ensure that an interim protection plan is put in place, pending discussion with the responsible local authority.
- 4.6 It is the responsibility of all staff to read this policy and attend safeguarding training appropriate to their job role.
- 4.7 Staff are responsible for advising their manager of any concerns regarding the safety and wellbeing of the people they support. If staff do not feel their concerns have been acted upon or taken seriously, then they should follow the process outlined in the *Whistleblowing* policy.
- 4.8 It is the responsibility of the Local Authority where the alleged abuse has occurred to coordinate any safeguarding work, to determine whether or not abuse has occurred, whether it meets the threshold for progressing to a Safeguarding Strategy meeting, and to agree the measures needed to protect the adult at risk.
- 4.9 In the event that a safeguarding concern progresses to a Strategy Meeting, and that Nurse24 Ltd is invited to attend the meeting, the lead Operational Manager for the service will prepare a Safeguarding Strategy Report for the meeting and will personally attend to ensure that Nurse24 Ltd's contribution is taken into account. The lead operational manager may in some circumstances delegate the preparation of the report and/or attendance at the meeting to another senior colleague where appropriate, but remains responsible for its contents and for the contribution to the meeting. The lead Operational Manager must ensure that Nurse24 Ltd receives a copy of the minutes of the Safeguarding Strategy Meeting, that these are carefully reviewed and that any inaccuracies or omissions are communicated promptly in writing to the Chair of the meeting.

4.10 It is the responsibility of the Local Authority to enlist the support of an IMCA (Independent Mental Capacity Advocate) to support the adult at risk who lacks capacity through the safeguarding process where certain conditions are met, or in the event of a SAR (Safeguarding Adult Review) Nurse24 Ltd will ensure individuals involved in any safeguarding procedures receive the support to which they are entitled.

5. PREVENTION OF ABUSE

5.1 In order to prevent and minimise abuse from occurring, the following standards will be adhered to:

- Nurse24 Ltd ensures that all individuals who are employed or volunteer to work with adults and children at risk are subject to enhanced DBS checks
- All references, including a reference from the last employer, are taken and received before formal offers of employment are made in writing. All reasonable efforts to check the references are bona fide and genuine are taken.
- In response to the Lampard report into lessons learned from the investigations into concerns relating to Jimmy Savile, Nurse24 Ltd staff will ensure that visits by celebrities, VIPs and other official visitors are well managed and that visitors are supervised at all times.
- All staff will receive regular supervision, and safeguarding supervision where appropriate.
- All allegations will be responded to in a positive manner.
- Clear service standards will be maintained.
- Safe recruitment policies must be followed for all staff, including volunteers.

5.2 The Criminal Records Bureau and the Independent Safeguarding Authority (ISA) merged in 2012 to form the Disclosure and Barring Service (DBS). This means there is a single organisation dealing with checks and barring decisions.

5.3 Employers are required to make referrals to the DBS about individuals they believe to pose a risk of harm to vulnerable groups. There is a referral guidance document available from the DBS at www.gov.uk/government/publications/dbs-referrals-form-and-guidance. It is an offence for employers to employ anyone who is barred under the scheme.

5.4 For individuals who have convictions and/or cautions (having fully disclosed them) a decision regarding their suitability to work with adults and/or children at risk will be made by the Service Director responsible for Human Resources along with a risk assessment form completed. As a registered body working on behalf of the Disclosure and Barring Service we fully comply with the standards of the *Data Protection Acts 2018* and *EU General Data Protection Regulation (GDPR)*.

5.5 All staff members are issued with identity badges, which they must carry at all times. These are also renewed every 2 years, and must be handed in when an employee leaves the employment of Nurse24 Ltd.

6. TRAINING

- 6.1 All Nurse24 Ltd employees will be given clear guidance and training on safeguarding, and will be required to sign to say they have read this Safeguarding Adults at Risk policy. Staff will also familiarise themselves with the Local Authority safeguarding procedures.
- 6.2 During their corporate induction, staff will undertake internal safeguarding training. Staff must then refresh their safeguarding training annually either via e-learning or through classroom-based training. New staff who have not worked in a health and social care setting will complete the Care Certificate, which includes a module on safeguarding. Managers will complete safeguarding training as part of their managers' induction and are required to refresh this annually. Staff are also encouraged to attend any Local Authority safeguarding training available to them locally.
- 6.3 Attendance, knowledge and competency levels will be regularly audited through the supervision and appraisal procedures, through local monitoring, and the corporate training database.
- 6.4 At Nurse24 Ltd we take responsibility for organisational learning, and implement changes to practice as a result of audits, complaints, safeguarding section 42 investigations and SARs. We also seek feedback from adults at risk about their experience and identify what has worked well and what could be improved.

7. RECOGNITION OF ABUSE

- 7.1 Abuse may occur in any context or environment and be perpetrated by any person, professional staff, care workers, volunteers, other service users, family, friends, neighbours or strangers. Abuse may be deliberate or unintentional, or result from a lack of knowledge.
- 7.2 Abuse can happen as a result of neglect or through poor professional practices. These could be isolated incidents, ongoing regular pervasive ill treatment or gross misconduct.
- 7.3 Although often difficult to detect in a care setting, staff must always be alert to the possibility of abuse/exploitation from any source, especially where people are being supported to live a more independent life.
- 7.4 Staff must also be aware that the perpetrator could be another person in our care. It is well recorded that where this kind of abuse is ignored or not addressed, then the victims may experience mental ill health, low self-esteem, and may also go on to be perpetrators of abuse themselves.
- 7.5 Alleged perpetrators of abuse who are also adults at risk of abuse, should be assured of their right under the *Police and Criminal Evidence Act 1984 (PACE)* to the support of an 'appropriate adult' while they are being questioned by the police.
- 7.6 Staff should be aware that some adults at risk, especially older people, may not be aware that they are being abused: for example, when they become dependent on care staff or family members allowing them to take control of their finances, make decisions or have contact with others, and may be fearful of asserting themselves in case things get worse.

- 7.7 Staff should have an understanding of their duty of care to those who may be vulnerable to exploitation, mate crime, self-neglect or self-harm and report concerns immediately.
- 7.8 Staff need to be aware that some cases of abuse will constitute a criminal offence. Adults in need or receipt of community care services are entitled to the protection of the law. The responsibility for taking the lead on any investigation of a crime rests with the police. Decisions regarding prosecution are the responsibility of the Crown Prosecution Service. The early involvement of the police is essential when there is reason to believe that a crime has been committed.

8. TYPES OF ABUSE

8.1 **Physical Abuse** – Resulting from acts of omission or commission on the part of others, causing pain, injury or impairment. This can include hitting, scratching, pushing, shaking or withholding care or medication or essential treatment. Physical abuse includes:

- Bodily assaults - burns, bruises, abrasions, fractures, wounds.
- Bodily impairment – malnutrition, dehydration, failure to thrive.
- Medical/Healthcare Maltreatment – over/under medicating, irregular or inadequate provision of healthcare.

8.2 **Sexual Abuse** – Direct or indirect involvement in sexual activity to which the adult did not or could not consent, or was pressed or coerced into giving consent. This includes inappropriate looking, use of sexualised language or innuendo, use of pornographic material, being made to witness sexual acts, sexual harassment, inappropriate touching, penetration or attempted penetration. Sexual abuse also includes the use of technology such as mobile devices, mobile phones, tablets, the internet and social media.

Any sexual exploitation of adults at risk is a form of sexual abuse, and any suspicions should be reported to the police. This can involve exploitive situations, contexts and relationships where adults at risk receive ‘something’ (e.g. gifts, money, affection, food, accommodation, drugs, alcohol, cigarettes) as a result of performing, and/or others performing on them, sexual activities. Sexual exploitation can occur through the use of technology without the person’s immediate recognition – this can include being persuaded to post sexual images on the internet/mobile phone with no immediate payment or gain, or being sent such an image by the person alleged to be causing harm. In all cases those exploiting the adult at risk have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. It appears that adults with learning disabilities are particularly vulnerable to being targeted by perpetrators of this kind of abuse.

8.3 **Financial or Material Abuse** – The misuse or misappropriation of a person’s funds, property or possessions. This includes theft, fraud or deception. Using a person’s finances or belongings for the abuser’s own advantage, this can range from pressure to alter wills in advantage of another, property transfer or financial transactions, to not returning change from items bought on behalf of the adult at risk, or the collection of loyalty points or special offers.

8.4 **Neglect Abuse** – Resulting from acts of omission or commission, which result in a failure to provide access to appropriate health or social care resulting in risk to the independence, welfare and wellbeing of the adult at risk; withholding the necessities of life, such as medication, food, warmth, access to medical treatment, personal care or activities.

- 8.5 **Self-Neglect** – Defined as, “a condition affecting behaviour, where the individual refuses to attend to their personal care and hygiene, their environment or even refusal of care services offered to them”. (Skills for Care). Self-neglect can be considered as a safeguarding issue if there is considerable amount of omission or commission by someone else. Safeguarding alerts can be made if a service user is severely neglecting themselves or their environment, refusing support or will not engage with services, in line with the provisions of the *Care Act 2014*.
- 8.6 **Psychological/Emotional Abuse** – The use of threats, intimidation, harassment, control, coercion, verbal conduct including swearing, persistent ignoring/isolation, emotional blackmail, offensive/demeaning remarks, cyber-bullying or any other behaviour that causes distress. It includes the denial of basic human and/or civil rights such as choice, self-expression, privacy and dignity.
- 8.7 **Organisational/Institutional Abuse** – Abuse that occurs in an institutional setting such as a care home or day centre that is caused by the imposition of routines or work practices that reflect the needs of the institution and staff rather than those of the people using the service. This can include inadequate regard for privacy and dignity, authoritarian or negative staff attitudes, low staffing levels, high staff turnover, lack of staff supervision and training, poor communication and poor record keeping. It can also include poor environmental standards and no evidence of people being involved in any person-centered planning of their support, the failure of professionals to act on suspected abuse/crimes, poor care or neglect in services, resource shortfalls or service pressure that leads to service failure and culpability as a result of poor management systems/structures.
- 8.8 **Discriminatory Abuse** – Discrimination on the basis of race, gender, sexual orientation, age disability or religion. A crime that is motivated by hatred towards a specific group is treated as a hate crime. Also included in this category are forced marriage or ‘honour-based’ violence when values, beliefs or culture result in a misuse of power that denies opportunities to some individuals or groups.
- 8.8.1 **Hate Crimes** – Any incident that is perceived by the victim or any other person to be racist, homophobic, transphobic or due to a person’s religion, belief, gender, identity or disability.
- 8.8.2 **Mate Crime** – Can be defined as a instance when someone ‘makes friends’ with a person and goes on to abuse or exploit that relationship. The founding intention of the relationship, from the point of view of the perpetrator, is likely to be criminal. The relationship is likely to be of some duration and, if unchecked, may lead to a pattern of repeat and worsening abuse.
- 8.8.3 **Domestic Violence** – Domestic abuse, forced marriage and ‘honour-based’ violence is included in the above, depending on the actual nature of the abuse. Domestic abuse is any incident of threatening behaviour, violence or abuse – psychological, physical, sexual, financial, or emotional abuse between two adults who are or have been intimate partners or family members regardless of gender identity or sexual orientation.
- 8.8.4 **Forced marriage and ‘honour-based’ violence** – A forced marriage is a marriage in which one or both spouses do not (or in the case of adults with learning or physical disabilities cannot) consent to the marriage and duress is involved. The terms ‘**honour crime**’ or ‘**honour-based violence**’ or ‘**izzat**’ embrace a variety of crimes of violence (mainly but not exclusively against women), including assault, imprisonment and murder. The person can be

punished by their family or their community. They are being punished for actually, or allegedly, undermining what the family or community believes to be the correct code of behaviour. In going against this code of behaviour, in the view of the family the person is showing that they have not been properly controlled to conform, and this is to the 'shame' or 'dishonour' of the family.

8.8.5 Modern Day/Contemporary Slavery – Refers to the institutions of slavery that continue to exist in the present day. These include:

- i. **Bonded labour:** people become bonded labourers after falling into debt and being forced to work for free in an attempt to repay it. Many will never pay off their loans, and debt can be passed down through the generations.
- ii. **Forced labour:** where people are forced to work, usually with no payment, through violence or intimidation. Many find themselves trapped, often in a foreign country with no papers, and unable to leave.
- iii. **Descent-based slavery:** where people are born into slavery because their families belong to a class of "slaves" within a society. The status of "slave" passes from mother to child.
- iv. **Trafficking:** the transport or trade of people from one area to another and into conditions of slavery.
- v. **Child slavery:** children are in slavery as domestic workers, forced labour – in, for example, the cocoa, cotton and fisheries industries – trafficked for labour and sexual exploitation, and used as child soldiers.

8.8.6 Radicalisation – Adults at risk can be drawn into violence or they can be exposed to the messages of extremist groups by many means. These can include through the influence of family members or friends and/or direct contact with extremist groups or organisations or, increasingly, through the internet. This can put a person at risk of being drawn into criminal activity and has the potential to cause significant harm.

Nurse24 Ltd work with vulnerable people, and this group of people may be prone to being exploited. The UK Government's Prevent Strategy (2011), which is a key aspect of safeguarding, outlines the commitment to be made by the health/care sector in ensuring that threats of this kind are understood and responded to.

8.8.7 Multiple Forms of Abuse – More than one form of abuse may occur to one person or groups of people. It is important for staff to look beyond single incidents or breaches in standards to underlying patterns of harm.

9. PROCEDURE FOR REPORTING CONCERNS REGARDING ADULTS AT RISK

9.1 The procedures are a means for staff to combine principles of protection and prevention with individuals' self-determination, respecting their views, wishes and preferences in accordance with *Making Safeguarding Personal*. They are a framework for managing safeguarding interventions that are fair and just. As an organisation who provides support to adults experiencing, or who are at risk of, abuse and neglect we may be called upon to lead or contribute to a safeguarding concern and need to be prepared to take on this responsibility.

- 9.2 All staff have a duty to report concerns or allegations of abuse relating to adults at risk, whether or not such adults are in receipt of services provided by Nurse24 Ltd. It is essential to report your concerns even when these involve a colleague, staff of another organisation or a member of the public.
- 9.3 Managers have a duty to respond promptly and appropriately to provide advice, guidance and effective support to staff following a report of alleged abuse.
- 9.4 Staff must ensure the alleged adult at risk is safe and supported. If the adult at risk appears to be in immediate physical danger, then staff should take any practical measures to reduce the danger without endangering themselves. Staff must continue to support the person and if required call for the appropriate emergency service.
- 9.5 Staff should ensure any evidence is preserved. If it is suspected that any physical or sexual abuse has taken place, then the person should not wash, bathe or change their clothing as this could contaminate any evidence the police may require. The police must be contacted at the earliest opportunity in such circumstances. Line managers will advise on this.
- 9.6 Where there is a reasonable suspicion that a criminal offence may have occurred, it is the responsibility of the police to investigate and make a decision about any subsequent action. The police must always be contacted about criminal matters.
- 9.7 Staff should contact to inform a member of the Executive Team. If the concern arises out of hours, the local on call or the Duty Manager within Nurse24 Ltd should be contacted. The Duty Manager can be contacted outside of normal office hours on 0161 236 0829.
- 9.8 If the allegation concerns the practice of a member of staff, it may be necessary to suspend them or move them to an alternative place of work, pending any investigation. The safety of the service user is paramount and should take precedence over employment-related matters.
- 9.9 If it is suspected that a colleague or manager is the perpetrator of the alleged abuse or they have failed to act in accordance with this policy, it is important **not** to discuss the matter directly with them but is reported to a member of the Executive Team or, if outside of normal office hours, the Duty Manager on 0161 236 0829.
- 9.10 Nurse24 Ltd currently provides care and support across England. It is not possible to provide all contact details within this Corporate Safeguarding Policy however every Nurse24 Ltd service will have a copy of their own Local Authority safeguarding policy and procedures or access to online information with the relevant contact details providing information on how to make a safeguarding alert.
- 9.11 The senior member of staff to whom the concern has been reported will advise on what action to take and will liaise with the relevant Local Authority Safeguarding Officer, who will be responsible for any further investigation and follow up. Should the Safeguarding Officer not be available or the concerns are outside normal working hours then the allegation should be reported to the Duty Social Worker from the Local Authority where the person resides, who will advise on what you must do. Advice should be sought on if and how family members are informed of the safeguarding incident.

- 9.12 The person reporting the concern must record full details of the safeguarding referral, the person with whom they spoke; the date, time, advice given and action taken. All details and full referral documents should be submitted to the Nurse24 Ltd Safeguarding Co-ordinator, via email wherever possible at hello@nurse24.uk
- 9.13 Once it is established that the victim is safe and the concerns have been reported verbally, a written record of the event should be made. Where possible, use either the Local Authority reporting form or a Notification of Professional Concerns Form (Appendix 1). A hand-written report is acceptable. The report should be handed to or sent to the relevant senior manager to whom it has been reported.
- 9.14 Once it is established that the adult at risk is safe and no longer at-risk staff should implement an Initial Protection Plan (see Appendix 2)
- 9.15 It is vital that vulnerable adults and those affected by a safeguarding concern are given appropriate information and are supported with their general welfare, in accordance with the principles of the *Care Act* 2014.
- 9.16 It is important that concerns are documented as promptly as possible and always before the end of a shift. The record should state the nature of the concerns, why and how these concerns arose. If reporting a specific incident, give all relevant information, e.g., date, time and location of incident, names of witnesses. In all cases this must state who the concern was reported to, what advice was given and what action has been taken. This record must state the date, the time, and be signed.
- 9.17 Failure to record concerns could hamper the subsequent investigation and may expose the victim to further risk of abuse. Serious delays or omissions in reporting could be regarded as negligent.

It is essential for all employees who support adults at risk to be aware of and understand the relevant Local Authority safeguarding reporting procedures, to ensure that these procedures are adhered to at all times and in full compliance with the time scales as determined with the policies. Each Local Authority will have a contact number (including out of hours) for reporting safeguarding matters.

10. CONFIDENTIAL REPORTING – WHISTLEBLOWING

- 10.1 'Whistleblowing' is the term used to describe when someone in an organisation contacts someone outside of their normal operational management to share information about a matter which is concerning them.
- 10.2 In most circumstances, staff are willing to voice concerns to their line manager or another local manager but, occasionally, something prevents this from happening.
- 10.3 Whistleblowing is viewed as a vital and responsible process for an organisation to commit to. Anyone making a complaint, allegation or expressing concern, whether they be staff, service users, carers or members of the general public, should be reassured that:

- They will be taken seriously
- Their comments will be treated confidentially as far as is possible
- They will be given support
- They will be dealt with in a fair and equitable manner
- They will be kept informed of action that has been taken.

Refer to Nurse24 Ltd 's *Whistleblowing* policy for more details.

11. CAPACITY

- 11.1 If the person thought to be experiencing the abuse has the capacity to do so, it is good practice to gain consent for the referral. However, if the person does not want to act, consent is not necessary where there is an overriding duty to act. (For example, in situations where there is a likelihood of the perpetrator abusing others or if gaining consent would put the person at further risk). Where consent is not given, advice should be sought.
- 11.2 Where an adult does not have the mental capacity to make decisions about protection from abuse, action should be taken to protect them. Any such action must be proportionate to the level of risk and take any knowledge of the person's previously expressed wishes into account.

12. MULTI-AGENCY CO-OPERATION

- 12.1 Section 6 of the *Care Act* 2014 describes a general duty to co-operate between the Local Authority and other organisations providing care and support. This includes a duty on the Local Authority itself to ensure co-operation between its adult care and support, housing, public health and children's services. Section 7 of the *Care Act* 2014 provides a new ability to request co-operation from a relevant partner or another Local Authority, in relation to an individual case. The Local Authority or relevant partner must co-operate as requested, unless doing so would be incompatible with their own duties or have an adverse effect on the exercise of their functions.
- 12.2 It is the role of the Local Authority to decide whether the safeguarding concern raised meets the criteria to convene a safeguarding strategy meeting. A senior member of staff or manager for the relevant service must attend this meeting and represent Nurse24 Ltd. A report must be prepared containing relevant factual information relating to the concerns/allegations, including the original safeguarding referral form/professional concerns form.
- 12.3 The purpose of the strategy meeting is to share available information, agree the conduct and timing of any investigation and agree what immediate action is needed to safeguard the adult at risk, collate a protection plan and determine if legal action is required. It is also an opportunity to ensure all relevant agencies involved with the person are informed of any significant outcomes to prevent the adult from being placed further at risk.
- 12.4 No effective adult safeguarding process can work unless those concerned are committed to the concept of multi-agency and multi-professional working. All the agencies involved should have the wellbeing, rights and safety of the adult at risk as the first priority.

12.5 When someone with care and support needs dies as a result of neglect or abuse and there is a concern that the Local Authority or its partners could have done more to protect them, then the Local Authority via its **Safeguarding Adults Board (SAB)** is responsible for undertaking a **Safeguarding Adults Reviews (SAR)**.

12.6 When a SAR is undertaken, this must be attended by a Nurse24 Ltd Senior Manager. As an agency involved in the provision and/or delivery of care and support, there will be an expectation to provide a single agency report an IMR Independent Management Report detailing a chronology of events and the level of involvement Nurse24 Ltd had with the deceased person.

13. HOW DO WE SUPPORT ADULTS AT RISK TO KEEP THEMSELVES SAFE?

13.1 Nurse24 Ltd is committed to empowering and enabling service users to keep themselves safe from harm and abuse. This is to be achieved through the following approaches:

- Promoting awareness of emergency services and how to access these, including reporting concerns directly to the police and Local Authority safeguarding services.
- Providing information in accessible formats to service users regarding their rights to self-determination, privacy, dignity and protection from all forms of abuse, including domestic violence and hate/mate crime.
- Ensuring that personal safety and safeguarding concerns are addressed in an open and supportive manner and forms part of the assessment of need, risk assessment, management plans and support plans.
- Promoting awareness of organisations which provide advocacy or specialist advice and support e.g. in relation to domestic violence or hate crime.
- Requesting the support of an Independent Mental Capacity Advocate (IMCA) where the person has a need to independent support.
- Supporting people to understand the risks associated with social networking and internet usage.
- Working with other agencies to increase reporting of hate motivating incidents and crime.

14. CONFIDENTIALITY

14.1 The Government guidance document *No Secrets* recognised that there were circumstances in which it was necessary to share confidential information.

14.2 The *Care Act 2014* sections 42-46 and Chapter 14 of the statutory guidance replaces *No Secrets* and puts it on a statutory footing. Section 45 of the Act ('Data Sharing')

and Chapter 14 of the statutory guidance on information sharing and record keeping state that:

- a) Whenever a complaint or allegation of abuse is made, the organization should keep clear accurate records of all action taken.
- b) Staff should be given clear direction on what information is recorded, including;
 - i. What information do staff need to know in order to provide a timely response to the adult concerned?
 - ii. What information do staff need to know in order to keep adults safe under the organisation's duty to protect people from harm?
 - iii. What information is not necessary?
 - iv. What is the basis for any decision to share (or not share) information with a third party?

14.3 Information sharing must be in line with the principles and rules of fairness, confidentiality and data protection when making records available to those adults affected by, and subject to, an enquiry.

15. CROSS REFERENCE TO Nurse24 Ltd POLICIES, PROCEDURES OR PROTOCOLS

Safeguarding Children & Young People
Duty of Candour
Whistleblowing
Mental Capacity Act
Confidentiality and Access to Records
Data Protection and Information Governance

16. REFERENCES

Mental Capacity Act (2005)
'No Secrets' (2000) & Review 2009
Law Commission 'Who Decides'
Human Rights Act (1998)
Health & Care Act (2014) Disclosure
& Barring Service
Police and Criminal Evidence Act (1984)
Prevent Strategy (2011)_
www.cqc.org.uk

Public Interest Disclosure Act (1998)
Data Protection Act (2018)
General Data Protection Regulation GDPR (2018)
Care Act 2014
Making Safeguarding personal 2014: Guide
<http://arcuk.org.uk/safetynet/>

APPENDIX 1

NOTIFICATION OF PROFESSIONAL CONCERNS FORM

Nurse24TM NOTIFICATION OF PROFESSIONAL CONCERNS FORM

Where a local authority safeguarding notification form is not used please use this form to report all professional concerns including notification of adults and children at risk, whether they are service users, members of the public, internal or external colleagues.

Name of service user or other person about whom you are concerned:

Address:

Telephone No:

D.O.B:

If a Service User, please complete information: CPA Yes/No

Name of Statutory Key Worker

Other significant information, e.g., Section of Mental Health Act, Supervision Register:

Other Agencies Involved (if Service User)

Name	Job Title/Agency	Telephone No
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Nature of Concern

Attach additional sheets if required or continue overleaf

Summary of Action Taken To Date

Attach additional sheets if required or continue overleaf

Name (Signed)..... Date/Time of Completion

Name (Print)

Copy Sent to:

Date/Time Sent:

APPENDIX 2

Nurse24 Ltd ADULT AT RISK INITIAL PROTECTION PLAN

Nurse24TM ADULT AT RISK INITIAL PROTECTION PLAN

Name of adult at risk	Name of person completing Protection Plan
Location of alleged incident/concern	Date and Time of alleged incident/concern
	Date: _____ Time: _____
Details of concern raised	
<i>Clear factual outline of concern with details of times, dates, people and places where appropriate</i>	
Details of Current Situation	
<i>For example has First aid been administered, kind of support offered/provided including emotional/psychological support</i>	
What actions have been taken to protect the victim and what needs to be done?	
Is the victim in immediate danger of further abuse? Yes/No (please describe)	

Have any immediate actions been identified to reduce the potential of further abuse? Yes/No
(Please describe)

Are there other people who may be at risk of harm?

Yes No Not Known

If Yes, please describe the risk that remains and names of others potentially at risk

In your opinion, does the alleged victim have the mental capacity to understand what has happened to them?

Yes No Not Known

If criminal activity is suspected have police been contacted?

Yes No

If Yes, what was the outcome?

Police Crime/Ref No: