Safeguarding policy

This policy is a Dimensions Group policy, applicable to Dimensions (UK) Limited and all the Group's subsidiary organisations unless a subsidiary produces an alternative version for its own use. It is concerned with keeping people we support safe from abuse.

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This policy is to be implemented by all Operations team members.

This policy is addressed to all employees but is especially relevant to Operations team members.

The purpose of this policy is to ensure that all Dimensions staff are aware of their responsibility to:

- promote the wellbeing of people we support
- help prevent them from coming to harm
- respond effectively when concerns are raised.

Other guidance to refer to includes:

- Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015
- Care Quality Commission (Registration) Regulations 2009 (as amended)
- *Guidance for providers on meeting the regulations* (Care Quality Commission 2015)
- *Care and Support Statutory Guidance Care issued under the Care Act 2014*, Department of Health, 2014
- The Domiciliary Care Agencies (Wales) (Amendment) Regulations 2013
- Social Services & Well-being (Wales) Act, 2014
- *Statutory guidance in relation to part 7 (Safeguarding) of Social Services & Well-being (Wales) Act, 2014*
- *Wales Interim Policies & Procedures for the Protection of Vulnerable Adults from Abuse*
- *Adult safeguarding: sharing information*, Social Care Institute of Excellence

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This policy replaces OPS: Safeguarding – version 6.

In relation to this policy it may be helpful also to refer to Dimensions policies:

- H&S: Accident/incident reporting
- HR: Disciplinary
- HR: Whistle blowing
- OPS: Concerns, complaints & compliments
- OPS: Finances for people we support
- OPS: Mental capacity & DOLS
- QUA: Duty of candour
- QUA: Equality & diversity.

This policy promotes equality, diversity and human rights by considering that vulnerable people are more likely to fall victim to abuse than the majority of people, and directing Dimensions employees to:

- be vigilant for and take action against all such incidence whatever the person's age, gender, ethnicity, faith, disability, sexual orientation, marital status and whether pregnant; and
- consider discrimination on grounds of age, gender, ethnicity, faith, disability, sexual orientation, marital status or pregnancy as abuse.

Guidance & procedures

Contents

1. The Care Act 2014 and Social Services and Well-being (Wales) Act 2014

1.1 In England, The Care Act 2014, sections 42-46, and in Wales, the Social Services and Well-being (Wales) Act 2014, part 7, sets out clear legal frameworks for local authorities and other relevant agencies such as ourselves on how to protect adults at risk of abuse and neglect.

The Department of Health's *Care and Support Statutory Guidance issued under the Care Act* and National Assembly for Wales' *Statutory guidance in relation to part 7 (Safeguarding) of Social Services & Well-being (Wales) Act, 2014 (working draft)* each outlines the duties these Acts place on all relevant agencies within their respective country.

We do not attempt to summarise these publications here. However, the aims described in both and guidance on how to achieve these aims are broadly the same, so both publications inform this policy. Furthermore, the language they use, their key principles and definitions are very similar, so in this section we have 'borrowed' these to offer an overview of what safeguarding means.

1.2 Safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs)
- 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.

1.3 There are six key principles that should underpin all adult safeguarding work:

- **Empowerment** – People being supported and encouraged to make their own decisions and informed consent.
- **Prevention** – It is better to take action before harm occurs
- **Proportionality** – The least intrusive response appropriate to the risk presented.
- **Protection** – Support and representation for those in greatest need.
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- **Accountability** – Accountability and transparency in delivering safeguarding.

1.4 Safeguarding should also be personal. This means everybody involved doing all we can to ensure that safeguarding is person-led and outcome-focussed.

1.5 We should not limit our view of what constitutes abuse or neglect. So, the following is not an exhaustive list but, according to the *Care and Support Statutory Guidance*, 'an illustrative guide as to the sort of behaviour which could give rise to a

safeguarding concern' and their possible indicators:

- **Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

  Possible indicators

  - No explanation for injuries or inconsistency with the account of what happened.
  - Injuries are inconsistent with the person's lifestyle.
  - Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps.
  - Frequent injuries.
  - Unexplained falls.
  - Subdued or changed behaviour in the presence of a particular person.
  - Signs of malnutrition.
  - Failure to seek medical treatment or frequent changes of GP.

- **Domestic violence** – including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence, female genital mutilation and forced marriage (age range in England extended to 16 and includes relationships between all family members, not just intimate partners).

  Possible indicators

  - Low self-esteem.
  - Feeling that the abuse is their fault when it is not.
  - Physical evidence of violence such as bruising, cuts, broken bones.
  - Verbal abuse and humiliation in front of others.
  - Fear of outside intervention.
  - Damage to home or property
  - Isolation – not seeing friends and family.
  - Limited access to money.

- **Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

  Possible indicators

  - Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck.
  - Torn, stained or bloody underclothing.
  - Bleeding, pain or itching in the genital area.
  - Unusual difficulty in walking or sitting.
  - Foreign bodies in genital or rectal openings.

- Infections, unexplained genital discharge, or sexually transmitted diseases.
- Pregnancy in a woman who is unable to consent to sexual intercourse.
- The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude.
- Incontinence not related to any medical diagnosis.
- Self-harming.
- Poor concentration, withdrawal, sleep disturbance.
- Excessive fear/apprehension of, or withdrawal from, relationships.
- Fear of receiving help with personal care.
- Reluctance to be alone with a particular person.

- **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying isolation or unreasonable and unjustified withdrawal of services or supportive networks.

  Possible indicators

  - An air of silence when a particular person is present.
  - Withdrawal or change in the psychological state of the person.
  - Insomnia.
  - Low self-esteem.
  - Uncooperative and aggressive behaviour.
  - A change of appetite, weight loss/gain.
  - Signs of distress: tearfulness, anger.
  - Apparent false claims, by someone involved with the person, to attract unnecessary treatment.

- **Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

  Possible indicators

  - Missing personal possessions.
  - Unexplained lack of money or inability to maintain lifestyle.
  - Unexplained withdrawal of funds from accounts.
  - Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity.
  - Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so.

- The person allocated to manage financial affairs is evasive or uncooperative.
- The family or others show unusual interest in the assets of the person.
- Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA.
- Recent changes in deeds or title to property.
- Rent arrears and eviction notices.
- A lack of clear financial accounts held by a care home or service.
- Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person.
- Disparity between the person's living conditions and their financial resources – for example insufficient food in the house.
- Unnecessary property repairs.

- **Modern slavery** – 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.

  Possible indicators

  - Signs of physical or emotional abuse.
  - Appearing to be malnourished, unkempt or withdrawn.
  - Isolation from the community, seeming under the control or influence of others.
  - Living in dirty, cramped or overcrowded accommodation and or living and working at the same address.
  - Lack of personal effects or identification documents.
  - Always wearing the same clothes.
  - Avoidance of eye contact, appearing frightened or hesitant to talk to strangers.
  - Fear of law enforcers.

- **Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

  Possible indicators

  - The person appears withdrawn and isolated.
  - Expressions of anger, frustration, fear or anxiety.
  - The support on offer does not take account of the person's individual needs in terms of a protected characteristic.

- **Organisational abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off

incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Possible indicators

- Lack of flexibility and choice for people using the service.
- Inadequate staffing levels.
- People being hungry or dehydrated.
- Poor standards of care.
- Lack of personal clothing and possessions and communal use of personal items.
- Lack of adequate procedures.
- Poor record-keeping and missing documents.
- Absence of visitors.
- Few social, recreational and educational activities.
- Public discussion of personal matters.
- Unnecessary exposure during bathing or using the toilet.
- Absence of individual care plans.
- Lack of management overview and support.

- **Neglect and acts of omission** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

  Possible indicators

  - Poor environment – dirty or unhygienic.
  - Poor physical condition and/or personal hygiene.
  - Pressure sores or ulcers.
  - Malnutrition or unexplained weight loss.
  - Untreated injuries and medical problems.
  - Inconsistent or reluctant contact with medical and social care organisations.
  - Accumulation of untaken medication.
  - Uncharacteristic failure to engage in social interaction.
  - Inappropriate or inadequate clothing.

- **Self-neglect** – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

  Possible indicators

- Very poor personal hygiene.
- Unkempt appearance.
- Lack of essential food, clothing or shelter.
- Malnutrition and/or dehydration.
- Living in squalid or unsanitary conditions.
- Neglecting household maintenance.
- Hoarding.
- Collecting a large number of animals in inappropriate conditions.
- Non-compliance with health or care services.
- Inability or unwillingness to take medication or treat illness or injury.

1.6 We need to be aware that anybody can carry out abuse. This includes (but, again, this list is not exhaustive):

- spouses/partners
- other family members
- neighbours
- co-tenants
- friends
- acquaintances
- local residents
- people who deliberately exploit adults they perceive as vulnerable to abuse
- paid staff or professionals
- volunteers and strangers
- online contacts.

And abuse can happen anywhere – for example, in:

- someone's own home
- the workplace
- a public place
- a hospital
- a care home
- a college
- online.

2. The fundamental standards

2.1 In England, as a registered provider, by law we must abide by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The 'fundamental standards' are those regulations setting out standards of care below which we must never fall. There are two key standards concerned with safeguarding, as set out below.

2.2 Firstly, Regulation 12 states that all care and treatment must be provided in a safe way.

This means we **must**:

- assess the risks to the health and safety of people we support
- do all that is reasonably practicable to mitigate any such risks
- ensure that our staff have the qualifications, competence, skills and experience to provide support safely
- ensure that our premises are safe to use for their intended purpose and are used in a safe way
- ensure that the equipment we use for providing care to people is safe and used in a safe way
- where we supply equipment or medicines, ensure there are sufficient quantities to ensure the safety of people we support and meet their needs
- properly and safely manage people's medicines
- assess the risk of, and prevent, detect and control the spread of, infections – including those associated with health care
- where we share responsibilities for people we support with other providers, help ensure that timely care planning and information sharing takes place to keep the person healthy and safe.

2.3 Secondly, Regulation 13 states that people must be protected from abuse and improper treatment.

It defines abuse as:

- any behaviour towards a person we support that is an offence under the Sexual Offences Act 2003(a)
- ill-treatment (whether of a physical or psychological nature) of a person we support
- theft, misuse or misappropriation of money or property belonging to a person we support
- neglect of a person we support.

As improper treatment, it lists:

- discrimination against a person we support
- acts intended to control or restrain a person we support that are not

necessary to prevent, or not a proportionate response to, a risk of harm posed to the person or another individual

- treatment that is degrading to the person we support
- actions that significantly disregard the needs of the person we support.

2.4 Regulation 13 also defines the control and restraint of a person we support as any circumstance in which another person:

- uses, or threatens to use, force to make a person we support do something they don't want to do

or

- restricts their liberty of movement, whether or not they resist – and includes physical, mechanical and chemical means.

The Care Quality Commission (CQC) makes plain in its *Guidance for Providers on meeting the regulations* that we may only use restraint:

- when absolutely necessary
- in a way that is proportionate to the risk of harm and the seriousness of that harm to the person we support or another person
- when we have taken into account the assessment of the person's needs and their capacity to consent to such treatment

and that we must regularly monitor and review our approach to, and use of, restraint and restrictive practices.

2.5 The *Guidance* also gives examples of degrading treatment to which we must never subject the people we support. These are as follows – but it is important to appreciate that the list is not exhaustive. We must **never**:

- not provide help and aids to support people with their continence needs
- leave people we support in soiled sheets for long periods
- leave people we support on the toilet for long periods and without the means to call for help
- leave people we support naked or partially or inappropriately covered
- make people we support carry out demeaning tasks or social activities
- ridicule people we support in any way.

And the *Guidance* stipulates that we should consult and consider the views of people we support when defining the means of 'degrading'.

3. Supporting victims & their families

3.1 Dimensions expects team members to be understanding of the needs of people we support at all times, but when a person we support has been a victim of crime or abuse, we all need to be especially considerate.

We need to appreciate that abuse might change a person's behaviour and the way they respond to others. These changes may be dramatic or they may be apparent only to those who know the person well. They may not happen until a surprisingly long time after the abuse took place. But we must look out for such changes, and always be ready to respond compassionately and helpfully.

3.2 As a member of the person's immediate support team, you may need to review their care and support plan to ensure it reflects their changing needs and wishes. You may also need to involve other agencies – for example, our own Behaviour Support Team, psychologists and other health professionals. Having identified the need, you **must** do this as soon as possible.

3.3 As outlined in our Family Charter, we are committed to working in partnership with the families of people we support. But we do put the wishes of the people we support first. So we pledge always to inform a person's closest relative when a safeguarding concern arises *unless* the person clearly indicates they do not want us to inform them (see paragraph 4.11). And we promise to keep them updated on all developments.

3.4 Managers of services should give careful consideration to which team member they make responsible for liaising with a person's family. Preferably, it will be somebody who has an established good relationship with that relative. But whatever the nature of your relationship, as a team member you **must** be just as ready to respond supportively to family members' and friends' needs and concerns as you are to the person we support's.

3.5 If English is the person's or their relative's second language and there is no staff member available to communicate information adequately, you should consider sourcing an interpreter.

3.6 People who have been abused, and their relatives, might want to access local support groups. You should offer help in sourcing these.

National organisations that might be of interest include:

- Respond, who 'exist to lessen the effect of trauma and abuse on people with learning disabilities, their families and supporters'. Website: www.respond.org.uk
- Victim Support, 'provide[s] victims and witnesses with high quality emotional and practical support' Website: www.victimsupport.org.uk

3.7 When we find through investigation that a Dimensions employee has stolen from a person we support, we will always reimburse them.

4. Having a safeguarding concern & raising an alert

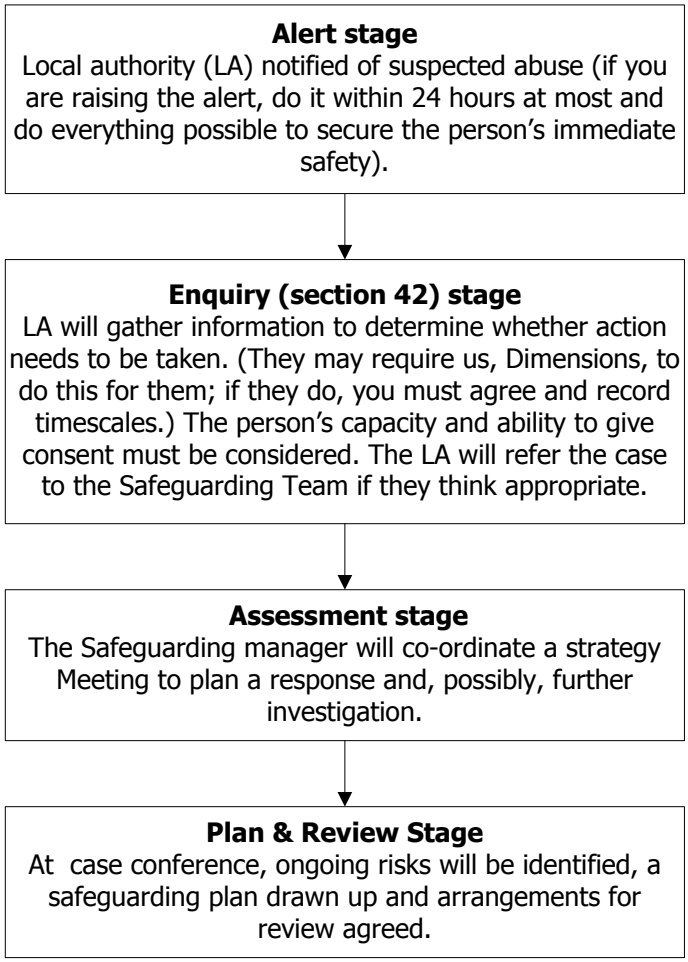
Any team member may raise a safeguarding alert.

Registered managers are responsible for familiarising their team members with the local authority's safeguarding alert procedures. Whilst remaining ultimately accountable, registered managers of domiciliary care services may delegate this responsibility to locality managers. However, they must keep a record of which responsibilities they have delegated to whom.

Once familiarised with the procedures, team members themselves are responsible for following them correctly.

4.1 The safeguarding referral procedure differs from local authority to local authority. But typically the referral process will work as outlined below.

Safeguarding referral procedure flowchart 1



4.2 As a Dimensions employee, you are most likely to be involved at the alert stage. If you're having difficulty deciding whether to raise an alert, ask yourself the following questions:

- is somebody responsible for doing or not doing something that has put the vulnerable person at risk? (You might not know who the responsible person is at this stage. That's OK.)
- is your concern due to a failure in care, a breach of a professional code of practice or breach of policy or procedure?

If the answer to either question is yes, then you should notify the local authority immediately if possible but certainly within 24 hours.

In making your decision, you should also bear in mind that abuse carried out through negligence or ignorance is abuse just the same.

4.3 If you have asked yourself the questions in paragraph 4.2 and you still don't know whether to raise an alert, you should discuss your concern with your line manager or the on-call manager or Dimensions' policies, compliance & safeguarding manager as soon as possible.

4.4 Bear in mind that it is always better to over-report than under-report and that reporting a concern as soon as possible may actually prevent harm from coming to a person.

4.5 If a person we support tells you that they have been abused in some way, it is important always to take the disclosure seriously but to remain calm. Ascertain the facts as well as you can, and record what the person says as accurately and as soon as possible so as not to forget anything. Be sympathetic but take care not to ask leading questions. Do not make any promises you might not be able to keep – for example, that you will not tell anybody else. Preserve any evidence you find. And consider whether appropriate to involve either health or emergency services

It may be the case that a person has previously made false allegations. You **must** respond to this disclosure in exactly the same non-judgmental way that you would respond to any other. And you must act on this disclosure in the same way as any other.

4.6 Some forms of abuse are criminal acts. Examples are:

- physical assault
- psychological assault
- sexual assault
- rape
- theft
- fraud and other forms of financial exploitation
- certain forms of discrimination.

If you know a criminal act has been committed against a person we support, you should encourage and support them to report the incident to the police. You might need to report the incident on their behalf.

4.7 We **must** put the safety of the person we support first. If you have a safeguarding concern, assess the risk of further harm – for example, the chance of another encounter with any alleged abuser – and take all measures possible to reduce them. (See H&S: Risk management policy.)

4.8 If you raise a safeguarding alert you **must** inform the person concerned or, if they lack the capacity to understand the concern, their representative. Likewise, if you are told that somebody else has raised an alert about a person we support you **must** inform them and/or their representative. To help explain, you might want to use appendix 1: Somebody is worried about you easy read document.

4.9 If the person at risk says they do not want you to raise a safeguarding alert or to report the incident to the police, you will have to decide whether to follow their wishes. But do bear in mind that you have a duty of care, and that failing to raise an alert *might* leave you open to an allegation of neglect. You **must** be able to evidence that you made your decision in the person's best interests (see OPS: Mental capacity & DOLS policy).

No matter what the person at risk wants, if you think other people might be at risk then you **must** raise an alert.

And you **must** raise an alert if you suspect that a Dimensions team mate or fellow professional from another organisation has abused somebody.

In any case, **always** discuss the matter with your line manager, the on-call manager or policies, compliance & safeguarding manager as soon as possible.

4.10 When somebody has raised an alert about a person we support, *unless* the person does not want their family to know (see paragraph 4.11), you **must also** inform their closest relative or advocate. You **must** do this sensitively in person or on the telephone (see paragraph 3.4).

4.11 If a person doesn't want you to inform their relatives about a safeguarding concern, you **must** record how and when the person expressed this wish – ideally, with the person themselves validating the document. Appendix 1: Somebody is worried about you includes the question, 'Would you like us to tell your family?' Even if the person we support cannot sign this document, you should.

You **must not** file this document anywhere that compromises the person's wish – that is, where their relative is likely to discover it. However, it **must** be available should you or the team later be called to account for having withheld information.

4.12 If a person appears to be having difficulty deciding whether to tell their family about a safeguarding concern, then as a member of their immediate support team you

may find it helpful to refer to the Supported Decision Making: A guide for supporters document in the Document Library's Families folder. And you might want to conduct – or ask the person's care manager to conduct – a mental capacity assessment. This way, if the person is deemed to lack capacity, those involved can make the decision in their best interests. (See the OPS: Mental capacity & DOLS policy.)

4.13 If you think a Dimensions team mate is harming a person we support, you should report this to your line manager immediately. If you can't talk to your line manager about it, or any other appropriate manager within the organisation, perhaps because you feel they or the organisation at large is implicated, then whistle-blow by calling the hotline, 0800 915 1571. This is an independent service that is available 24 hours a day, 365 days a year. (For more information on whistle-blowing, see the HR: Whistle-blowing policy.)

5. Enquiries & investigations

Except in cases of criminal investigation and local authority-led investigations, it is the registered manager's responsibility either to appoint an investigator or themselves to investigate any allegation of abuse against a Dimensions employee. If the registered manager is the alleged abuser then this responsibility falls to the operations director. If the registered manager and operations director is one and the same person, then the responsibility falls to the regional managing director. The registered manager may refer investigations to our Compliance Team.

If the alleged abuser is not a Dimensions employee then responsibility for the investigation lies with either the local authority or the police.

5.1 Section 42 of the Care Act 2014 requires a local authority when it receives a safeguarding alert 'to make (or cause to be made) whatever enquiries it thinks necessary' to decide whether it need take action. This means that following an alert, they may ask us to make that enquiry. If the local authority makes you responsible for the enquiry, be sure to agree timescales. Taking into consideration the person's capacity to appreciate the concerns and engage in the enquiry meaningfully, you **must** involve them and/or their representatives from the beginning.

5.2 As a Dimensions employee, you **must** cooperate fully in any enquiry or investigation resulting from a safeguarding alert. This means attending any meetings you're invited to whether arranged internally or by your local authority or the police.

5.3 If somebody makes an allegation of abuse against a Dimensions employee, we will investigate thoroughly. It's important that nobody compromises the integrity of the investigation. It's even more important to remove any risk of harm to the victim and other people we support. So until the investigation is over, the operations director may limit the alleged abuser's responsibilities or change their workplace. For example, they may suspend them from personal care duties or they may reassign them to the local office. If the operations director can't make changes that ensure everybody's safety, they may suspend the alleged abuser from working altogether.

(See the HR: Disciplinary policy.)

5.4 Criminal investigation by the police will usually take priority over all other lines of enquiry. So before you proceed with any disciplinary investigation that has been reported to the police, you **must** check with them that this will not compromise their investigation in any way.

If the police are investigating an incident, always record the crime number and the name of the police officer leading the investigation.

5.5 Investigations into allegations of abuse and the effective implementation of safeguarding plans often require different agencies to work in partnership. The Social Care Institute for Excellence's (SCIE) *Adult Safeguarding: sharing information* lists 'seven golden rules for information sharing'. These inform this policy throughout, but we have reproduced them here for easy reference:

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

5.6 If you disagree with a local authority's safeguarding decision, you should try to resolve the issue with the person making the decision as soon as possible. That is, on the same day. If this attempt fails, you should escalate to your line manager. In turn, they should address the decision-maker's line manager. If between them they cannot resolve the issue within two days and the local authority's safeguarding lead (or designated adult safeguarding manager) is not already involved, they should

involve them now.

At every stage of the process, ensure there is shared understanding of the disagreement and any actions that are agreed. Keep a written dated record of all relevant information.

Remember that both parties' first responsibility is to the well-being of the person at risk.

6. Reporting, recording & monitoring safeguarding alerts

Registered managers are responsible for familiarising their team members with reporting and recording procedures. Whilst remaining ultimately accountable, registered managers of domiciliary care services may delegate this responsibility to service managers. However, they must keep a record of which responsibilities they have delegated to whom.

Once familiarised with these procedures team members are responsible for following them correctly.

Operations directors are responsible for logging incidents on our Apologies register and for referring to the Disclosure and Barring Service any Dimensions employee found to have abused a vulnerable person.

The policies, compliance & safeguarding manager is responsible for maintaining the safeguarding register.

Dimensions' Safeguarding Panel is responsible for monitoring the organisation's safeguarding performance.

6.1 For reporting and reporting procedures see Safeguarding alert reporting procedure flowchart 1.

6.2 If you raise a safeguarding alert or are made aware that somebody else has raised an alert about a person we support or colleague, you **must** report this internally using the Online accident/incident reporting system as soon as possible. (See the HR: Accident/ incident reporting policy.) This includes alerts that have not resulted from an incident or accident – for example (but this list is not exhaustive):

- an alert a member of the public raises that the local authority brings to our attention
- suspicions aroused over a period of time by, for example, changes in a person's behaviour.

6.3 If you raise an alert following a complaint, you **must also** record the complaint as described in the OPS: Concerns, complaints & compliments policy.

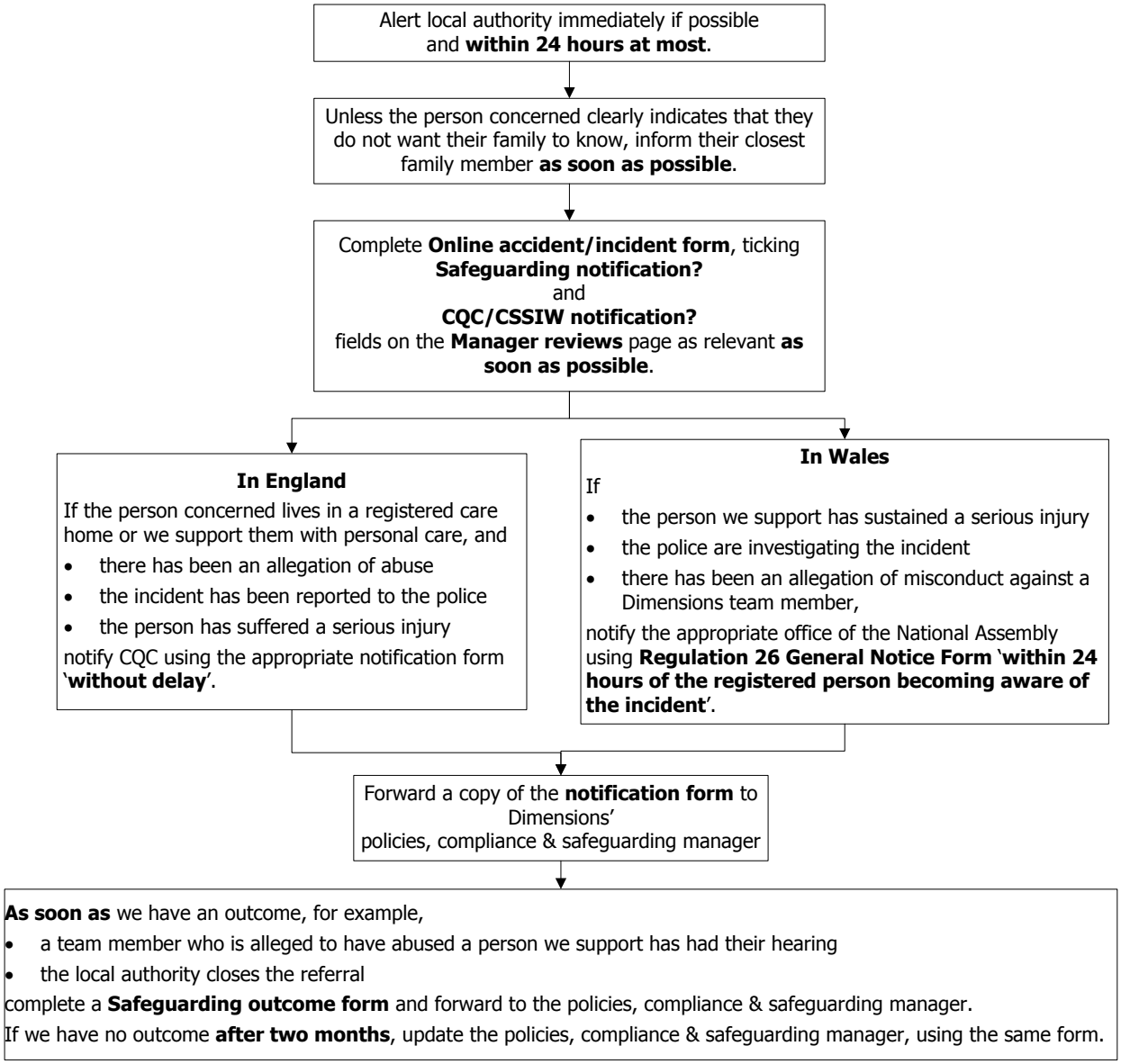
6.4 If somebody raises an alert because a Dimensions employee has harmed a person we support, or put them at risk of harm, as operations director, you **must** log the incident on our Apologies register and update as appropriate.

In England, you **must also** consider whether the incident amounts to 'a notifiable safety incident' as defined in the Duty of Candour regulation and record appropriately. In brief, accidents and incidents that fall under the Duty of Candour are those that in the reasonable opinion of a health care professional appear to have resulted in:

- the death of a person we support
- an impairment to the person's sensory, motor or intellectual functions lasting 28 days or more
- changes to the structure of the person's body
- the person experiencing prolonged pain or prolonged psychological harm
- shortened life expectancy

or require treatment by a health care professional to prevent any of the above. (See QUA: Duty of Candour policy.)

Safeguarding alert reporting procedure flowchart 1



6.5 You **must also** report all safeguarding alerts to Dimensions' policies, compliance & safeguarding manager. You will do this automatically by ticking the 'Safeguarding notification?' field on the 'Manager reviews' page of the Online Accident/incident report.

If you need to notify the Care Quality Commission/Care and Social Services Inspectorate Wales (see paragraphs 6.7 and 6.10 respectively), you **must also** email a copy of the notification to the policies, compliance & safeguarding manager.

6.6 When a safeguarding alert is resolved, you **must** complete and send appendix 2: Safeguarding outcome form to the policies, compliance & safeguarding manager. If two months has passed since raising the alert and we don't yet have an outcome, you **must** update the policies, compliance & safeguarding manager using the same form.

Additionally, the Compliance Team will conduct random telephone interviews to check on outcomes.

6.7 In England, the CQC does not require notification of safeguarding alerts per se. But they do require notification of all:

- allegations of abuse
- serious injuries
- incidents reported to the police

concerning any person who lives in a registered care home and anybody we support with personal care.

So, if you or anybody else has raised a safeguarding alert, you may very well need to notify CQC too. You **must** do this **'without delay'**, using the appropriate form:

- appendix 3: CQC's 'Abuse or allegation of abuse concerning a person who uses the service' notification form
- appendix 4: CQC's 'Serious injury to a person who uses the service' notification form
- appendix 5: CQC's 'Incidents reported to or investigated by the police' notification form

As well as forwarding a copy of this form to the policies, compliance & safeguarding manager, the registered manager **must** keep a copy for their own records.

6.8 The CQC requires notification of medication errors only when the error results in death or serious injury or when the error is deliberately abusive.

However, some local authorities routinely view medication errors as abuse through neglect; or they might treat a particular error that comes to their attention as abusive. When they do, you should notify CQC using appendix 3: CQC's 'Abuse or allegation of abuse concerning a person who uses the service' notification form explaining in section 13 that this why you are notifying them.

6.9 Similarly, CQC do not require notification of inexplicable minor injuries per se. But you **must** bear in mind that such injuries may be an indication of abuse. So, if a person we support does suffer a bruise, cut, graze or similar other injury that nobody can explain, you **must** investigate as thoroughly as possible and satisfy yourself that abuse is not the cause.

If satisfied that abuse is not the cause, you **must** record your reasons in your Online accident & incident report.

However, if you have any doubt whatsoever, you **must** inform the local authority and notify CQC of the incident with appendix 3: CQC's 'Abuse or allegation of abuse concerning a person who uses the service' notification form, stating that although nobody has alleged abuse, you have concerns and cannot absolutely rule it out.

6.10 In Wales, the appropriate office of the National Assembly does not require notification of safeguarding alerts per se. But they do require notification of:

- 'Any serious injury sustained by a service user . . .;
- any incident which is reported to, or investigated by the police; and
- any allegation of misconduct by the registered person or any person who works for the purposes of the agency'. (*The Domiciliary Care Agencies (Wales) Regulations 2004.*)

You **must** notify the appropriate office of the National Assembly within 24 hours of the registered person becoming aware of the incident, and within 48 hours of any oral notification, using appendix 6: CSSIW's 'Regulation 26 – General Notice Form'.

As well as forwarding a copy of this notification to the policies, compliance & safeguarding manager, the registered manager **must** keep a copy for their own records.

6.11 If we terminate our contract with an employee because we believe they have abused a vulnerable person or we would have terminated our contract with them had they not left in order to avoid dismissal, we will refer them to the Disclosure and Barring Service.

6.12 Dimensions' Safeguarding Panel meets quarterly. Its purpose is to monitor and review performance in the following areas:

- systems and processes, including training, policy requirements and legal responsibilities
- the safeguarding register
- lessons learnt – sharing information where appropriate and making recommendations
- report quarterly to the Board via the Quality & Practice Committee
- advise the Risk Panel of organisational related risks
- regional learning
- deprivations of liberty
- physical interventions.

6.13 You **must** treat all electronic and hardcopy information about allegations, disclosures and outcomes as confidential, sharing with relevant and authorised parties on a need-to-know basis only.

For further guidance on the sharing and confidentiality of information, see paragraph 5.5 and the FIN: Data security, OPS: Records and HR: Confidentiality policies.

7. Training & prevention

Team members are responsible for completing their training and updating as required.

7.1 Prevention is one of the key principles underpinning safeguarding work. At Dimensions, we appreciate that prevention intervention is best achieved through training and education. That is, for both staff working with vulnerable adults and vulnerable adults themselves.

7.2 For people we support, we provide easy read information and offer awareness workshops on keeping safe – sometimes focussing on particular areas, for example, bullying. With reference to our Everybody Counts groups and Council, both comprised of people we support, and to projects, such as our 2015 'Keeping people safe' survey, we will continuously develop and add to these publications and workshops.

7.3 As an Operations Team member, you **must** attain your Skills for Care Care Certificate within twelve weeks of starting employment with Dimensions. Standard 10 is concerned with safeguarding adults and standard 11 with safeguarding children. You will achieve these standards by attending our:

- live online *Welcome to Dimensions*

and

- classroom-based training *You make a difference*

induction events and passing our e-academy Safeguarding of Vulnerable Adults and Safeguarding children courses.

7.4 You **must** refresh your e-academy Safeguarding of Vulnerable Adults and your Safeguarding children training at least every two years, and whenever your line manager and the local authority requires.