

CR03 - Safeguarding Policy and Procedure

Purpose

- | To comply with the Disclosure Barring Service (DBS) requirements.
- | To comply with Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- | To comply with Regulation 18 of the CQC (Registration) Regulations 2009.
- | To comply with the Protection of Freedoms Act 2012.
- | To comply with the Human Rights Act 1998.
- | To comply with the Mental Capacity Act 2005.
- | To comply with the Safeguarding Vulnerable Groups Act 2006.
- | To comply with the Equality Act 2010.
- | To comply with and ensure awareness of safeguarding powers and the safeguarding requirements of the Care Act 2014, and the Care and Support Statutory Guidance that accompanies this. These requirements replace the 'No Secrets' guidance issued in 2000.

Scope

- | All workers.
- | **Important note** - If your Local Authority area publishes a local set of guidelines on safeguarding arrangements, those local guidelines must take precedence over this policy. You should obtain a copy of the local guidelines and attach a copy to this policy in the manual. The Care and Support Guidance that accompanies the Care Act 2014 requires local authorities to establish adult safeguarding arrangements.
- | Where reference is made to the Disclosure Barring Service reporting processes and requirements, be aware that the following policy and procedure is generic, and intended to set out general principles and courses of action where no local guidelines apply.
- | The contact details for your local Safeguarding Adults Team is as follows:

E-mail: 3000Direct@lbbd.gov.uk Tel: 020 8215 3000
- | You should contact this number if you need to report any actual or suspected case of abuse.

Policy for the prevention of abuse:

- | Abuse is a violation of an individual's human and civil rights by any other person or persons.
- | Types of abuse are described in the statutory guidance accompanying the Care Act 2014 as:
 - | Physical abuse;
 - | Domestic violence;
 - | Sexual abuse;
 - | Psychological abuse;
 - | Financial or material abuse;

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- i Modern slavery;
- i Discriminatory abuse;
- i Organisational abuse;
- i Neglect and acts of omission;
- i Self-neglect.
- i The organisation will ensure that Service Users are safeguarded from abuse in all forms. This duty to safeguard adults applies to Service Users who:
 - i Have needs for care and support;
 - i Are experiencing, or at risk of, abuse or neglect, and;
 - i As a result of those care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect.
- i The organisation has a duty by law under the Equality Act 2010 to protect people from discrimination, harassment and victimisation with a 'protected characteristic'. The protected characteristics are:
 - i Disability;
 - i Religious belief or non-belief;
 - i Gender reassignment;
 - i Pregnancy and maternity;
 - i Sex;
 - i Age;
 - i Race.
- i The organisation recognises and acts through this and the Equality and Diversity Policy and Procedure to deliver its direct responsibilities to those with protected characteristics under the Equality Act 2010.
- i The following six principles as set out in guidance to the Care Act 2014 should inform practice with all Service Users. These are as follows:
 - i **Empowerment** – People being supported and encouraged to make their own decisions and informed consent.
 - i **Prevention** – It is better to take action before harm occurs.
 - i **Proportionality** – The least intrusive response appropriate to the risk presented.
 - i **Protection** – Support and representation for those in greatest need.
 - i **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
 - i **Accountability** – Accountability and transparency in delivering safeguarding.
- i The organisation will seek to ensure that Service Users are not subject to any forms of abuse. The organisation will

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promote the well-being of its Service Users and a safe and supportive environment for its Service Users upholding their human rights. It will ensure this through active Care Planning that involves the Service User and their family and carers. That Care Planning process should include the management of risk that is reviewed on a regular basis. This policy should be read in conjunction with QCS assessment and Care Planning policies.

- | In addition, there are a number of other QCS policies and procedures that should be read in conjunction with this policy, and these are listed towards the end of this document. There are a number of other documents listed at the end of this policy which should be read in conjunction with this policy, in particular the Care and Support Statutory Guidance issued under the Care Act 2014.

REFERRAL PROCEDURE

- | The first priority should always be to ensure the safety and protection of vulnerable adults and if medical attention is required this must be sought immediately.
- | This procedure should be used in conjunction with the decision making tree in Diagram 1b contained in Chapter 14 of the Care and Support Statutory Guidance issued under the Care Act 2014 which refers to the duty to investigate suspicions of abuse.

Report:

- | Staff should report suspicion or evidence of abuse to their Registered Manager, who in turn will report to the Adult Social Care Safeguarding Adults Team.
- | If staff suspect or have evidence the Registered Manager is involved in abuse, they should report directly to the Safeguarding Adults Team. They should also go directly to the Safeguarding Adults Team if there is an obvious failure by management to respond appropriately to suspicion or evidence of abuse.
- | It is the responsibility of everyone to act on suspicion or evidence of abuse or neglect (see Public Interest Disclosure Act 1998 and in-house procedures) and refer to the local Safeguarding Adults Team.
- | If after referral to the Safeguarding Adults Team, you do not feel the concerns have been adequately addressed, you may wish to report to the Care Quality Commission (CQC).

Lead Responsibility:

- | The local Safeguarding Adults Team will take the lead and be responsible for managing the process by establishing the facts of the case, identify those that need to be involved and coordinate the response.

Consult with the Police:

- | When complaints about alleged abuse suggest that a criminal offence may have been committed it is imperative that reference should be made to the police as a matter of urgency. The CQC must also be notified. Early referral or consultation with the police will enable them to establish whether a criminal act has been committed and this will give them the opportunity of determining if, and at what stage they need to become involved. Early involvement of the police will help ensure that forensic evidence is not lost or contaminated and this may prevent the abused adult being interviewed unnecessarily on subsequent occasions. Notification of the Police may be done either by the referring individual/agency or by the local Adult Social Care Area Team. This will be dependent upon the information received at the initial point of concern and following any subsequent preliminary enquiry, and at what point the lead agency was alerted. To prevent any possibility of failure to alert the police at the proper time the person/agency making the referral should identify whether or not the police have been informed. When Adult Social Care receive the initial referral they will identify and record whether or not the police have been informed. Constabularies have Adult Protection officers whose role it is to investigate allegations of the abuse of Vulnerable Adults where the person responsible is a family member or in a position of Care. Where the person responsible is not a family member or Support Worker or Carer or where the reported incident is one of financial abuse, then the matter will be investigated by local officers. Criminal investigation by the police takes priority over all other lines of enquiry; however, police investigations may proceed alongside those dealing with health and social care issues.

Notes:

- | In some areas the Police have determined that Providers must carry out an initial investigation before referral, in

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order to avoid the Police becoming involved in large numbers of investigations of reports which prove to be groundless. Check your local policy.

- | In some areas, the Police demand that their investigation takes precedence over internal disciplinary procedures of the employer. However, the employer is entitled, indeed obliged, to take such action as may be necessary to safeguard the wellbeing of Service Users, wherever they may be being cared for. This may include dismissal and referral to appropriate agencies for banning from working with vulnerable people. It is unlikely that this responsibility is discharged simply by referral of the case to the Police.

Inform relevant inspectorate:

- | By regulatory law service providers must notify the Care Quality Commission (CQC) without delay, incidents of abuse and allegations of abuse, as well as any incident which is reported to or investigated by the police.
- | Service providers must notify the CQC about abuse or alleged abuse involving a person(s) using the service, whether the person(s) are the victim(s), the abuser(s), or both.
- | Service providers must also alert the relevant local safeguarding authority when notification is made to the CQC about abuse or alleged abuse.
- | The forms are available on the CQC website at <http://www.cqc.org.uk/>.
- | The execution of the statutory responsibilities of the CQC relies on timely and considered intervention by their officers. It is therefore essential that enquiries into allegations involving residential, nursing or domiciliary Care services are undertaken in collaboration with the appropriate inspectorate. The CQC must satisfy themselves that the local Adult Social Care Safeguarding Adults Team is aware of incidents or allegations of abuse which come to the attention of the CQC from other sources.

Establish Working Arrangements:

- | The enquiry must take account of other agencies and identify those who need to be involved. Where there is a joint interest or responsibility an early agreement regarding lead responsibility and on working arrangements must be clarified. Where agreement cannot be reached or where difficulties are being experienced, the Adult Social Care Team should be asked to obtain clarification at a senior level with the agencies involved.

Involve the Alleged Victim:

- | The process of the enquiries should be carefully explained to the allegedly abused person and their consent to proceed with the enquiry obtained if possible. Arrangements should be made to have a relative, friend or independent advocate present if the person so desires. The relative, friend or independent advocate should not be a person suspected of being in any way involved or implicated in the abuse.
- | A review of a Service Users Care Plan should be undertaken to ensure that they are properly supported following the alleged abuse incident, and they should be supported by the service to take part in the safeguarding process to the extent to which they want or are able to do, or to which the process allows, and they are kept informed of progress.

Contact Advocacy Services:

- | The local authority must arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review where the adult has 'substantial difficulty' in being involved in contributing to the process and where there is no other appropriate adult to assist. The organisation shall use the QCS Advocacy Policy and Procedure, and the Complaints section of the Service User's Handbook for further information about advocacy contacts. And how to involve advocates.

Bring in Specialist Skills:

- | Consideration must be given to enlisting the services or advice or personnel with specific skills or knowledge, particularly where people involved have limited communication skills, or where English is not their first language.

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Coordinate:

- | The Adult Social Care Adults Safeguarding Team, as the lead agency, coordinating the response, must notify other agencies and identify those who need to be involved and ensure the following processes are addressed:
 - | Investigation of the incident using the guidance;
 - | Action to ensure immediate safety of the alleged victim;
 - | Early involvement of key agencies through a strategy meeting or discussion (by telephone if appropriate);
 - | Agreement with other agencies who should take the lead in the investigation;
 - | Assessment and Care Planning for the vulnerable person who has been abused;
 - | Action with regard to criminal proceedings;
 - | Action by employers, such as, suspension, disciplinary proceedings, use of complaints and grievance procedures and action to remove the perpetrator from the professional register;
 - | Arrangements for treatment or Care of the abuser, if appropriate;
 - | Consideration of implications relating to regulation, inspection and contract monitoring;
 - | Appropriate measures to reassure and support carers and in keeping them informed;
 - | Development, implementation and monitoring of a Care Plan;
 - | Maintain appropriate records.

Investigation:

- | For a variety of reasons, agencies other than the Police may need to conduct investigations into incidents of alleged abuse. This is because absence of (or insufficient evidence to substantiate) criminal activity cannot be taken as confirmation that abuse has not taken place. Investigation is a process that focuses on gathering "good evidence" that can be used as a basis for the decision whether or not abuse has occurred. It must be a rigorous process and the evidence must be capable of withstanding close scrutiny, as it may later be required for formal proceedings. Such proceedings may be against the perpetrator of the abuse or against other individuals or organisations in positions of responsibility and accountability. In these circumstances any decision made on the facts that arise from the investigation is made on the civil standards of proof i.e. on the balance of probabilities.

Case Conference:

- | Following the investigation or if deemed necessary at any time during the process; it may be necessary to call a case conference involving all relevant agencies and parties. One of the purposes of the case conference would be to make multi agency decisions about future action to address the needs of the individual. An agency involved in the case may ask for a case conference to be held, although the final decision to call a conference rests with the Adult Social Care Safeguarding Adults Team Manager.

Confidentiality:

- | Reporting incidences of alleged abuse may involve disclosing confidential personal information. Organisations and their workers will need to make reference to their organisation's information sharing policies to ensure they are aware in what circumstances information sharing with other agencies may be appropriate.
- | The Data Protection Act makes important requirements about how information about individuals is stored 'processed' and shared, appropriate measure must be taken by the service to protect personal data. Notifications about individuals must not include their name or other details that a third party could use to identify them. Advice is to use codes instead of names, even where codes are used, they should not easily identify an individual such as

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room number or date of birth. A record of agreed codes should be established and kept secure, should the CQC require more information regarding an incident.

- i The Care Act 2014 requires information to be shared with Safeguarding Adults Boards where they request it from any individual or organisation.

Feedback:

- i The accepted good practice concerning recording, minuting and circulation will be observed and case conference chair must ensure that feedback is given to the referring organisation and family as appropriate.

Policy for preventing persons barred from working in the Care sector from being offered employment as a Care worker:

- i Definition of a Care worker, from the CQC publication "Scope of Registration"
 - i The definition of personal Care is broader than that used in previous registration systems. It covers:
 - n (a) Physical assistance given to a person in connection with:
 - n (i) Eating or drinking (including the administration of parenteral nutrition);
 - n (ii) Toileting (including in relation to menstruation);
 - n (iii) Washing or bathing;
 - n (iv) Dressing;
 - n (v) Oral care;
 - n (vi) The care of skin, hair and nails (with the exception of nail care provided by a chiropodist or podiatrist).
 - n (b) The prompting and supervision of a person to do any of the types of personal Care listed above, where that person is unable to make a decision for themselves in relation to performing such an activity without such prompting and supervision. "Prompting and supervision" means that services whereby staff prompt and directly supervise a person when they are carrying out the above actions (i)-(vi). Supervision will normally include direct observation of the action as it is carried out or otherwise checking on how it was carried out, but will not normally include merely encouraging someone to perform the activity, or checking at some point afterwards on whether it has been done.
- i The flow chart attached to this policy guides employers through the steps required to meet regulatory and best practice requirement of safe and responsible employee recruitment. While this policy is mainly concerned with the definitions of abuse, and the actions which should be taken when abuse is suspected or discovered, the policy and the flow chart in particular are also concerned with the wider issue of ensuring that only appropriately recruited and checked employees come into contact with vulnerable adults. The required actions are embedded in the recruitment system (Recruitment Pack - Induction and Job Start) and must be followed for the recruitment of any Care worker, in order to prevent a person included on the DBS register of individuals barred from gaining employment in a proscribed position.
- i The CQC will be notified immediately of any persons who apply for a post as a Care worker who are discovered to be on the DBS Vetting and Barring scheme register.
- i Employees who are proposed to be transferred from non-care positions to Care will be DBS Vetting and Barring scheme system-checked before the transfer is confirmed, and may not be transferred if the DBS check is positive.
- i All the provisions which apply to employees also apply to volunteers.

Procedure



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Procedure for preventing persons barred from working in the Care sector from being offered employment:

Background:

- | The DBS Vetting and Barring scheme is designed to identify those people who are considered as 'unsuitable' to work with vulnerable adults and are therefore prevented from obtaining employment in such positions. A responsibility is placed upon employers to identify such people and notify the DBS. They will also be required to check the DBS Vetting and Barring scheme list before offering employment to any new staff who are likely to have regular contact with vulnerable adults. This scheme is managed by the Independent Safeguarding Authority.

Checking the list:

- | There is a statutory requirement on providers who are registered for a regulated activity including Care Home Services with or without nursing, Domiciliary Care services, Shared Lives (formally known as Adult Placement but not day services) to check the DBS Vetting and Barring scheme list before employing a new member of staff who is likely to have regular contact with a vulnerable adult, or in cases whereby an existing member of staff moves into such a position. The only way of making this check will be as part of a Disclosure Service application.
- | Employees may not be offered a post before a satisfactory DBS Vetting and Barring scheme check has been received.
- | The DBS Adult First check may only be used in circumstances whereby recruitment is required in order to meet statutory levels of staffing.

Referral to the list:

- | There is a statutory requirement for providers of Care to refer workers to the DBS for inclusion on the DBS Vetting and Barring scheme list if they consider that the person is guilty of misconduct such that a vulnerable adult was harmed or placed at risk of harm. This requirement covers both existing employees and those who leave their employment, and whose conduct comes to light at a later date.
- | A referrer will need to provide full details of the individual concerned, the nature of the allegation, any investigation which has taken place and any action taken as a result. Referral forms are available on the DBS web site.
- | An individual who is included on the DBS Vetting and Barring scheme list as a confirmed (but not provisional) listing would be guilty of a criminal offence if they applied for a position as a Care worker. If a provider discovered that a person they offered employment to was on the list, they must cease to employ that person.
- | It will be the duty of the employer to consider when a member of staff is suspended pending an allegation, whether they should be referred to the list (this is not a requirement at this stage). There will be a need to weigh up evidence. In some cases there may be a narrow tightrope between duty of Care to a member of staff and duty of Care to a vulnerable person. Best practices assert that a vulnerable person always has to be safeguarded first. If you do refer and subsequently find no evidence, the person's name will immediately be removed. The details of the referral will be passed on to the person concerned, so you should not pass on any information to the DBS Vetting and Barring scheme which cannot be shared with the person concerned.
- | Employers should note that the above advice is challenged by the Chartered Institute of Personnel and Development – the professional body for HR and Personnel practitioners. The CIPD points out that referral of a person to the DBS Vetting and Barring scheme register may breach the legally defined Human Rights of the employee, when the allegation that led to the referral is later found to be incorrect or insufficient to support the employee's inclusion on the register. It will almost certainly constitute a breach of the employment contract, and is also likely to be held as libellous. This would apply even if the disciplinary procedures had been carried out to the letter. Caution and referral to a legal professional before taking any action is strongly advised.
- | We would advise clients that information regarding all positions involving regular contact with vulnerable adults should include advice to prospective candidates that they will be checked against the DBS Vetting and Barring scheme list. That a declaration as to any previous incidents in relation to misconduct resulting in harm to a vulnerable adult should be included in the application form for all relevant jobs.
- | Those services which regularly use agency staff will need to be particularly vigilant to check that the workers they

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are using have up to date checks. Although most agencies will in practice undertake this, the responsibility for ensuring that they are not 'employing' a worker without a check rests with the Registered Provider, who may delegate the day to day check to the Registered Manager.

Procedures vary between local authorities, notwithstanding the existence of a national standard. If your local authority has its own procedure, this must be appended to this policy.

Only if there are no local guidelines, use the following:

Inform the Disclosure and Barring Service (DBS)

- i Do not assume that referral through to the Police or Safeguarding Adults Team will lead to a referral to the DBS within an acceptable time, or at all. If an employer comes to the conclusion, based on the evidence available to them, that a referral of an employee to the DBS is required, then they must immediately do so.
- i Make the referral as soon as the evidence available to you, as the employer, indicates that a referral is required under DBS guidance (see below).
- i Suspension pending enquiry may not trigger referral because of presumption of innocence until all evidence is reviewed and a decision as to culpability arrived at. Suspension following a hearing at which culpability has been determined, pending a disciplinary award, may be appropriate if the offence falls within the DBS remit.
- i Further information about referral to the DBS, including referral factsheets and appropriate forms is available at: <https://www.gov.uk/government/collections/dbs-referrals-guidance--2>
- i The DBS referral flowchart is attached to this document for information, but must be supplemented by a current check on the DBS website as above.

Procedure in the event of allegations of misconduct by staff:

- i Allegations of misconduct from any source will be taken seriously by the organisation and must be immediately reported to a senior manager for investigation. It will be fully and openly investigated by the organisation. The objectives of the investigation will be to:
 - n Establish facts;
 - n Assess the needs of the vulnerable adult for protection, support and redress;
 - n Make decisions regarding what follow-up actions should be taken with respect to the perpetrator and the service or its management if they have been culpable, ineffective or negligent.
- i Allegations of misconduct against an individual will normally result in the immediate suspension of that person from duty, pending an investigation of the allegations.
- i On the suspension of an individual, the Registered Manager will carry out a thorough internal investigation. On completion of the investigation a decision will be made by the Registered Provider as to whether it is appropriate to report the matter to the appropriate authority. An appropriate authority may be the Multi-Disciplinary Safeguarding Adults Team, who should be contacted via Adult Social Care.
- i Allegations of misconduct resulting in actual or potential harm to a Service User will be notified to the CQC within 48 hours, if substantiated by the investigation.

General procedures for the prevention of abuse during employment

- i The Whistleblowing Policy and Procedure will be drawn to the attention of all employees during induction.
- i Managers will ensure that they have a clear understanding of the chapter on Safeguarding in the Care and Support Statutory Guidance issued under the Care Act 2014.

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- i During induction training, all employees will complete the "Understanding Abuse" workbook, and have an opportunity to read the chapter on Safeguarding in the Care and Support Statutory Guidance issued under the Care Act 2014.
- i The person responsible for training new employees will verify that they have a clear understanding of the possible forms of abuse or neglect based on the Care and Support Statutory Guidance issued under the Care Act 2014, their responsibility to prevent and report such abuse or neglect, and the avenues open to them for reporting and seeking further guidance.
- i Allegations of abuse will be dealt with according to the procedures set out in the chapter on Safeguarding in the Care and Support Statutory Guidance issued under the Care Act 2014.
- i Staff should receive training on the Mental Capacity Act 2005 and in particular being aware of any potential deprivation of a person's liberty, and how that might be prevented and if not how that can be properly authorised.
- i The Service Users' Finances Policy and Procedure will be made available to all employees during induction.
- i All Service Users will receive a copy of the Service Users Handbook.
- i Refer to the organisation's Complaints Policy and Procedure, Whistle-blowing Policy and Procedure and for detailed procedures if allegations of abuse are made.
- i Formal supervisions will take place at least every two months, and the results recorded (see Employee Supervision Policy and Procedure). The supervision format will ensure that employees are asked, at every instance of supervision, whether they have received a criminal conviction or warning, or notice of referral to the DBS register, which has not yet been declared to the employer.
- i Complete the DBS Referral Form, which can be downloaded from <https://www.gov.uk/government/publications/dbs-referrals-form-and-guidance>

REFERRAL TO THE INDEPENDENT SAFEGUARDING AUTHORITY

- i Employers have a duty to refer to the ISA, information about individuals working with children or vulnerable adults where they consider them to have caused harm or pose a risk of harm.

OTHER SAFEGUARDING POWERS

- i The Mental Capacity Act 2005 provides a framework for decision making for adults who lack capacity.
- i Safeguarding Vulnerable Groups Act 2006 provides a legal framework for pre-employment vetting.
- i The Sexual Offences Act 2003 outlines a number of offences where a person's choices about sexual activity may be affected by their mental disorder.
- i The Equality Act 2010 outlines protected characteristics of people that must be protected from discrimination, harassment and victimisation.
- i The Human Rights Act 1998 lists articles describing our human rights entitlement in law.
- i The Care Act 2014 describes local authority responsibilities to investigate abuse of adults. Care and Support Statutory Guidance issued under the Care Act 2014 gives guidance as to the investigation of abuse.

OTHER RELEVANT QCS POLICIES WHICH SHOULD BE READ IN CONJUNCTION WITH THIS POLICY

- i Advocacy Policy and Procedure.
- i Deprivation of Liberty Safeguards Policy and Procedure.

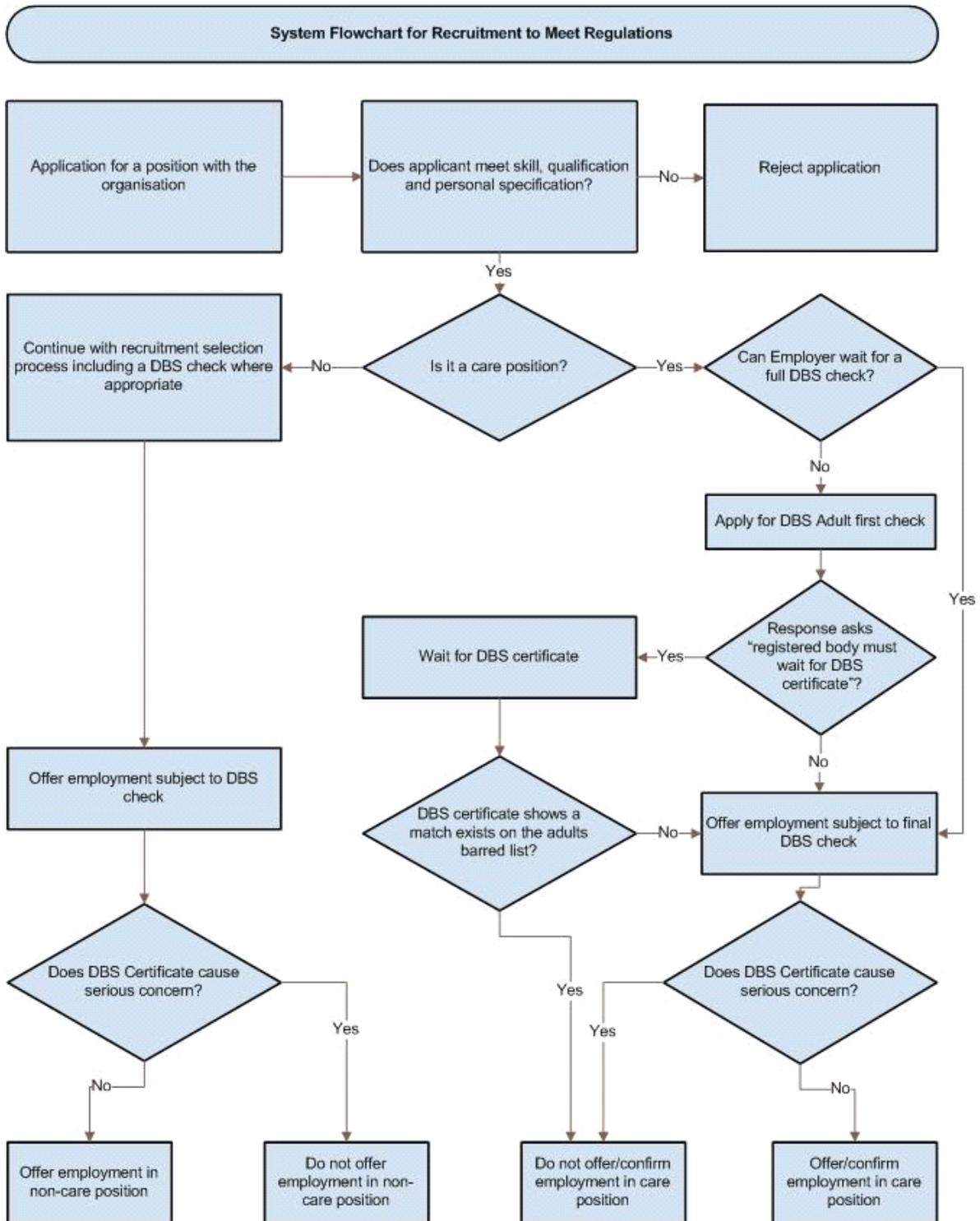
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- | Mental Capacity Act 2005 Policy and Procedure.
- | Restraint Policy and Procedure.
- | Challenging Behaviour Policy and Procedure.
- | DBS Disclosure Policy and Procedure.
- | Accident and Incident Reporting Policy and Procedure.
- | Discipline Policy and Procedure.
- | Employee Handbook.
- | Harassment Policy and Procedure.
- | Complaints Policy and Procedure.
- | Equality and Diversity Policy and Procedure.
- | Human Rights Policy and Procedure.

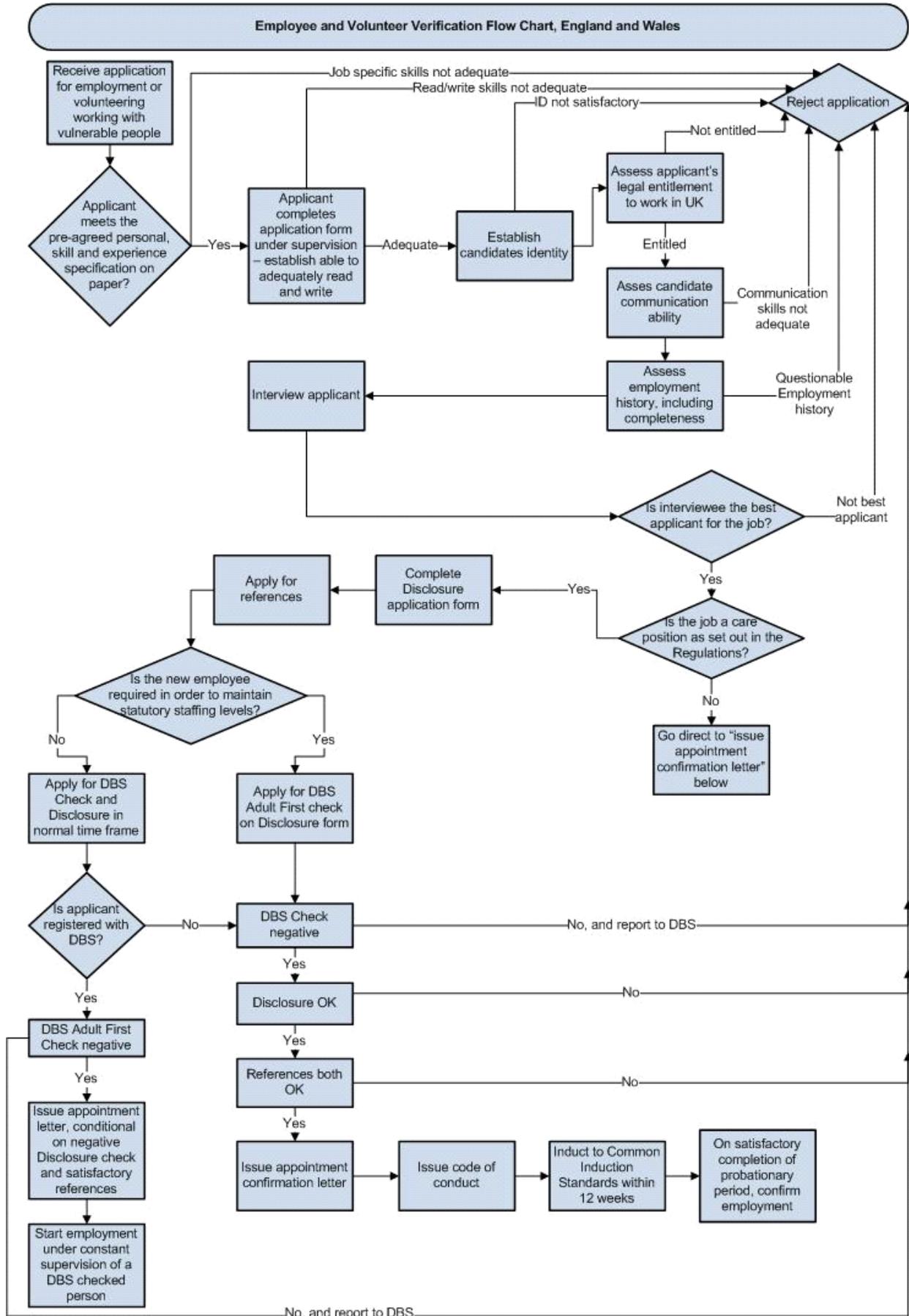
OTHER REFERENCES

- | Gaining access to an adult suspected to be at risk of neglect or abuse: a guide for social workers and their managers in England Social Care Institute for Excellence 2014 which clarifies existing powers relating to access to adults suspected to be at risk of abuse or neglect <http://www.scie.org.uk/care-act-2014/safeguarding-adults/adult-suspected-at-risk-of-neglect-abuse/>
- | Guide to Sharing Information regarding safeguarding concerns Social Care Institute for Excellence 2014 <http://www.scie.org.uk/care-act-2014/safeguarding-adults/sharing-information/>
- | Adult Safeguarding and Housing materials produced for housing providers Housing and Safeguarding Adults Alliance 2014 <http://www.housinglin.org.uk/Topics/browse/CareAndSupportatHome/AdultSafeguarding/?parent=9016&child=8914>
- | There are additional helpful references available to download in the Useful Documents section of your QCS online management system.

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Name of witness(es):

Details of any injuries/was medical attention required?:

What decision has been reached as a result of investigating the incident?

Name and designation of witness/advocate/support for Service User during discussion/report taking

Use additional sheets if necessary

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What immediate action was taken?

What lessons have been learned from this incident and investigation?

Were any outside agencies contacted? If so, who?

Use additional sheets if necessary

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Registered Manager recommendations, including Care Plan changes:

What actions will be taken to prevent further incidents?:

Signature :

Print Name:

Title:

Date:

**Reported to
Management Meeting
by:**

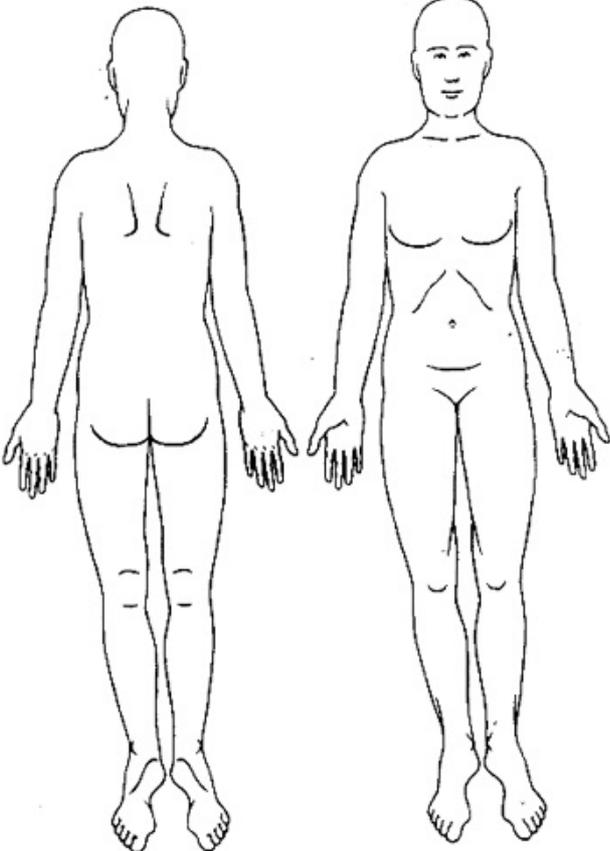
Date:

One copy of this form to be held in the Service User's personal file, one copy in the Safeguarding Incident file.

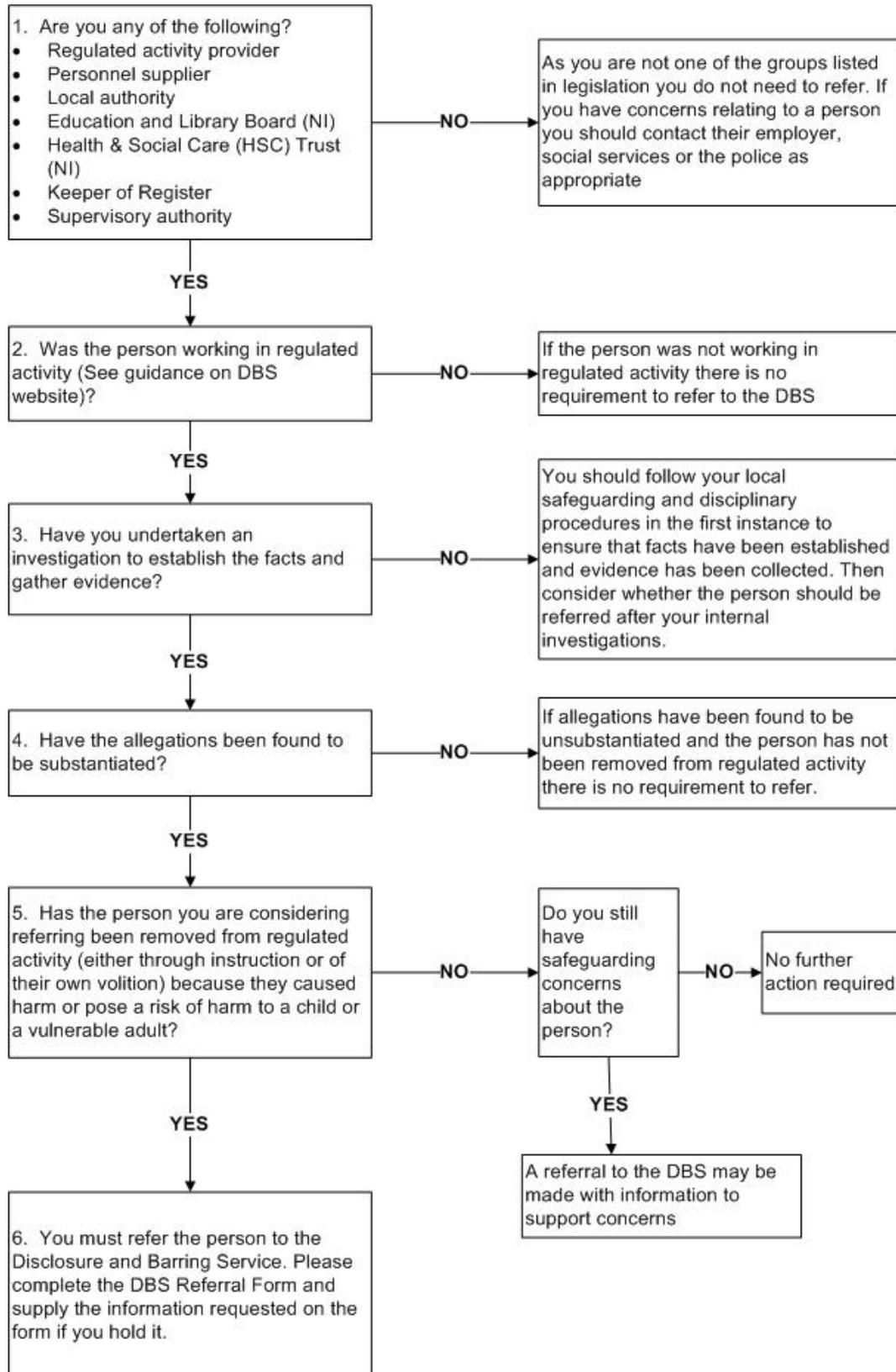
Use additional sheets if necessary

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Skin Marks/Bruising Assessment Tool – to be completed where appropriate

Service User's name:	Admission date:					
Examined in person? (Y / N). If N, record name and designation of person providing information:						
Name:	Date of examination:					
Designation:	Signature:					
<p>Skin Marks/Bruising Diagram</p> <div style="text-align: center;">  </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Area of risk/mark/bruising identified</td> </tr> <tr> <td style="padding: 5px;">Description of risk/mark/bruising identified</td> </tr> <tr> <td style="padding: 5px;">Cause identified (specify)?</td> </tr> <tr> <td style="padding: 5px;">Care Plan created (Yes / No). If no, why?</td> </tr> <tr> <td style="padding: 5px;">OR – No skin lesions apparent (tick and sign for accountability. See above if accepting 2nd hand information):</td> </tr> </table>	Area of risk/mark/bruising identified	Description of risk/mark/bruising identified	Cause identified (specify)?	Care Plan created (Yes / No). If no, why?	OR – No skin lesions apparent (tick and sign for accountability. See above if accepting 2nd hand information):
Area of risk/mark/bruising identified						
Description of risk/mark/bruising identified						
Cause identified (specify)?						
Care Plan created (Yes / No). If no, why?						
OR – No skin lesions apparent (tick and sign for accountability. See above if accepting 2nd hand information):						
Next review interval (maximum 1 month):						
Therefore next review date: _____ (use attached review form to note, or if changes are substantial, carry out this full assessment again)						
Accountability signature (person completing to print name and sign):	Date of form completion:					

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Key Lines of Enquiry Table

Key Line of Enquiry	Primary	Supporting	Mandatory
C.S1 - How are people protected from bullying, harassment, avoidable harm and abuse that may breach their human rights?	✓		✓
C.S2 - How are risks to individuals and the service managed so that people are protected and their freedom is supported and respected?	✓		✓
C.E2 - Is consent to care and treatment always sought in line with legislation and guidance?	✓		✓
C.R2 - How does the service routinely listen and learn from people's experiences, concerns and complaints?	✓		✓
C.W1 - How does the service promote a positive culture that is person-centred, open, inclusive and empowering?		✓	✓
C.W4 - How does the service work in partnership with other agencies?	✓		

Note: All QCS Policies are reviewed annually, more frequently, or as necessary.

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