

Safeguarding Advanced

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N.B: We are aware that official practice is to use the terms “service users” or “people using this service” to describe those receiving care. We prefer the term “client” and use it throughout our training package.

Key:



important



worksheet



example



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Learning outcomes.

- Understand the relevant legislation that underpins safeguarding activities.
- Be aware of the safeguarding process.
- Know how to respond to safeguarding alerts and referrals.
- Effectively respond to neglect and abuse of individuals at risk.
- Be aware of how to achieve good prevention outcomes.

Fundamental standards.

The fundamental standards are the standards by which CQC will inspect social care. The standards are based on the regulations from the Care Act 2014 and CQC have changed the focus for the purposes of inspection.

The fundamental standards are those standards that no care setting must fall below.

The standards are based on five areas as follows:

Safe.	People are protected from abuse and avoidable harm.
Effective.	People's care, treatment and support show quality of life and promote good outcomes, and providers should show evidence to prove it.
Caring.	Care should be person centred involving dignity and respect, and compassion.
Responsive.	Following correct working procedures as agreed by your workplace and as set out in the client's care plan.
Well led.	Management leadership and governance should ensure all of the above happens. Staff training should be recognised and openness and fairness be apparent.

These areas are known as key lines of enquiry or KLOES. Each KLOE has a set of criteria which CQC use to check whether the fundamental standards are being met.



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The fundamental standards are as follows:

- | | |
|---|---|
| Person centred care. | Ensuring that those receiving the care are at the centre of all decisions. |
| Dignity and respect. | Providing the client with dignity and respect in all aspects of their care. |
| Need for consent. | Asking the client's permission before carrying out tasks that affect them. |
| Safe care and treatment. | Following correct working procedures as agreed by your workplace and the client's care plan. |
| Safeguarding service users from abuse. | Following agreed working and safeguarding procedures and being aware of signs and symptoms. |
| Meeting nutritional needs. | Being aware of dietary needs, working with the care plan, ensuring clients have the right equipment and conditions to eat. |
| Cleanliness, safety and suitability of premises and equipment. | Carrying out required checks of premises and equipment, implementing cleaning rotas and carrying out safety checks. |
| Receiving and acting on complaints. | Having a complaints policy and procedure in place that is accessible to all and act in accordance with the policy when dealing with complaints. |
| Good governance. | Ensuring that all aspects of the workplace is overseen and policies and procedures are implemented and monitored regularly. |
| Staffing. | Fit and proper persons employed.
Fit and proper person requirement for Directors is followed. |
| Duty of candour. | Relevant information must be volunteered to all persons who have or may have been harmed by the provision of services, whether or not the information has been requested and whether or not a complaint or a report about that provision has been made. |

Our Redcrier manuals will provide your staff with training to support attainment of the fundamental standards.



Safeguarding Advanced

Introduction.

It is a fundamental human right to live free from harm and abuse and this contributes to the health and wellbeing of an individual. Safeguarding is about the safety and well being of all individuals, but in particular those who are unable to protect themselves from harm and abuse. An adult at risk of harm is defined as someone who has needs for care and support, and is experiencing, or at risk of, abuse or neglect and is unable to protect themselves.

In England in 2016-2017 there were 109,145 individuals who were the subject of a safeguarding enquiry under Section 42 of the Care Act 2014.

- 60 percent were female.
- 63 percent were aged 65 or over.
- In the same period 345,605 concerns of abuse were raised. Many of these concerns raised will have been dealt with by changing practice, working with those involved to implement measures to keep them safe and adopting a person centred approach.

The most common type of risk in section 42 enquiries were neglect and acts of omission. The most common location of risk in section 42 enquiries was the home of the adult at risk.

The introduction of the Care Act 2014 set out a clear framework of how adults at risk should be protected from abuse and neglect. It gave local authorities new legal duties in the safeguarding process. The key responsibilities now lie with the local authorities in partnership with the Police and the NHS. This means that the local authority has a legal duty to follow up any concerns about actual or suspected abuse or neglect. This shift also embraces the culture of the person led approach which aims to achieve better outcomes for the individual.

This manual aims to provide the learner with a greater insight into what happens after a safeguarding alert has been raised and the roles and responsibilities of all those involved. It also looks at some of the steps organisations can take, to protect themselves from the potential allegations of neglect or acts of omission.

Safeguarding advanced is designed to be a follow on manual from Safeguarding Adults.



Unit One

What is safeguarding and why is it important?

Safeguarding is defined as protecting the rights of individuals to live free from abuse and harm in a safe environment. All care staff working with individuals should be trained to operate in a culture of zero tolerance.

Adults at risk.

Replaces the previously used term 'vulnerable adult' as was set out in the Government's "No Secrets" guidance in 2010. It is the term used to identify a person who due to their needs for care and support, whether that be permanent or temporary, and whether or not the local authority is meeting any of those needs, who 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.

There are 10 types of adult abuse:

- Physical abuse.
- Financial or material abuse.
- Neglect and Acts of Omission.

The above are the three types of abuse most commonly reported.

- Psychological abuse.
- Sexual abuse.
- Organisational abuse.
- Discriminatory abuse.
- Self neglect.
- Domestic abuse.
- Modern slavery.

Each of these types of abuse are covered in more detail in the Redcrier Safeguarding Adults manual.

In recent years more attention has been drawn to cultural practices which are seen as abusive such as female genital mutilation and honour abuse, as well as practices that use the power of influence, such as radicalisation. These can all have a negative impact on the health, safety and well being of an individual. Abuse and neglect can now take many forms and is often not restricted to one form. We should not be restricted in our view of what is and what is not abuse. Instead we should look at the person as a whole and observe any changes in them.



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Listen to what they are telling us and in some cases what they are not telling us, we should involve them in finding a solution that supports their health, safety and wellbeing and reduces their risk of abuse or neglect, whilst maintaining their right to live life as they would like.

Legislation relating to safeguarding.

There are a number of pieces of legislation that have to be considered alongside safeguarding as follows:

- Data Protection Act 2018.
- Protection of Freedoms Act 2012.
- Human Rights Act 1998.
- Equality Act 2010.
- Mental Capacity Act 2005.
- Mental Health Act 1983
- The Care Act 2014.
- Public Interest Disclosure Act 1998, also known as whistle blowers.

All of the above legislations have a relationship with safeguarding and as we go through the manual you will see how.

Six key safeguarding principles:

Adult safeguarding is underpinned by six principles, which shape the way we carry out our safeguarding responsibilities and most importantly how we prevent harm and abuse from occurring. These should be incorporated into everything we do in our work with adults.

Empowerment.

Support and encourage the client to make decisions. Safeguarding must be person led.

Prevention.

Take action before harm occurs.

Proportionality.

The least intrusive response appropriate to the risk presented.

Protection.

Support and representation for those in greatest need.



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Partnerships.

Multi agency working including the clients local community to ensure that neglect and abuse are prevented, detected and reported.

Accountability.

All safeguarding practice must be accountable and transparent.

Explain how you empower your clients in your workplace.

Legal safeguarding framework.

Before the Care Act 2014, the Government produced a document called “No Secrets” which provided a guidance framework for carrying out safeguarding duties. Because it was only guidance, and not law, it had to be used in conjunction with existing laws; it did not always meet the needs of each individual case. The Care Act 2014 sets out a legal framework that sets the safety and wellbeing of the individual at the centre of any decision. The Care Act replaces any existing guidance and ensures every individual has access to support to live free from harm and abuse. Under the Care Act every local authority must have set up a Safeguarding Adults Board, which must be multi agency to include representatives from: the local authority, Police and NHS, amongst others. The Care Act covers England only. Wales have their own legislation covered by The Social Services and Well being (Wales) Act 2014. There is a need to apply for protection and support orders in Wales, which is not in the Care Act. The need to put the individual at the centre is in both.

The Care Act 2014 states:

An individual is at risk when, as a result of their needs, they are unable to protect themselves against abuse or neglect or the risk of it.’ (Care Act 2014, section 42)

The Care Act section 14.2 sets out the criteria that must be met before abuse and or neglect can be considered. The individual must:

- a. Have needs for care and support whether or not the local authority is meeting any of those needs.
- b. Be experiencing, or at risk of, abuse or neglect.
- c. As a result of those care and support needs be unable to protect themselves from either the risk of, or the experience of abuse or neglect.

This criteria aims to ensure that anyone who needs safeguarding support can access it.

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This Act sets out the regulations that health and social care providers must abide by in order to be registered as a provider. Included are those regulations, that are part of the fundamental standards, that no provider must fall below. Two of these fundamental standards in particular relate to safeguarding and are set out below:



Regulation 13: Safeguarding service users from abuse and improper treatment.

To meet the requirements of this regulation, providers must have a zero tolerance approach to abuse, unlawful discrimination and restraint. This includes:

- Neglect.
- Subjecting people to degrading treatment.
- Unnecessary or disproportionate restraint.
- Deprivation of liberty.

Providers must have robust procedures and processes to prevent people using the service from being abused by staff or other people they may have contact with when using the service, including visitors.

Providers can be prosecuted under this regulation. To be able to prosecute for this offence, they need a further qualification, which is that the breach results in people who use services being exposed to avoidable harm or significant risk of such harm occurring or suffering a loss of money or property as a result of theft, misuse or misappropriation.

Regulation 20: Duty of candour.

Duty of candour is Regulation 20 of the Health and Social Care Act 2008. This regulation grew out of the findings of two reports into the failings of Mid Staffordshire's hospital trust. These were written by Robert Francis, a Barrister specialising in the NHS and medical negligence. Duty of candour relates to all aspects of care and treatment.

The following are definitions as defined in Robert Francis' reports:

Openness:

Enabling concerns and complaints to be raised freely without fear and questions asked to be answered.

Transparency:

Ensuring information about the truth about performance and outcomes is shared with staff, patients / clients, the public and regulators.

The regulation states:

Any patient harmed by the provision of a health or social care service is informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made or a question asked about it.



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The regulation puts a duty on the health or care provider in the following ways:

- To be open and transparent to clients using their service about any incidents relating to the client, where the client has been harmed. This should be done by informing the client of the incident, explaining how it is being dealt with and where applicable, offering an apology, regardless of whether a complaint has been made or a question asked.
- Ensuring information about how to raise concerns and make complaints is clear and easily accessible to all.
- Making sure everyone in your workplace feels able to raise any concerns they have and know the concerns will be dealt with in a professional manner.
- Ensuring that information about performance and outcomes is truthful and available to all involved including clients, their relatives, staff and relevant professional bodies like CQC.

The regulation requires registered persons to be open and honest with the people who use their service when something goes wrong with their care or treatment. When a specified safety incident has occurred in respect of care provided, the regulation sets out a clear set of legal duties on registered providers about how and when to notify people using their service (or their relevant representatives) about those safety incidents. The regulation also describes when notifications about safety incidents need to be made to CQC.

CQC can prosecute for a breach of failure to notify a serious incident under this regulation and can move directly to prosecution without first serving a warning notice.

The notification to be given under paragraph (2a) must:

- a. Be given in person by one or more representatives of the registered person.
- b. Provide an account, which to the best of the registered person's knowledge is true, of all the facts the registered person knows about the incident as at the date of the notification.
- c. Advise the relevant person what further enquiries into the incident the registered person believes are appropriate.
- d. Include an apology.
- e. Be recorded in a written record which is kept securely by the registered person.

Human Rights Act 1998.

The human rights relevant to safeguarding are as follow:

- The right to life.
- The right not to be tortured or treated inhumanely or in a degrading way.
- The right to freedom.
- The right to respect for their private and family life, their home and their correspondence.



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The Human Rights Act incorporates the rights in the European convention on human rights and makes them law. Depriving someone of these basic rights is a criminal offence.

Equality Act 2010.

The Equality Act sets out the nine protected characteristics and our role is to ensure that we do not discriminate against them. The law states they should not be treated differently because of those characteristics. This is different from being treated differently in order to meet their needs. Following the basic rule of person centred care and involving the individual in any decisions should support this. Your workplace will have an equality and diversity policy which should be available to you.

Public Interest Disclosure Act 1998.

This Act protects whistle blowers from detrimental treatment by their employers. A whistleblower is a worker who reports certain types of wrongdoing in the workplace. There are two types of whistleblowing: The first happens within the workplace. The second is reporting the wrong doing to someone outside of the organisation. When whistleblowing, you must believe it is in the public interest, personal grievances or complaints are not covered in a whistleblowing policy. The following are areas that are normally covered:

- Criminal offences including fraud.
- Failure to comply with an obligation set out in law.
- Miscarriages of justice.
- Endangering of someone's health and safety.
- Damage to the environment.
- Covering up wrong doing in any of the above categories.

It is important to have a whistleblowing policy and is a condition of registration in care. The policy should set out clearly what whistleblowing is and how any disclosures will be investigated. If it is an internal disclosure, a meeting to gather all information should be held before any action is decided and it should be seen as an opportunity to improve practice and quality of care within the organisation. Always be aware of all requirements on your organisation from outside organisations and make sure you make notifications where relevant. For instance, CQC needs notification of any serious incidents under Regulation 18 of the Care Quality Commission Registration Regulations. Under the public interest disclosure act the worker has the right to take a case to an employment tribunal if they have been victimised at work or they have lost their job because they have "blown the whistle".

Government strategy against terrorism.

The need to counter terrorism is important and it has been recognised that radicalisation plays a big part in drawing people into terrorism.



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Prevent is one of the four strands of the Government's strategy against terrorism. The strands are:

- **Prevent** - to stop people becoming terrorists or supporting terrorism.
- **Protect** - strengthening our borders, infrastructure and public spaces from attacks.
- **Prepare** - where we cannot stop an attack, to reduce its impact by responding effectively.
- **Pursue** - to disrupt or stop terrorist attacks.

Prevent strategy.

The Prevent strategy aims to help us to identify individuals who are at risk of becoming radicalised. The strategy recognises that we need to:

- Respond to the potential challenge of terrorism and the threat from those who promote it.
- Prevent individuals from being drawn into terrorism and ensure that they are given appropriate advice and support.
- Work with institutions where there are risks of radicalisation that we need to address.

The NHS has published a Prevent training and competencies framework to ensure staff are aware of the signs of someone being drawn into becoming terrorists or supporting terrorism.

The framework encompasses the following:

- **Understand** that radicalisation uses normal social processes, and the "power of influence" on all.
- **Have knowledge** of the Department of Health document: Building Partnerships, Staying Safe.
- **Understand** how to recognise, understand, share concerns, seek support and advice, and make referrals within their own organisations and with other agencies where appropriate.
- **Understand** the current threat level and that Prevent can be applied to all forms of terrorism, present or emerging.
- **Understand** there is no single checklist or profile of a terrorist, and that health and / or social care staff are a key group and must use their professional judgement in assessing behaviours and risks.



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How do you ensure you are meeting the duty of candour regulation in your workplace?