Safeguarding Children and Adults
In Vulnerable Situations
Policy

Version 15.3

The Millbrook Safeguarding Policy operated on each contract will always be reviewed and aligned to local requirements in close liaison with contract commissioners and local safeguarding leads and safeguarding boards (children’s and adults).
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Freedom to Speak Up: Raising Concerns and Whistleblowing Policy (available on Intranet site)  
All Millbrook Healthcare employees |

**Commercial in Confidence**
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Safeguarding policy and procedures

1. Safeguarding policy and procedures

Our safeguarding policy is designed to conform to the current legislation changes in the Care Act 2014 and Working together to Safeguard Children 2015 (both accessed from DoH website). The policies and procedures within the ‘Safeguarding realm’ comply with the NHS Assurance framework and the training of all employees within Millbrook healthcare is taking from the competency levels set out in the Intercollegiate Document 2014

All staff have a duty of care and a responsibility to follow these procedures, and training packages.

2. Central mission

“The provision of all services is based on the premise that the needs of service users are the driving force of the service. We must address matters related to service user safety with a high level of importance. A multi-agency approach to sharing responsibility in this area is a prerequisite”.

Phillip Campling, Managing Director

3. Core Values

I. This safeguarding policy is underpinned by two core values that staff, volunteers and sub contractors should demonstrate:

II. Understanding dignity, respect and human rights when working with individuals, ensuring that the service user is placed at the centre of any activities within Millbrook healthcare and that any actions taken are appropriate, person centered, respect difference and promote equality

III. Engaging in a positive approach to multi agency safeguarding practice, working effectively with all partners whilst ensuring the service user remains at the centre of any safeguarding work.

IV. The safeguarding policy covers the following areas:

a) Recruitment procedures for employees – from advertising to full employment

b) Suspected or actual abuse or neglect of adults at risk

c) Suspected or actual abuse or neglect of children (defined as a person aged under 18 (Children’s Act 1989)

d) Training and awareness of all staff within Millbrook healthcare whether Temporary or permanent (sub contractors responsibilities also).

e) Procedures for reporting concerns in line with local policies

f) Procedures for allegations against staff
g) Raising Concerns (whistleblowing)

h) Mental Capacity, Deprivation of Liberties Safeguarding and information Governance whilst part of the ‘realm of Safeguarding’ has separate but connected policies and training.

4. Recruitment procedures

Millbrook Healthcare safeguards against possible abuse of children and adults in vulnerable situations, through a rigorous selection process, suitable training and the provision of a safe environment for children and adults. The full recruitment policy and procedures are set out in a separate policy document. [Home - Millbrook Industries Group Intranet]

a. Through the Disclosure and Barring Service (DBS).

b. No member of staff may start work in unsupervised activity until a satisfactory enhanced criminal record check is received and checked by the HR department and references have been checked.

c. All appointments to work with children and adults (including internal transfers) will be subject to a probationary period.

d. All staff are required to declare all convictions, cautions and warnings in the company application forms. Any declarations will be verified by the HR department and a senior manager to assess whether the applicant is eligible for employment.

e. It is made clear to all applicants that if any convictions, cautions or warnings are not previously declared and which subsequently appear on the enhanced criminal record check, their application for employment will be refused or their employment will be terminated with immediate effect.

f. All staff are required to notify their manager and the HR department in the event that they receive a conviction, caution or warning.

g. Employees involved in the provision of care, support and administration will be required to apply for an enhanced criminal record check every 2 years. Any convictions, cautions or warnings that appear and that have not been previously notified to the HR department, will lead to disciplinary action.

h. Staff will be required to attend safeguarding training as part of the induction training programme.

i. Clinical staff undergo level 3 safeguarding training commensurate with local safeguarding policies.
5. Safeguarding of people in vulnerable situations

This policy defines

- who is at risk
- definition and types of abuse
- recognising the signs of abuse
- good practice guidelines and Code of Good Practice
- minimising the risk
- responsible persons
- what to do
- reporting procedures
- responding to suspicions of Millbrook staff abusing
- raising concerns (whistleblowing)
- support for those who report abuse
- confidentiality
- subcontractors
- training

6. Who is at risk?

An adult or child is defined as a person who is, or may be, in need of community care services by reason of mental or other disability, age or illness, and who is, or may be, unable to take care of him/herself, or unable to protect him/herself against significant harm or serious exploitation.

Adults and children include people with learning disabilities, mental health problems, older people and disabled people, particularly when their situation is complicated by additional factors such as

- physical frailty
- chronic illness
- sensory impairment
- challenging behaviour
- social problems
- emotional problems
- poverty
- homelessness
- substance abuse
7. **Definition and types of abuse**

A. **Definitions of abuse**

- **Abuse** is a violation of an individual's human and civil rights by any other person or persons.
- **Abuse** may consist of a single act or repeated acts.
- **Abuse** may be intentional or unintentional.
- **The abuse** can be physical, verbal, psychological, financial, or emotional.
- **Abuse** can be seen as an act of negligence or omission to act and may the unintended consequences of a person's actions (neglect).
- **Abuse** can, and may occur when an adult is persuaded to enter into financial or sexual transactions to which they have not consented or cannot consent to.

B. **Types of abuse**

- **Physical abuse**: Includes hitting, slapping, pushing, kicking, misuse of medication, undue restraint, or inappropriate sanctions.
- **Institutional/social abuse**: Includes inappropriate restraint, misuse of drugs etc.
- **Sexual abuse**: Includes rape and sexual assault or sexual acts to which the adult has not or could not consent and/or was pressured into consenting.
- **Psychological/emotional abuse**: Includes threats of harm, abandonment, humiliations, verbal or racial abuse, isolation, withdrawal from services or supportive networks.
- **Financial or material abuse**: Includes theft, fraud, pressure around wills, property or inheritance, misuse or misappropriation of benefits.
- **Sectarian abuse**: Includes verbal abuse, inappropriate songs, persuasion.
- **Neglect and acts of omission**: Includes failure to access medical care or services, negligence in the face of risk-taking, failure to give prescribed medication, poor nutrition or lack of heating.
- **Discrimination**: Includes racism, sexism, ageism, religion, disabilities, etc.

C. **Who causes abuse?**

Abuse of children and adults can be caused by anyone who is involved with the Service User. Abuse can be deliberate or inadvertent due to lack of training and awareness. Abusers can be friends, relatives, partners, casual acquaintances, care staff, healthcare staff, service providers and other people. Abuse can be by one or more individuals.

Neglect can be deliberate or due to carelessness or lack of communication.
D. Where can abuse happen?
Abuse can happen anywhere and not just in the Service User’s home, can be day centres, residential or care home.

8. Recognising the symptoms or indicators of abuse
Staff are trained to be aware of the symptoms and indicators of abuse that they may come across in carrying out their duties. These include:

Physical abuse
- Bruising, cuts
- Unexplained injuries
- Clusters of injuries
- Burns and scalds – especially cigarette burns
- Loss of weight
- Dehydration
- Fear, nervousness

Institutional/social abuse
- Inappropriate restraint
- Exclusion
- Medication for social control
- Under-medication
- Overmedication

Sexual abuse
- Fear, nervousness
- Pain, soreness, scratching in the genital area
- Blood on clothes/underclothes
- Bruising on thighs or buttocks
- STD
- Pregnancy when unable to consent
- Bragging
Psychological/emotional abuse
- Fear of people and places
- Bedwetting where incontinence not diagnosed
- Depression
- Withdrawal
- Anxiety

Financial or material abuse
- Loss of earnings, benefits, cash
- Running out of money when they have adequate means
- Theft/misappropriation of money or property
- Illegal power of attorney
- Other people using their benefits
- Inappropriate involvement with wills, contracts, property, assets
- People, food and drink, etc.

Sectarian abuse
- Appearance of flags, symbols, emblems, printed materials
- Distrust and fear of ministers, priests, nuns, etc.
- Making offensive remarks about people’s religious beliefs
- Withdrawal

Neglect and acts of omission
- Unauthorised withdrawal of basic services
- Weight loss, malnutrition, dehydration
- Untreated conditions, e.g. bedsores, ulcers, skin conditions
- Poor personal care
- Inappropriate or dirty clothing, bedding
- Poor household hygiene
- Poor heating
- Medication not being given/taken
- Inadequate medication records
Safeguarding Policy

- Inadequate service records
- Dangerous equipment/premises

**Discrimination**

- Evidence of discrimination
- Discriminatory practices
- Offensive remarks about ethnicity, religion, culture, sex, age, disability

9. **Good practice guidelines**

All employees should demonstrate exemplary behaviour in order to protect themselves from allegations of misconduct. Employees should maintain their standards of behaviour, therefore acting as a role model. If you witness (or suspect) any form of abuse or harm, you must report it immediately to your line manager (who will contact the safeguarding lead for the company\(^1\), who in turn will contact the authorised officer from the authority). Failure to do so may invoke the company’s disciplinary procedure. **If there is harm or suspicious of imminent harm then you must call 999**, failure to act on a concern or actual harm could lead to a criminal investigation.

The following are common-sense examples of how to create a positive culture and climate.

**Good practice means**

- always work in an open environment
- never allow yourself to be left alone with a child unsupervised
- never make gratuitous physical contact with a service user
- treat all individuals equally, and with respect and dignity
- ensure all decisions on clinical care pathway are cognisant in regard to the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005\(^2\)

Millbrook is committed to the highest levels of service, respect and dignity for all service users. Millbrook will treat all service users with dignity and respect in attitude, language and actions, listening and responding appropriately.

10. **Code of Good Practice**

To help prevent abuse occurring, and false allegations arising, the following basic guidelines will help safeguard both individuals (adults and children) and the people who help/care for them.

**You must**

- treat all persons (adults and children) with dignity and respect.

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\(^1\) National Clinical Services Manager

\(^2\) Good Practice Guidance for restraining Children
provide an example of good conduct you wish others to follow.
challenge unacceptable behaviour, e.g. bullying, and report all allegations/suspicion of abuse.
be identifiable and wear a name badge and uniform at all times.

You must not

- have unwarranted contact with a person or child in a vulnerable situation
- make any comments which may have a sexual connotation

There may be exceptional circumstances where it is necessary to restrain a person to prevent them from damaging themselves or others. Only the minimum reasonable force necessary may be used.

All incidents of physical restraint must be recorded on an incident form and submitted to the Safeguarding Officer at the earliest opportunity.

11. Minimise risk by

- having a safeguarding adults/children policy.
- having a public disclosures policy.
- having policies to ensure new employees are properly checked and safe to work with adults and children.
- encouraging good communication between staff, managers, commissioning teams.
- making sure that staff receive the correct level of training to understand abuse and neglect.
- making sure staff know who to tell, and how, if they have concerns.
- having clear and easy to understand policies which promote good practice.

12. Responsible persons

Parent

A father or mother, one who creates, or one who gives birth to, or nurtures and raises, a child.

Guardian

A person who fulfils some of the custodial and parenting responsibilities of the legal parents of a child, although the court or biological parents of the child may continue to hold some jurisdiction and decision-making authority over the child. Guardians are subject to ongoing supervision by the court and do not have the same reciprocal rights of inheritance as birth or adoptive parents have with their children. The relationship between the guardian and child ends when it is terminated by the court, or when the child reaches the age of majority.

3 Go to Deprivation of Liberties Safeguarding Policy for further advice on restraint.
Carers
For the purpose of this policy, a carer may be defined as a person who provides emotional or practical support to a family member, including a friend or partner who is ill, has a disability, is experiencing mental distress or is affected by substance abuse. A carer can be anyone aged 18 or over (adult carer) or anyone under 18 (young carer who provides this kind of support). A carer may be a paid worker or volunteer for a voluntary agency.

Advocate
An advocate is a person who puts a case on someone else’s behalf ‘care managers’ can become advocates for their resident.

13. The role of the Designated Safeguarding Officer (DSO) Millbrook Healthcare
The Designated Safeguarding Officer (DSO) will be responsible for dealing with all allegations and suspicions of abuse.

The DSO will:

- receive and record information from staff members, the persons themselves, any carers or other agencies that have person protection concerns.
- assess the information promptly and carefully, clarifying or obtaining more information about the matter as appropriate.
- consult initially with the commissioners, and possibly Social Services, to test out any uncertainties.
- make a formal referral to a statutory agency without delay, if necessary.

The DSO will not decide if a person has been abused, this is the task of Social Services.

The DSO will be responsible for dealing with any enquiries from the media if an incident or allegation of abuse arises. All staff should be clear that any media enquiries are to be directed to the Integrated Governance Officer and under no circumstances should any other response be given.

14. Safeguarding Board: Millbrook Healthcare

- The Safeguarding Board will facilitate and develop a culture that embraces safeguarding as everybody’s business and ensures that Millbrook Healthcare Limited provides a safe system that safeguards children and adults.

- The board will co-ordinate safeguarding activates within a learning environment

- The Safeguarding Board will promote and ensure that the safeguarding of service users remains a high priority as an organisation-wide issue.
• The Safeguarding Board will provide an independent and objective review of, and assurances, in the compliance with legislative, mandatory and regulatory requirements.

• The safeguarding board will monitor and manage the risks highlighted through safeguarding activities.

15. What Millbrook staff are to do if there is an allegation or suspicion of adult or child abuse

Millbrook does not have the powers to investigate any form of abuse; however, staff do have an obligation and responsibility to report suspicions or disclosures of abuse to the relevant authorities.

Disclosure of abuse

Although employees are encouraged to know about the signs and signals which make them suspect that someone might be at risk, many incidents will only come to light because the person discloses this themselves. A disclosure may take place many years after a traumatic event, or when someone has just left a place where they were afraid. All disclosures should be taken seriously.

What to do if an adult or child makes a disclosure regarding abuse:

DO

• Ensure the immediate safety of the person
• Stay calm and do not show shock or disbelief
• Listen carefully to what you are being told
• Tell the person
  • they did the right thing in telling you
  • it was not their fault
• Preserve evidence, e.g. paperwork, clothing, blood, semen, etc.
• Explain that you are required to share this information with the regulating authority (as appropriate)
• Explain that further investigations will be conducted sensitively and with their involvement as much as possible
• Write down what the person has said, remembering that this information may be used as evidence

DO NOT

• Be judgmental (for example, “why didn’t you stop them...”)
• Promise to keep secrets or make promises that you will be unable to keep
• Press the person for more details
• Show them photos of possible abusers or ask closed or leading questions
• Contact the alleged abuser or alleged victim (depending on who is making the disclosure)
• Pass on the information to anyone other than people that ‘need to know’
• ‘Sit’ on the information over the weekend or until you are on duty next. Make sure you report the information as soon as possible.

Confidentiality
If information is disclosed to you, then the information will only be shared on a ‘need-to-know’ basis where it is in the best interest of the service user. Employees are required to only share this information with their line manager, or safeguarding lead; however, they need to be aware of the local safeguarding polices for their region.

Criminal offences
If you witness abuse which is a criminal offence, or someone makes a disclosure to you about being a victim of a recent criminal offence, in addition to the above, you MUST

• call the emergency services by dialling 999.
• allow the police to conduct all questioning.
• take action to make sure that no-one else questions the victim, abuser or witnesses about what happened.
• ask the police for advice about whether the victims and witnesses should be kept apart before they have an opportunity to discuss the events they have witnessed.
• work with the police at the scene and cooperate with the investigating officer during any investigation.

Failure to comply with this process might result in any defence asking for evidence to be withdrawn on the grounds that the information has been unfairly obtained ‘due to leading the victim or a witness’.

NOTE: In all cases, staff should attempt to obtain the consent of an individual before calling the police. This is not always appropriate and the requirement to obtain consent may be overridden or dispensed with depending on the seriousness of the incident, the risk to other people, and/or the capacity of the individual to make the decision.

DO NOT
• Move anything, clean anything or wash anything up
• Bathe the person or change their clothes
• Remove or alter any documentation

Where sexual abuse is concerned, do not assume that it is too late to collect forensic evidence, even days after the alleged abuse – let the police decide.

If you are not sure if a criminal offence has taken place or not, speak to Millbrook’s safeguarding lead or human resources manager.
Recording statements

It is important to write a report of the incident as soon as possible. Make sure your writing is legible and you must also date, sign and print your name on it. If possible, use the template at appendix B:

1. Write down any injuries, describing the colour, size, depth and shape
2. Note in writing the state of the clothing of the person and the alleged abuser
3. Note what was said, using the exact words and phrases spoken wherever possible, including dates and times
4. Describe the circumstances in which the disclosure came about
5. Note the setting and anyone else that was there at the time
6. Write down exactly what happened – not your opinion
7. Use a pen or biro with black ink so that it can be photocopied

Be aware that your report may be required in the future as part of a legal action or disciplinary procedure.

You must remember that if you witness, discover or suspect abuse, or someone makes a disclosure to you, you have a duty to report it. Even if an allegation concerns a member of staff (who may also be a colleague), it is still the clear duty of those concerned to report the matter.

For all types of responses it is vitally important to carefully record the details of an allegation or a reported incident regardless of whether or not the concerns are shared with a statutory agency.

An accurate record should be made of:

- the date and time of the incident and disclosure.
- the parties who were involved.
- what was said and done by whom.
- the full name of the person reporting and to whom reported.
- any action taken by the individuals concerned.
- reasons why there was no referral to a statutory agency prior to this point.

Millbrook employees must

- stay calm and listen carefully.
- find an appropriate, early opportunity to explain that it is likely that the information will need to be shared.
- not promise to keep secrets.
- allow the person to continue at his or her own pace.
• ask questions for clarification only, and at all other times avoid asking questions that suggest a particular answer.
• reassure them that they have done the right thing in telling you.
• follow the record-keeping advice above.
• where children are concerned, take due regard to ensure that the parents or carers are fully appraised of the situation.
• relay this information to the safeguarding lead (preferably on incident form, however the most important issue is that the individual is safe), at the earliest opportunity.
16. **Procedures for reporting suspected abuse and safeguarding issues**

- **Incident Observed**
- **Is service user in immediate danger?**
  - **YES**
  - **Call emergency services**
  - **NO**
  - **Discuss with service centre manager/safeguarding lead**
  - **Complete safeguard incident report form**
  - **Contact local safeguarding team**

Reporting forms are held within the company Intranet, however these can be printed off and kept locally for ease of completion. Once completed they can be scanned and sent via e-mail to the following contacts.
Summarised procedures for reporting suspected abuse and safeguarding people in vulnerable situations.

1. The local service centre manager will be designated as the key contact with direct responsibility for ensuring that appropriate action is taken.

2. If a member of staff witnesses an emergency incident or situation where the service user is in immediate danger, or possibility of harm, they will **always first call 999 before contacting their line manager or supervisor**.

3. Where a staff member may suspect abuse of children or an adult, the staff member will make an immediate, factual log using the safeguarding concern form and discuss with the service centre manager if the service user is not in immediate danger.

4. The centre manager will liaise with Millbrook’s safeguarding lead, then report to the local safeguarding leads within the relevant trust or council’s adult safeguarding or children services child protection teams.

5. All safeguarding incidents will be logged and reviewed at quality management meetings (taking client confidentiality into account).

6. If an incident involves a member of staff, the incident will be immediately reported to adult and children services protection teams. The member of staff will be taken off frontline service user facing duties until a full investigation has been carried out. If the allegations are of a very serious nature, the organisation may choose to suspend the employee from duty.

7. Millbrook will fully cooperate with adult and children services, as well as the police authority. See the contact list in appendix A.

All safeguarding incidents will be logged and reviewed at quality management meetings (taking client confidentiality into account).

**Responding to suspicions**

Responding to suspicions that another Millbrook employee or authorised subcontractor may be abusing a person, or not following the code of good practice.

Millbrook Healthcare has its own procedures in place to enable any person to express their concerns or make a complaint about our services, including the conduct of our staff.

**17. Complaints and allegations**

**Complaints and allegations by our own staff**

In relation to complaints made by our own staff, these are covered under the new raising concerns , which covers

- the policy statement.
how to report a concern.
how to access a confidential company helpline.
your right to stay anonymous.
the procedure.
your protection against any detrimental treatment.
confidentiality.

Complaints and allegations by service users

If a manager is aware that a service user has accused a member of staff of abusing, or suspected of abusing, an adult or child at risk, they should use both the safeguarding children and adults policy (this document) and our internal staff disciplinary procedures (colleague handbook) to take action to protect adults or children from the risk of abuse.

If the manager believes the seriousness of the allegation warrants that they suspect a crime has been committed, they must inform the police.

Should an incident involving a member of staff be reported, the member of staff will be immediately withdrawn from frontline services during the investigation into any allegations. This is not only to protect service users, but also to protect the member of staff whilst the investigation is completed.

The manager will report their concerns to the local authority Social Services and advise them what immediate actions have been taken to protect adults or children at risk from the suspected abuse, for example, the individual has been suspended or given alternative work.

A list of contact numbers is provided in appendix A.

If it appears that an external investigation is necessary, then the police or the responsible adult social care team will coordinate the response with other agencies as required.

Millbrook will comply with employment legislation at all times and must await the outcome of any external investigation before taking any disciplinary action. We may, however, carry out our own internal inquiry into the issues raised. If the matter is being dealt with as a formal police or local authority led safeguarding adults investigation, Millbrook Healthcare will not interview adults or children at risk or witnesses until the formal investigation has been completed.

Millbrook Healthcare has a duty to members of staff to allow support from a trade union representative, a representative to attend disciplinary hearings as an observer, and can receive confidential support from the company employee assistance service.

Action taken upon outcomes of investigations

Depending on the outcome of any police, Social Services or other agency’s investigation, or in the case of an internal investigation, additional action will be decided based on the Millbrook disciplinary procedure. This can result in any of the following:

- Summary dismissal
- Dismissal
• Sanctions
• Warnings

In the case of registered professional status staff, their institution may be informed, who will have their own codes of professional conduct which will determine any other action against them.

Appeals

The appeals process is described in the colleague handbook.

Managing risk

Millbrook Healthcare takes a risk-based approach to the management of operations.

Our robust vetting and recruitment procedure reduces risks and include checks by the Disclosure and Barring Service (formerly the Criminal Records Bureau and the Independent Safeguarding Authority). In order to avoid, control or manage any risk, we will immediately suspend, or find alternative work arrangements pending the outcome of our own or any other investigation for, the individual.

A decision not to suspend or arrange alternative work arrangements for an employee and/or not to inform the police will be fully documented and endorsed separately by an independent director or senior manager.

18. Raising Concerns (Whistleblowing)

Millbrook promotes an open organisational culture which we anticipate would encourage employees to speak out and report concerns about abuse. Millbrook Healthcare’s Freedom to Speak Up: Raising Concerns and Whistleblowing Policy is available on the Intranet site. This policy should be consulted if an employee suspects a colleague/manager is abusing, colluding with an abuser or not taking an abuse matter seriously. Staff promote our whistleblowing philosophy with service users to ensure that those with whom they have contact are encouraged to report issues/concerns that they may have.

If you genuinely believe that the company or any worker of the company has taken, is intending, or has failed to take, action which you reasonably believe will lead or amount to

• a criminal offence;
• a failure to comply with any legal obligations;
• a miscarriage of justice;
• danger to the health and safety of any individual;
• damage to the environment; or
• the deliberate concealment of information tending to show any of the matters listed above;

You can disclose this information orally or in writing to the DSO or human resources manager. If you make such a disclosure, you should provide full details and, where possible, supporting evidence.
19. Support for those who report abuse

All those making a complaint or allegation, or expressing concern, whether they be staff, service users, carers or members of the general public, should be reassured that Millbrook will ensure that

- complaints will be taken seriously and will be investigated
- their comments will usually be treated confidentially, but their concerns will be shared if they or others are at significant risk

20. Confidentiality

Millbrook believes that the welfare of the person in the vulnerable situation is paramount, which means that the consideration of confidentiality that might apply to other situations within our Organisation should not be allowed to override the right of the person to be protected from harm. Wherever possible, the consent of the individual concerned should be obtained to the sharing of information for the purpose of protection from abuse.

However, where possible, every effort should be made to ensure that confidentiality is maintained for all, and by all, concerned, when an allegation is made and whilst it is being investigated. We will seek to balance protecting persons from harm whilst protecting our employees from the risk of unfounded allegations.

21. Subcontractors

As well as complying with Millbrook’s policies and procedures, evidenced through checks and monitoring, all subcontractors must be able to produce enhanced criminal record check records for their employees; no more than six months old, and evidence that safeguarding training has been undertaken.

22. Training and awareness

Safeguarding training is incorporated into the work induction training programme for all new employees involved in the provision of care and support services to at-risk adults and children. Each new employee, or an employee who is transferred or promoted to a new job role, will be assessed by their manager to establish their level of skills and knowledge of the new job and identify and plan any immediate training and development need or requirement.

Staff working within local authority or NHS environments will attend relevant mandatory local authority or NHS training. A register of training attendees is maintained by the Integrated Governance Team.

Training is carried out in accordance with recognised safeguarding training and the local authority safeguarding guidelines for the areas in which the staff are working.

---

4 Point of Contact: Alex Underwood Alex.Underwood@millbrookhealthcare.co.uk
In the absence of any statutory requirements stating how often staff should attend training the Safeguarding Board have recommended the following course of action in line with the intercollegiate document competency levels:

All Millbrook employees and authorised subcontractors who regularly have direct and unsupervised contact with people will be trained to level 3 in safeguarding, which lasts for three years.

Staff will be given case examples and taught how to follow the correct reporting procedures in the event of suspected abuse.

Staff members will be given printed guidelines on recognising and reporting abuse as part of their induction training pack.

Managers will also be trained in the management procedures for reporting suspected abuse.

Staff will be trained to (Annex C shows the training programme)

- understand what abuse is.
- What a vulnerable person is.
- understand the signs and symptoms of abuse.
- know what to do if they witness abuse or if they are told about it.

Managers will be trained in the above as well as

- how to deal with disclosures
- how to complete with the reporter the safeguarding concern report form
- how to report the reporters' findings to commissioning teams, social services and the police.

The safeguarding lead

- will monitor and audit the company, providing local authorities with quality assurance information relating to the employment and training of Millbrook employees. They will act as a lead to inform local authorities of any crime alleged or committed towards a person/client.

23. **Reviewing the policy**

This policy will be monitored and reviewed annually, in line with legislation, by the Millbrook management team in the first instance, having due regard to confidentiality issues.

24. **Additional information supporting this policy**

- Dignity at work
- Recruitment and selection policy
- Equal opportunities and diversity policy
- Data protection
- Training and development policy
- Electronic communication policy
- Dignity at work
- Public interest disclosure procedure
- Safeguarding board risk assessment on disclosed information
- Disability discrimination policy
Appendix A: Safeguarding contacts

*Millbrook Designated Safeguarding Officer:*
Vicky Jones: National Clinical Services Manager

[Vicky.Jones@millbrookhealthcare.co.uk](mailto:Vicky.Jones@millbrookhealthcare.co.uk)

Tel: (07739) 446301

Alex Underwood, Governance Manager

[Alex.Underwood@millbrookhealthcare.co.uk](mailto:Alex.Underwood@millbrookhealthcare.co.uk)

Tel. (023) 8066 2312 | (07785) 958501

*Commissioners' Safeguarding Leads: Please check the various websites as these contact details can change without notice*
<table>
<thead>
<tr>
<th>Contract</th>
<th>Social Care</th>
<th>NHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plymouth</td>
<td>Adults: 01752 668000 Children: 01752 308600</td>
<td>0845 155 8155 or 01752 202082</td>
</tr>
<tr>
<td>Cornwall and IoS</td>
<td>Adults: 0300 1234 131 Isle of Scilly: 01720 422148 Children: 0300 123 1116</td>
<td>0300 123 1116</td>
</tr>
<tr>
<td>Redbridge</td>
<td>020 8708 7333 (Monday to Friday, from 9am to 5pm) or 020 8554 5000 (Monday to Friday from 8.30 am to 6pm) Police: 020 8478 1123</td>
<td>Redbridge adult services duty team office hours 0208 708 7333 or out of hours 0208 553 5825. Children: 020 8708 3885 from 9 am to 5 pm; 020 8553 5825 after 5 pm</td>
</tr>
<tr>
<td>Kingston upon Thames</td>
<td>Adults: 020 8547 4735 Children: 020 8547 5004 Monday to Thursday, 8.45am – 5.00pm, Friday 8.45am – 4.45pm only 020 8770 5000 at any other time</td>
<td>Contact Kingston Council</td>
</tr>
<tr>
<td>Bedfordshire</td>
<td>North Bedfordshire (01234) 223599 South Bedfordshire (01582) 818499 Social Care out of office hours and at weekends 08702385465 North &amp; Mid Bedfordshire Police (01234) 841212 Luton and South Beds Police (01582) 401212</td>
<td>01234 292952 or 07814390908</td>
</tr>
<tr>
<td>Surrey</td>
<td>Adults: 0300 200 1005, or out of normal office hours: 01483 517898 Children: 0300 200 1006 outside of office hours and at weekends and public holidays: 01483 517898</td>
<td>Contact Surrey County Council</td>
</tr>
<tr>
<td>Central Surrey Health</td>
<td>Contact Surrey County Council</td>
<td>Contact Surrey County Council</td>
</tr>
<tr>
<td>Oxfordshire</td>
<td>Adults: 0845 050 7666 Children: 01865 815956</td>
<td>01865 325402 or 0845 219 1002</td>
</tr>
<tr>
<td>Northamptonshire</td>
<td>Adults: 0300 126 1000 Children: 0300 126 1006 (8am-6pm Mon-Fri) Out of Hours: 01604 626938</td>
<td>Contact Northampton County Council</td>
</tr>
<tr>
<td>Location</td>
<td>Adults:</td>
<td>Children:</td>
</tr>
<tr>
<td>---------------</td>
<td>---------</td>
<td>-----------</td>
</tr>
<tr>
<td>East Sussex</td>
<td>0345 60 80 191</td>
<td>Hastings and Rother district: Children under 11: 01424 724144&lt;br&gt;Youths and adults: 01424 724130&lt;br&gt;Eastbourne &amp; Hailsham district&lt;br&gt;Children: 01323 747373</td>
</tr>
<tr>
<td>City of London</td>
<td>020 7332 1224</td>
<td>City of London</td>
</tr>
<tr>
<td>Havering</td>
<td>01708 433550 or 01708 432000</td>
<td>Havering</td>
</tr>
<tr>
<td>Lincolnshire</td>
<td>01522 782155 office hours&lt;br&gt;01529 413366 out-of-hours&lt;br&gt;Children: 01522 782111</td>
<td>Lincolnshire</td>
</tr>
<tr>
<td>Hillingdon</td>
<td>01895 556633</td>
<td>Contact Hillingdon Council</td>
</tr>
<tr>
<td>Southampton</td>
<td>Contact Council</td>
<td>Southampton</td>
</tr>
<tr>
<td>Portsmouth</td>
<td>02392688613 or email <a href="mailto:SafeguardingAdults@portsmouthcc.gov.uk">SafeguardingAdults@portsmouthcc.gov.uk</a></td>
<td>Portsmouth</td>
</tr>
<tr>
<td></td>
<td>Children: 023 9283 9111 - Civic Offices (Information &amp; Assessment Team)&lt;br&gt;0845 600 4555 - Emergency out-of-hours</td>
<td>Adults: Contact Council&lt;br&gt;Children: Contact Council</td>
</tr>
</tbody>
</table>
Appendix B: Safeguarding incident report form

Incident Report Form

If you have any queries or problems using this incident report form then please contact Alex Underwood, Governance Manager on 023 8066 2312 or 07785 958501.

Once this form has been completed, please email it to alex.underwood@millbrookhealthcare.co.uk and vicky.jones@millbrookhealthcare.co.uk as well as your line manager where it will be processed. We will contact you if we need any further information.

Red stars ★ denote mandatory fields. Any errors or omissions may delay the incident investigation process.

If this is a serious incident or if there has been a high level of harm then please telephone the Governance Office on 02380 662312 or 07785 958501 immediately.

<table>
<thead>
<tr>
<th>Details of staff member reporting the incident</th>
</tr>
</thead>
<tbody>
<tr>
<td>★ Job / Role Type</td>
</tr>
<tr>
<td>★ First Names</td>
</tr>
<tr>
<td>★ Surname</td>
</tr>
<tr>
<td>★ Work E-mail</td>
</tr>
<tr>
<td>★ Work Telephone Number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Incident details</th>
</tr>
</thead>
<tbody>
<tr>
<td>★ Incident Date</td>
</tr>
<tr>
<td>★ Incident Time (if you do not know the exact time then an approximate time)</td>
</tr>
<tr>
<td>Starred</td>
</tr>
<tr>
<td>---------</td>
</tr>
<tr>
<td>Site / depot (where you are based)</td>
</tr>
</tbody>
</table>

**Description of Incident**

Enter facts, not opinions. **DO NOT ENTER NAMES OF PEOPLE** (i.e. refer to them as Service User 1 or Staff 1 - no person identifiable information is to be given).

**Why did the Incident Happen**

Enter facts, not opinions. **DO NOT ENTER NAMES OF PEOPLE** (i.e. refer to them as Service User 1 or Staff 1 - no person identifiable information is to be given).

**Immediate Action Taken**

Enter facts, not opinions. **DO NOT ENTER NAMES OF PEOPLE** (i.e. refer to them as Service User 1 or Staff 1 - no person identifiable information is to be given).

**Severity of Incident**

<table>
<thead>
<tr>
<th>Starred</th>
<th>Initial Severity</th>
</tr>
</thead>
</table>

**Your Manager**

<table>
<thead>
<tr>
<th>Starred</th>
<th>Who is your Line Manager/Team Leader?</th>
</tr>
</thead>
</table>

---
### Subject of Incident – Person 1

- Please confirm person type (service user/staff/visitor or carer etc.)
- First Name
- Surname
- Was the person injured?
- Injury Type
- Injured Body Part
- Millflow / BEST ID
- NHS Number (client/service user only)
- Gender
- Date of Birth
- Ethnicity

### Subject of Incident – Person 2 (If applicable)

- Please confirm person type (service user/staff/visitor or carer etc.)
- First Name
- Surname
- Was the person injured?
- Injury Type
- Injured Body Part
- Millflow / BEST ID
<table>
<thead>
<tr>
<th><strong>NHS Number (client/service user only)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
</tr>
<tr>
<td><strong>Date of Birth</strong></td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
</tr>
</tbody>
</table>

**If Medical Equipment was involved – please give details**

<table>
<thead>
<tr>
<th><strong>Product Type (Please state device type)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Manufacturer</strong></td>
</tr>
<tr>
<td><strong>Model Name</strong></td>
</tr>
<tr>
<td><strong>Serial Number</strong></td>
</tr>
<tr>
<td><strong>Lot or Batch Number</strong></td>
</tr>
<tr>
<td><strong>Current Location of Device/Equipment</strong></td>
</tr>
<tr>
<td><strong>Has the manufacturer or supplier been contacted?</strong></td>
</tr>
<tr>
<td><strong>Is the device CE marked?</strong></td>
</tr>
<tr>
<td><strong>Description of defect</strong></td>
</tr>
</tbody>
</table>

**SAFEGUARDING** – please highlight any specific concerns to Vicky Jones (Designated Safeguarding Lead) on 07551 150410 or vicky.jones@millbrookhealthcare.co.uk immediately.
Appendix C: Employee sign-off page

I, [full name]
Confirm that I have received this safeguarding policy and have read it and understood its contents and will abide by the content therein. I also confirm that I have been given safeguarding training and completed the examination test with a ‘pass’.

Signed: ........................................

Date: .................................
Appendix D

Flowchart for reporting suspected abuse of children and adults. Please print off this and put in your local details:

Suspected Abuse \(\rightarrow\) Age? 
\(\leq 16\) \(\rightarrow\) Report to Local Children’s Safeguarding Board 
\(>16\) \(\rightarrow\) Report to Head of Integrated Governance 

Lessons Learnt

Findings \(\rightarrow\) Other External Bodies

Adult Safeguarding Board Investigation

Lessons Learnt

Report to Local Children’s Safeguarding Board

Lessons Learnt

Report to Head of Integrated Governance

Findings \(\rightarrow\) Other External Bodies

Lessons Learnt

Local Contact information:

Adult Safeguarding #Insert local contact detail#

Children Safeguarding #Insert local contact detail#
Appendix E

Safeguarding Board terms of reference

Safeguarding policy

If, as a result of an investigation, there was case to answer, a disciplinary meeting would be arranged in accordance with the company’s disciplinary procedure, and appropriate action taken. A safeguarding issue would be deemed to be very serious, which is likely to amount to gross misconduct and summary dismissal. The company would always follow the correct procedure to ensure that the fair and consistent investigation and outcome is achieved and taken in all cases.

DBS disclosures

All employees within the company that
   a. have direct face-to-face contact with service users, and/or
   b. telephone contact with service users, and/or
   c. have access to the service user records

are subject to a DBS disclosure.

All DBS disclosures are renewed annually.

The HR department is responsible for record-keeping and maintaining confidential records concerning DBS disclosures.

For new employees

On receipt of a DBS disclosure where a past offence(s)/sentence(s) has/have been disclosed, the employee is referred to the company’s safeguarding board. The HR department submits a confidential disclosure using an ‘objective assessment for disclosure of criminal conviction for an applicant’ form (see attached) to the safeguarding board. This involves undertaking a risk assessment, and the safeguarding board will assess the risk and make decisions concerning whether the employee should be employed or not.

For existing employees

Existing employees who commit an offence/sentence during their employment with the company are referred to the company’s safeguarding board using the same process. Dependent on the risk at the time of disclosure, the employee is subject to one of the following:

   a. Discussion with the employee to investigate low risk offences
   b. Medium and high-risk offences: the employee is subject to immediate suspension pending an investigation and potential disciplinary action. Action taken could result in summary dismissal.
Either way, the matter will be referred to the safeguarding board using the same procedure as for new employees.

For transferring employees (TUPE)

Where a disclosure is revealed, the company will check with the previous employer to establish if the offence and sentence was disclosed. If the offence was disclosed to the previous employer, a copy of the decision taken at the time will be requested for our records. If the employee has committed an offence/sentence during their previous employment, which the previous employer was unaware of, this will be referred to the Safeguarding and Serious Incident Review Group using the same procedure as for new employees.

Safeguarding and Serious Incident Review Group

Millbrook Healthcare’s safeguarding board comprises the following people:

- Mr Phillip Campling, Managing Director (Chair)
- Mr Neil Mecklenburgh, HR Director
- Jerry Smith, Operations Director
- Vicky Jones, Designated Safeguarding Officer
- Steve Mullen, Head of Risk, Governance & Training
- Samantha Hartley, HR Manager
- Alex Underwood, Governance Manager
Appendix F

Training and service evaluation

Whilst the expectation is that all staff attend face to face training that encompasses competencies 1-6 & 7-11 the content of the learning opportunities will be appropriate to the individual’s roles and responsibilities in order to provide learning that is meaningful and relevant to the individual

Safeguarding children and adults in vulnerable situations (e-learning on appointment Competencies 1-6) and annual refreshers

Level 3 Safeguarding face to face training for all staff, delivered locally by Designated safeguarding officer with a once in three yearly learning event relevant to their individual roles & responsibilities and this will be reflected in their annual appraisal and training records, held locally and centrally within the Governance & Quality time to meet Commissioners KPI compliance.

Deprivation of Liberties Safeguarding & Mental Capacity Act 2005 (e-learning package on appointment and annually)

In order to ensure that Millbrook Healthcare gives quality, safe care and effective care, regular notes audits, along with service evaluations, will be undertaken in line with clinical governance framework.

<table>
<thead>
<tr>
<th>Serial</th>
<th>Job Role</th>
<th>Level of Training</th>
<th>Course Available</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>OT</td>
<td>3</td>
<td>Locally sourced</td>
<td>Clinical Leads will discuss within clinical supervision sessions</td>
</tr>
<tr>
<td>B</td>
<td>OT(A)/TI</td>
<td>3</td>
<td>Locally sourced</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Rehab Engr</td>
<td>3</td>
<td>Locally sourced</td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>Wheelchair Tech</td>
<td>2</td>
<td>E-learning with top up by</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Safeguarding lead wkshp</td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>Dvr Tech</td>
<td>2</td>
<td>E-learning with top up by</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Safeguarding lead wkshp</td>
<td></td>
</tr>
<tr>
<td>G</td>
<td>Supervisors (All)</td>
<td>2 or 3</td>
<td>Locally sourced</td>
<td></td>
</tr>
<tr>
<td>H</td>
<td>Admin Support(clinical)</td>
<td>2</td>
<td>E-learning with top up by</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Safeguarding lead wkshp</td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>Office bound workers</td>
<td>1</td>
<td>E learning</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(no client facing roles)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J</td>
<td>Customer service Operators</td>
<td>1 or 2</td>
<td>E-learning with top up by</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Safeguarding lead wkshp</td>
<td></td>
</tr>
<tr>
<td>K</td>
<td>Operations manager</td>
<td>2 or 3</td>
<td>E-learning with top up by</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Safeguarding lead wkshp</td>
<td></td>
</tr>
<tr>
<td>L</td>
<td>Directors</td>
<td>2 or 3</td>
<td>E-learning with top up by</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Safeguarding lead wkshp</td>
<td></td>
</tr>
</tbody>
</table>

SAFEGUARDING CHILDREN AND ADULTS IN VULNERABLE SITUATIONS TRAINING LEVELS 1-3
There are three levels of Safeguarding training that move from basic awareness to practitioners who require in depth training.

**Level 1 Safeguarding** - provides a baseline understanding of safeguarding principles & practice.
- Needs to recognise potential indicators of physical, emotional and sexual abuse, and neglect.
- Need to recognise the potential impact of a parents/carer physical and mental wellbeing of the child or adult in a vulnerable situation.
- Takes appropriate action if they have concerns, including appropriately reporting concerns and seeking advice.

**Level 2 Safeguarding** - provides a greater knowledge base for those who work regularly with children and adults in vulnerable situations
- As in Level 1
- Uses professional and clinical knowledge, and understanding of what constitutes maltreatment, to identify any signs of abuse or neglect.
- Acts as an effective advocate for the client
- Recognise the potential impact of parent/carer’s physical and mental health on the well-being of the client in vulnerable situations.
- Clear about own and colleagues roles. Responsibilities’ and professional boundaries.
- Able to refer as appropriate to the role to social care f a safeguarding concern is identified.
- Documents safeguarding concerns in order to inform the relevant staff and agencies as necessary, maintains appropriate record keeping, and differentiates between fact and opinion.
- Shares appropriate and relevant information in other teams
- Acts in accordance with key statutory and non-statutory guidance legislation including Working together to Safeguarding??

**Level 3 Safeguarding** - enables dealing with complex situations for those who contribute to assessing, planning, intervening and evaluating the needs of clients
- As outlined in Level 1 & 2
- Draws on child and family focused clinical and professional knowledge and expertise of what constitutes maltreatment, to identify signs of sexual, physical, or emotional abuse or neglect.
- Will have professionally relevant core and case specific clinical competencies
- Contributes to inter-agency assessments, the gathering and sharing of information and where appropriate analysis of risk
- Documents concerns in a manner that is appropriate for safeguarding and legal process
- Undertakes regular documented reviews of own (and/or team) safeguarding practice as appropriate to the role in various ways such as audit, case discussion, peer review, and supervision and as a refresher training).
- Contributes to serious case reviews/case management reviews/significant case review process

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**Millbrook Healthcare**

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Appendix G

A staff handout of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Please print off this and put in your local details:

What you need to know about Mental Capacity Act 2005 (MCA)

What is the Mental Capacity Act 2005?
The Act provides a legal framework for decision-making, designed to empower and protect individuals. The Act applies to anyone over the age of 16 years.

A person who lacks mental capacity is "a person who lacks capacity to make a particular decision or take a particular action for themselves at the time the decision or action needs to be taken". (MCA 2005 Code of Practice)

Principles of the Mental Capacity Act 2005

- Presumption of capacity
- All practicable steps must be taken to support individuals to make decisions
- Unwise decisions do not prove a lack of capacity
- Decisions taken must be reasonably believed to be in the person’s best interests
- The less restrictive intervention should be sought

Assessing Mental Capacity

The type of decisions covered by the Act range from day to day decisions to more serious decisions or life-changing decisions. If you are concerned that a service user may not have mental capacity to make decisions for themselves then they need a mental capacity assessment and in their best interests.

Definition of 'best interests':

- Encourage participation
- Identify all relevant circumstances
- Find out the person’s views
- Avoid discrimination
- Consult others

REMEMBER: Mental capacity is time and decision specific

What you need to know about Deprivation Of Liberty Safeguards (DOLS)

What do we mean by Deprivation of Liberty Safeguards (DOLS)?

A deprivation of liberty is a breach of Article 5 of the European Convention of Human Rights – the right to liberty and security of person. The right to liberty is a qualified right, and for individuals who lack mental capacity, it can be overridden if the correct legal procedure is used. This is known as the Deprivation of Liberty Safeguards.

The safeguards can apply to anyone over the age of 16 years who resides in a hospital or care home and who lacks mental capacity to make decisions regarding their care. A DOLS authorisation may be needed where the levels of restriction or restraint used in delivering necessary treatment or care may breach a person’s right to liberty.

The 2 types of DOLS authorisation

- Urgent: These can be made by the Managing Authority and can last up to 7 days to allow for assessments for a standard authorisation
- Standard: These are granted by the supervisory body (e.g. local authority social services)

Lawful restraint

- Anybody considering using restraint must have objective reasons to justify that restraint is necessary
- It must be shown that the service user being cared for is likely to suffer harm unless proportionate restraint is used
- If restraint is necessary to prevent harm to the service user who lacks capacity, it must be the minimum amount of force for the shortest amount of time

You are using restraint if you "use force, or the threat of force, to make someone do something that they are resisting, or restrict a person’s movement, whether they are resisting or not". (s.6(4) MCA 2005)

Using harnesses or chest straps for positioning or posture is not classed as a restraint. However, if there are behavioural challenges or safety issues then a DOLS assessment needs to be undertaken with social services.
Appendix H

Spotting signs of abuse (This list is not exhaustive)
- Unexplained weight loss
- Unexplained bruises, scratches or cuts
- Sudden changes in behaviour or personality
- Self-harm
- Frequent asking for money or food
- Over compliance and low self-esteem
- Dislike of any physical contact
- Constant hunger and confusion

What if a service user discloses to you
Make sure the service user is safe and reassure them. Remain calm and listen to what you are being told. Allow the service user to use their own words and DO NOT ask leading questions. Write down what was said and explain that you are required to share the information with the regulatory authority.

- Do give them your support
- Don’t promise to keep secrets or make promises that you cannot keep
- Don’t be judgemental
- Don’t contact the alleged abuser

Types of abuse

REMEMBER:
Safeguarding is everyone’s business. You are legally required to promote safeguarding and to prevent and report all actual and suspected instances of abuse

What you need to know about Safeguarding

What is Safeguarding?
Safeguarding is about protecting adults, children and young people with their care and support needs from actual and suspected abuse and neglect. Safeguarding children is also about promoting their welfare, preventing impairment of their health or development and ensuring that children grow up in circumstances consistent with the provision of safe and effective care.

Safeguarding Dos and Don’ts
You must:
- Treat all adults and children in vulnerable situations with dignity and respect
- Provide an example of good conduct for others to follow
- Challenge unacceptable behaviour
- Be identifiable and wear a name badge and uniform (if applicable)

You must not:
- Have unwarranted contact with a child or person in a vulnerable situation
- Make any comments which may have a sexual connotation

Any questions or concerns?
Contact Vicky Jones, Designated Safeguarding Lead, on 07759 446301

Reporting abuse procedure

SUPPORT

1. Isolated sexual
2. Inappropriate sexual advances
3. Child is sexually harvested
4. Call emergency services
5. Discuss with senior clinician, manager or safeguarding lead
6. Complete safeguarding incident report form
7. Contact local safeguarding team
8. Contact local safeguarding lead
9. Local safeguarding
10. Safeguarding lead
11. Safeguarding