



SAFEGUARDING VULNERABLE ADULTS AND CHILDREN

(Version 1.8)

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1. **AIM:** The aim of this policy is to outline how our company ensures the protection of all service users, specifically vulnerable adults and children.

2. **INTRODUCTION:** As a provider of a diagnostic services for the local community the company has a legal requirement under the *Health and Social Care Act 2008, The Mental Capacity Act 2005, The Children's Act 1989, The Equality Act 2010, The Human Rights Act 1998, The Care Act 2014 and Prevent Duty* to be compliant with CQC regulations related to safeguarding. This is to ensure both service users and staff are protected from harm whilst either working for the company or using the companies services. These acts of parliament and regulations underpin safeguarding currently. This policy outlines who is responsible for ensuring this safeguarding policy is adhered to by all staff, what can be quantified as a safeguarding issue or incident, how and who to report a safeguarding incident to.

In addition this policy sets out key identifiers for possible safeguarding concerns in relation to different types of abuse of children, young people and vulnerable adults. Looking at the following range of possible abuse:

- Physical Abuse
- Sexual Abuse
- Psychological abuse
- Financial/Material Abuse
- Neglect/Acts of Omission
- Discriminatory Abuse
- Radicalisation

3. **ROLES AND RESPONSIBILITIES**

It is primarily the responsibility of the Managing Director and the named CQC manager to ensure that there are protocols and procedures in place to enable all staff to conduct themselves competently and professionally with regard to their safeguarding responsibilities. All staff will be made aware of the types of incidents that fall under safeguarding and should therefore be reported to the relevant safeguarding department for the local authority, how the reports are completed and what they should include.

However, it is the responsibility of **all** staff to report any incident they feel comes under the safeguarding policy, even if the incident relates to a manager or a Director of the company. And to be aware that it may not be an incident/visual indicator as such, that alerts them to the possibility of harm, but a confidential verbal disclosure by a patient, a patient's family or friends, or member of staff.

4. **GOVERNANCE PROCESSES:** Our safeguarding policy has been developed by the senior management team utilising guidance from the aforementioned government, local council and CQC documents. The policy sets out clearly to staff members the best practice for dealing with safeguarding as an organisation. The policy is reviewed annually or when applicable changes in legislation warrant review and amendment. A policy review will also be considered following each safeguarding incident to continually improve our practice. The policy forms a core part of our induction process. In addition the organisation runs monthly focus groups for staff on key mandatory training topics. Safeguarding has been a key topic for discussion and clarification of procedures. These focus groups allow for staff to have an open discussion regarding the topic, which aids information retention and application.

5. **EQUIPMENT:** Computers within the clinic to enable correspondence for safeguarding issues. In addition a hardcopy of the patients or staff members incident report, filed appropriately and securely.

6. **HAZARDS and SAFETY**

Some incidents may put staff at direct risk for example an incident of physical abuse, staff in these situations must always put their own safety first, and in these circumstances, they must call for help in the first instance from another staff member who will be able to assist and call the police and or ambulance if required. If staff are not at risk but medical attention is required assessment must be made and immediate

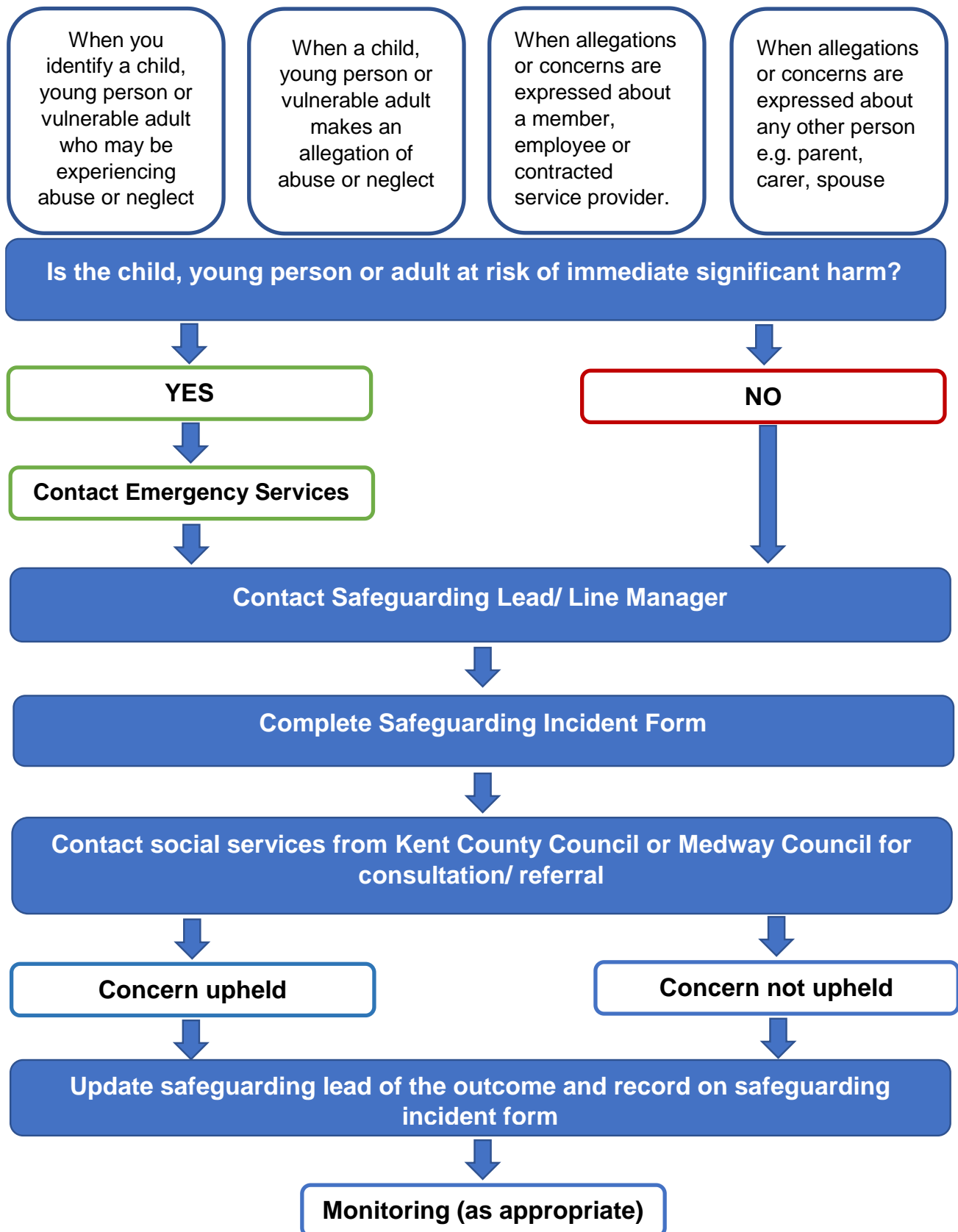
first aid given with emergency service assistance if necessary. All incidents of this nature must be reported to both the local authority and the police.

7. PROCEDURE / SYSTEMS:

The safeguarding lead or (in the incident of the safeguarding lead as subject of safeguarding incident) an Appointed Officer should be first point of contact for raising safeguarding issues:

Safeguarding lead/ Safeguarding contact/operations manager: Tina Potts

The following flowchart (as derived from Swale Borough Council) must be applied by the member of staff reporting the safeguarding incident and the safeguarding lead. This will be displayed in staff areas within the clinic as well as numbers to call Kent County Council Social Services and Medway Council Social Services.



- All safeguarding incidents must be reported to the appropriate local authority safeguarding department.
- All patients and staff members involved in a written safeguarding report must do so in the first instance. The incident report form must be completed for the company ensuring that the company also has a record of events
- All staff will read and sign to say they have read and understood this policy
- A list of notifiable safeguarding incidents will be placed within the clinic office along with contact details for form completion and phone numbers for local authority safeguarding departments will also be displayed

Notifiable safeguarding incidents

Below is a list of safeguarding incidents, it is not exhaustive but can be used by staff as guidance, this this will be displayed within the clinic office (in addition to the above flow chart) and contact information for local authority safeguarding departments.

Physical abuse

- Hitting
- Slapping
- pushing
- kicking
- misuse of medication
- restraint, inappropriate sanctions

Sexual abuse

- Rape
- sexual assault
- sexual acts to which the vulnerable adult has not consented
- not consensual or was pressured into consenting

Psychological abuse

- emotional abuse
- threats of harm or abandonment
- deprivation of contact,
- humiliation
- blaming, controlling
- Intimidation
- Coercion
- Harassment
- verbal abuse
- Isolation, withdrawal from services or supportive networks

Financial or material abuse

- Theft, fraud
- Exploitation
- pressure in connection with wills
- property
- Inheritance
- financial transactions
- the misuse or misappropriation of property, possessions or benefits

Neglect and acts of omission

- including ignoring medical or physical care needs

- failure to provide access to appropriate health, social care or educational services,
- withholding of the necessities of life, such as medication, adequate nutrition and heating

Discriminatory abuse,

- Including racist, sexist, that based on a person's disability, and other forms of harassment, slurs or similar treatment.

Radicalisation

Example indicators that an individual is engaged with an extremist group, cause or ideology include:

- Spending increasing time in the company of other suspected extremists;
- Changing their style of dress or personal appearance to accord with the group;
- Day-to-day behaviour becoming increasingly centred around an extremist ideology, group or cause;
- Loss of interest in other friends and activities not associated with the extremist ideology, group or cause;
- Possession of material or symbols associated with an extremist cause (e.g. the swastika for far right groups);
- Attempts to recruit others to the group/cause/ideology;
- Communications with others that suggest identification with a group/cause/ideology.

If you witness or are told of any of the above and you are concerned that the incident poses an immediate threat to the individual or general public then you must call 999 immediately.

If you witness or are told of any of the above and you do not believe an individual or general public are in immediate harm follow the below procedure:

If a patient/Staff member informs you of abuse:

- Stay calm and remain empathetic and free of judgement.
- If possible get another member of staff as a witness, if it does not compromise the situation.
- Listen carefully to what the person is saying, allowing them to talk at their own pace.
- Use open ended questions when trying to gain more information i.e. What? Who? Why? Where? When?
- Never ask leading questions, they may alter their account of events.
- Always reassure the patient that they have done the right thing by telling you about an incident
- Find the right opportunity to explain to the patient that the information they have given about an incident of harm will need to be shared with other people, **NEVER PROMISE TO KEEP SECRETS.**
- Tell them who you will inform and what will happen next.

- Record all details, including contact details onto the safeguarding incident record form.
- Inform the company safeguarding lead of the incident.
- This then needs to be rewritten on the safeguarding incident report electronic form (as provided on the Swale Borough Council intranet site)
- Follow this up immediately by calling the appropriate local authority safeguarding department. This will depend on the postcode of person you are concerned about.
- If the patient is from Medway call **01634 334 466** for all adult and children safeguarding concerns.
- If the patient is from anywhere else in Kent call **0300 0411 111** (children) or **0300 0416 161** (adults).
- If you are not sure if the patient's address is within Medway or not, please type the following into your internet browser:

"Find your local council"

 - Select the first search result and enter the patient's postcode, click "Find". This will tell you whether the local council is Medway or Kent and you can then contact the appropriate number listed above.

For all other situations that result from directly witnessing a safeguarding incident, follow up immediately by:

- Hand writing the events on and incident reporting form (See appendices) as soon as you can so they remain fresh in your mind and less prone to alteration:
- Speak directly with the local safeguarding lead about the incident.

If the patient is not from Medway contact the Kent County Council Adult and children social services on the following numbers/e-mail addresses (*Please forward the completed form to the e-mail address below*):

Report abuse

We have staff available 24 hours a day, 7 days a week to talk to you about your worries.

During the day and in office hours

Concerned about an adult? Call **03000 41 61 61** (text relay 18001 03000 41 61 61) or email social.services@kent.gov.uk.

Concerned about a child? Call **03000 41 11 11** (text relay 18001 03000 41 11 11) or email social.services@kent.gov.uk.

Out of hours and in an emergency

If you need to contact us outside of normal office hours, for example during the night, call **03000 41 91 91**.

If the patient is from Medway contact Medway Council Social Services on 01634 334466 for all adult and children safeguarding concerns.

RADICALISATION:

If the incident involves suspected radicalisation of vulnerable adults or adults exhibiting extremist behaviour the following procedure needs to be adhered to:

Immediate threat

If you have seen a person acting suspiciously or if you see a vehicle, unattended package or bag which might be an **immediate threat**, move away and call 999.

No immediate threat

If you're concerned about possible terrorist activity or risk of radicalisation and **there is no immediate threat**, you can:

- call us on 03000 41 41 41
- call the Police on 101 or 0800 789 321
- complete an online form to report suspected terrorist activity
- download and complete the National Prevent Referral form (DOCX, 67.4 KB) if you are concerned that someone may be displaying extremist behavior or ideology or radicalisation

Please try to provide as much information as possible.

Urgent Mental Health Referrals

If you are concerned that an individual is an immediate threat to themselves or others you must call 999 immediately.

However, if you are concerned that a person requires an urgent mental health referral (typically 72 hours to respond) please contact the Single Point of Access- 0300 2220 123

This number is valid for all people in Kent and Medway.

Disciplinary processes

If a safeguarding incident occurred that directly involved a member of staff employed or contractual that was deemed serious, and their continued presence at the company is deemed potentially harmful to service users or staff, then this will result in immediate suspension, pending a full collaborative investigation by the relevant safeguarding department for the local authority and the safeguarding lead for HEM Clinical Ultrasound Service Limited.

All instances of staff involvement in safeguarding incidents will be subject to investigation by the relevant safeguarding department for the local authority as part of their formal investigation. The company (HEM Clinical Ultrasound Service Limited) will follow its own disciplinary procedures in accordance with the outcome of the investigation.

8. QUALITY CONTROL and AUDIT

Any safeguarding incidents will be discussed fully at monthly governance meetings which will be minute'd, with any actions taken or required to help prevent any reoccurrence documented with lessons learnt. Any changes in government laws or CQC policies related to safeguarding will be discussed to ensure policies and procedures are up to date.

9. REFERENCES:

- *Safeguarding policy* Swale Borough council, April 2017 (review).
- *No Secrets, guidance on developing and implementing multi agency policies and procedures to protect vulnerable adults from abuse*, Department of Health publication.
- *Swale CCG Safeguarding training strategy* July 2014

CARE ACT 2015 DEFINITIONS

Safeguarding definitions as set out by the Care Act 2015 are instrumental to how we set out our safeguarding agenda. This section sets out the section of the Care act that deals specifically with safeguarding and responsibilities of the local authorities:

'(1) This section applies where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there)—

(a) has needs for care and support (whether or not the authority is meeting any of those needs),

(b) is experiencing, or is at risk of, abuse or neglect, and

(c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

(2) The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case (whether under this Part or otherwise) and, if so, what and by whom.

(3) "Abuse" includes financial abuse; and for that purpose "financial abuse" includes—

(a) having money or other property stolen,

(b) being defrauded,

(c) being put under pressure in relation to money or other property, and

(d) having money or other property misused'

SAFEGUARDING ADULT BOARDS AND REVIEWS:

Every local authority is required by the Care Act to implement a Safeguarding review board with the focus on reviewing safeguarding cases where the outcome has been:

- An adult at risk dies (including death by suicide), and abuse or neglect is known or suspected to be a factor in their death.
- An adult at risk has sustained any of the following:
 - A life threatening injury through abuse or neglect
 - Serious sexual abuse
 - Serious or permanent impairment of development through abuse or
 - Neglect

OR

- Where there are multiple victims
- Where the abuse occurred in an institutional setting

- A culture of abuse was identified as a factor in the Enquiry

AND

- The case(s) gives rise to concerns about the way in which local
- professionals and services worked together to protect and safeguard
- adult/s at risk.

The Care Act sets out the following stipulations:

Safeguarding Adults Boards

(1) Each local authority must establish a Safeguarding Adults Board (an “SAB”) for its area.

(2) The objective of an SAB is to help and protect adults in its area in cases of the kind described in section 42(1).

(3) The way in which an SAB must seek to achieve its objective is by co-ordinating and ensuring the effectiveness of what each of its members does.

(4) An SAB may do anything which appears to it to be necessary or desirable for the purpose of achieving its objective.

(5) Schedule 2 (which includes provision about the membership, funding and other resources, strategy and annual report of an SAB) has effect.

(6) Where two or more local authorities exercise their respective duties under subsection (1) by establishing an SAB for their combined area—

(a) a reference in this section, section 44 or Schedule 2 to the authority establishing the SAB is to be read as a reference to the authorities establishing it, and

(b) a reference in this section, that section or that Schedule to the SAB’s area is to be read as a reference to the combined area.

Safeguarding adults reviews

(1) An SAB must arrange for there to be a review of a case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs) if—

(a) there is reasonable cause for concern about how the SAB, members of it or other persons with relevant functions worked together to safeguard the adult, and

(b) condition 1 or 2 is met.

(2) Condition 1 is met if—

(a) the adult has died, and

(b) the SAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died).

(3) Condition 2 is met if—

(a) the adult is still alive, and

(b) the SAB knows or suspects that the adult has experienced serious abuse or neglect.

(4) An SAB may arrange for there to be a review of any other case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs).

(5) Each member of the SAB must co-operate in and contribute to the carrying out of a review under this section with a view to—

- (a) identifying the lessons to be learnt from the adult's case, and*
- (b) applying those lessons to future cases.*

Supply of information

(1) If an SAB requests a person to supply information to it, or to some other person specified in the request, the person to whom the request is made must comply with the request if—

- (a) conditions 1 and 2 are met, and*
- (b) condition 3 or 4 is met.*

(2) Condition 1 is that the request is made for the purpose of enabling or assisting the SAB to exercise its functions.

(3) Condition 2 is that the request is made to a person whose functions or activities the SAB considers to be such that the person is likely to have information relevant to the exercise of a function by the SAB.

(4) Condition 3 is that the information relates to—

- (a) the person to whom the request is made,*
- (b) a function or activity of that person, or*
- (c) a person in respect of whom that person exercises a function or engages in an activity.*

(5) Condition 4 is that the information—

- (a) is information requested by the SAB from a person to whom information was supplied in compliance with another request under this section, and*
- (b) is the same as, or is derived from, information so supplied.*

(6) Information may be used by the SAB, or other person to whom it is supplied under subsection

(1), only for the purpose of enabling or assisting the SAB to exercise its functions.'

10. APPENDICES / RELATED DOCUMENTS

- CQC 'Our safeguarding protocol, February 2013
- CQC statutory notifications – guidance for registered providers and managers
- Health and social care act 2008
- Health and social care act 2012
- Human Rights Act 1998
- The children act 1989
- Mental health act 1983
- The Mental Capacity Act 2005 - Deprivation of liberty safeguards

DOCUMENTS RELATED TO THIS POLICY

HEM ULTRASOUND SAFEGUARDING ASSESSMENT SHEET

Persons reporting safeguarding incident:

Subject details:

Name:	Date of Birth:
NHS Number:	
Contact number:	
Address:	

Date of incident (If known):

Please complete the following questions if possible:

Incident details (please avoid personal opinion and report ONLY what you have been told or seen):

Please continue on next page

Please continue on additional page if required

Do you believe the patient is at imminent risk of harm?

Are there any signs of self-harm?

Does the subject have children? If so, what age are they?

Are there any signs of drug or alcohol abuse?

What is the subject's ethnicity?

Reported to the safeguarding officer:

Date:

Resolution (If known):

REFERRAL PROCESS	
<p>By sending this form you consent for it to arrive with both your dedicated Local Authority safeguarding team & Prevent policing team for a joint assessment. Wherever possible we aim to give you feedback on your referral, please be aware, however, that this is not always possible due to data-protection & other case sensitivities.</p> <p>Once you have completed this form, please email it to: prevent.referrals@kent.pnn.police.uk</p> <p>If you have any questions whilst filling in the form, please call: 01865 555618</p>	
INDIVIDUAL'S BIOGRAPHICAL & CONTACT DETAILS	
Forename(s):	First Name(s)
Surname:	Last Name
Date of Birth (DD/MM/YYYY):	D.O.B.
Approx. Age (if DoB unknown):	Please Enter
Gender:	Please Describe
Known Address(es):	Identify which address is the Individual's current residence
Nationality / Citizenship:	Stated nationality / citizenship documentation (if any)
Immigration / Asylum Status:	Immigration status? Refugee status? Asylum claimant? Please describe.
Primary Language:	Does the Individual speak / understand English? What is the Individual's first language?
Contact Number(s):	Telephone Number(s)
Email Address(es):	Email Address(es)
Any Other Family Details:	Family makeup? Who lives with the Individual? Anything relevant.

DESCRIBE CONCERNS	In as much detail as possible, please describe the specific concern(s) relevant to Prevent.
Please Describe	
<p>FOR EXAMPLE:</p> <ul style="list-style-type: none"> • How / why did the Individual come to your organisation's notice in this instance? • Does it involve a specific event? What happened? Is it a combination of factors? Describe them. • Has the Individual discussed personal travel plans to a warzone or countries with similar concerns? Where? When? How? • Does the Individual have contact with groups or individuals that cause you concern? Who? Why are they concerning? How frequent is this contact? • Is there something about the Individual's mobile phone, internet or social media use that is worrying to you? What exactly? How do you have access to this information? • Has the Individual expressed a desire to cause physical harm, or threatened anyone with violence? Who? When? Can you remember what was said / expressed exactly? • Has the Individual shown a concerning interest in hate crimes, or extremists, or terrorism? Consider <i>any</i> extremist ideology, group or cause, as well as support for "school-shooters" or public-massacres, or murders of public figures. • Please describe any other concerns you may have that are not mentioned here. 	
COMPLEX NEEDS	Is there anything in the Individual's life that you think might be affecting their wellbeing or that might be making them vulnerable in any sense?
Please Describe	

PERSON WHO FIRST IDENTIFIED THE CONCERNS	
Do they wish to remain anonymous?	Yes / No
Forename:	Referrers First Name(s)
Surname:	Referrers Last Name
Professional Role & Organisation:	Referrers Role / Organisation
Relationship to Individual:	Referrers Relationship To The Individual
Contact Telephone Number:	Referrers Telephone Number
Email Address:	Referrers Email Address
PERSON MAKING THIS REFERRAL (if different from above)	
Forename:	Contact First Name(s)
Surname:	Contact Last Name
Professional Role & Organisation:	Contact Role & Organisation
Relationship to Individual:	Contact Relationship to the Individual
Contact Telephone Number:	Contact Telephone Number
Email Address:	Contact Email Address

RELEVANT DATES	
Date the concern first came to light:	When were the concerns first identified?
Date referral made to Prevent:	Date this form was completed & sent off?

<p>FOR EXAMPLE:</p> <ul style="list-style-type: none"> • Victim of crime, abuse or bullying. • Work, financial or housing problems. • Citizenship, asylum or immigration issues. • Personal problems, emotional difficulties, relationship problems, family issues, ongoing court proceedings. • On probation; any erratic, violent, self-destructive or risky behaviours, or alcohol / drug misuse or dependency. • Expressed feelings of injustice or grievance involving any racial, religious or political issue, or even conspiracy theories. • Educational issues, developmental or behavioural difficulties, mental ill health (see Safeguarding Considerations below). • Please describe any other need or potential vulnerability you think may be present but which is not mentioned here. 	
OTHER INFORMATION	Please provide any further information you think may be relevant, e.g. social media details, military service number, other agencies or professionals working with the Individual, etc..
Please Describe	

REFERRER'S ORGANISATIONAL PREVENT CONTACT (if different from above)	
Forename:	Referrers First Name(s)
Surname:	Referrers Last Name
Professional Role & Organisation:	Referrers Role / Organisation
Relationship to Individual:	Referrers Relationship To The Individual
Contact Telephone Number:	Referrers Telephone Number
Email Address:	Referrers Email Address

SAFEGUARDING CONSIDERATIONS	
Does the Individual have any stated or diagnosed disabilities, disorders or mental health issues?	Yes / No
Please describe, stating whether the concern has been diagnosed.	
Have you discussed this Individual with your organisations Safeguarding / Prevent lead?	Yes / No
What was the result of the discussion?	
Have you informed the Individual that you are making this referral?	Yes / No
What was the response?	
Have you taken any direct action with the Individual since receiving this information?	Yes / No
What was the action & the result?	
Have you discussed your concerns around the Individual with any other agencies?	Yes / No
What was the result of the discussion?	

INDIVIDUAL'S EMPLOYMENT / EDUCATION DETAILS	
Current Occupation & Employer:	Current Occupation(s) & Employer(s)
Previous Occupation(s) & Employer(s):	Previous Occupation(s) & Employer(s)
Current School / College / University:	Current Educational Establishment(s)
Previous School / College / University:	Previous Educational Establishment(s)

THANK YOU
<p>Thank you for taking the time to make this referral. Information you provide is valuable and will always be assessed.</p> <p>If there is no Prevent concern but other safeguarding issues are present, this information will be sent to the relevant team or agency to provide the correct support for the individual(s) concerned.</p>