Livewell Southwest

Safeguarding Adults Policy

Version No.2.1
Review: April 2019

Notice to staff using a paper copy of this guidance

The policies and procedures page of LSW intranet holds the most recent version of this document and staff must ensure that they are using the most recent guidance.

Author:	**Integrated Safeguarding Lead for Adults and Children**
Asset Number:	**863**

Reader Information

Title	Safeguarding Adults Policy V. 2.1
Asset number	863
Rights of access	Public
Type of paper	Policy
Category	Clinical
Document purpose/summary	To guide the practice of safeguarding adults for all staff in LSW. This includes the practice of identifying when abuse is taking place, developing a safety plan and making an adult safeguarding alert. It also includes guidance about collaboration within multi-agency adult safeguarding process. The policy includes practice around Prevent and Channel. The policy does not include practice around domestic abuse or the Multi Agency Public Protection Arrangements. Policies covering these areas of work can be found on the Intranet.
Author	Integrated Safeguarding Lead for Adults and Children
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Job title	Integrated Safeguarding Lead for Adults and Children.
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Equality analysis checklist completed	Screening assessment completed Full EA not required
Associated documentation	• Safeguarding Children • Whistle blowing • Disciplinary Policy

	• Incident Reporting Policy **Related Legislation and National Guidance** • The Care Act 2014 – (implementation April 2015) • Human Rights Act 1998 • Mental Capacity Act 2005 • Mental Capacity Act Code of Practice (DH, 2007) • Mental Health Act Code of Practice (DH, 2015) • Deprivation of Liberty Safeguards: A guide for hospitals and care homes (DH, 2009) • *The Role of Health Service Managers / Health service Practitioners - 2 documents DH 2011* • MAPPA guidance v 4 2012 updated Nov 2014 • MARAC protocol 2011 • Information Sharing: Guidance for practitioners and managers (DCSF, 2015) • PREVENT – Revised PREVENT Strategy DH 2011 • Plymouth Multi agency Policy and Procedures
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Document review history

Version no.	Type of change	Date	Originator of change	Description of change
V.0.1	New policy	31.12.13	Integrated Lead for Safeguarding Adults and Children.	First draft for consultation.
V 0.2	Update	14.05.14	Integrated Lead for Safeguarding Adults and Children.	Including the detail of the consultation process. Including the section on mental capacity and best interests from the training lead.
V 0.3	Update	29.05.14	Integrated Lead for Safeguarding Adults and Children.	Includes feedback from second consultation process. Including the section on allegations against a member of staff.
V 0.4	Updated	11.08.14	Integrated Lead for Safeguarding Adults and Children.	Amendments made at request of the Director of Professional Practice prior to signature and following policy ratification group. Primary change is removal of Examples section of where the safeguarding adult's procedure may or may not be useful.
V.1.	New policy	12.08.14	PRG Secretary	Ratified.
V.1.1	Update	24.11.14	Integrated Lead for Safeguarding Adults and Children.	Inclusion of wording for disclosure and barring at 5.9.7.
V.1.2	Extended	26.08.14	Director of Professional Practice Quality and Safety	Extended no changes.
V. 1.3	Rewritten	02.2016	Integrated Lead for Safeguarding Adults and Children.	Re written to reflect the update on current legislation and include the Care Act, DOLS, Prevent, Human trafficking and Modern Slavery.
V2	Ratified	March 2016 PRG	Policy Ratification Group	Ratified minor amends.
V2.1	Amended	February	Integrated	Some words have

		2017	Safeguarding Manager	changed over to accommodate the new language from making alerts to causing a concern.

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Safeguarding Adults Policy

1. Introduction

Livewell Southwest (LSW) works in partnership with other agencies to safeguard the safety, dignity, and quality of life of Adults at Risk in the communities they serve.

This policy has been written to provide staff working for LSW with a guide to their responsibilities within the Adult safeguarding process which includes, alerting, initial protection plans, coordination and enquiry in of adult safeguarding referrals for Adults at Risk.

1.1 This policy uses the term ‘adult’ to denote adults and older persons at age eighteen and above.

1.2 The policy is written for all staff in LSW. The people that the policy is aimed at safeguarding are those adults at risk who come into contact with staff from LSW. The term ‘adult at risk’ has replaced the previous description of ‘vulnerable adult’ but you still may hear both used in safeguarding practice. The needs of the adult at risk are paramount. An adult at risk is one who is at greater than normal risk of abuse.

1.3 LSW provides a range of clinical services that provide physical, mental health and learning disability services to an age range that covers the ante-natal period, through childhood, adolescence, adulthood and the older adult. It includes end of life which, is associated with all life stages but most commonly, older adulthood. LSW also provides services carried out by Adult social workers (for Plymouth). This ensures that the communities we serve receive a coordinated approach to service and care provision.

2 Adult Safeguarding – what it is and why it matters – Care Act 2014

2.1 Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

2.2 Organisations should always promote the adult’s wellbeing in their safeguarding arrangements. People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved. Professionals and other staff should not be advocating “safety” measures that do not take account of individual well-being, as defined in Section 1 of the Care Act.

2.3 Safeguarding is not a substitute for:

- Providers' responsibilities to provide safe and high quality care and support;
- Commissioners regularly assuring themselves of the safety and effectiveness of commissioned services;
- The Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action; and
- The core duties of the police to prevent and detect crime and protect life and property.
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and address what has caused the abuse or neglect.

2.4 The aims of adult safeguarding are to:

- Stop abuse or neglect wherever possible;
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- Disruption of potential radicalisation and trafficking
- Safeguard adults in a way that supports them in making choices and having control about how they want to live;
- Promote an approach that concentrates on improving life for the adults concerned;

3 Requirements

- The Care Act 2014 removes the terminology 'vulnerable adult' and now uses 'adult at risk'. The Care Act replaces previous guidance *'No Secrets'* 2000
- Safeguarding duties apply to an adult who:
- Has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- Is experiencing, or at risk of, abuse or neglect; and
- 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.

Abuse can be defined as "*a violation of an individual's human and civil rights by any other person or persons".*

4 Duties of Organisational Personnel

4.1 **The Chief Executive**
The CEO is ultimately responsible for the content of all policies and their implementation.

4.2 **The Director of Professional Practice Quality and Safety**
Is responsible for the content of policies and their implementation as well as holding Executive responsibility for safeguarding adults and children for Livewell Southwest.

4.3 **The Integrated Safeguarding Lead for Adults and Children**
Is responsible for the development of safeguarding policy and ensuring that policies and procedures in relation to safeguarding adults and children are understood adopted and applied by all staff.

4.4 **Locality Managers** are responsible for identifying, producing and implementing LSW policies relevant to their area of work and will be responsible for ensuring that all staff conform to the standards set out in this policy. The Locality Managers with advice from the Integrated Safeguarding Lead for Adults and Children monitor constraints to compliance and effectiveness, advising and implementing strategies to support improvement to practice.

4.5 **Deputy Locality Managers and Service Managers** are responsible for adherence to policy and ensuring that the practice of safeguarding adults is undertaken on a regular basis as per this policy. They are responsible for highlighting good practice and sharing that good practice such that learning may be disseminated across LSW. In addition **Deputy Locality Managers** are the **Lead Officers** for safeguarding adults within their locality and as such are accountable in holding an overview and management oversight of adult safeguarding activity in their locality.

4.6 **Line Managers** are responsible for adherence to policy and supporting staff to understand and work within policy. They are responsible for escalating safeguarding adult concerns, developing safety plans and supporting their staff to do so. They are responsible for highlighting good practice and sharing that good practice so that learning may be disseminated across LSW.

4.7 **Clinical Staff** are responsible for their safeguarding adults practice and operating within the scope of this policy. Staff members remain accountable for their own professional judgement and clinical practice. They are responsible for causing an adult safeguarding concern, developing safety plans, escalating any concerns about practice and highlighting good practice.

5 Definitions

LSW	A Community Interest Company established to deliver health services population of Plymouth and some surrounding areas.
Plymouth Safeguarding Adult Board	A group of senior managers and professionals who represent their organisation and sign up to city wide policy and process designed together with the aim of keeping adults at risk, safe. The Director of Professional Practice, Quality and Safety is the post-holder who represents LSW at this meeting. Multi-agency adult safeguarding policy

	and procedures can be found at Adult Protection/Safeguarding Adults Multi-Agency Policy and Procedures. http://plysab.proceduresonline.com/chapters/contents.html
Adult at Risk	An adult at risk is a person who is eighteen years or over and may be in need of community care or health services by reason of mental or other disability or illness; and who is or may be unable to take care of him or herself or able to protect him or herself against significant harm or exploitation.
Making an adult safeguarding alert	Assessing that an adult at risk may be experiencing or at risk of experiencing significant harm and then telephoning Adult Social Care to report the concern,
Prevent	Prevent is part of the Government's counter-terrorism strategy CONTEST which is led by the Home Office.

6 Categories of Abuse

There are ten categories of abuse.

Physical
Physical: assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions

Domestic Violence & Abuse
Including psychological, physical, sexual financial, emotional abuse and so called "honour" based violence. See more details below 2.2.

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

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

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

Modern Slavery
Encompasses slavery, human trafficking, forced labour and domestic servitude. Trackers and slave masters use whatever means they have at

their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Omission
Including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholdings of the necessities of life, such as medication, adequate nutrition and heating.
Tissue damage, pressure ulcers and moisture damage may also be indicative of physical

Neglect
Abuse or failed duty of care.

Discrimination abuse
Including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion. Organisational abuse Observed lack of dignity and respect in the care setting, rigid routine, processes/tasks organised to meet staff needs, disrespectful language and attitudes. Abuse can occur in institutions as a result of regimes, routines, practices and behaviours that occur in services where adults at risk live or use and violate their human rights. This may be part of a culture of a service to which staff are accustomed thus such practices may pass by unremarked upon by staff.

Self-Neglect
This covers a wide range of behaviours which causes the individual to neglect their personal hygiene, health or surroundings and includes behaviour such as hoarding and living in squalid conditions. This is a complex matter and Different societies or health care staffs can have different beliefs regarding acceptable living standards, making self-neglect a serious and complex problem requiring clinical, social, and ethical decisions in its management and treatment. It is key to establish a trusting, therapeutic relationship with a person who is engaging in self-neglect because restricting autonomy can be harmful
There is a lack of a clear definition in National guidance and documents on the subject and this is what makes it such a complex and challenging category of abuse to safely manage.

7 Additional Information about the Categories of Abuse

7.1 Domestic Abuse

Domestic abuse is caused by an abuser's desire to gain power and control over their partner. Abusers use a range of different tactics – for example physical, emotional, sexual, financial abuse.

As of March 2013 the new definition of domestic abuse now states:
Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or

have been intimate partners or family members regardless of gender or sexuality.
This can encompass, but is not limited to, the following types of abuse:

- psychological
- physical
- sexual
- financial
- emotional

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.
“Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.” This definition, which is not a legal definition, includes so called “honour‟ based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

7.2 Honour Based Violence

“Honour' based violence (HBV) is a form of domestic abuse which is perpetrated in the name of so called „honour'. The honour code which it refers to is set at the discretion of male relatives and women who do not abide by the „rules' are then punished for bringing shame on the family. Infringements may include a woman having a boyfriend; rejecting a forced marriage; pregnancy outside of marriage; interfaith relationships; seeking divorce, inappropriate dress or make-up and even kissing in a public place. Men and women are at risk from this type of abuse.

HBV can exist in any culture or community where males are in position to establish and enforce women's conduct, examples include: Turkish; Kurdish; Afghani; South Asian; African; Middle Eastern; South and Eastern European; Gypsy and the travelling community (this is not an exhaustive list).

Males can also be victims, sometimes as a consequence of a relationship which is deemed to be inappropriate, if they are gay, have a disability or if they have assisted a victim.

This is not a crime which is perpetrated by men only, sometimes female relatives will support, incite or assist. It is also not unusual for younger relatives to be selected to undertake the abuse as a way to protect senior members of the family. Sometimes contract killers and bounty hunters will also be employed.

7.3 Human Trafficking

This is the trade in humans, most commonly for the purpose of sexual slavery, forced labour or for the extraction of organs or tissues including surrogacy and ova removal. Trafficking is a lucrative industry. Human trafficking is the movement of a person from one place to another into conditions of exploitation, using deception, coercion, the abuse of power or the abuse of someone's vulnerability. It is entirely possible to have been a victim of trafficking even if your consent has been given to being moved. There are three constituent elements:

- The movement – recruitment, transportation, transfer, harbouring or receipt of persons.
- The control – threat, use of force, coercion, abduction, fraud, deception, abuse of power or vulnerability, or the giving of payments or benefits to a person in control of the victim.
- The purpose – exploitation of a person, which includes prostitution and other sexual exploitation, forced labour, slavery or similar practices, and the removal of organs. Although human trafficking often involves an international cross-border element, it is also possible to be a victim of human trafficking within your own country.

7.4 Self-Neglect

Concerns may arise about a person thought to be at risk due to their own lack of care or risky and self-abusive behaviours. Staffs have a duty of care to ensure individuals have the capacity to understand there risk implication of the decisions that they make. Staff also need to test a person's resistance to the help being offered as there may be good reasons for the person to be suspicious or untrusting of professionals i.e. presenting a care plan in a more creative and diverse manner, offering real options and choices to enable an informed decision.
It is not unusual for people to refuse a particular form of care due to lack of insight into the need for intervention. Examples may be:

- A person with dementia sends away a home care worker who is tasked to do cleaning or prepare a meal.
- A person who is incontinent but is reluctant to wear pads.
- A person with schizophrenia refuses their depot injection.

Self-neglect should be managed under either CPA or Care Management (Education Health and Social Care EHSC) including and up to multi agency risk management meetings. However if these processes do not manage and reduce the risks then a concern should be reported.

8 Safeguarding Adults: the framework

8.1 Philosophies and Values Underpinning Safeguarding Adults:-

- The needs of the adult at risk are paramount.
- Staff members will have the appropriate level of training for their practice.

- The process of safeguarding adults is situated within multi-agency policy and practice. LSW is a strong and visible partner in that collaboration.
- Safeguarding adults practice reflects an ethos of equal opportunity, embraces diversity and promotes anti-oppression in the work place, particularly on account of age, race, gender, sexual orientation, or ability.
- Safeguarding adults practice recognises the increased risks for adults at risk and forms a framework to ensure they are visible within LSW
- This policy is underpinned by the principle that each staff member remains accountable for their own professional practice including the decisions about when to make a safeguarding adult alert. The line managers and Deputy Locality Manager/Lead Officers will be accountable for the advice they give and any actions they take. Advice can also be sought from the ISGM.
- Staff will be supported to work within the auspices of this policy. Staff members, who judge that they are not being supported to do so, should discuss their concerns with a line manager or use the *LSW Whistleblowing Policy.*

9 Principles Underpinning Safeguarding Adults:-

9.1 In May 2013 a Statement of Government Policy set out six key safeguarding principles:

- Empowerment-a presumption of person led decisions and informed consent.
- Prevention-it is better to take action before harm occurs.
- Proportionality-Proportionate and least intrusive response to the risk presented.
- Protection-Support and representation for those in greatest need.
- Partnerships-Local solutions through partnerships working with their communities.
- Accountability-Accountability and transparency in delivering safeguarding.

9.2 In addition the principles generated within LSW are:

- That staff are autonomous practitioners who can make informed decisions about adult safeguarding practice.
- That staff can describe and record their analysis and clinical judgement about their practice, maintaining high quality records.
- Effective communication and engagement.
- Seamless multi-agency working.
- Excellent and transparent information sharing.
- Learning from analysis of safeguarding incidents.

10 What is the purpose of Safeguarding Adults Practice?

10.1 Safeguarding adults practice is an accountable process that is described within policy and aims to reduce and manage the risks for an adult at risk.

10.2 For practitioners involved in day-to-day work with adults at risk, the opportunities and ability to critically and openly reflect upon the work that they are engaged in is essential in enabling them to deliver their responsibilities to keep people safe. Effective line management is important to promote good standards of practice and to support individual staff members to make decisions that keep adults at risk safe.

10.3 For staff in contact with people who use LSW, services, safeguarding adults five distinct areas of practice:

- Identifying the risks and developing an initial protection plan.
- Raising a concern to Plymouth City Council Adult Social Care.
- Information gathering.
- Collaborating in a multi-agency protection plan and process.
- Prevent and Channel activity.

11 What is an adult at risk?

11.1 An adult at risk is a person who is eighteen years or over and may be in need of community care or health services by reason of mental or other disability or illness; and who is or may be unable to take care of him or herself or able to protect him or herself against significant harm or exploitation.

11.2 Adults at risk are in receipt of services across the five locality areas provided by LSW. .

12 What does significant harm mean?

12.1 Significant harm was defined in The Children Act 1989 and updated in July 2011 to include applicability to adults.

12.2 It is defined as ill-treatment or impairment of health and development.

12.3 There are no absolute criteria on which to rely when judging what constitutes Significant harm. Sometimes a single episode may constitute significant harm but more often it is an accumulation of significant events, both acute and longstanding. “Harm should be taken to include not only ill treatment, but also the impairment of, or avoidable deterioration in, physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioral development” Law Commission, 1995.

12.4 The impact of harm upon a person will be individual and depends upon each person’s circumstances and the severity, degree and impact or effect of this upon that person.

12.5 The concept of significant harm is therefore relative to each individual concerned.

13 Raising an Adult Safeguarding Concern: (previously known alert)

13.1 Staff should feel comfortable to make an alert whoever it is about and whatever the circumstance. If the person about whom you are concerned has the capacity to consent to an alert being made and does not provide that consent, you should discuss your concerns with a line manager and make a plan with a clear entry into the health record.

13.2 The first stage is to be clear about your concern. It may result from something that you have seen, been told, or heard.

13.3 Then make an initial assessment. It should be holistic, considering the adult at risk's emotional, social, psychological and physical presentation as well as the identified clinical need. You need to be alert to:

- Concerns shared with you by the adult or someone in contact with them.
- Inconsistencies in the history or explanation when making an assessment of risk.
- Skin integrity, hydration or personal presentation, e.g. if the person is unkempt.
- Delays or evidence of barriers in seeking or receiving treatment.
- Evidence of frequent attendances to health services or repeated failure to attend.
- Environmental factors and/or physical signs of neglect.
- How other people react and respond to the person.
- The standard of delivery of care for that person.
- How appropriate is the care plan?

13.4 During Monday to Friday 09:00 to 17:00 you can make an alert by telephoning Plymouth City Council Adult Social Care on 01752 668000 and choose Option 2 and state clearly that you wish to make a safeguarding adult alert. The out of hours number is 01752 346984.

Devon – Care Direct 0845 155 1007; Monday to Friday 08:00 – 20:00 and Saturdays 09:00 – 13:00. Email address csc.caredirect@devon.gov.uk

Torbay Safeguarding Adults Team 01803 219700, email address Safeguarding.alertstct@nhs.net

Cornwall, Access Team 0300 1234 131, email address accessteam.referral@cornwall.gov.uk

13.5 As soon as possible but within 24 hours, raise an incident form and state clearly on that form that you have made a safeguarding alert, the date and time that you made it and the name of the person who took your call.

13.6 It is good practice to discuss your decision to make an alert with another colleague.
This should not however be a colleague who you think may be involved in the alleged abuse. Discussion with an appropriate colleague provides an opportunity for reflection and clarity about your plan. You could discuss the decision with a peer or line manager. Each locality has a Deputy Locality Manager who is the designated Lead Officer for Safeguarding and that person can be contacted for a discussion. It is within the role of all line managers within LSW to provide advice and support to staff who have concerns about safeguarding both adults and children. If advice is required out of hours and is not available from the line manager, the out of hours on-call Director may be contacted via switchboard. The key questions you can reflect upon during that discussion are:

- Is the adult vulnerable or at risk
- Is an immediate protection plan required?
- Does the person have capacity to consent to a protection plan and are they able to provide informed consent?
- Are there any other adults or children at risk? If a child is at risk please go to Safeguarding Children Policy: Safeguarding Children Policy v1:4 or telephone the safeguarding children team on 01752 435064 for advice. The out of hours number is 01752 346984.
- Has a crime been committed and should the police be immediately informed?
- Are there valid reasons to act, even without the adults consent?

13.7 Good communication helps to safeguard people. When you are communicating with the person about whom you are raising the alert:

- Ensure that you use an interpreter or language line if required.
- Be open and honest and do not promise to keep anything a secret. Make sure people understand your responsibility to safeguarding adults at risk.
- If the person has capacity and providing that to do so will not place them at greater risk, seek their consent to share the information. If they do not give that consent, then seek advice.
- Remember that you can share information without consent if it is in the public interest, in order to prevent a crime or to protect others from harm. Further information can be found in the Information Governance Strategy: Information Governance Strategy v2 and Information Sharing Pocket Guide.

14 Collaboration in the multi-agency adult safeguarding process

14.1 Staff members who make an alert might be invited to an initial strategy meeting and at this meeting will be asked to describe their concerns.

14.2 It is important that this is via a written report which can be shared at the meeting and used as part of the meeting record.

14.3 Staff members involved in caring for an adult at risk who is the subject of a strategy or case conference meeting, may also be invited to describe their involvement and be involved in safety planning.

14.4 Any staff member attending such meetings can ask for the support of their line manager who may accompany them in the meeting.

15 Allegations against a member of staff employed by LSW

15.1 There are occasions when significant harm is alleged to have taken place during an episode of care delivered by staff of LSW. This can be against a named member of staff or care team or it could be anonymous.

15.2 Staff members who make an alert that involves a colleague must be aware that they will be supported in doing so by their managers, the Deputy Locality Managers/Lead Officers and the Integrated Lead Safeguarding Adults and Children. Staff members who judge that they are not being supported, should discuss their concerns with any senior colleague or use the LSW Whistleblowing Policy.

15.3 It is essential that staff members making an alert that involves a colleague discuss this immediately with a senior person such that the Deputy Locality Manager/Lead Officer can take steps to protect and support all involved parties.

15.4 Staff or teams against whom an allegation has been raised will be and can expect to be supported. When an allegation of harm against an adult at risk has been made, the LSW disciplinary process will be used to ensure that both the staff member and the adult at risk are protected. An immediate decision will be taken by the appropriate senior manager and human resources and corporate services colleague to determine whether the employee is able to remain at work.

15.5 There are a number of investigatory processes that may occur:

- An adult safeguarding investigation.
- A criminal investigation by the police.
- A disciplinary investigation by LSW.

15.6 Allegations made against a member of staff and that meet the threshold for a safeguarding adult investigation will always be investigated as a Serious Incident Requiring Investigation.

15.7 Referral to DBS (Disclosure & Barring Service) will occur – If, as a result of a disciplinary sanction, an employee is dismissed or removed from working with children or vulnerable adults (or would or may have if the person had not left or resigned) because the person:

- Had been cautioned or convicted for a relevant offence

- Engaged in relevant conduct in relation to children and/or vulnerable adults (i.e. an action or inaction (neglect) that has harmed a child or vulnerable adult or put them at risk of harm) or
- Satisfied the Harm Test in relation to children or vulnerable adults (i.e. there has been no relevant conduct (i.e. no action or inaction) but a risk of harm to a child or vulnerable adult still exists).

16 Actions to be taken in the event of an allegation

- After discussion with the deputy locality Manager (DLM) /Locality Manager (LM), the ISGM will be informed of the alleged professional abuse allegation. At this point the discussion will ascertain whether the police need informed at the same time as raising the safeguarding adult alert to the RCF.
- A safeguarding concern is to be raised with the RCF tel-668000 or complete the form via the LA portal and send via secure e mail.
- Discussion with the DLM /LM at this point will determine whether the member of staff if permanent will require suspension pending enquiry. If it is an agency member of staff then the DLM will ensure that the individual has no further shifts with LSW until the outcomes of the enquiry have been satisfied. The DML will inform the relevant agencies of the concerns raised to alert them.
- The information is to be recorded in the client's records highlighting only that they have raised a concern against a professional and it has been escalated in line with safeguarding and adult protection procedures.
- The DLM will then inform the ISGM who will hold the information and coordinate the response to each individual allegation. At this point the ISGM will require copies of the incident report and any other information held on the concern.
- An incident form will be raised – ensuring that the clients and the staff's details are not recorded in the report but clearly set out the allegation and concerns raised.
- An appendix A will be raised and consideration for completing a SIRI will be determined by the panel.
- Depending upon the decision from the retained client function, a strategy discussion will be held and then the decision whether to proceed with an enquiry under section 42 will be made.
- If the outcome of the strategy discussion decides that the member of staff is to be suspended then this will be done in conjunction with HR and their locality manager.
- Should the outcomes of the enquiry result in the member of staff being found guilty of the professional abuse allegation then HR, the DBS and relevant professional bodies are to be informed. The ISGM will guide on this.

17 Information Gathering

17.1 In order to properly inform multi-agency decision making about how to process with individual alerts, it may be necessary to gather additional information about the adult at risk, the detail of the allegation, the care setting or the care that they are receiving.

17.2 Information gathering sits at stage four of the process that Plymouth Adult Safeguarding Board has in place to investigate and resolve adult safeguarding alerts.

17.3 It is essential that staff members who make the alert do not progress into any information gathering.

17.4 Sometimes, staff members who know the adult at risk or who are particular experts in the area under investigation will be asked to information gather.

17.5 A decision that an employee of LSW is to participate in the information gathering stage will be made by the appropriate Deputy Locality Manager/Lead Officer or in their absence, the Integrated Safeguarding Lead for Adults and Children.

17.6 The staff member will be fully updated and provided with a clear scope for the information gathering which must be complete within seven days of the alert being raised.

18 Record Keeping

18.1 For a reminder about the high standard of record keeping expected by Livewell Southwest please see Clinical Record and Note Keeping Policy. Clinical Record & Note Keeping Policy v6

18.2 Safeguarding entries into the health record are expected to be at the same standard
as every other aspect of care and the health record. SystmOne has clear guidance on recoding safeguarding activity and this is to be followed.

18.3 Make an immediate factual clear and concise entry into the health record, demonstrating transparent decision making. If you judge that making an entry into the health record will place the adult at risk in an increasingly vulnerable position, then discussions with your manager or ISGM will ascertain how this information is captured safely onto the electronic record.

18.4 If the adult at risk has marks on their body then make a clear record of those on a body map with a written description in the record, of what you can see. Examples of marks might be bruising or a pressure ulcers and this will need to be clearly identified in the text and on the body map.

19 Mental Capacity

19.1 LSW has a Mental Capacity Act Lead who is Ian Stevenson and can be contacted on 01752 434742. This person can provide advice on the process and can sign-post to the most appropriate person to Chair a Best Interests Meeting if one is required.

19.2 Capacity is the voluntary and continuing permission of a person over the age of sixteen to agree a course of action or inaction based on adequate

knowledge of the purpose, nature, likely effects and risks of the proposed action or inaction including, the likelihood of its success and any alterations to it.

19.3 Individuals will be assumed to have capacity unless there is clear evidence to the contrary.

19.4 Under the Mental Capacity Act 2005 a person is unable to make a decision if s/he is unable to:

- Understand the information relevant to the decision.
- Retain that information.
- Use or weigh that information as part of the process of making the decision. or
- Communicate that decision.

19.5 Best interests decision-making requirements:

- A failure to engage correctly and effectively with people who are not looking after themselves, and who do not have the mental capacity to make specific decisions for themselves, may have serious implications for care agencies. LSW is required to work within the statutory principles set out in Section 1 of the Mental Capacity Act 2005 and more particularly to apply Section 4 of the Act to our actions for people who cannot make decisions for themselves.
- A Best Interest meeting should be held where an adult (16+) lacks mental capacity to make a decision for themselves and needs others to make those decisions on their behalf.
- This guidance builds on the 'Mental Capacity Policy' and the Mental Capacity Act Practice Guidance. The Mental Capacity Act Code of Practice provides more details.
- The statutory principles laid out in S.1 Mental Capacity Act must be applied.
- Any person aged 16+, must be assumed to have the capacity to make his/her own decisions unless it is established otherwise.
- All practicable steps must first be taken to assist people to make such decisions.
- Any person who has capacity has the right to make an unwise decision.
- Any actions done or decisions made for a person who lacks capacity must be done in that person's best interests.
- Any action that needs to be done or decision that needs to be made must have due regard as to whether it can be effectively achieved in a way that does not restrict the person's rights and freedom of action.
- A failure to make decisions that are in the best interests of the person may have serious implications, and could lead to legal challenge.
- LSW recognises that establishing a positive relationship with the Service User/patient is crucial in gaining their trust. A person with mental capacity can disagree with the views of the professionals involved in their care. Service User/Patients may take a contrary view to professional opinion and this should be supported if they have Mental Capacity to make the

decision. LSW staff accepts the right of Service User/Patients to make lifestyle choices and to refuse services provided they are doing so with Mental Capacity and from an informed position.

20 What is a Best Interests meeting

20.1 A formal Best Interests meeting may be required to plan the decisions needed where the issues facing the Service User/Patient are very complex. There may be a range of options and issues that require the considered input of a number of different staff as well as those with a personal and/or legal interest in the needs of the person lacking mental capacity.

20.2 Making sense of these issues and options may only be properly covered and addressed through holding such a meeting, and clearly recording the discussions.

20.3 A Best Interests meeting should demonstrate that the decision-making process is transparent, clearly recorded, and can stand up to subsequent scrutiny.

21 Making a decision in a person's best interests requires:

21.1 The Act's statutory principles and best interests checklist are properly considered:

- The service user, even though lacking mental capacity, remains central to the decision or decisions needing to be made and he or she are involved in the decision-making process where possible.
- That relevant professional and informal networks are properly consulted.
- There is a clear structure to the meeting, promoting partnership working, the sharing of relevant information, the positive expression of different views, and an analysis of the risks and benefits attached to different options.
- Taking into consideration all relevant circumstances, including the person's beliefs and values, past and present wishes, and any written statements the person made when he/she had capacity. This may include an Advance Decision to refuse treatment or an Advance Statement of preferences.
- Deciding whether the decision can be delayed until the person regains capacity to make the decision for him/herself, if this is a possibility.
- Considering other factors which might have influenced the person's decision such as altruistic motives, consideration for others and duties and obligations towards future beneficiaries and/or dependents.
- Consulting with others such as partners, carers, family members, and other relevant people where it is practicable to do so.

- Not being motivated by a desire to bring about the person's death when the decision relates to life-sustaining treatment.

- Where a decision cannot be made, for whatever reason, the best interests meeting will also have decided what further actions may be required to expedite future decision-making, by whom and in what timescale.

22 Prevent and the Channel Process

22.1 Prevent is part of the Government's counter-terrorism strategy CONTEST, which is led by the Home Office. The health sector has a non-enforcement approach to Prevent and focuses on support for vulnerable individuals and healthcare organisations[1] in helping stop them becoming terrorists or supporting terrorism. CONTEST also includes the following elements in addition to Prevent:

Pursue: to stop terrorist attacks.
Protect: to strengthen our protection against a terrorist attack.
Prepare: to mitigate the impact of a terrorist attack.

22.2 In order to deliver the Prevent agenda, three national objectives have been identified:

- Objective 1: respond to the ideological challenge of terrorism and the threat we face from those who promote it.
- Objective 2: prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support.
- Objective 3: work with sectors and institutions where there are risks of radicalisation which we need to address.

23 Making a referral

23.1 If a member of staff has concerns that a member of the public or another member of staff has been or is in the process of being radicalised then an alert should be made to the Prevent lead.

23.2 Please refer to the Prevent referral process detailed below.

24 Escalation to a Channel Process

24.1 Once referral information has been received, it is necessary to determine if it meets the threshold for it to be considered for submitting to a formal multi-agency process. Within Devon this is currently managed through a formal Channel process although this is not consistent across England.

24.2 There are currently no thresholds in place as to what level of concerns require a Channel process; this is determined locally by the Prevent Team.

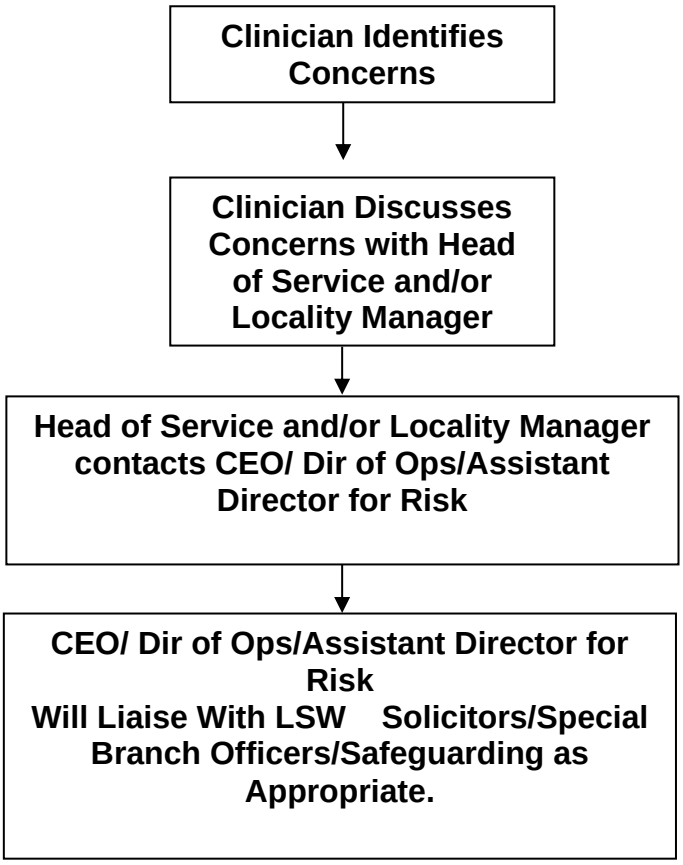
25 Flow Chart for the Confidential Escalation of Information that may present a threat to National Security or have other severe consequences.

25.1 The targeting of vulnerable individuals in an attempt to radicalise and lead them into attempting acts of terrorism is a developing concern for society.

25.2 Should staff identify such a concern it is important that they have a safe and confidential environment in which to discuss those issues and take decisions that ultimately may lead to breaching a client's confidentiality.

25.3 It has also become apparent that it is not always easy to access the correct department within the police for advice and guidance.

25.4 The flow chart below details the route to be followed:



26 Training Implications

26.1 It is essential that staff members are properly trained to deliver high quality adult safeguarding practice.

26.2 All staff members who are employed by LSW will attend LSW Level One Adult Safeguarding Training at induction and as part of a mandatory annual update.

26.3 All clinical staff members who work with people over the age of eighteen will attend LSW Level Two Adult Safeguarding Training within two months of their employment commencing and repeat this every three years during the period of their employment.

26.4 Staff who are required to lead adult safeguarding investigations will attend the multi-agency PASB Investigator Training.

26.5 Those senior staff that coordinate the process and those who chair case conferences will attend the appropriate training.

27 Monitoring

27.1 The policy will be monitored by the Integrated Safeguarding Lead for Adults and Children and reviewed on an annual basis. Any amendments will be made in consultation with Deputy Locality Managers and Lead Officers.

All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

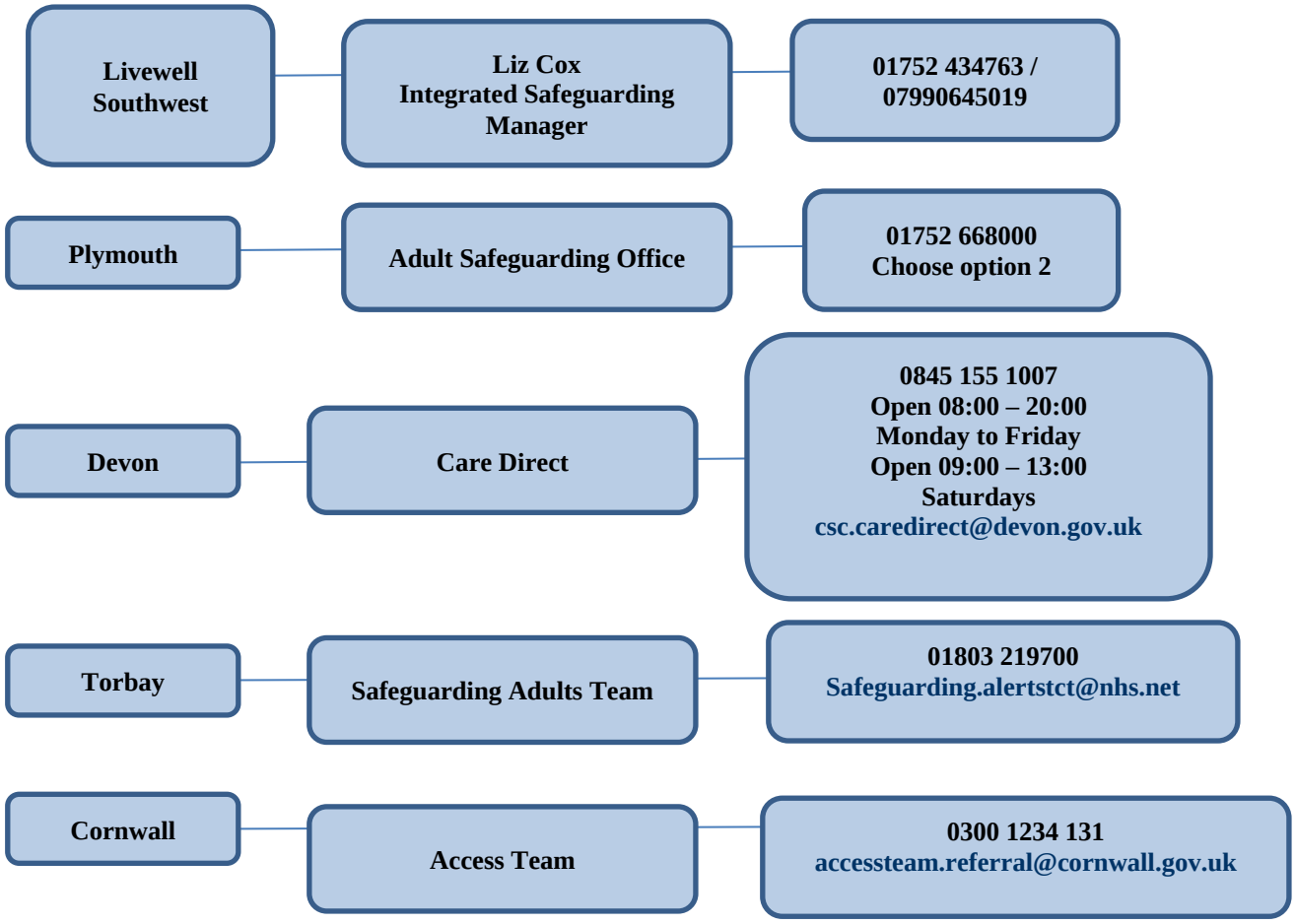
The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.

Signed: Director of Professional Practice Safety and Quality

Date: 14th April 2016

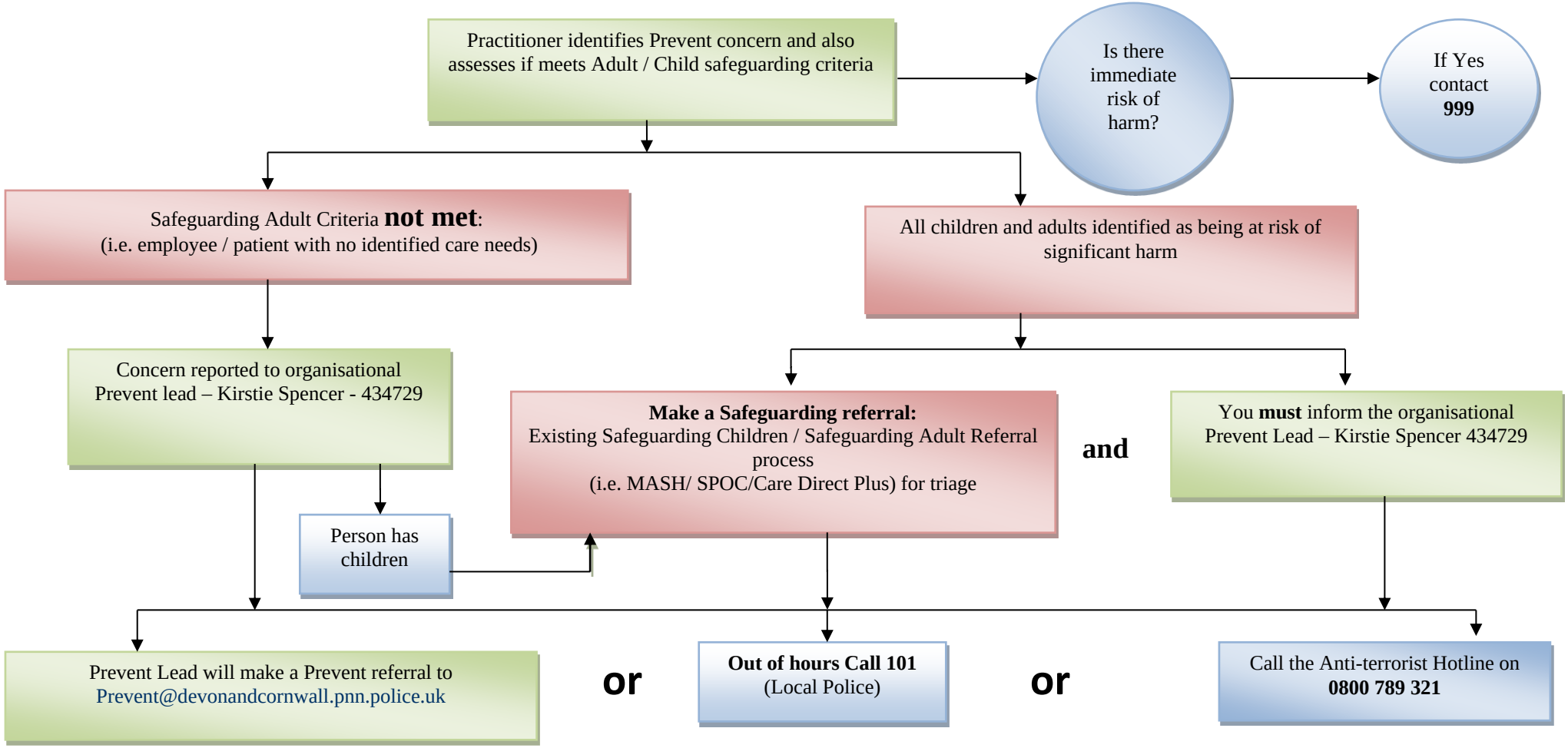
Appendix A

Contact details for relevant Local Authorities.

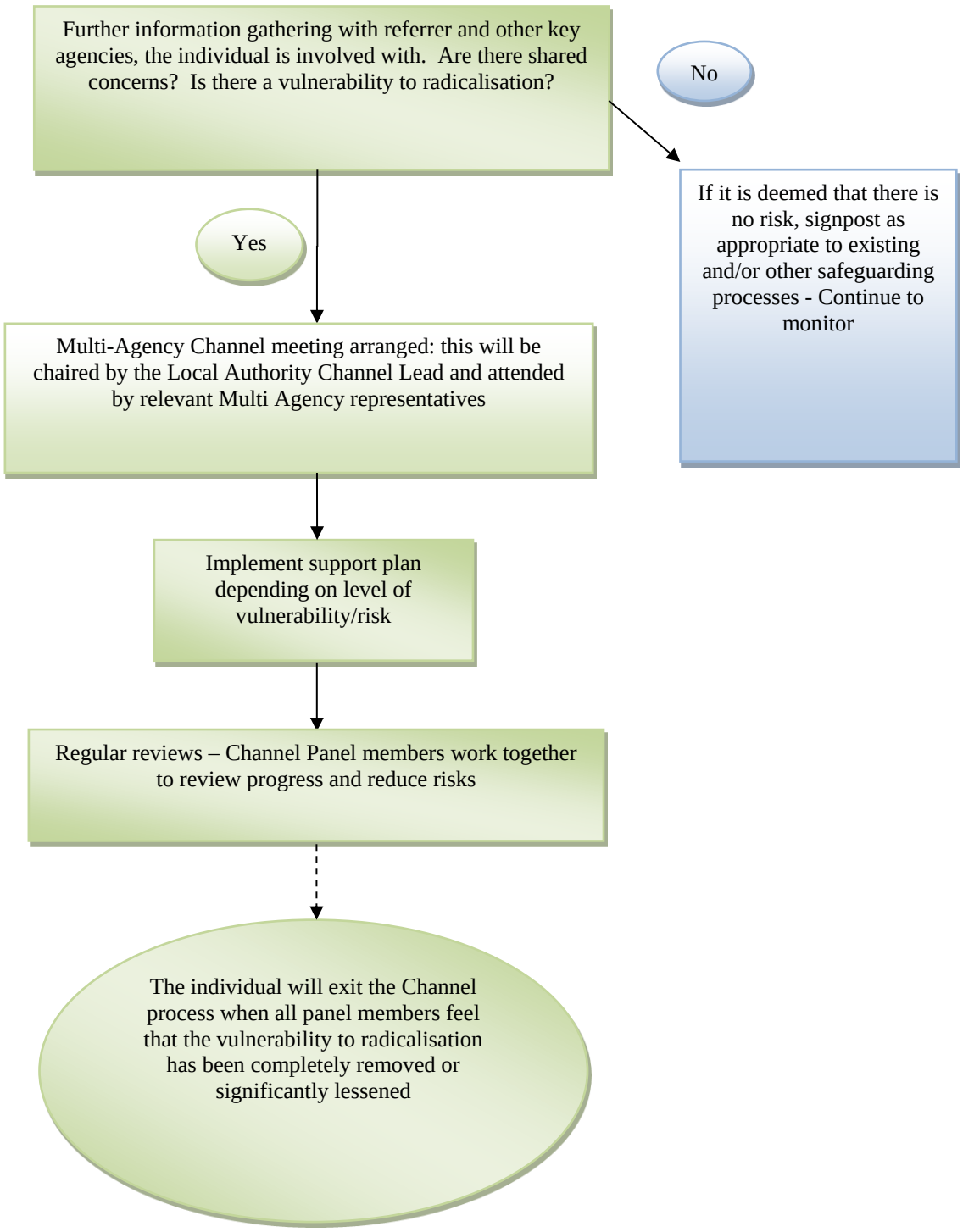


Livewell Southwest Multi-agency Prevent Referral Flow Chart **Appendix B**

Channel is a multi-agency safeguarding process and early intervention strategy aimed at identifying and supporting individuals (including children) vulnerable to the recruitment of violent extremism. It must be noted this includes all forms of extremism. It is a mechanism for ensuring that these individuals are assessed and supported by professionals using statutory safeguarding frameworks and multi-agency partnership working. Below is a flowchart which illustrates how to refer a concern of this nature.



Once a referral has been made and it meets the Channel criteria, the individual/group become part of the Channel process, the Police will carry out the below process with the support of multi-agency partners working to the relevant Local Authority Lead. This process takes place in order to identify the level of risk and an appropriate support plan where necessary.



If you wish to know more about Prevent and the Channel process please contact
Kirstie Spencer – Prevent Lead for Livewell Southwest 01752 434729
Or the Regional Prevent/ Channel Lead (South) DI Sam Norman on 01392 452555