NHS
Sussex

Safeguarding Standards for Registered Care Home and Domiciliary Care Providers

2023

Safeguarding Standards for Registered Care Home and Domiciliary Care Providers

Introduction

This document is intended for all Registered care home (with or without nursing) and domiciliary care providers who are:

- Working with adults (and adult is classed as anyone over the age of 18)

- Working with Parents or Carers

- Working with Adults who may pose a risk to children (a child is classed as anyone under the age of 18)

These safeguarding standards have been co-produced with providers and other key stakeholders to deliver a tool by which organisations are best placed to evidence compliance with current legislation and statutory guidance; including that informed by research lead/evidence-based practice, and to demonstrate that people with care and support needs can feel safe and, all who engage with the care service, can be assured that safeguarding practice is continuously improving and enhancing the quality of life for adults who use their services.

The document is divided into key sections as summarised below:

For each of the core safeguarding standards, there is an overarching standard statement; benchmarks of expected best practice statements and a resource section to provide onwards signposting. This includes other regional resources as relevant in support of providers who work across regional boundaries in the South-East.

A glossary of terms

A self–assessment audit tool.

Safeguarding, Legislation and Working in Partnership

All adult safeguarding is underpinned by the Care Act (2014), the Care Act (2014) statutory guidance, and the Making Safeguarding Personal framework (MSP).

From April 2015 the Care Act (2014) established a new statutory framework for care, support, and adult safeguarding. The Act describes safeguarding as:

> *"…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."*
>
> *(Care Act statutory guidance, 14.7, updated June 2020)*

This Act identifies that the primary aim for all agencies is to prevent abuse and where preventative strategies fail, all agencies should ensure that there are robust procedures in place for referring and dealing with incidents of abuse - with **sections 42-45 of the Care Act 2014** outlining the relevant legislation.

Safeguarding children, young people, and adults at risk is everyone's responsibility, with the need for effective joint working between all who are involved in the safeguarding system to ensure that the lives of vulnerable people are safeguarded appropriately.

To achieve effective joint working, there must be constructive relationships at all levels, promoted and supported by:

1. The commitment of all to safeguard children, young people, and adults at risk
2. Clear lines of accountability within the organisation for work on safeguarding
3. A commitment to consider safeguarding in decision making.
4. The principle of involving individuals in service developments
5. Clear commitment to staff training and continuing professional development so that staff understand their roles and responsibilities and those of other professionals and organisations.
6. Safe working practices including recruitment and vetting procedures.
7. Effective interagency working, including effective information sharing.

The Mental Capacity Act 2007 (MCA) [Mental Capacity Act 2005 (legislation.gov.uk)](#); Mental Capacity Amendments Act 2019 [Mental Capacity (Amendment) Act 2019 (legislation.gov.uk)](#) and the Deprivation of Liberty Safeguards (DoLS) implemented in April 2009 [Deprivation of Liberty Safeguards](#) have placed an increased emphasis on ensuring that rights to decision making are protected and decisions made on behalf of people are only made using the legal framework. The DoLS ensures that care and treatment for those who lack capacity to consent to their accommodation is only delivered in their best interest and using the least restrictive options means to ensure their safety.

Safeguarding is wider than the traditional 'protection' that staff have familiarity with, and now involves considering the interests and safety of all children, young people and adults in the broadest sense as well as protecting the vulnerable; known as a "Think Family" approach. This includes being aware of any circumstance which may cause harm, reflecting safeguarding within guidance such as safer recruitment protocols and learning from incidents.

Making Safeguarding Personal (MSP) is a national approach to promote responses to safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing, and safety. It is about seeing people as experts in their own lives and working alongside them to identify the outcomes they want, with the aim of enabling them to resolve their circumstances and support their recovery. Making Safeguarding Personal is also about collecting information about the extent to which this shift has a positive impact on people's lives. People are individuals with a variety of different preferences, histories, circumstances, and lifestyles. Safeguarding arrangements must not prescribe a process to be followed whenever a concern is raised, but rather Making Safeguarding Personal emphasises the importance of a person-centred approach, adopting the principle of '*no decision about me without me*'. Personalised care and support is for everyone, but some people will need more support than others to make choices and manage risks. A person led approach is supported by personalised information and advice and, where needed, access to advocacy support. *(Sussex safeguarding adults' policies and procedures – May 2019)*

A key partnership focus is in gaining assurance that services are equitable; and that there is a determination by services to keep people within their care harm free by promoting safe, effective, quality driven care, treatment, and accommodation (as relevant) which is not restricted on the basis of race, age, disability, gender, transgender, religion /belief or sexual orientation, and, that learning includes working with system partners to ensure that vulnerable people – regardless of their characteristics – all are equally protected from abuse.

This document references the Safeguarding Adults Board (SAB) and Safeguarding Children Partnership (SCP) across Sussex and the South-East region; please note that where a resident is placed out of county, providers should adhere to the local Safeguarding Adult Board and Safeguarding Children Partnership policy, procedures, and guidance.

These standards are informed by current legislation and statutory guidance and evidence from research as available at the time of writing and are intended as a resource to support providers, while being mindful that each organisation has a duty as a regulated activity to ensure that updates are made to policies and procedures as legislation changes to effectively evidence that they comply with all current legislation and guidance related to safeguarding adults and children at risk as requested to do so.

How safeguarding is defined is set out below.

> ⓘ   *Adult safeguarding - The Care Act 2014 outlines the scope of adult safeguarding to an individual of 18 years or over who.*
>
>   a) *Has needs for care and support (whether or not) the local authority is meeting any of those needs) and*
>
>   b) *Is experiencing, or at risk of, abuse or neglect and*
>
>   c) *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.*

> ⓘ   *Children safeguarding - A child is anyone who has not yet reached their 18th birthday, regardless of race, religion, first language, culture, gender, sexuality, health or disability, location or placement, involvement in criminal behavior, political or immigration status. Safeguarding and promoting the welfare of children is defined under the Children Acts 1989 and 2004.*

The Core Safeguarding Standards explained.

The core safeguarding standards have been categorised under 11 headings:

1. Governance and Commitment to Safeguarding

2. Policies, Procedures and Guidelines

3. Appropriate Training, Skills, and Competences

4. Effective Safeguarding Supervision and Reflective Practice

5. Effective Multi-Agency Working

6. Safety Incident reporting

7. Engaging in Safeguarding Reviews

8. Safer Recruitment and Retention of Staff

9. Managing Safeguarding Allegations Involving Members of Staff

10. Mental Capacity Act (MCA) Policy and Deprivation of Liberty Safeguards (DoLS),

11. Engaging Adults/Children and their Families/Carers

Safeguarding Standards Document - scope of use.

Extensive feedback from the pilot has helped to identify that this tool offers Registered Care home and Domiciliary care Providers five key functions:

(1) To be a general tool within internal audit processes that enables organisations and services to audit themselves against the best practice benchmarks and, where necessary, put in place systems which ensure effective safeguarding of adults and children is achieved, this includes gaining assurance that staff have confidence to engage effectively during all stages of the safeguarding process. In addition, the tool will support identifying areas of good practice.

(2) To be a tool to provide evidence to CQC that Regulation 13: "*Safeguarding service users from abuse and improper treatment"* is at the heart of the way the service is run.

(3) To initiate raising the profile of safeguarding within organisations; providing an opportunity for teams to actively contribute to the benchmarking process, thus enabling better understand of how safeguarding learning provides an additional lens to improve outcomes for people in care settings.

(4) To support evidencing that the national guidance and statutory regulations related to child and adult safeguarding and the Mental Capacity Act (MCA) are embedded in the service.

(5) To assist in the provision of assurance data as requested to Local Authority safeguarding teams; the Police and NHS Sussex, Integrated care board (ICB) safeguarding team and other Statutory organisations aligned to their statutory functions.

At the end of the standards document there is a Safeguarding Self-Assessment tool to support services assess their level of safeguarding assurance to assist providers in their quest to gain assurance around, and demonstrate compliance with, their safeguarding responsibilities.

Within the resources section of Standard 1 - there is a website access link to the **Nice Guidance – Safeguarding Adults in care homes**, which contains a link to a comprehensive audit should services wish to access this resource for additional assurance.

Standard 1 – Governance and Commitment to Safeguarding

Navigate to (press the ctrl key and click the icon with your cursor):

→ Standard 1 - Statement

→ Standard 1 - Resources

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🏠 The Core Safeguarding Standards overview

STANDARDS STATEMENT
Standard 1 – Governance and Commitment to Safeguarding
The Provider will ensure that their senior management are committed to safeguarding and that organisations have robust governance structures and systems in place in line with the Care Act (2014), the Children Act (2004). Care Home and Domiciliary Care providers (hereafter referred to as "the Provider") can clearly determine that they have safeguarding leadership and commitment at all levels of their organisation and that they are fully engaged with, and in support of, local accountability and assurance structures. Most importantly, they can demonstrate the principle that safeguarding is everybody's responsibility, through the development of a culture of continuous learning and improvement to promote the safety and welfare of individuals. Training is aligned with the intercollegiate document (or equivalent) and CQC Regulation 13. Equality, diversity and human rights, the basic rights and freedom that belong to every person are the heart of organisational values.

Benchmark of Expected Best Practice	
Standard 1 – Governance and Commitment to Safeguarding.	Tick
There is evidence that the Provider strives for a culture within their service(s) which demonstrates their commitment that safeguarding people is a priority, with a "Golden Thread" running through to information available on their website(s), statement of purpose and within organisational literature.	☐
This "Golden Thread" extends to a system approach to identifying; monitoring and learning from incidence which have caused actual or potential harm. This system approach will include reviewing data from complaints/concerns/suggestions; safety incident and accident data; staff management systems and other feedback loops (such as team meetings/safety huddles).	☐
Governance Reports pertaining to the Registered service have, as the minimum, a section on Safeguarding analysis (in larger organisation this is likely to be a separate report)	☐
Providers with a total annual turnover of £36m or more produce a slavery and human trafficking statement for each financial year of the organisation- which encompasses their commitment to ensuring that there is no modern slavery or human trafficking within supply chains or in any part of their business. There is a Modern Slavery statement on the providers website.	☐
The Provider ensures that messaging about safeguarding is available in a variety of accessible formats (including easy read/braille/Aural/video/first language) of people using services.	☐
The Provider ensures that people using services, with protected characteristics, are enabled to enjoy the basic rights and freedoms that belong to every person.	☐

The Provider gains assurance that people using services know how to protect themselves, especially those who have lived within institutional care throughout their lives, and that they are empowerment to say no/speak out.	☐
The Provider has a "senior level" safeguarding lead who holds accountability within the organisation, and who will act as the key contact with other Partner agencies, provide guidance and support to staff about safeguarding principals and processes and be seen to be promoting the welfare of adults and children.	☐
This person is known to all who work in, live in, and visit the service.	☐
The Provider develops "safeguarding champions" to support the safeguarding lead. These people are likely to come from staff, families, people using services, visiting groups. These people can offer a lens which comes through their interactions with or lived experience of services.	☐
The Provider can evidence they have processes in place to ensure suggestions and concerns which have an impact on keeping people safe, can be confidently raised, recorded, and actioned, that learning is taken forward and outcomes shared with the person(people) who have raised the concern.	☐
If asked, anyone using or visiting the service(s) can confirm that they know how to raise a safeguarding concern to the local authority.	☐
All relevant personnel know how to produce a Section 42 "causing others" report, quality, or exception report on request.	☐
The lead professional will also have sufficient capacity to effectively carry out their safeguarding roles.	☐

The Provider can demonstrate, where quality/safeguarding concerns are identified during internal audit, that, as appropriate, they engage with external agencies to assist with improvement planning to improve outcomes for people in their care.	☐
"Safeguarding" is included as an agenda item as appropriate to the audience/meeting regularly throughout the year	☐
The Provider, through their assurance processes, is confident that within their service(s), the views of people experiencing safeguarding concerns are gathered and accurately recorded so that these people remain at the heart of the process	☐

- The Equality Act 2010 (legislation.gov.uk) brought together a range of existing legislation, so most of the equality law is now contained in this single Act. The Equality Act (2010) gives legal protection to nine 'protected characteristics'. For detailed advice and guidance about the Equality Act, visit the Equality and Human Rights Commission website: Home Page | Equality and Human Rights Commission (equalityhumanrights.com)

- **Accessible information standard -** From 1st August 2016, all organisations that provide adult care have been legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support so they can communicate effectively with health and social care services**. https://www.england.nhs.uk/wp-content/uploads/2017/08/implementation-guidance.pdf.**

  NHS England and NHS Improvement the **accessible information standard**: https://www.youtube.com/watch?v=ZJngMo37WvA

- **The Care Act (2014)**. The Care Act aims to ensure the wellbeing of people in need of care and support services. It also aims to bring about the personalisation of care services, putting the person at the centre of the process. Care Act 2014 (legislation.gov.uk)

- **The Children Act (2004**). It aims to improve and integrate children's services, promote early intervention, provide strong leadership and bring together different professionals in multi-disciplinary teams in order achieve positive outcomes for children and young people and their families. Children Act 2004 (legislation.gov.uk)

- **Human Rights Act (1998).** The Human Rights Act 1998 sets out the fundamental rights and freedoms that everyone in the UK is entitled to. It incorporates the rights set out in the European Convention on Human Rights (ECHR) into domestic British law. The Human Rights Act came into force in the UK in October 2000.The Human Rights Act | Equality and Human Rights Commission (equalityhumanrights.com)

- **Care Quality Commission** *'Regulation 13: Safeguarding service users from abuse and improper treatment'.* The intention of this regulation is to safeguard people who use services from suffering any form of abuse or improper treatment while receiving care and treatment. [Regulation 13: Safeguarding service users from abuse and improper treatment - Care Quality Commission (cqc.org.uk)](#)

- **Care Quality Commission. Safeguarding people.** [Safeguarding people - Care Quality Commission (cqc.org.uk)](#)

- **NICE guidance** – Safeguarding adults in care home. 26 February 2012. This guideline covers keeping adults in care homes safe from abuse and neglect. It includes potential indicators of abuse and neglect by individuals or organisations and covers the safeguarding process from when a concern is first identified through to section 42 safeguarding enquiries. There are recommendations on policy, training, and care

- home culture, to improve care home staff awareness of safeguarding and ensure people can report concerns when needed. [Safeguarding adults in care homes (nice.org.uk)](#) - tools and resources [Tools and resources | Safeguarding adults in care homes | Guidance | NICE](#)

- **Social care Institute for Excellent** -Video – teaching people (using services) how to protect themselves [Safeguarding adults: teaching people to protect themselves (scie.org.uk)](#)

- **Ann Craft Trust -** a national charity which exists to minimise the risk of abuse of disabled children and adults at risk. https://www.anncrafttrust.org/   Resources for provider including self-audit.

Standard 2 – Policies, Procedures and Guidelines

Navigate to (press the ctrl key and click the icon with your cursor):

→ Standard 2 - Statement

→ Standard 2 - Resources

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🏠 The Core Safeguarding Standards

STANDARDS STATEMENT

Standard 2 – Policies, Procedures and Guidelines

The Care Act (2014) and its statutory guidance, outline what safeguarding arrangements all organisations should have in place, signposting that these should reflect the local safeguarding arrangements.

Enabling people with care and support needs to live without fear of abuse or neglect is everyone's responsibility, and an organisations Policies, Procedures and Guidelines are expected to set out how this it to be achieved.

Policies, Procedures, and Guidelines should also be informed by the "Making Safeguarding Personal" framework.

Policies are likely to include:

- Safeguarding Policy including the Sussex Safeguarding Adults Thresholds document for Professionals.
- Safeguarding Supervision Policy
- Managing self-neglect/neglect/ non-engagement /non-concordance
- Chaperone Policy
- Consent to Treatment Policy
- Mental Capacity and Deprivation of Liberty Safeguards (DoLS) Policy
- Domestic Abuse Policy
- Falls Management Policy/Protocol
- Management of a Health deterioration.
- Medication Administration Policy
- Nutrition and Hydration Policy
- Prevent Policy
- Record Keeping Policy
- Restriction/Restraint Policy
- Safer Recruitment Policy
- Managing Allegations Against Staff Policy
- Safety Incident Policy
- Whistle Blowing Policy

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Benchmarking guidance of Expected Best Practice	
Standard 2 – Policies, Procedures and Guidelines	Tick
The Provider can demonstrate that they have a written policy and procedure that conforms to the Sussex Safeguarding Adults policy and procedures; and which are compliant with the Care Act (2014), the Mental Capacity Act (MCA), Working Together to Safeguard Children (2018) and The Children Act (1989) and 2014 (as appropriate).	☐
The Provider can demonstrate a cohesion within policies and processes which provide staff with clear guidance as to the interface between a safeguarding concern and with other investigations and reviews - such as police investigations and incident reviews. The policy is likely to contain guidance which identifies that the focus of the safeguarding enquiry is different to that of other investigations and therefore the findings of one does not in itself determine the conclusions of the other. This will require a planned and co-ordinated approach to the tasks within and learning from both these processes.	☐
The Provider has a "safer recruitment" policy which takes into account the work of any volunteers, charity fund raisers or celebrities and which the provider can demonstrate is reviewed when there is any substantial change to legislation or practice.	☐
The Provider can demonstrate that they have a whistleblowing policy and procedure and can determine that all staff are aware of these and that they provide protection for staff who raise concerns via this method.	☐
The Provider can demonstrate that they have given thought to the whistleblowing framework for their organisation and may have engaged an external whistleblowing service.	☐
The Provider has a "Managing allegation against staff" policy (including people in positions of trust and referrals to Local Authority Designated Officers), as well as safer recruitment policy and relevant DBS checks.	☐
The Provider can demonstrate that they have a domestic abuse policy which includes guidance for staff experiencing domestic abuse.	☐

Providers with a total annual turnover of £36m or more can demonstrate that they produce a slavery and human trafficking statement for each financial year of the organisation- which encompasses their commitment to ensuring that there is no modern slavery or human trafficking within supply chains or in any part of their business and that this is available on their website(s)	☐
This commitment includes that the modern slavery statement forms part of the induction process and that there is regular training provided on the policy and the risk the business(es) face from modern slavery and that employees are encouraged to identify and report any potential breaches of anti-slavery policy	☐
Where there is the possibility that any form of control or restraint is used; the Provider can demonstrate that the organisation has suitable arrangements in place to protect service users against the risk of such control or restraint being unlawful or otherwise excessive.	☐
Where people in the care of the Provider lack capacity, the Provider can demonstrate that the organisation has robust policies and procedures in place to ensure that people are not unlawfully deprived of their liberty in accordance with the Mental Capacity Act.	☐
Safeguarding policies outlining how to identify, respond to and manage safeguarding concerns are written and reviewed in association with residents and their families/carer.	☐
Safeguarding policies are clearly written (taking the accessible information standard into account) and are located in a prominent place where everyone (staff, residents, visitors) can easily see/read them	☐
Safeguarding policies and procedures reflect the principle of working together.	☐
The Provider can demonstrate that safeguarding policies reference the '**Sussex Safeguarding Thresholds: Guidance for Professionals documents'**	☐

Within the organisations policies, the Provider can demonstrate there is a clear protocol for staff relating to supporting people who self-neglect/neglect/non-engage/are non-concordant with assessed care and treatment plans.	☐
Within the organisations policies, the Provider can demonstrate that there is a clear protocol for staff to follow regarding the recognition and management of a person's deteriorating health needs.	☐
The Provider can evidence that staff are aware of any change in safeguarding policy and that they have been provided with the appropriate level of training/support/supervision to enable them to translate theory to practice.	☐
There are mechanisms in place (such as a staff handbook) for staff to easily reference all information about their employment, including safeguarding expectations and processes for managing allegation against staff which includes employee assistance for those staff identified as the potential cause of a concern.	☐
The Provider has safeguarding supervision guidance, and other relevant operational procedures and or guidance, which is in line with current national guidance.	☐
The Provider can demonstrate that they are familiar with the preventative role of local Fire and Rescue Service and the Home Fire Safety Service and will make appropriate and timely referrals.	☐
The Provider can demonstrate that policies are reviewed in line with their internal review timeframes and aligned to changes in legislation or best practice.	☐
The Provider can demonstrate that they have a clear, accessible, and well-publicised complaints procedures. This includes information about how to complain to external bodies such as regulators and service commissioners, relevant advocacy, and advisory services, including information regarding MCA and LPA's which is cross-referenced with the safeguarding procedures.	☐

Resources - Standard 2 - Policies, Procedures and Guidelines

Safeguarding adults at risk. NHS England Safeguarding Adults pocket guide – covers The Care Act (2014), your responsibilities, your role as the person raising the concern, information sharing, The Mental Capacity Act, assessing capacity, deprivation of liberty safeguard, pressure ulcer staging, Prevent / Channel, Domestic Violence and Abuse, Female Genital mutilation, human trafficking, and modern slavery. https://www.england.nhs.uk/wp-content/uploads/2017/02/adult-pocket-guide.pdf

Safeguarding Adult Boards**:** The overall objective of the board is to enhance the quality of life of the vulnerable adults who are at risk of abuse and to progressively improve the services of those in need of protection. The board is a multi-agency organisation with an independent chair.

- Brighton and Hove: Home - Brighton SAB (bhsab.org.uk)
- East Sussex: Home: East Sussex SAB
- West Sussex: Home | Safeguarding Adults Board (westsussexsab.org.uk)

Safeguarding Children Partnerships: The purpose of the Safeguarding Children Partnership is to support and enable local organisations and agencies to work together in a system where: children are safeguarded, and their welfare promoted.

- Brighton and Hove: Home - BHSCP
- East Sussex: Home - ESSCP
- West Sussex: Home - West Sussex Safeguarding Children Partnership - West Sussex SCP

Safeguarding Adult Policy and Procedures**:** Set out the approach taken to adult safeguarding based on the Care Act 2014 and the Care and Support Statutory Guidance. The Procedures explain how agencies and individuals should work together to put the safeguarding adult's policy into practice. The procedures represent the standards for good practice in adult safeguarding.

- **Sussex Safeguarding adults policies and procedures**: Sussex Safeguarding Adults Policy and Procedures | Welcome to Sussex Safeguarding Adults Policy and Procedures

- **Making Safeguarding Personal.** Making Safeguarding Personal (MSP) is a national approach to promote responses to safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing, and safety. 1.1 Sussex Safeguarding Adults Policy | Welcome to Sussex Safeguarding Adults Policy and Procedures

- **Sussex Safeguarding Threshold guidance**: Threshold decision making can be a complex area of adult safeguarding practice. It can involve incidents consisting of several types of abuse which must be factored into decision making. This guidance is designed to support professionals, partners, and providers, working with adults who have care and support needs to develop consistency in identifying and reporting safeguarding concerns when it is appropriate to do so. Sussex Safeguarding Adults Thresholds: Guidance for Professionals (westsussexsab.org.uk)

- **Sussex Multi-agency Procedures to Support Adults who Self-neglect:** http://sussexsafeguardingadults.procedures.org.uk/pkoox/sussex-safeguarding-adults-procedures/safeguarding-and-self-neglect

- **CQC Fundamental Standards** - In every inspection CQC ask whether the service is safe, caring, effective, responsive to people's needs and well-led. The fundamental standards replaced the 16 'essential standards' and give people who use services and those who provide them a clearer picture of the standards that must be met, in line with Robert Francis's recommendations in his report about Mid Staffordshire NHS Foundation Trust. CQC fundamental standards – Our fundamental standards - Care Quality Commission (cqc.org.uk)

- **Duty of Candour -** CQC Regulation: The duty of candour is a general duty to be open and transparent with people receiving care from you. https://www.cqc.org.uk/sites/default/files/2022-12/20220722-duty-of-candour-pdf-version-FINAL-2_0.pdf

- **Human Rights Act (1998**) sets out the fundamental rights and freedoms that everyone in the UK is entitled to. It incorporates the rights set out in the European Convention on Human Rights (ECHR) into domestic British law. The Human Rights Act came into force in the UK in October 2000. Human Rights Act 1998

- **Domestic Abuse Act (2021)**: The Government set out 123 commitments, both legislative and non-legislative, designed to promote awareness of domestic abuse; protect and support victims and their families; transform the justice process to prioritise victim safety and provide an effective response to perpetrators; and to drive consistency and better performance in the response to domestic abuse across all local areas, agencies, and sectors. Domestic Abuse Act 2021 Domestic-abuse-bill-2020-factsheets

- **NICE Domestic violence and abuse. Quality Standard.** 29 February 2016. This quality standard covers services for domestic violence and abuse in adults and young people (aged 16 and over). It includes identifying and supporting people experiencing domestic violence or abuse, as well as support for those who carry it out. It also covers children and young people (under 16) who

are affected by domestic violence or abuse that is not carried out against them. It describes high-quality care in priority areas for improvement. Overview | Domestic violence and abuse | Quality standards | NICE

- **Modern Slavery:** Modern slavery is a serious crime that violates human rights. Victims are forced, threatened, or deceived into situations of subjugation, degradation and control which undermine their personal identity and sense of self. Modern Slavery Act 2015 (legislation.gov.uk)
Modern slavery - GOV.UK (www.gov.uk)

- **Serious Crime Act (2015)** - Builds on the current criminal and civil law to ensure that the National Crime Agency, the police, and other law enforcement agencies can continue effectively and relentlessly to pursue, disrupt and bring to justice serious and organised criminals.Serious Crime Act 2015 (legislation.gov.uk)

- **Female Genital Mutilation.** Female genital mutilation (FGM) involves procedures that include the partial or total removal of the external female genital organs for non-medical reasons. The practice is extremely painful and has serious health consequences both at the time when the mutilation is carried out and in later life. Female Genital Mutilation Act 2003 (legislation.gov.uk)

  FGM fact sheet: Fact sheet FGM (publishing.service.gov.uk)

- **Forced Marriage**. You have the right to choose who you marry, when you marry or if you marry at all. Forced marriage is when you face physical pressure to marry (for example, threats, physical violence, or sexual violence) or emotional and psychological pressure (for example, if you're made to feel like you're bringing shame on your family). If you're under 18 any marriage is considered a forced marriage, even if there is no physical or emotional pressure involved. Forced marriage is illegal in England and Wales. This includes:
  - taking someone overseas to force them to marry (whether or not) the forced marriage takes place
  - arranging a marriage for someone who lacks mental capacity (whether they're pressured to or not)
  - arranging a marriage for someone before they turn 18. Forced-marriage guidance

- **Honour based Abuse.** Honour Based Abuse can take many forms, including child marriage, virginity testing, enforced abortion, forced marriage, female genital mutilation, as well as physical, sexual, and economic abuse and coercive control. There is currently no statutory definition of Honour Based Abuse in England and Wales, but a common definition has been adopted across government and criminal justice agencies: '*A crime or incident which has, or may have been, committed to protect or defend the honour of the family and / or community*'. What is Honour Based Abuse? – Karma Nirvana

- **NICE. CG89. Child maltreatment: when to suspect maltreatment in under 18s.** 22 July 2009. This guideline covers the signs of possible child maltreatment in children and young people aged under 18 years. It aims to raise awareness and help health professionals who are not child protection specialists to identify the features of physical, sexual, and emotional abuse, neglect and fabricated or induced illness. Overview | Child maltreatment: when to suspect maltreatment in under 18s | Guidance | NICE

- **NICE (NG76) 09 October 2017. Child abuse and neglect.** This guideline covers recognising and responding to abuse and neglect in children and young people aged under 18. It covers physical, sexual, and emotional abuse, and neglect. The guideline aims to help anyone whose work brings them into contact with children and young people to spot signs of abuse and neglect and to know how to respond. It also supports practitioners who carry out assessments and provide early help and interventions to children, young people, parents, and carers. Overview | Child abuse and neglect | Guidance | NICE

- NHS whistle-blower helpline is available to staff and employers in the social care sector. 08000 724 725

Links to other Regional Resources:
- Kent and Medway: Kent & Medway SAB website (kmsab.org.uk)
- Surrey: Homepage - Surrey Safeguarding Adults Board (surreysab.org.uk)
- Surrey Guidance on producing adult safeguarding policy and procedures. The aim of this guidance is to support organisations and services working with Surrey residents that need to produce an adult safeguarding policy and procedure. It provides recommended content and a suggested structure. Each organisation will however be different and will need to use this guidance to create a policy and procedure that reflects the needs of their organisation and their service users.Surrey-Safeguarding-Adults-Board-guidance-on-producing-adult-safeguarding-pandps-agreed-240518-updated-14.09.2020.pdf (surreysab.org.uk)
- Kent: Home - Kent Safeguarding Children Multi-Agency Partnership (kscmp.org.uk)
- Medway: Medway Safeguarding Children Partnership (medwayscp.org.uk)
- Surrey: Homepage - Surrey Safeguarding Children Partnership (surreyscp.org.uk)
- **Surrey Safeguarding adults policy and procedures:** SSAB Policy and Procedures - Surrey Safeguarding Adults Board (surreysab.org.uk)

- **Kent Safeguarding adults policy and procedures:** Multi-agency safeguarding adults policy, procedures and practitioner guidance for Kent and Medway (kmsab.org.uk)

- **Kent and Medway Multi Agency policy and procedures to support people that self-neglect or demonstrate hoarding behaviour**. This policy will be referred to where an adult at risk is believed to be self-neglecting or showing hoarding behaviour which puts them at risk. It is to be read in conjunction with the Kent and Medway Safeguarding Adults Board's (KMSAB) Multiagency Safeguarding Adults Policy, Procedures and Practitioner Guidance for Kent and Medway (PPG)

Standard 3 – Appropriate Training, Skills, and Competencies

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🏠 The Core Safeguarding Standards

STANDARD STATEMENT
Standard 3 – Appropriate Training, Skills, and Competencies

The Board, non-executive directors, staff, and volunteers receive safeguarding training in accordance with:

- Care Act Statutory Guidance
- Safeguarding Adults: Roles and competences for health care staff – Intercollegiate Document OR National Competency Framework for Safeguarding Adults
- Care Certificate
- Managers Induction standards
- CQC regulatory framework
- Prevent (NHS England, 2015) - Staff working with individuals at high risk of radicalisation will receive Home Office Prevent Workshop to Raise Awareness of Prevent (WRAP) training and all employees will receive information on prevent in general and how to refer concerns. Prevent will be introduced in generalised safeguarding children and adult training.
- SAB/SCP or local Safeguarding Strategy

Domestic abuse will be part of generalised safeguarding adult training with specialised training commissioned for practitioners as appropriate.

Safeguarding training compliance statistics will be included in staff annual performance review.

The Provider is compliant with their duties under CQC Regulation 18

Standard 3 – Appropriate Training, Skills, and Competencies	
Benchmark of Expected Best Practice	
	Tick
The Provider can demonstrate they have a clear process in place for all staff that addresses their roles and responsibilities relating to Safeguarding and can evidence that all new staff receive their mandatory safeguarding training within the first 4 weeks of working for the organisation	☐
The Provider can additionally demonstrate that in the event of staff roles changing, relevant additional training is provided aligned to the Intercollegiate framework competency document as may be appropriate to this change.	☐
The Provider has evidence that all safeguarding training(including MCA/DOLs) is delivered by suitably qualified trainers or via an accredited e-learning package.	☐
The Provider can demonstrate that training is delivered in a way which suits the staff members learning style and considering individual learning or communication nuances. (Such as dyslexia)	☐
The Provider can evidence through their governance processes that they have gained assurance that staff who have undergone safeguarding training can demonstrate that they understand and apply the training to their day-to-day practice (see standard 4). This includes MCA/DOLS.	☐
The Provider can demonstrate they have robust processes in place to assure themselves of the knowledge, skill and experience of **agency staff** used is at an appropriate level to support the people they are providing care to. This includes that they have undertaken appropriate safeguarding training and are familiar with the Sussex Safeguarding Adults Policies and Procedures.	☐

The Provider can demonstrate a comprehensive safeguarding training strategy which includes the areas of the Prevent, Self-Neglect/neglect, Domestic Abuse, Female Genital Mutilation.	☐
The Provider can demonstrate staff receive safeguarding refresher training, at the minimum, aligned to the Intercollegiate Roles and Competencies for Health Care Staff framework or equivalent.	☐
The Provider can demonstrate their safeguarding strategy is reviewed annually or more frequently considering national or local changes to legislation; internal policy, commissioning requirements or Safeguarding Adult Board guidance	☐
The Provider can evidence that within the safeguarding section of the annual report, the impact of safeguarding training on practice is identified; including improved outcomes from learning, reflection on knowledge gaps and how this translates into the training strategy.	☐
Training compliance to be at the minimum level set by the organisation across each staff group and is commensurate with their role and responsibility.	☐
The Provider references the Intercollegiate document (or equivalent) within their framework for evaluating training to evidence that staff at all levels are complaint.	☐
The Provider can evidence any staff requiring specialist expertise in safeguarding will be supported in accessing relevant training.	☐
The provider can demonstrate appropriate staff receive training in how to complete a Section 42 enquiry "causing others" report.	☐

Equally the provider can demonstrate that, through a trained and skilled workforce, the 'Golden Thread' of safeguarding is evident throughout all interactions with stakeholders.

This includes ensuring:

- Treatment and care plans are person centred and enabling – this includes ensuring that support documents such as a personal evacuation plan; "This is me document" (Hospital passport) (include in audit – transfer letter etc…)
- The voice of the individual and/or their advocate is reflected and captured in their care plan.
- The principals of the Mental Capacity Act (2005) are seen to underpin care and treatment planning with services users supported to make decisions about their lives and staff understanding how to be "enablers" for people. This includes that staff understand how to best communicate with individuals to promote this decision making.
- Staff recognise when people may require 'Deprivation of Liberty Safeguards' being applied to their residential status/activities of daily living and can demonstrate that the least restrictive options are in place.
- Staff have the competency to recognise abuse and neglect at an early stage; can seek guidance and have the confidence to raise a safeguarding concern in a timely manner in line with Multiagency Policy and Procedures and
- Staff have the confidence to support the individual(s) at the centre of a safeguarding concern in a way which enables their outcome wishes to be heard in line with the principal of Making Safeguarding Personal

☐

Resources - Standard 3- Appropriate Training, Skills, and Competencies

- **Adult Safeguarding: Roles and Competencies for Health Care Staff (2018)**. This intercollegiate document has been designed to guide professionals and the teams they work with to identify the competencies they need to support individuals to receive personalised and culturally sensitive safeguarding. It sets out minimum training requirements along with education and training principles. Adult Safeguarding: Roles and Competencies for Health Care Staff | Royal College of Nursing (rcn.org.uk)

- **Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (2019)**. This intercollegiate document provides a clear framework which identifies the competencies required for all healthcare staff. Levels 1-3 relate to different occupational groups, while level 4 and 5 are related to specific roles. Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff | Royal College of Nursing (rcn.org.uk)

- Department of Health guidance: *Safeguarding Adults: The role of health services*. These documents remind health services of their duties to safeguard adults. DH Safeguarding Adults : the role of health services

- **Skills for Care:** Established in 2001, Skills for Care is the strategic workforce development and planning body for adult social care in England. We work with employers, Government, and partners to ensure social care has the right people, skills and support required to deliver the highest quality care and support now and in the future. **Care topics (skillsforcare.org.uk)**

- **https://www.nice.org.uk/Media/Default/About/NICE-Communities/Social-care/quick-guides/QG-Good-practice-in-safeguarding-training.pdf**

- eLearning For Health. is a Health Education England (HEE) programme, working in partnership with the NHS and professional bodies, to support patient care by providing e-learning to educate and train the health and social care workforce. About - elearning for healthcare (e-lfh.org.uk)

Standard 4 – Effective Safeguarding Supervision and Reflective Practice

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⌂ The Core Safeguarding Standards

STANDARD STATEMENT
Standard 4 –Effective Safeguarding Supervision and Reflective Practice
The Provider has effective systems in place which ensure all staff and volunteers have access to effective safeguarding supervision aligned to the role they perform; this supervision enables individual and/or team reflection as part of a learning culture. Reflective Practice sessions include the opportunity to learn from Safeguarding Adult Reviews or Local child safeguarding practice reviews.

Benchmark of Expected Best Practice	
Standard 4 –Effective Safeguarding Supervision and Reflective Practice	Tick
Staff can articulate how safeguarding supervision/reflective practice sessions are provided and the importance of these.	☐
Supervision is provided to staff by a suitably trained supervisor(s).	☐
There is evidence Registered Managers and Safeguarding leads also receive regular, appropriate safeguarding supervision	☐
There is evidence safeguarding supervision is offered outside of routine 1:1 managerial supervision	☐
The provider has mechanisms within their governance structures to gain assurance learning to come from safeguarding supervision and reflective practice sessions is the applied to their day-to-day practice (see standard 3)	☐
The Provider has scheduled routine reflective learning sessions periodically over the year **specifically** to review learning from Safeguarding Adult Reviews.	☐
The Provider can demonstrate that they consider the life experience of their staff, providing a person-centred approach to reflective sessions following incidents.	☐

Resources Standard 4 - Effective Safeguarding Supervision and Reflective Practice

Safeguarding supervision is an opportunity for support, challenge and learning around safeguarding cases.

- **Reflective practice – Principles of reflection**: Reflection allows you to make sense of a situation and understand how it has affected you. It allows you to identify areas for learning and development to include in your professional development objectives and supports sharing and learning from other professionals. Reflective practice is a way for you to consider how you can put changes or improvements into action in your everyday practice.

- Reflective Practice resources Health Education England National School of healthcare sciences: https://nshcs.hee.nhs.uk/information-resources/nshcs-reflective-practice-resources/

- Nursing and Midwifery Council Reflective Practice: reflective-practice-guidance.pdf (nmc.org.uk)

Standard 5 – Effective Multi-Agency Working

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🏠 The Core Safeguarding Standards

STANDARD STATEMENT
Standard 5 – Effective Multi-Agency Working
NICE UK guidance identifies that multi-agency working and learning can help to improve safeguarding practice; for this to occur Providers must ensure that all staff are aware of the need for multi-agency communication and the sharing of appropriate and relevant information to effectively safeguard and protect adults and children.

Benchmark of Expected Best Practice	
Standard 5 – Effective Multi-Agency Working	Tick
The Provider can signpost their policy and demonstrate adherence to information sharing guidance issued from HM Government, their local Safeguarding Boards, and professional bodies.	
The Provider can evidence they enable staff to effectively engage in all stages of the safeguarding process and are confident, as relevant to their role, in completing a Section 42 "causing others" report.	
The Provider enables staff to use a multi-agency working approach, aligned to the local Safeguarding Adults/Working together policy to support best outcomes for people in their care.	
The Provider can evidence all reports to other agencies about safeguarding concerns include an analysis of the information and how these impacts on child safety where relevant.	
The Provider can demonstrate all staff who undertake assessment of adults recognise the risk those adults may pose to children. This includes that the 'think family' principle has been applied in the assessment of any adult providing care or living in the setting where a child/children are present.	
The Provider can evidence they share information about their safeguarding arrangements with the Local Safeguarding Adults Board when requested to do so.	
The Provider can demonstrate staff are aware how to raise a concern about a child to the local multi-Agency safeguarding Hub (MASH) /Child single point of access.	
The Provider can evidence people using services/ their representative (as appropriate) is the cornerstone of a multi-agency working process; with their wishes and views fully explored and documented.	

Resources - Standard 5 Effective Multi-Agency Working

- **Transition from children's to adults' services for young people using health or social care services:** Multi-agency and joint team working | Tools and resources | Transition from children's to adults' services for young people using health or social care services | Guidance | NICE

- **NICE Domestic violence and abuse: multi agency working**. This guideline covers planning and delivering multi-agency services for domestic violence and abuse. It aims to help identify, prevent, and reduce domestic violence and abuse among women and men in heterosexual or same-sex relationships, and among young people. Overview | Domestic violence and abuse: multi-agency working | Guidance | NICE

Standard 6 – Safety Incident reporting

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The Core Safeguarding Standards

STANDARD STATEMENT
Standard 6 –Safety Incident reporting
The Provider recognises when there is an interface between safeguarding adult's procedures and safety incidents and they can demonstrate a coordination of investigations - which shows a mutual understanding of the statutory and legal responsibilities for each of these functions and that enables effective communication, co-operation, transparency and learning across processes. The Provider is compliant with their statutory duties under Regulation 20

Standard 6 - Benchmark of Expected Best Practice	
Safety Incident reporting	Tick
The Provider can demonstrate, where there is an interface between safeguarding adult procedures and incident investigation, enquiries/investigations carried out avoid unnecessary duplication/effort from multiple investigation, while acknowledging that these two processes fall under their own statutory and legal frameworks.	☐
The Provider can demonstrate compliance with Regulation 20 – Duty of Candour for notifiable safety incidents which includes that the service user and /or their chosen representative continues to be informed of progress/learning outcomes and changes to practice which have resulted from the incident.	☐
The Provider can demonstrate relevant commissioners are informed of such incidents in a timely manner and safeguarding processes have been initiated as appropriate.	☐
The Provider can demonstrate (aligned with standard 4) that once the safety incident has been appropriately concluded, there is there is a process for reflection and associated learning to take place	☐
Registered Managers/Responsible Individuals gain assurance that any identified changes made, as a result of learning from the incident, embed within the organisation to safeguard others living within the service.	☐

Resources - Standard 6- Safety Incident reporting

- **Duty of Candour -** CQC Regulation 20 Duty of Candour: The duty of candour is a general duty to be open and transparent with people receiving care from you. https://www.cqc.org.uk/sites/default/files/2022-12/20220722-duty-of-candour-pdf-version-FINAL-2_0.pdf

- **The Academic Health and Science Network (AHSN)** –have published a paper about the patient safety incident response framework in support of acute, ambulance, mental health, and community healthcare providers to develop and maintain effective systems and processes for responding to patient safety incidents to enable learning and patient safety improvements. https://www.ahsnnetwork.com/priorities/patient-safety/system-safety-patient-incident-response-framework

- **Francis Report 2013.** '*Between 2005 and 2008 conditions of appalling care were able to flourish in the main hospital serving the people of Stafford and its surrounding area'.* The Francis Inquiry report | The King's Fund (kingsfund.org.uk)

Standard 7 – Engaging in Safeguarding Reviews

Navigate to:

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Standards Statement
Standard 7 – Engaging in Safeguarding Reviews
The Provider recognises the importance for staff to fully understand their responsibilities and as such there is culture within the organisation which is not to apportion blame when safeguarding incidences arise; but that embraces the opportunity to raise when things go wrong, gain support from the wider system to address these incidents and to take learning forward on completion of the safeguarding review process. The provider has systems in place to support staff gain confidence to engage effectively with Section 42/Organisational safeguarding enquiries and other reviews as required. Where there is an interface between safeguarding adult's procedures and safety incidents, Providers can demonstrate that there is a coordination of investigations that shows a mutual understanding of the statutory and legal responsibilities for each of these functions and that there is effective communication, cooperation, transparency and learning across processes. The Provider recognises their obligations to engage with reviews which may be initiated. The Provider is compliant with their statutory duties under Regulation 20

Benchmark of Expected Best Practice	
Standard 7 - Engaging in Safeguarding Reviews	Tick
The Provider will ensure their contributions to reviews are completed within the timescales identified by Review panel.	☐
The Provider develops and implements their action plan in response to any review involving their service ensuring progress is reported to the relevant lead agency in a timely manner.	☐
The Provider can evidence they have engaged with the multi-agency recommendations from any review applicable to their organisation.	☐
The Provider can evidence they have implemented the recommendations and learning from the reviews they have been involved in.	☐
The Provider can demonstrate they have applied Duty of Candour to ensure individuals are appropriately informed of incidents and learning	☐
There are mechanisms in place within the service to share publications from the local Safeguarding Adults Board with staff.	☐
The Provider can demonstrate that, as applicable, they adopt learning from both local and National Safeguarding Adult reviews.	☐

Resources - Standard 7- Engaging in Safeguarding Reviews

The Care Act 2014 states that Safeguarding Adult Boards have a statutory responsibility to arrange a **Safeguarding Adult Review (SAR)** when an adult dies, as a result of abuse or neglect (whether known or suspected), where there is concern that partner agencies could have worked more effectively together to protect the adult. **The overall purpose of a SAR is to promote learning and improve practice**. It is not to re-investigate or to apportion blame.

Any professional can make a referral for a SAR consideration in any case where the criteria appear to have been met. Further information is available via the links below:
- Brighton and Hove Safeguarding Adult Reviews: Safeguarding Adult Reviews (SARs) - Brighton SAB (bhsab.org.uk)
- East Sussex Safeguarding Adult Reviews : Safeguarding Adults Reviews - East Sussex SAB
- West Sussex Safeguarding Adult Reviews : Safeguarding Adult Reviews (SARs) | Safeguarding Adults | West Sussex Connect to Support

Sussex Safeguarding Adults Review Protocol: The Care Act 2014 places a statutory duty on Safeguarding Adults Boards (SABs) to undertake Safeguarding Adults Reviews (SARs). This protocol has been developed by the Brighton & Hove, East Sussex, and West Sussex SABs in order to support the effective identification of, and response to, SARs across Sussex, and to ensure that the SABs are discharging their statutory duty. The protocol is part of the Sussex Safeguarding Adults Policy and Procedures. https://www.eastsussexsab.org.uk/wp-content/uploads/2020/07/Sussex-SAR-Protocol-v.3-Aug-2020.pdf

Published SAR's, learning reviews, along with the accompanying press statements and learning briefings are available via Safeguarding Adults Board websites:
- Safeguarding Adult Reviews (SARs) - Brighton SAB (bhsab.org.uk)
- Safeguarding Adults Reviews - East Sussex SAB
- Safeguarding Adult Reviews | Statutory Publications | Safeguarding Adults Board (westsussexsab.org.uk)

National SAR Library https://nationalnetwork.org.uk/search.html

Learning from Reviews: December 2022. This presentation provides you with an overview of Child Safeguarding Practice Reviews, Safeguarding Adult Reviews and Domestic Homicide Reviews. The importance of these is explained and common themes across each

of the reviews are identified as well as how the learning from these is shared across the workforce. [West Sussex - Learning from Reviews - YouTube](#)

Links to other regional resources

- Kent and Medway: [Kent and Medway SAB - Safeguarding Adult Reviews (kmsab.org.uk)](#)
- Surrey: [Safeguarding Adults Reviews (SAR) - Surrey Safeguarding Adults Board (surreysab.org.uk)](#)

- [Kent and Medway SAB - Safeguarding Adult Reviews (kmsab.org.uk)](#)
- [Safeguarding Adults Reviews (SAR) - Surrey Safeguarding Adults Board (surreysab.org.uk)](#)

Standard 8 – Safer Recruitment and Retention of Staff

Navigate to:

→ Standards statement

→ Benchmark of Expected Best Practice

→ Resources

STANDARDS STATEMENT
Standard 8 – Safer Recruitment and Retention of Staff
The Provider can evidence all staff with access to children and adults at risk are properly selected and vetted to ensure inappropriate employees do not gain access to children or adults at risk in their work.

Benchmark of Expected Best Practice	
Standard 8 – Safer Recruitment and Retention of Staff	Tick
The Provider can evidence recruitment takes place aligned to their "safer recruitment and retention" policy (or equivalent) This policy sets out the values, principles and procedures underpinning this care service's approach to recruitment and selection of its staff to comply with Regulation 19: Fit and Proper Persons Employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and other applicable legislation, including the Equality Act 2010.	☐
The Provider can demonstrate all job descriptions include a statement on the roles and responsibilities of the staff member to safeguard people and what the expectation are relating to this responsibility.	☐
The Provider can evidence their safer recruitment policy includes, as appropriate, the work of any volunteers, charity fund raisers or celebrities.	☐
The Provider can demonstrate they have mechanisms in place to review with staff whether their DBS status has changed regularly during their term of employment/engagement within the regulated activity.	☐
The Provider can demonstrate they have a robust process in place to respond to a DBS flag	☐

The Provider can demonstrate they have a robust process in place to respond to a Professional bodies' registration check red flag.	☐
The Provider can demonstrate they gain assurance that, any contracted services or individuals that working within the regulated activity, have followed a safer recruitment processes to ensure that service users are not placed in a position of unnecessary risk of neglect or abuse.	☐
The Provider can demonstrate the 'golden thread' for safeguarding continues through to the point of exit and that exit interviews include staff reflections on safeguarding – with this feedback informing learning and changes to procedures as relevant	☐

Resources - Standard 8 – Safer Recruitment and Retention of Staff

- **Disclosure and Barring / Safer Recruitment:** The Disclosure and Barring Service helps employers make safer recruitment decisions. [Disclosure and Barring Service - GOV.UK (www.gov.uk)](www.gov.uk)

- **Skills for Care:** Established in 2001, Skills for Care is the strategic workforce development and planning body for adult social care in England. Working with employers, Government, and partners to ensure social care has the right people, skills and support required to deliver the highest quality care and support now and in the future. [Care topics (skillsforcare.org.uk)](skillsforcare.org.uk)

- **Skills for Care:** https://www.skillsforcare.org.uk/resources/documents/Recruitment-support/Application-and-selection-process/Safe-and-fair-recruitment-guide.pdf

Standard 9 – Managing Safeguarding Allegations Involving Members of Staff and Persons in a Position of Trust

Navigate to:

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STANDARDS STATEMENT
Standard 9 - Managing Safeguarding Allegations Involving Members of Staff and Persons in a Position of Trust
The Sussex Safeguarding Adults Policies and Procedures states that; '*A position of trust is a paid or unpaid role when working with adults with care and support needs. If anyone becomes aware of allegations about the conduct or behaviour of an individual in a position of trust which might pose a risk to adults with care and support needs, they should raise a safeguarding concern with the local authority*'. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13 Where any form of abuse is suspected, occurs, is discovered, or reported by a third party, the provider must take appropriate action without delay. The action they must take includes investigation and/or referral to the appropriate body. This applies whether the third party reporting an occurrence is internal or external to the provider. The Provider can demonstrate they are familiar with, and adhere to, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13 and the local Multi-agency Safeguarding Procedures and that with these aligned within their own Managing Safeguarding Allegations Involving Members of Staff and Persons in a position of Trust (PiPOT) policies and procedures.

Benchmark of Expected Best Practice	
Standard 9 - Managing Safeguarding Allegations Involving Members of Staff and Persons in a Position of Trust	Tick
The Provider can demonstrate they have processes in place on how allegations will be managed; this process is included in the safeguarding policy.	☐
The Provider has a named Senior Manager within the organisation, to whom allegations should be reported and who will support any enquiry	☐
The Provider can demonstrate that allegations about the conduct or behaviour of an individual in a position of trust which might pose a risk to adults with care and support needs are raised as a safeguarding concern with the local authority and CQC. This applies to allegations and behaviours both inside of and outside the workplace.	☐
The Provider will inform staff during their induction period of this policy, how to report any concerns.	☐
Policies provide Registered Manager and Nominated individuals clear guidance as to processes to be followed up the point of conclusion – even in the event that the staff member resigns during this period; this guidance includes how to ensure staff subject to a safeguarding enquiry are supported throughout this time,	☐

Resources - Standard - Managing Safeguarding Allegations Involving Members of Staff and Persons in a Position of Trust

- **Whistleblowing:** [Report a concern if you are a member of staff - Care Quality Commission (cqc.org.uk)](#)

- **NHS England. Freedom to speak up** NHS England aims to ensure everyone working within the NHS feels safe and confident to speak up. We encourage our NHS leaders to take the opportunity to learn and improve from those who speak up. [NHS England » Freedom to speak up](#)

- **Sussex Safeguarding Adults Policy and Procedures**. '**Safeguarding and managing allegations against people in positions of trust'**. The Care Act 2014 requires the local authority, relevant partners and those providing care and support services to have clear policies in place for dealing with allegations against anyone working in a position of trust. These policies should clearly distinguish between an allegation, an issue that relates to conduct or behaviour, a practice concern, a complaint, and a care quality issue. [2.5 Safeguarding and Managing Allegations against People in Positions of Trust | Welcome to Sussex Safeguarding Adults Policy and Procedures](#)

- [About us - Disclosure and Barring Service - GOV.UK (www.gov.uk)](#)

Links to other Regional Resources

- **Kent and Medway SAB Managing Concerns around people in positions of trust**: This protocol provides the framework for how concerns and allegations against people working with adults with care and support needs should be notified and responded to. [Kent and Medway Managing Concerns around People in Positions of Trust (PiPOT) (kmsab.org.uk)](#)

- **Surrey SAB:** Section 21 'Allegations in the workplace'. [SSAB-Policy-and-Procedure-2018-FINAL-v5-26.04.2021-accessibility.pdf (surreysab.org.uk)](#)

STANDARDS STATEMENT
Standard 10 - Mental Capacity Act (MCA) Policy and Deprivation of Liberty Safeguards (DoLS)
The Provider can demonstrate that they have the statutory principles of the Act embedded in all aspects of care delivery. People using services are seen to be being supported to participate in decisions relating to their care. People using services who lack capacity to make a specific decision are seen to be being supported and decisions are made in their best interest in accordance with section 4 of the Mental Capacity Act (2005). The Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) applies to any provider who has contact with individuals aged 16 and over. The Government has paused the introduction of the Liberty Protection Safeguards.

Standard 10 - Mental Capacity Act (MCA) Policy and Deprivation of Liberty Safeguards (DoLS)

Navigate to:

→ Standards statement

→ Benchmark of Expected Best Practice

→ Resources

Benchmark of Expected Best Practice	
Standard 10 - Mental Capacity Act (MCA) Policy and Deprivation of Liberty Safeguards (DoLS)	Tick
The provider can demonstrate that individuals' rights are protected through the lawful use of any restriction and restraint.	☐
The provider will ensure that individuals with cognitive impairments are supported to make informed decisions about their care and treatment, which may include the support of an independent mental capacity advocate (IMCA)	☐
The provider can demonstrate that individuals with impaired cognitions are supported to make informed decisions about their care and treatment through a variety of communication tools; good quality Mental Capacity assessment processes; robust recording; (aligned with standard 8)	☐
The provider can demonstrate that service users are supported in planning for a future point where they may be unable to make decisions for themselves. • There are mechanisms in place to clearly identify if the individual has an attorney or court appointed deputy and the scope of the attorney or deputy's authority and that staff are clear about the authority of the attorney/deputy. The provider can demonstrate that these people are consulted accordingly. • There are mechanisms in place during the pre-assessment/care and treatment planning process, to clearly identify when an individual has an advance decision in place. Staff understand the authority of the advance decision in relation to validity and applicability to care being planned and delivered.	☐
The provider will ensure there are robust governance systems for managing DoLS authorisations including: ➢ Notifying CQC ➢ Assuring any conditions are met. ➢ Monitoring and reviewing care to reduce restriction. ➢ Active engagement with people using services' representative(s) ➢ Review of authorisation including completion of relevant forms and notifying the Local Authority of any changes affecting the authorisation.	☐

The provider will ensure DNACPR decisions are compliant with the MCA and can demonstrate that decisions have been made in partnership with people using services, significant people in their lives/ attorneys as appropriate.	☐
The Provider can demonstrate that they ensure accurate records are kept of individual's power of attorney, or court appointed deputy as appropriate. This should include category of power of attorney (Health and Welfare or Property and Finance or both).	☐
Where decisions are made in the best interest of people using services, there is evidence of consultation with relevant people and good quality record keeping demonstrating decision making and outcome.	☐
The provider will ensure staff have easy access to the MCA Code of Practice for reference.	☐

Resources -Standard 10 - Mental Capacity Act (MCA) Policy and Deprivation of Liberty Safeguards (DoLS)

- **Mental Capacity Act** (2005). The Mental Capacity Act 2005 provides a statutory framework to empower and protect vulnerable people who are not able to make their own decisions. It makes it clear who can take decisions, in which situations, and how they should go about this. It enables people to plan for a time when they may lose capacity. Mental Capacity Act 2005 (legislation.gov.uk) Mental Capacity Act, Social Care Support Guide.
- **Mental capacity Act**: **making decisions.** The Mental Capacity Act 2005 covers people in England and Wales who can't make some or all decisions for themselves. The ability to understand and make a decision when it needs to be made is called 'mental capacity'. People working with or caring for adults who lack capacity to make decisions for themselves have a legal duty to consider the Code of Practice. Mental-capacity-act-making-decisions
- Social Care institute for Excellence **Mental Capacity Act 2005 at a glance.** This at a glance summary presents an overview of the Mental Capacity Act (MCA) 2005, which is important to health and social care practice. Mental Capacity Act 2005 at a glance | SCIE

- **Mental Capacity (Amendment) Act 2019**. The purpose of the Mental Capacity (Amendment) Act 2019 is to reform the process under the Mental Capacity Act 2005 ("MCA") for authorising arrangements enabling the care or treatment of people who lack capacity to consent to the arrangements, which give rise to a deprivation of their liberty. Mental Capacity (Amendment) Act 2019 (legislation.gov.uk)

- **Advance decision.** An advance decision (sometimes known as an advance decision to refuse treatment, an ADRT, or a living will) is a decision you can make now to refuse a specific type of treatment at some time in the future. Advance-decision-to-refuse-treatment

- **Deprivation of Liberty Safeguards** - The Deprivation of Liberty Safeguards (DoLS) is the procedure prescribed in law when it is necessary to deprive of their liberty a resident or patient who lacks capacity to consent to their care and treatment in order to keep them safe from harm. Deprivation of liberty safeguards.

- Social Care Institute for Excellence Deprivation of Liberty Safeguards at a glance. This briefing summarises the Deprivation of Liberty Safeguards (DoLS), an amendment to the Mental Capacity Act 2005. It also introduces Liberty Protection Safeguards (LPS), the Law Commission's proposed replacement for DoLS. Deprivation of Liberty Safeguards (DoLS) at a glance | SCIE

Standard 11 – Engaging Adults/Children and their Families/Carers

Navigate to:

→ Standards statement

→ Benchmark of Expected Best Practice

→ Resources

STANDARDS STATEMENT
Standard 11 – Engaging Adults/Children and their Families/Carers
The Provider has within their Statement of Purpose information for people using services/families/advocates about how to engage with the organisation. The Provider can demonstrate that they actively work in partnership with people using services/families/advocates to gain feedback from these partners about services they manage, as a way of identifying gaps in service delivery which have the potential to result in safeguarding concerns. This may be through a range of activity which may include: ➢ One to one conversation ➢ Regular informal walk rounds ➢ As a result of external agencies visits to the service ➢ Resident and relative meetings ➢ Annual organisations satisfaction survey ➢ External feedback processes such as Recommend us or Friends and families' test. ➢ Complaints/concerns and Suggestions feedback processes

Benchmark of Expected Best Practice	
Standard 11 – Engaging Adults/Children and their Families/Carers	Tick
The provider can demonstrate that they have an "open door" approach to people using services and their families where they wish to raise a quality or safeguarding concern.	☐
The Provider can demonstrate that families are included in Section 42s where they have a registered Lasting Power of Attorney (LPA) or people using services consent to this.	☐

Resources - Standard 11– Engaging Adults/Children and their Families/Carers

Glossary

Glossary of Terms

Term Used	Refers to
Child	A child is anyone who has not yet reached their 18th birthday, regardless of race, religion, first language, culture, gender, sexuality, health or disability, location or placement, involvement in criminal behaviour, political or immigration status. Safeguarding and promoting the welfare of children is defined under the Children Acts 1989 and 2004.
Safeguarding and promoting the welfare of Children.	The process is defined as protecting children from abuse or neglect, preventing impairment of their health and development, and ensuring they are growing up in circumstances consistent with the provision of safe and effective care that enables children to have optimum life chances and enter adulthood successfully
Children in Need	Children who are defined as being 'in need' are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired without the provision of services, plus those who are disabled.
Child in Need of Protection	The process of protecting individual children identified as either suffering, or likely to suffer, significant harm as a result of abuse or neglect (Working Together to Safeguard Children, 2018).
Adult at Risk (often now used in place of "vulnerable adult"	The Care Act 2014 defines this as anyone over the age of 18 who: a) Has needs for care or 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.
Safeguarding adults within health care settings	Many patients receiving healthcare may fall into the scope of adult safeguarding whether or not they are already in receipt of social care services. Levels of independence and wellbeing may be affected by health-related conditions. A patient's health need may reduce the choice and control they have, their ability to make decisions and to protect themselves from harm. They may be highly dependent upon the health care service for the care they receive. Their personal circumstances and the nature of their treatment may reduce their ability to protect themselves from harm.
Significant Harm	There are no absolute criteria on which to rely when judging what constitutes significant harm. Areas of consideration may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism and bizarre or unusual elements. Significant harm may occur through a single event or a collection of events.
Abuse and Neglect	These are forms of maltreatment and may be due to inflicting harm or failing to act to prevent harm. Abuse may occur in a family, institution or community setting by those known to individuals or by a stranger. Types of abuse can include physical, sexual, emotional, financial/material and discriminatory. If there are repeated occurrences in a health care setting, this could be considered as institutional or organisational abuse.

Threshold Document	Refers to the Pan Sussex guidance published collectively by the 3 Sussex Safeguarding Adults Boards. Sussex Safeguarding Adults Thresholds: Guidance for Professionals (westsussexsab.org.uk)
MASH	Multi Agency Safeguarding Hub - is a team which brings together agencies (and their information) in order to identify risks to children at the earliest possible point and respond with the most effective interventions.
Think Family	This approach signposts anyone who is flagging a safeguarding concern to also consider the potential wider implications; when looking at the situation for an adult, is there also a possible child implication and visa versa
SAB	Safeguarding Adults Board (SAB) - the overall objective of the board is to enhance the quality of life of the vulnerable adults who are at risk of abuse and to progressively improve the services of those in need of protection. The board is a multi-agency organisation with an independent chair.
SCP	Safeguarding Children Partnership (SCP) - The purpose of the Safeguarding Partnership is to support and enable local organisations and agencies to work together in a system where: children are safeguarded, and their welfare promoted.
SAR	Safeguarding Adult Review (SAR) - The purpose of SARs is described very clearly in the statutory guidance as to 'promote effective learning and improvement action to prevent future deaths or serious harm occurring again'
ADP	Sussex Adult Death Protocol - the purpose of the ADP is to identify deaths of adults within the community or care settings where there is an indication of abuse and neglect. The abuse or neglect is not only when it relates to the circumstances of their death but can also be recent abuse or neglect in their lives.
Prevent Strategy	The Prevent duty aims to safeguard people from becoming terrorists or supporting terrorism. The Prevent strategy, published by the Government in 2011, is part of our overall counter-terrorism strategy, CONTEST. The aim of the Prevent strategy is to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism. In the Act this has simply been expressed as the need to "prevent people from being drawn into terrorism"
Radicalisation	Radicalisation is the process through which a person comes to support or be involved in extremist ideologies.
Section 42 safeguarding enquiry	Section 42 of the Care Act (2014) relates to the duty of the Local Authority to make enquiries, or have others do so, if an adult may be at risk of abuse or neglect. This happens whether or not the authority is providing any care and support services to that adult.
Freedom to Speak up Guardian	Freedom to Speak Up Guardians support workers to speak up when they feel that they are unable to in other ways.
Whistleblowing	Whistleblowing is the term used when a worker provides information to their employer or a prescribed person relating to wrongdoing. The wrongdoing will usually, though not always, relate to something they have witnessed at work. This is also known as making a disclosure.
DNACPR	Do not attempt cardiopulmonary resuscitation (DNACPR) - means that if a person has a cardiac arrest or dies suddenly, there will be guidance on what action should or shouldn't be taken by a healthcare professional, including not performing CPR on the person. DNACPR only specifies whether a person will receive CPR or not.

	Patients will still receive appropriate treatment for their health issues and all personal care needs will be attended to. CPR Recommendations, DNACPR and ReSPECT	Resuscitation Council UK
DoLS	The Deprivation of Liberty Safeguards (DoLS) is the procedure prescribed in law when it is necessary to deprive of their liberty a resident or patient who lacks capacity to consent to their care and treatment in order to keep them safe from harm. Deprivation of Liberty Safeguards (DoLS) at a glance	SCIE DH_Consolidated_Guidance.pdf (publishing.service.gov.uk)
Golden Thread	The Golden Thread, (or organisational alignment) is a framework to explain how an organisation links what it does to its goals. It ensures that an organisation's goals, vision and values inform and are informed by its processes, systems and people.

Acknowledgement and Thanks

Self–assessment audit tool

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