



Safeguarding Policy

Document Control

Responsible:	Quality, Safety and Performance Unit	Accountable:	Professional Services Director and Audiology Clinical Lead
Consulted:	Professional Leads	Ratified:	Relevant Managers
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Version Control

Version	Date	Reason for Change
4	23/9/2020	Read but not revised due to ever changing COVID-19 situation. Full review in six months.
4	13/04/2021	Read but not revised as COVID-19 situation is still on going. Will review August 2021.
4.1	23/09/2021	Minor changes to Roles and responsibilities. Full review August 2021 delayed, waiting for Policy advice and assistance from the independent Provider Safeguarding Leads Team (NHS Devon CCG)
5	17/10/2022	Updated reference to ICB's Amended Title and changes to wording. Combined with Safeguarding Children Policy as opposed to having separate Policy.
5.1	Sept 24	Updated Logo, Position titles

Introduction

OutsideClinic (OC) is committed to Safeguarding Adults and Children in line with legislation and relevant national and local guidelines.

Safeguarding means protecting a person's right to live in safety, free from abuse and neglect" (The Care Act, 2014).

OutsideClinic is committed to a culture which recognizes abuse and neglect of our patients and raises concerns in accordance with this policy. It is the responsibility and duty of all our Employees, Locums and Contractors and Joint Venture Partners (JVPs) to remain vigilant and report any allegations or /suspicions of harm, abuse or neglect whenever they suspect or witness it.

1. Purpose of this Policy

The purpose of this policy is to demonstrate the commitment of OC to safeguarding requirements and to ensure that all relevant staff and partners are aware of:

- The legislation, policy and procedures for safeguarding
- Their role and responsibilities under this Policy
- What to do or who to speak to if they have any concerns

2. Scope

Adults:

This policy is intended to provide guidance to all staff about safeguarding and, when and how to raise a concern. The advice is relevant to anyone carrying out business on our behalf.

Children:

OutsideClinic do not treat patients under the age of 18.

We have regard to the safeguarding of Children where they are encountered in our patients' homes and act to safeguard Children in accordance with Legislation should this be necessary.

3. Definitions

Adults with Care and Support Needs	The adult experiencing, or at risk of abuse or neglect will be referred to as 'the adult' throughout this policy.
Wellbeing	A broad theme that includes mental and physical health, personal dignity, protection from abuse and neglect, social and economic wellbeing.
Mental Capacity	The ability to understand some or all of the information in order to make a decision, be able to retain this information long enough to weigh up the risks and benefits and be able to communicate this decision by any means.
Best Interests	A decision made on behalf of a patient that lacks the capacity to make the decision, made in their best interests which should involve the patient's most relevant representative where possible.
Prevent	Prevent is about safeguarding people and communities from the threat of terrorism. Prevent is 1 of the 4 elements of CONTEST, the Government's counter-terrorism strategy. It aims to stop people becoming terrorists or supporting terrorism.
LADO	Local Authority Designated Officer is a designated officer for the Local authorities in England * who are involved in the management and oversight of individual cases of allegations of abuse made against those who work with children as set out in the Allegations against People who Work with Children Procedure. *In Wales, the role of the LADO is taken up by a 'Designated Senior Manager' in Children's Services/Social Services – the role of this person is similar to that of the LADO.
MARAC	A Multi Agency Risk Assessment Conference (MARAC) is a victim focused information sharing and risk management meeting attended by all key agencies, where high risk cases are discussed. The role of the MARAC is to facilitate, monitor and evaluate effective information sharing to enable appropriate actions to be taken to increase public safety.
Abuse	Any act or failure to act , which results in a significant breach of a person's human rights, civil liberties, bodily integrity, dignity or general well-being, whether intended or inadvertent , including sexual relationships or financial transactions to which a person has not or cannot validly consent or which are deliberately exploitative.

4. Implementation

OutsideClinic is committed to developing and maintaining its capability to implement this Policy and the associated Procedure (SOP-079 Safeguarding Procedure).

In order to do so we will ensure the following:

- A clear line of accountability for the implementation and enactment of this Policy.
- Access to relevant legal and professional advice.
- Regular reports detailing any safeguarding incidents and how these are being managed.
- Safeguarding Procedure (SOP-079) that deals with how to recognize, report and record concerns relating to safeguarding.
- Safeguarding Leads
- Safeguarding Support
- Risk Assessment relating to Safeguarding (RA-005)

5. Roles and Responsibilities

Role / Position	Responsibilities
Safeguarding Leads: Professional Services Director Audiology Clinical Lead	<ul style="list-style-type: none"> • Champion and Lead the organisation in all Safeguarding matters, including receiving incident reports; investigations and liaison with internal and external stakeholders. • Ensure all concerns raised about staff are handled confidentially and information is shared with the relevant local authority or police as appropriate. • Peer support by attending Independent Providers Safeguarding Leaders meetings • Act as the point of contact when a Safeguarding Adults Officer from the Local Authority or LADO make contact to pass information relating to staff members.
Safeguarding Support: Complaints Resolution Team Dispensing Team Manager	<ul style="list-style-type: none"> • Receive staff concerns and respond to all, swiftly and appropriately • Liaise with Safeguarding Lead and offer guidance to Managers and staff as required • Ensure incident is reported and recorded correctly and document any actions taken.
Prevent Lead: Professional Services Director	<ul style="list-style-type: none"> • Receives concerns and raises appropriately. • Refer to Prevent Strategy Policy for further details.
Directorate: Directors Accountable Director	<ul style="list-style-type: none"> • Directors are responsible for ensuring OutsideClinic have procedures in place to safeguard their patients. • Accountability is delegated to Professional Services Director. • Ensure the policy is implemented, accessible, remains current and aligns with legislation and relevant professional body guidance.
Management / Supervision: Heads of Departments Clinical & Team Managers	<ul style="list-style-type: none"> • Ensure that staff complete required training. • Ensure all professional staff are aware of their responsibilities. • Ensure Manager follow up for safeguarding incidents is conducted. • Ensure written guidance is suitable and compliant with legislation and professional/governing bodies.

All Staff	<ul style="list-style-type: none"> • Maintain vigilance and raise any concerns with manager immediately. • Maintain Training as per OutsideClinic requirements • Submit an incident report where required or instructed by manager.
Field Staff	<p>Requirements as above, plus:</p> <ul style="list-style-type: none"> • Seek advice from line manager, Safeguarding Lead or Support where they feel concerned for the welfare of a patient.

6. Safeguarding Principles

It is important to us that people who use our service are treated with dignity and respect receive high quality, compassionate care and are safe from harm and abuse.

We ensure we act in accordance with the six principles of safeguarding:

- **Empowerment** – People being supported and encouraged to make their own decisions and informed consent
- **Prevention** - it is better to take action before harm occurs
- **Proportionality** – the least intrusive response appropriate to the risk presented
- **Protection** - support and representation for those in greatest need
- **Partnership** - local solutions through services working with their communities
- **Accountability** - accountability and transparency in delivering safeguarding

7. Standards and Practice

Recognition of adult harm or abuse

As a home visiting service we are in the patient's own home and must remain open to patient's disclosing concerns to us. Practitioners must also remain alert to the sometimes more subtle signs/indicators.

In relation to the services we provide perpetrators may be:

- A partner, spouse, relative or member of their social network
- Member of staff, service manager in care home environment
- A member of a professional group
- A formal or informal Carer (someone who is eligible for an assessment under The Care Act 2014)

Abuse can take place in any situation:

- Where the person lives, either alone or with someone else
- In supported/sheltered accommodation
- Within nursing, residential or day care settings
- Hospital or secure settings.

Types of harm or abuse

The following list details possible types of harm or abuse. Full definition and indicators are provided in the Safeguarding Procedure:

Physical Abuse	Physical force or violence that results in bodily injury, pain, or impairment.
Sexual Abuse	Any sexual act or behaviour that is physical or verbal, to which the person has not or CANNOT consent.
Emotional Abuse	Any act or behaviour which including verbal abuse which may diminish the sense of identity, dignity, and self-worth of an individual.
Financial Abuse	Theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions, or benefits.
Neglect or acts of omission	Not providing reasonable, appropriate or agreed care or a failure to act in a way that any reasonable person would act, that causes, or is reasonably likely to cause the person physical, mental or emotional harm.
Organisational Abuse	The mistreatment of people brought about by poor or inadequate care or support, or systematic poor practice that affects the care setting. It occurs when the individual's wishes and needs are sacrificed for the smooth running of a group, service or organization.
Discriminatory Abuse	This can include unfair or less favourable treatment due to a person's race, gender, age, disability, religion, sexuality, appearance or cultural background.
Modern Slavery	Encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers 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.
Domestic Abuse	Any incident or pattern of incidents of controlling, coercive or threatening behaviour.
Forced Marriage, Honour based violence & Female Genital Mutilation (FGM)	<p>Forced marriage is when an individual faces physical pressure to marry (for example, threats, physical violence or sexual violence) or emotional and psychological pressure.</p> <p>Honour based violence is a violent crime or incident which may have been committed to protect or defend the honour of the family or community.</p> <p>Female Genital Mutilation (FGM) is a procedure where the female genital organs are deliberately cut or injured, where there is no medical reason for this to be done.</p>
Self-Neglect <i>(best interests decision only)</i>	This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Raising a Concern

Due to the nature of our services, we are rarely with the patient in their home for more than an hour at any time. However, during that time we must be vigilant and be aware of:

- the individual's immediate safety
- the individual's need for care and support
- the individual's risk of abuse or neglect
- the individual's ability to protect themselves
- the impact on the individual, their wishes

All concerns should be raised with the Manager in the first instance for their advice. Where there is immediate risk of harm call emergency services and then the Manager.

See Safeguarding Procedure SOP-079 for further details on raising a concern.

Recording

Safeguarding concerns are recorded on the Incident Recording System, with the exception of incidents raised which relate directly to our staff. These records are maintained confidentially by the HR Department.

See Safeguarding Procedure SOP-079 for details of recording safeguarding incidents.

Recording – Safeguarding concerns relating to Children – All Staff

In the event that an incident includes or concerns a person under the age of 18 this must be reported to the line manager as soon as practicably possible for further advice.

Line Manager – to seek advice from the Safeguarding Lead.

Information Sharing

OutsideClinic provide a service nationwide from a Head Office in a central location.

The below is the protocol staff should follow:

- Field staff should always share safeguarding concerns, with their line manager or safeguarding team in the first instance, except in emergency situations.
- As long as it does not increase the risk to the individual, the member of staff should explain to them that it is their duty to share their concern with their manager.
- The safeguarding principle of proportionality should underpin decisions about sharing information without consent, and decisions should be on a case-by-case basis.

Where a patient does not consent to information being shared

A patient may refuse the intervention to share a safeguarding concern, or requests that information about them is not shared with the local authority, their health practitioners or representatives, their wishes should be respected.

The following are circumstances where a decision to override consent may be made:

- the person lacks the mental capacity to make that decision – this must be properly explored and recorded in line with the MCA (see MCA Policy)
- other people are, or may be, at risk, including children
- sharing the information could prevent a crime
- the alleged abuser has care and support needs and may also be at risk
- a serious crime has been committed
- staff are implicated
- the risk is unreasonably high and meets the criteria for a MARAC
- a court order or other legal authority has requested the information.

Where it is necessary to share information outside the organisation

The Safeguarding Lead/Safeguarding Support and/or Manager will make the decision whether to share information outside of OC.

The risk of sharing the information will be considered in any decision. In some cases, such as domestic violence or hate crime, it is possible that sharing information could increase the risk to the individual. Safeguarding support will work to provide advice, support and protection to the individual in order to minimise the possibility of worsening the relationship or triggering retribution from the abuser.

(Based on SCIE Information Sharing Guidance)

Professional Boundaries

Please see the professional Boundaries Policy for guidance relating to the expected conduct of staff with all patients especially those with care and support needs.

Managing allegations against our staff (See SOP-079 Appendix 3)

Allegations against staff who are alleged to have:

- behaved in a way that has harmed an adult, or may have harmed an adult
- possibly committed a criminal offence against or related to an adult in need of community care services; or
- breached their professional code of conduct or professional boundaries policy
- acted in a way in or outside of the workplace that indicates s/he is unsuitable to work with adults with care and support needs.

Any allegation made against our staff (from internal or external sources) will be reported to the Safeguarding Lead and Head of Patient Contact and then in accordance with their guidance, fully investigated and depending on the outcome the Disciplinary Procedure may be invoked.

The Safeguarding Lead will be responsible for reviewing and receiving any information from Local Authority Safeguarding teams, Police or LADO (Local Authority Designated Officer).

Chaperone

All patients are asked if they will have anyone with them at the appointment and all patients are able to request a chaperone to be present at any appointment with OutsideClinic – See Chaperone Policy for details.

Mental Capacity and Safeguarding

This policy should be read in conjunction with OutsideClinic Mental Capacity Act Policy.

Mental capacity is the ability to make a decision. Decisions range from complex to significant. Most people will be able to make day to day decisions, but some struggle with more complex ones.

The consideration of mental capacity is an integral part of a visit to any of our patients however with regard to safeguarding adults an assessment of a person's capacity will inform any actions taken.

OutsideClinic have a duty of care to share concerns regarding the harm/abuse or neglect of our patients, however. OutsideClinic practitioners do not have the depth of professional relationship or skills required to make MCA decisions of this complexity.

Any concerns are to be raised with the line manager who will advise on course of action.

The Prevent Strategy

The Prevent Strategy and OC's responsibilities are detailed in the Prevent Strategy Policy. Prevent is part of the Government's counter-terrorism strategy led by the Home Office. The Prevent agenda requires healthcare organisations to work with the police to contribute to the prevention of terrorism.

Where there are signs that someone has been or is being drawn into terrorism, follow the flowchart in **the Safeguarding Procedure** and refer to the Prevent Strategy Policy for further detail.

The Prevent Lead is the Director of Professional Services.

Duty of Candour

We have a culture of openness, transparency and trust. We comply with the legal "duty of candour" on practitioners to inform people (both in person and in writing) about mistakes or other incidents which have not produced the desired outcome, apologise where appropriate, and advise on any action taken as a result. See the Duty of Candour Policy for further details.

Public Interest Disclosure (Whistleblowing)

Whistleblowing is the raising of a concern, either within the workplace or externally, about a danger, risk, malpractice or wrongdoing which affects others. Whistleblowers can provide an additional safeguard for patients or service users, where our organisation fails to act on those concerns. These disclosures are treated in strict confidence. For the company processes and procedures please refer to the **Public Interest Disclosure (Whistleblowing) Policy**. The whistleblowing process can continue separately or in conjunction with a safeguarding concern.

8. Professional Guidance

All registered professionals have a professional duty and responsibility to make the care of the patient their first and continuing concern and to know about and report abuse or neglect.

Registered optical businesses have a parallel professional duty to ensure that, as a condition of employment or engagement, individual registrants comply with the GOC's Code of Conduct for Individual Registrants:

Optical providers of NHS services also have a contractual duty as GOS contractors to have regard to relevant guidance issued by the NHS or other competent bodies

General Optical Council (GOC) Registered Optometrists & Dispensing Opticians:
Have a professional duty to comply with the GOC Standards of Practice for Optometrists and Dispensing Opticians Standard 11: Protect and safeguard patients, colleagues and others from harm

Health and Care Professional Professionals Council (HCPC) registered Hearing Aid Dispensers (HADS) and HCA's:

Have a professional duty to comply with the Standards of conduct, performance and ethics Standard 7: Report concerns about safety.

9. Training

The Company will provide training to all relevant employees via the online training system, to enable them to understand their duties and responsibilities under this Policy.

10. Dissemination and Implementation

This policy and associated procedures/ guidance will be stored electronically, available to staff via OneHub. Awareness and implementation within teams is the responsibility of the individual Manager.

11. Monitoring compliance and effectiveness

Elements to be monitored	1. Safeguarding Incidents reported quarterly to the Risk & Compliance Board (RCB) 2. Mandatory Training Module – Safeguarding Adults
Leads	Professional Services Director Audiology Clinical Lead
Tool	Quarterly Quality Report – Audiology Risk and Compliance Board (RCB)
Frequency	1. Quarterly

Reporting arrangements	Safeguarding Data, Issues and Concerns will be reported to the Quarterly Risk & Compliance Board.
Acting on Recommendations	Actions are monitored via the Incident Reporting System

12. References

Links to key external standards	<ul style="list-style-type: none"> • BSHAA HCPC BAA GOC • Care Act 2014 • The Mental Capacity Act 2005 • Working together to safeguard Children 2010 • The Children Act 1989 • Safeguarding Vulnerable Groups Act 2006 and the Protection of Freedoms Bill • Sexual Offences Act 2003 • Public Interest Disclosure Act 1998 • The Police Act 1997 – Revised Code of Practice for DBS Registered Person • Mental Health Act 1983 • Rehabilitation of Offenders Act 1974 • Statutory guidance on adult safeguarding • NHS Accountability and Assurance Framework 2022
Related Documents:	<ul style="list-style-type: none"> • Mental Capacity Act Policy • Duty of Candour Policy • Data Protection Act and Confidentiality Policy • Information Governance Policy • Information Security & Acceptable Use Policy • Incident Reporting Policy • Public Interest Disclosure (Whistleblowing) Policy • Equality and Diversity Policy • Recruitment & Selection Policy • Consent Policy • Professional Boundaries Policy • Prevent Strategy Policy • Managing Allegations Against Staff Policy • Disciplinary Procedure • Safeguarding Adults Leaflet
Training Need Identified?	Yes

13. Document Control

This Policy has been created following the Document Management Policy and should not be altered in any way without the express permission of the Accountable owner and/or the Quality & Compliance Manager.

Review will be undertaken every **two years**, or in accordance with any business, legislative or statutory developments as they occur. This Policy will remain current until superseded by a new version.

This is a controlled document, and the printed version is only current at the time of printing.

13. Equality and Diversity

This document complies with OutsideClinic's Equality and Diversity Policy and has been viewed as having no apparent negative impact for any patients with protected characteristics.