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## ADULTS SAFEGUARDING

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# SAFEGUARDING ADULTS POLICY

## AIMS

The Aim of this Policy is to ensure that that Nursing Direct as a care provider supports its staff including Agency Workers to understand and strictly comply with the legislations that protects vulnerable adults. The primary aim of Nursing Direct is to prevent all forms of abuse where possible, outlining the safeguarding processes that Nursing Direct should follow to protect and support adults at risk.

Alongside the above primary aim, this policy supports Nursing Directs staff including Agency Workers to understand and follow the following core principles.

- Doing Nothing is not an option,
- Safeguarding is everybody's business.

Adult service user's right to live safely free from harm reducing the risk of abuse or neglect with meeting their care and support needs.

## 1. PURPOSE

1.1 To ensure that this policy includes and refers to who is responsible and accountable for managing safeguarding concerns within Nursing Direct:

- Overall accountability for managing safeguarding concerns: The Registered Manager
- Overall Responsibility for the governance and authorisation of this policy - The Registered Manager
- Safeguarding Lead at Nursing Direct: The Registered Manager

1.2 To protect the Service User's right to live in safety, free from abuse and neglect.

1.3 To ensure that the Safeguarding Policy and Procedure is understood by all staff including Agency Workers at Nursing Direct and that the Local Authorities, CCG's, and other service providers follow safeguarding procedures when required.

1.4 To set out the key arrangements and systems that Nursing Direct has in place for safeguarding and promoting the welfare of adults at risk and to ensure compliance with relevant policies and procedures.

1.5 Adults are those aged 18 years and over. However, should a person 18 years old or older has 'learning disabilities' or is a care leaver (Looked After Children), their needs may be extended to their 21st birthday (Section 9 Children Act 2004), where the Safeguarding Children and Child Protection Policy and Procedure would be referenced.

1.6 To have a zero-tolerance policy and implement it within Nursing Direct for any type of abuse.

1.7 To support Nursing Direct in meeting the safe and effective Key Lines of Enquiry and Quality Statements as outlined by the CQC as follows.

- Ensuring staff including Agency Workers (individually as well as collaborating with teams) have the required skills, knowledge, and experience to deliver effective evidence-based care support and treatment.
- Ensuring consent to care and treatment is always sought in line with legislation and guidance.
- Ensuring that Nursing Direct has systems, processes, and practices to keep their service users safe and safeguarded from abuse.
- Ensuring risks to the service users and others safety are assessed, monitored, and managed so that they are supported to stay safe respecting their freedom within a safe environment.

1.8 To meet the legal requirements of the regulated activities that Nursing Direct is registered to provide:

- Protection of Freedoms Act 2012 (Disclosure and Barring Service Transfer of Functions) Order 2012
- Public Interest Disclosure Act 1998
- The Criminal Justice and Courts Act 2015 Section 20-25
- Anti-social Behaviour, Crime and Policing Act 2014
- The Modern Slavery Act 2015
- The Counter Terrorism and Security Act 2015
- Domestic Violence, Crime and Victims Act 2004
- Serious Crime Act 2015 Section 76
- FGM Act 2003
- The Care Act 2014
- Care Quality Commission (Registration) Regulations 2009
- Equality Act 2010
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Human Rights Act 1998
- Mental Capacity Act 2005
- Safeguarding Vulnerable Groups Act 2006
- Data Protection Act 2018
- UK GDPR

## 2. SCOPE

2.1 The following roles and service users may be affected by this policy:

- All staff including Agency Workers
- Registered Manager

2.2 The following stakeholders may be affected by this policy:

- Family
- Advocates
- Representatives
- Commissioners
- External health professionals
- Local Authorities
- NHS ICB/CCG
- General Public

### 3. OBJECTIVES

- 3.1 To ensure that all staff, including Agency Workers working for, or on behalf of, Nursing Direct, understand their responsibilities in relation to safeguarding adults at risk.
- 3.2 To understand and be aware of the ways of working to safeguard adults, alerting them to what to do and who to escalate concerns to, both within Nursing Direct and externally if needed and appropriate to do so.
- 3.3 To know the ways of dealing with suspicions and allegations of abuse including identifying the forms of abuse which could give rise to a safeguarding concern, reporting, follow up procedures and data protection relating to abuse.
- 3.4 To manage the safety and wellbeing of adult service users in line with the six principles of safeguarding adults under the Care Act 2014: empowerment; prevention; proportionality; protection; partnership; accountability.
- 3.5 To identify lessons to be learned from cases where adult service users have experienced / exposed to abuse or neglect.
- 3.6 Nursing Direct aims to support and empower all adult service users to make choices, to have control over how they want to live their own lives and prevent abuse and neglect occurring in their lives.

### 4. POLICY

#### 4.1 What is Safeguarding?

Nursing Direct recognises the definition of safeguarding as the actions taken to protect and promote an adult service user's health, wellbeing and human rights whilst enabling them to live safely free from harm, abuse neglect and maltreatment.

The Care Act 2014 sets out that adult safeguarding duties apply to any adult who:

- Has care and support needs and
- Is experiencing, or is at risk of, abuse and neglect, and
- As a result of those care and support needs is unable to protect themselves from either the risk of or the experience of, abuse or neglect

Safeguarding adults includes:

- Protecting their rights to live in safety, free from abuse and neglect
- People and organisations working together to prevent the risk of abuse or neglect and to stop them from happening
- Making sure peoples wellbeing is promoted, taking their views, wishes, feelings and beliefs into account
- This must recognize that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear, or unrealistic about their personal circumstances

Nursing Direct always consider safeguarding arrangements when delivering care support and treatment as they acknowledge that service users have complex lives and being safe is one of the main things that they want for themselves. Staff, including Agency workers, should work with the service user to establish what being safe means to them and how that can be best achieved. Staff should not be advocating "safety" measures that do not take account of individual wellbeing.

Safeguarding is also a collective responsibility, and Nursing Direct requires its staff including Agency Workers and others involved to understand the importance of working together in partnership to make sure that all adult Service Users are safe through collective and proactive approaches to safeguarding.

The local Authority is the lead agency for adult safeguarding and should be notified whenever abuse or neglect is suspected. It will decide whether a safeguarding enquiry is necessary, and if so, who will conduct it. The decision to conduct an enquiry depends on the criteria set out in the care Act 2014, and not on whether a service user is eligible for, or receiving, services funded by the local authority.

#### 4.2 What Constitutes Abuse

Nursing Direct understands that the Service Users that are supported by Nursing Direct have care and support needs. Hence, they can be extremely vulnerable to abuse and neglect, and they are experiencing or at risks of abuse and neglect,

Abuse is a violation of an individual's human or civil rights by any other person. It is where someone does something to another person, or to themselves, which puts them at risk of harm and impacts on their health and wellbeing.

Abuse can have a damaging effect on the health and wellbeing of Service Users; these effects may be experienced in the short and long term and sometimes can be lifelong.

- 4.3 The signs of abuse are not always obvious, and a victim of abuse may not tell anyone what is happening to them - sometimes they may not even be aware that they are being abused.

Safeguarding issues can be identified by monitoring a service user's emotional and physical wellbeing and reviewing of any changes and signs regularly. The most common signs or changes, such as events of distress or illness or any noticeable changes such as rapid weight gain or weight loss, Bed injuries, Dehydration, Fractures or head injuries, Infections, Malnutrition, Unexplained injuries – bruises, wounds, scratches, etc., Unsanitary personal hygiene, Unusual behaviour patterns, Desiring to be isolated from others, History of frequent illnesses that do not seem to have been treated, are some of them but are not an exhaustive list, but an illustration as to the sort of behaviour that could give rise to a safeguarding concern:

Common signs and symptoms of abuse include:

- Unexplained changes in behaviour or personality - such as aggression, anger, hostility, or hyperactivity
- Becoming withdrawn
- Seeming anxious, depressed, or unusual fears, or a sudden loss of self-confidence
- Withdrawal from friends or usual activities
- Lacks social skills and has few friends if any.
- Poor bond or relationship with close family members
- Running away or going missing
- Sleep problems and nightmares.
- Hidden harms may also include:
- Exploitation
- County lines
- Forced marriage - honour based abuse (HBA)
- Female genital mutilation (FGM)
- Radicalisation
- Gang violence.
- Modern slavery

The robust governance processes at Nursing Direct will make sure that all staff including Agency Workers working for, and on behalf of, Nursing Direct, recognise and respond to the main forms of abuse which are set out in the Care Act 2014 Statutory Guidance Chapter 14:

- Physical abuse
- Domestic violence and abuse
- Sexual abuse
- Financial or material abuse
- Modern slavery and human trafficking
- Discriminatory abuse
- Organisational abuse
- Neglect and acts of omission - failure to act.
- Self-neglect
- Emotional and psychological abuse
- Cyberbullying and Mate crime

High Risk Groups

- Certain groups of people may be at higher risk of abuse or neglect, including:
- Those with care and support needs, such as older people or people with disabilities. They may be seen as an easy target and may be less likely to identify abuse themselves or to report it
- Those with communication difficulties because they may not be able to alert others
- Those with a cognitive impairment, as they may not even be aware that they are being abused

Who Abuses and Neglects?

- Anyone in contact with the Service User can perpetrate abuse or neglect, including:
- Volunteers
- Family members
- Friends
- People who deliberately exploit adults they perceive as vulnerable to abuse
- Staff including Agency Workers
- Professionals
- Other Service Users

4.4 Everybody has the right to live a life that is free from harm and abuse. Nursing Direct recognises that safeguarding adults at risk of abuse or neglect is everybody's business. Nursing Direct aims to ensure that all adults at risk of abuse or neglect are enabled to live and work, be cared for and supported in an environment free from abuse, harassment, violence, or aggression. The safeguarding policies and procedures of Nursing Direct will be followed alongside the Local Authorities, CCG's and other service provider multi-agency policy and procedures, which we understand take precedence over those of Nursing Direct.

4.5 Nursing Direct aims to provide services that will be appropriate to the adult at risk and not discriminate because of disability, age, gender, sexual orientation, race, religion, culture, or lifestyle. It will make every effort to enable Service Users to express their wishes and make their own decisions to the best of their ability, recognising that such self-determination may well involve risk.

Nursing Direct will work with Service Users and others involved in their Care to ensure they receive the support and protection they may require, that they are listened to and treated with respect (including their property, possessions, and personal information) and that they are treated with compassion and dignity. When a service user needs treatment and missed healthcare appointments must be monitored to consider signs of abuse or neglect. These must be followed up with the healthcare provider and information shared in the best interests and safety of the service user.

4.6 Nursing Direct will follow the **six principles** as set out in guidance to the Care Act 2014 and this will inform practice with all Service Users:

- **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. Communities have a part to play in preventing, detecting, and reporting neglect and abuse.
- **Accountability** – Accountability and transparency in delivering safeguarding.

4.7 Nursing Direct understands the importance of working collaboratively to ensure that:

- The needs and interests of adults at risk are always respected and upheld.
- The human rights of adults at risk are respected and upheld.
- A proportionate, timely, professional, and ethical response is made to any adult at risk who may be experiencing abuse.
- All decisions and actions are taken in line with the Mental Capacity Act 2005
- Each adult at risk maintains:
  - Choice and control
  - Safety
  - Health
  - Quality of life
  - Dignity and respect

#### 4.8 Escalation

**“Alerting”** is the main responsibility of staff including Agency Workers if they suspect that abuse of an adult service user may have taken place or is likely to take place.

A concern that an adult service user is or could be abused may have arisen/escalated either from:

- A direct disclosure by the adult service user. They may confide that they are being abused.
- A complaint or expression of concern by another staff including Agency Worker or another service user.
- A complaint or expression of concern by a family member or relative or a member of the public reporting that an adult service user has confided in them that they are being abused or that they have a suspicion that adult service user is being abused.
- An adult service user with signs of physical abuse
- An observation of the behaviour or change in the behaviour of the vulnerable adult service user by the staff including Agency Workers may suggest that there is an abuse that has taken place.

In any of the above events, it is the responsibility of the staff including Agency Worker to act quickly but appropriately and professionally. Potentially there are two people who have responsibilities at the alert stage of an incident:

- 1) The person who was first to be made aware of the issue,
- 2) Their manager within Nursing Direct as their first port of call

However, in the event of a vulnerable adult being in immediate danger, the staff including Agency Worker will call 999. There are a number of ways in which suspicions of abuse may be raised or actual abuse brought to the attention of Nursing Direct; telephone, email, in-person, and communication through the One Touch App based care management system.

#### 4.9 Whistleblowing

Nursing Direct has a clear channel of Raising Concerns, Freedom to Speak Up and Whistleblowing. Staff including Agency workers are able to access Nursing Direct’s whistleblowing policy through the bookings App, through our website or via email request. Our policies will provide guidance around how to understand and how to escalate and report concerns.

Whistleblowing is an important aspect of the support and protection of adults at risk of harm where staff including Agency Workers are encouraged to share genuine concerns about safety or wrongdoing with Nursing Direct.

#### 4.10 Responsibilities of Nursing Direct

##### 4.10.1 The Management Responsibilities

- To establish the facts about the circumstances giving rise for concern
- To identify sources and level of risk
- To ensure that information is recorded and that the Local Authorities, CCG’s, and other service providers Adult Safeguarding Team is contacted to inform them of the concern or harm, when appropriate
- If a Service User is at immediate risk of harm, the designated Manager will contact the Police. The CQC will also be informed.
- In all cases of alleged harm, there will be early consultation between Nursing Direct Management, Local Authorities, CCG’s and other service providers and the Police to determine whether or not a joint investigation is required. Nursing Direct understands that it may also be necessary to advise the relevant Power of Attorney if there is one appointed. In dealing with incidents of potential harm, people have rights which must be respected, and which may need to be balanced against each other.
- The wishes of the person harmed will be taken into account whenever possible. This may result in no legal action.
- Documentation of any incidents of harm in the Service User’s file and using body maps to record any injuries.
- Follow Local Authorities, CCGs, and other service provider policy guidelines where applicable.
- Report any incidents of abuse to the relevant parties.
- Work with multi-agencies.
- Advise and support all staff including Agency Workers.
- Ensure all staff including Agency Workers are trained to enhance knowledge through the mandatory/ statutory training matrix and refresher trainings as required
- Ensure that agency staff working at Nursing Direct have completed the necessary safeguarding training for their role.
- Participate in local safeguarding Adults Board arrangements for sharing experiences about managing safeguarding concerns and sharing relevant information with staff.
- Ensure that all staff including Agency Workers have access to the “Whistleblowing’ policy.

#### 4.10.2 All staff including Agency Worker's Responsibilities

All staff including Agency Workers have a range of roles regarding safeguarding – they can be the person who raise the concern, be the person vulnerable to harm and abuse, or they can be abusers themselves.

All staff, including Agency Workers may be involved in situations that require a safeguarding response, including witnessing or speaking up about abuse or neglect.

All staff including Agency Workers will be:

- Able to recognise and report incidences of harm.
- Able to report concerns of harm or poor practice that may lead to harm.
- To remain Up to date with training
- Able to understand and follow Nursing Direct's policy and procedures.
- Able to know how and when to use the Whistleblowing procedures.
- Able to understand the Mental Capacity Act and how to apply it in practice.

#### 4.11 General Duties of Nursing Direct

4.11.1 Nursing Direct will have robust recruiting policies for the staff including Agency workers through the Safer Recruitment Assessment (SRA) Process and other related processes conducted by the compliance department to make sure that all staff including Agency Workers are fit to work with adults at risk and are compliant with national, safe recruitment and employment practices, including the requirements of the Disclosure and Barring Service as well as CQC regulatory requirements.

4.11.2 A named safeguarding lead will be authorised and designated by Nursing Direct who is responsible for embedding and improving safeguarding practices in line with national and local developments.

4.11.3 Any member of staff including Agency Worker who knows or believes that abuse or harm is occurring or about to occur, will report it to the line manager/designated safeguarding lead as quickly as possible, or if they feel they cannot follow the regular reporting procedure, they must use the Whistleblowing process.

4.11.4 Nursing Direct will work collaboratively with other agencies, including liaison in relation to the investigation of allegations and will ensure its procedures work alongside the Local Authorities, CCGs, and other service providers multi-agency procedures.

4.11.5 Nursing Direct will use incident reporting, root cause analysis, lessons learned and auditing to determine themes to improve best industry Care practice through Nursing Directs' Radar Incident Reporting Software System.

4.11.6 Nursing Direct will have a learning and development strategy which specifically addresses adult safeguarding. Nursing Direct will provide training and support on the identification and reporting of harm, as well as training on the required standards in relation to procedures and processes should something need to be reported.

4.11.7 Nursing Direct recognises its responsibilities in relation to confidentiality and will share information appropriately.

4.11.8 Nursing Direct will have a zero-tolerance approach to harm and abuse.

4.11.9 Nursing Direct will work in partnership with other agencies to ensure that concerns or allegations of abuse are appropriately referred for investigation to the most appropriate agency/authority.

4.11.10 Nursing Direct will ensure that any action that is taken is assessed, proportionate to and reflective of the risk presented to the people who use the services.

4.11.11 Nursing Direct will report any incidents in line with the regulatory requirements.

4.11.12 Nursing Direct will ensure that All staff including Agency Workers will adhere to the safeguarding requirements within the industry best standards and Codes of Conduct in relation to their professional practice i.e.: NMC code of practice

4.11.13 There are clear communication lines in place within Nursing Directs' Policies and Procedure in relation to safeguarding including whistleblowing policy for raising concerns and freedom to speak up that all staff including Agency Workers can refer to.

4.12 Nursing Direct acknowledge that the Risks of neglect, harm and abuse will be reduced where there is a strong leadership and a shared value base within the governance system where:

- The Service User is the primary concern
- Service Users and staff are partners in their care
- Quality is prioritised and measured
- Staff understand the risks of neglect, harm, and abuse
- There is a culture of learning and improvement
- There is openness and transparency, and all staff are listened to

#### 4.13 Prevention

##### 4.13.1 Providing information to support to Service Users

- Nursing Direct will provide information and support on safeguarding to Service Users upon request.
- Information on what abuse is, what signs to look out for and how to get help and support if needed, is information that can be provided by Nursing Direct upon request.
- All Service Users will receive a copy of the Service User Guide, have access to the Complaints, Suggestions and Compliments Policy and Procedure and be given information on how to escalate any concerns to the Commissioner, CQC, advocacy or Local Government and Social Care Ombudsman should they not be satisfied with the approach taken by Nursing Direct.

#### 4.13.2 Raising Awareness

- During the stages of registration and induction, all staff including Agency Workers will be provided with appropriate training to understand the different patterns and behaviours of abuse as detailed in the Care Act 2014, Chapter 14 and safeguarding requirements and arrangements within Nursing Direct with relevant information and appropriate steps to be taken to ensure that they are able to respond to any of safeguarding concerns appropriately.
- Nursing Direct will ensure that all staff including Agency Workers complete required statutory/ mandatory Safeguarding training to work with vulnerable adults at risk of abuse, harm, and neglect.

## 5. PROCEDURE

Abuse may occur as one-off or as multiple ways affecting Nursing Directs Service Users. As such Nursing Direct should have systems in place to track and monitor incidents, accidents, disciplinary action, complaints, and safeguarding concerns, to identify patterns of potential harm. Repeated instances of poor care may be an indication of more serious problems (organisational abuse). In order to see these patterns, it is important that information is recorded and appropriately shared following appropriate procedure. The procedure covers a broad range of topics which includes :

- Forms of Abuse and Neglect
- High Risk Groups
- Who abuse and neglect
- Incidents of Abuse
- Concerns

### 5.1 Concerns

A concern might arise from:

- Something that is being observed (for example: bruises, a marked change in behaviour)
- An allegation that is made (for example, you are told that someone has behaved inappropriately or put a Service User or colleague at risk)
- A disclosure where a Service User tells something about themselves or their circumstances that leading to be believed that they are being abused or are at risk of abuse.

Where any abuse or harm, has been observed/ occurred or becoming aware of such concern or potential abuse, all staff including Agency Workers must be able to:

**Recognise:** Identify that the adult at risk may be describing abuse, even when they may not be explicit

**Respond:** Stay calm, listen carefully, take it seriously and show empathy

**Reassure** them that they are right to tell, it will be taken seriously and explain that there is a duty to report the issues internally and what may happen next.

**Record:** Write up notes of the conversation clearly and factually as soon as possible following the disclosure. Date, time, and sign the record. Do not speculate or accuse anybody. Do not give any opinion, just state the actual facts.

**Report** in a timely manner to the appropriate people and organisations

If staff observe something that causes concern, they should ask the Service User what happened, unless this would be inappropriate or cause further distress.

If the Service User does not communicate with speech, they should help them explain what has happened as far as possible.

Members of staff including Agency workers, should document what they have seen or been told and report to the line managers/ Registered Manager or the Safeguarding Lead,

If Members of staff including Agency workers are unsure if there is an indicator of abuse or neglect with a Service User, they should discuss this with their immediate supervisor/ line manager/ Registered Manager / the Safeguarding Lead at Nursing Direct.

The Registered Manager and the Safeguarding Lead will decide whether to make a safeguarding referral or to seek further advice from Local Authorities, CCG's, and other service providers.

Members of staff, including Agency workers who suspect abuse or neglect must act on it; and must not assume that someone else will do this. If someone makes an allegation to a member of staff including Agency workers about them or another member of staff or volunteer, that staff member must listen carefully and explain that they will need to pass these concerns to the Registered Manager and the Safeguarding Lead, reassuring them that their concerns will be taken seriously. If the allegation is made by a family member or a worker from another agency, the staff member including Agency worker should take their name, contact details, and assure them that the Registered Manager and the Safeguarding Lead will contact them as soon as possible. The Members of staff including Agency workers must pass the information to the Registered Manager and the Safeguarding Lead, immediately.

### 5.2 Responding to a Disclosure or Suspicion of Abuse or Neglect

If a Service User discloses potential or actual abuse, staff will: Straight away:

#### Do:

- Stay calm and not be judgmental
- try not to show shock or disbelief.
- Listen very carefully without interrupting, allowing them to tell whatever they want to share.
- Be sympathetic and thoughtful in responding.
- Be aware of the possibility that medical evidence might be needed.

#### Tell the person that:

- They did a good/the right thing in telling you.
- You are treating the information seriously.
- It was not their fault.

Some people may simply be telling a story and not realise that they are subject to abuse. It is important for all staff including Agency Workers to keep this in mind and be thoughtful in their response.

All staff including Agency Workers must inform their designated manager, and, with their consent, the designated manager will contact the Local Authorities, CCGs, and other service providers Safeguarding Adults Team and/or the Police. The Registered Manager and/or Safeguarding lead must be informed.

Nursing Direct will, in specific circumstances, need to contact the Local Authorities, CCG's and other service providers Adult Safeguarding Team without consent but their wishes will be made clear throughout.

If a referral is made but the adult at risk is reluctant to continue with an investigation, record this and bring this to the attention of the Local Authorities, CCGs, and other service provider Safeguarding Adults Team.

This will enable a discussion on how best to support and protect adults at risk. However, a professional case discussion will still need to take place and must be recorded appropriately.

### 5.3 Responding to Abuse or Neglect – What to do

Nursing Direct must ensure that all staff including Agency Workers:

- Address any immediate safety and protection needs.
- Assess any risks and take steps to ensure that the adult is in no immediate danger.
- Where appropriate, call 999 for the emergency services if there is a medical emergency, other danger to life or risk of imminent injury, or if a crime is in progress. Where a crime is suspected of being committed, leave things as they are wherever possible.
- Call for medical assistance from the GP or other primary healthcare service if there is a concern about the adult's need for medical assistance or advice. All staff including Agency Workers can call the NHS 111 service for medical help or advice when the situation is not life-threatening or is out of hours.

The adult may feel frightened, so the staff including Agency Workers must ask whether they want the staff including Agency Worker to arrange for someone they feel comfortable with to stay with them.

Nursing Direct will consider if there are other adults or children with care and support needs who are at risk of harm and take appropriate steps to protect them.

The staff including Agency Worker will support and encourage the adult to contact the Police if a crime has been or may have been committed. The staff including Agency Worker will contact their line manager as soon as possible to inform them of the incident or concern.

The Registered Manager and/or safeguarding lead will be informed and contacted on the office number: 0330 056 6000 as soon as possible.

### 5.4 Decision-Making Pre-referral to the Local Authorities, CCGs, and other service provider Adult Safeguarding Team

The Registered Manager or the Safeguarding Lead will usually lead decision-making. Where such support is unavailable, consultation with another more senior member of the management team will take place.

In the event that these are unavailable, advice must be taken from Local Authorities, CCGs, and other service providers. All staff including Agency Workers must also take action without the immediate authority of a designated manager:

- If discussion with the manager would involve delay in an apparently high-risk situation
- If the person has raised concerns with the designated manager and they have not taken appropriate action (whistleblowing)

### 5.5 Referral to the Local Authorities, CCG's and other service providers Adult Safeguarding Team

Nursing Direct must ensure that the Local Authorities, CCGs, and other service providers Safeguarding Adult referral process is followed and must collect the required information to assist with completing the Safeguarding referral form, outlined by the relevant local authority. The referral process must be clearly visible with contact numbers, including out-of-hours, where employees including all staff including Agency Workers can access the information.

The referral information will also be required for some of the CQC notification of abuse documentation. Nursing Direct must use any up-to-date Care Plan information where possible.

### 5.6 Documenting a Disclosure

Nursing Direct must ensure that all staff including Agency Workers:

- Make a note of what the person actually said, using his or her own words and phrases.
- Describe the circumstance in which the disclosure came about.
- Note the setting and anyone else who was there at the time.
- When there are cuts, bruises, or other marks on the skin, use a body map to indicate their location, noting any bruising - bruising from abuse is often found on areas of the body such as the torso, ears, neck, eyes, cheeks, and buttocks.
- Make sure the information the staff including Agency Worker writes is factual.
- Use a pen with black ink so that the report can be photocopied.
- Try to keep their writing clear.
- Sign and date the report, noting the time and location.
- Be aware that the report may be needed later as part of a legal action or disciplinary procedure.

### 5.7 Informing the Relevant Inspectorate

- By law, Nursing Direct must notify the Care Quality Commission without delay of incidents of abuse and allegations of abuse, as well as any incident which is reported to, or investigated by, the Police.
- Nursing Direct must notify the CQC about abuse or alleged abuse involving a person(s) using the service, whether the person(s) is/are the victim(s), the abuser(s), or both.
- Nursing Direct must also alert the relevant local safeguarding authority when notification is made to the CQC about abuse or alleged abuse.
- If a concern is received via the whistleblowing procedure, Nursing Direct must inform the Local Authorities, CCGs, and other service providers Safeguarding Team and the CQC.



## 5.8 Strategy Meeting

- Following a safeguarding enquiry, or at any time during the process, a strategy meeting with all relevant agencies may be called to make decisions about future action to address the needs of the individual.
- Any agency involved in the case may ask for a strategy meeting to be held but the final decision to hold such a meeting is with the Local Authorities, CCGs, and other service providers or the Safeguarding Adults Team Manager.
- Nursing Direct must ensure that it attends this meeting when invited and that all relevant information about the safeguarding incident is available. A timeline of events is a useful document to prepare in complex cases.

## 5.9 Safeguarding Adults Reviews

Safeguarding adults' reviews (SARs) are a statutory requirement for Safeguarding Adults Boards with the purpose of promoting learning and improving safeguarding practice. A safeguarding adults review must be arranged by a Safeguarding Adults Board if:

- There is reasonable cause for concern that partner agencies could have worked more effectively to protect an adult and;
- Serious abuse or neglect is known or suspected and;
- Certain conditions are met, in line with section 44 of the Care Act 2014 and related statutory guidance.

Nursing Direct will support and work in partnership with all professionals included in the Safeguarding Adults Board.

## 5.10 Involve the Service User Concerned Throughout the Process

- The process of the enquiry must be explained to the Service User in a way they will understand and their consent to proceed with the enquiry obtained, if possible
- Arrangements will be made to have a relative, friend or independent advocate present if the Service User so desires. The relative, friend or independent advocate must not be a person suspected of being in any way involved or implicated in the abuse.
- A review of the service users' care plan and/or risk assessment may be undertaken, if necessary, to ensure individualised support following an incident.
- The Service User will be supported by the Nursing Direct service to take part in the safeguarding process to the extent to which they wish, or are able to, having regard for their decisions and opinions. They must be kept informed of progress.

## 5.11 Disclosure and Barring Service (DBS) Referral

There is a statutory requirement for Nursing Direct to refer staff including Agency Workers to the DBS for inclusion on the DBS Vetting and Barring scheme list if they consider that the person is guilty of misconduct such that a vulnerable adult was harmed or placed at risk of harm. This requirement covers both existing staff including Agency Workers and those who leave their work with Nursing Direct, and whose conduct becomes known at a later date. For further information as well as procedures regarding initial employment and referral please see [www.gov.uk/government/organisations/disclosure-and-barring-service](http://www.gov.uk/government/organisations/disclosure-and-barring-service)

## 5.12 Consent

When reporting information that directly concerns the safety of an adult at risk of harm, consent from the Service User is not required. However, informing the Service User of your concerns and your referral is good practice unless it would put you, your staff including Agency Workers or your colleagues at risk or it would put the adult at further risk.

When reporting to a local authority allegations or concerns about an adult at risk of harm, the Local Authority must be informed whether the Service User is aware of the report. In reporting all suspected or confirmed cases of harm, staff including Agency Worker has a responsibility to act in the best interest of the Service User but still operate within the relevant legislation and the parameters of the codes and standards of their practice.

## 5.13 Confidentiality and Information Sharing

In seeking to share information for the purposes of protecting adults at risk, Nursing Direct is committed to the following principles:

- Personal information will be shared in a manner that is compliant with the statutory responsibilities of Nursing Direct
- Adults at risk will be fully informed about information that is recorded about them and as a general rule, be asked for their permission before information about them is shared with colleagues or another agency. However, there may be justifications to override this principle if the adult or others are at risk.
- All staff including Agency Workers will receive appropriate training on Service User confidentiality and secure data sharing.
- The principles of confidentiality designed to protect the management interests of Nursing Direct must never be allowed to conflict with those designed to promote the interests of the adult at risk.
- All staff including Agency Workers will follow the policy of Nursing Direct with regard to UK GDPR, Data Protection and Confidentiality and comply with the Caldicott principles.

## 5.14 Serious Offences

The following offences committed by all staff including Agency Workers are amongst those Nursing Direct regard as gross misconduct and will usually lead to dismissal, even for a first offence.

- **Abuse** – Any form of abuse towards a service user.
- **Physical Assault** – Any physical assault on a service user or staff including Agency Worker whenever and wherever it occurs. A physical assault on a member of the public or others if it takes place either in a placement, a service users own home or any other place during care provision.
- **Ill treatment** – Any ill treatment of service user not covered by abuse or physical assault.
- **Theft** – From Nursing Direct service users, staff including Agency Workers, visitor, relative or other professionals
- **Fraud** – Any deliberate attempt to defraud Nursing Direct, Service users, next of kin, family members or others.

## 5.15 Management of Allegations Against People in Positions of Trust (PiPoT)

A relationship of trust is one in which one person is in a position of power or influence over the other person because of their work or the nature of their activity. Any allegation against a person who works with adults with care and support needs must be reported immediately to a senior manager at Nursing Direct and the Registered Manager.

Concerns about a PiPoT's behaviour may be identified by the following people or procedures:

- Police intervention or investigation
- Whistleblowing disclosure
- Safeguarding adult's enquiry
- Safeguarding children investigation
- Complaints
- Reports from members of the public
- Providers alerting commissioners of services.
- Commissioner's contract monitoring activity
- Reports from all staff including Agency Workers and volunteers
- Or any other source of disclosure

When an allegation is made against a PiPoT, Nursing Direct will refer this to Local Authorities, CCGs, and other service providers as part of the safeguarding process.

Where the person who is alleged to have caused the abuse or neglect has a relationship of trust with the adult at risk because they are a member of staff including Agency Workers, or a manager, it may be necessary for Nursing Direct to follow disciplinary procedures as well as taking action in line with this policy.

Nursing Direct must ensure that a referral is made to the Disclosure and Barring Service (DBS) if staff including Agency Worker is found to have caused harm to an individual.

If the person who is alleged to have caused the harm is a member of a recognised professional group, Nursing Direct must act under the relevant code of conduct for the profession (such as the General Medical Council or the Nursing and Midwifery Council) as well as taking action under this policy.

#### 5.16 **Allegations Against People who are Relatives or Friends**

There is a clear difference between unintentional harm caused inadvertently by a relative or friend and a deliberate act of either harm or omission, in which case the same principles and responsibilities for reporting to the police apply.

In cases where unintentional harm has occurred, this may be due to lack of knowledge or due to the fact that the relative's own physical or mental needs make them unable to care adequately for the adult at risk. The relative may also be an adult at risk. In this situation, the aim is to protect the adult from harm, work to support the relative to provide support and to help make changes in their behaviour in order to decrease the risk of further harm to the person they are caring for. A carer's assessment will take into account a number of factors and a referral to Local Authorities, CCG's and other service providers will be made as part of the safeguarding process.

#### 5.17 **Whistleblowing**

Whistleblowing is the disclosure of confidential information that relates to danger, fraud\* or other illegal or unethical conduct connected with work including abuse or neglect of service users.

Whistleblowing is an important aspect of the support and protection of adults at risk of harm where staff including Agency Workers are encouraged to share genuine concerns about a colleague's behaviour. Their behaviour may not be related to an adult at risk, but they may not be following the code of conduct, could be pushing boundaries beyond normal limits, or displaying conduct which is a breach of the law, conduct which compromises health and safety or conduct which falls below established standards of practice with adults at risk.

The Registered Manager or the Safeguarding Lead will ensure that staff including Agency Workers receive adequate support when dealing with safeguarding adult concerns and appropriate supervision, commensurate with their role.

Nursing Direct has clear whistleblowing policies and procedures in place which staff including Agency Workers are frequently reminded about and with which they must be familiar. They must also understand how to escalate and report concerns.

Professional disagreements must be resolved by following the local safeguarding escalation procedure. Depending on the nature and severity of the allegation, the senior person informed may escalate this allegation to the NHS England Medical Officer and local safeguarding partners, including the local authority designated officer (LADO).

#### 5.18 **Abuse by Another Adult at Risk**

Nursing Direct recognise that they may also have responsibilities towards the person causing the harm and certainly will have if they are both in a care setting or have contact because they attend the same place (for example, a day centre). The person causing the harm may themselves be eligible to receive an assessment. In this situation, it is important that the needs of the adult at risk who is the alleged victim are addressed separately from the needs of the person causing the harm. It will be necessary to reassess the adult allegedly causing the harm.

#### 5.19 **Pressure Ulcers**

Nursing Direct must follow local safeguarding reporting requirements with regards to pressure ulcers. Pressure ulcers are costly in terms of both Service User suffering and the use of resources. If the pressure ulcer is believed to have been caused by neglect, it must be reported as an adult safeguarding concern whether the pressure ulcer was acquired in a hospital, care setting or the Service User's own home. Nursing Direct should refer to local procedures around the prevention of pressure ulcers.

Where Service Users are new to the service, any pressure ulcers must be documented on a body map and reported in line with safeguarding procedures. Treatment must also be sought from the GP.

#### 5.20 **Medication Errors**

Nursing Direct must follow local safeguarding reporting procedures for medication errors and ensure that notifications are made to the CQC in line with statutory requirements. Nursing Direct will have an open and transparent approach to medication incidents and ensure that staff including Agency Workers follow the Medication Errors and Near Misses Policy and Procedure at Nursing Direct and understand their Duty of Candour responsibilities.

## 5.21 Abuse and Sexual Safety

Nursing Direct recognise that culture, environment, and processes support a Service User's sexuality and keep them and staff safe from sexual harm. As such, Nursing Direct will ensure that sexuality is discussed as part of the Care Plan process and is addressed positively to support people to raise concerns where necessary.

The CQC publication on sexuality and sexual safety can be referred to for further guidance in this area.

## 5.22 Criminal offences

Everyone is entitled to the protection of the law and access to justice. Behaviour which amounts to abuse and neglect, for example physical or sexual assault or rape, psychological abuse or hate crime, wilful neglect, unlawful imprisonment, theft and fraud and certain forms of discrimination also often constitute specific criminal offences under various pieces of legislation.

Local Authorities, CCG's and other service providers have the lead role in making enquiries. However, where criminal activity is suspected, the early involvement of the police should take place.

## 5.23 Exploitation by Radicalisers who Promote Violence

Individuals may be susceptible to exploitation into violent extremism by radicalisers. All staff, including Agency Workers, will be expected to follow the Protecting Vulnerable People from Radicalisation Policy and Procedure in place at Nursing Direct.

## 5.24 Self-Neglect and Refusal of Care

Nursing Direct must ensure that all staff, including Agency Workers understand the importance of delivering care as detailed in the Care Plan. Where a Service User refuses Care, this must always be documented. Where refusal occurs repeatedly, it must be escalated by Nursing Direct as a safeguarding concern and a request for a review of the Service User's Care will be instigated.

## 5.25 Mandatory Reporting of Female Genital Mutilation (FGM)

Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act 2003 ('the 2003 Act'). Nursing Direct has a mandatory duty to report known cases of FGM in under 18-year-olds to the police via the non-emergency number 101. 'Known' means that you have either visually identified that FGM has been carried out, or you have had direct verbal disclosure from the person affected.

Other ways to report FGM include:

- The national FGM helpline on 0800 028 3550
- The social care team at your local council
- Crimestoppers, confidentially and anonymously

## 5.26 Self-Funding Service Users

Adult service users who fund their own Care arrangements are legally entitled to receive support if subject to abuse or neglect in exactly the same way as those supported or funded by the Local Authority. They are also entitled to the protections of the Deprivation of Liberty Safeguards Court of Protection for authorisation of deprivation of liberty for people living in their own homes.

## 5.27 Risk Assessment and Management

The assessment of the risk of abuse, neglect and exploitation of Service Users will be integral in all assessment and planning processes. Assessment of risk is dynamic and ongoing, especially during the adult safeguarding process, and must be reviewed throughout so that adjustments can be made in response to changes in the levels and nature of risk.

## 5.28 Audit and Compliance

It is essential that the implementation of this policy and associated procedures is audited to ensure that Nursing Direct is doing all it can to safeguard those people receiving its services. The audit of this policy will be completed through a systematic audit of:

- Recruitment procedures and Disclosure and Barring Checks
- Audit of incident reporting, frequency, and severity
- Audit of training processes, including reviews of uptake of training and evaluations

Safeguarding concerns and incidents will be reviewed by the Senior Management Team as part of a root cause analysis.

## 5.29 Training and Competencies

Nursing Direct will ensure that all staff including Agency Workers receive training in recognising the symptoms of abuse or neglect and responding to incidents, allegations or concerns of abuse or harm as part of their induction programme as well as within their yearly refresher training.

Training should take place at all levels in Nursing Direct and be updated regularly to reflect current best practice. To ensure that practice is consistent, and the safeguarding arrangements of the service is within the industry best practice standards and regulatory requirements, all required trainings are included within the training matrix of Nursing direct and implemented and monitored by the compliance department. Further the competencies are evaluated and monitored through various tools and measures i.e.: supervisions and Appraisals.

## 5.30 Sharing of Information

Nursing Direct acknowledges that the sharing of information may be required when dealing with Safeguarding concerns. Information will be made accessible to health professionals, advocates, families, legal representatives acting on behalf of Service Users, and those close to them. The process for sharing information will follow the steps set out within the Data Protection and UK GDPR Policies and Procedures at Nursing Direct.

# 6. DEFINITIONS

## 6.1 All staff including Agency Workers

### 6.1.1 Staff

Denotes the employees of Nursing Direct Healthcare Limited.

- 6.1.2 **Agency Workers**  
Refers to individuals who are contracted with Nursdoc Limited or another employment business as an Agency Worker (temporary worker) provided to Nursing Direct Healthcare Limited to perform care services under the direction of Nursing Direct.
- 6.2 **Nursing Direct**  
Nursing Direct, also known as Nursing Direct Healthcare Limited, is the entity regulated by the CQC (Care Quality Commission) and responsible for the care service provision, contracted to provide homecare services to service users in their homes, in placements, essential healthcare facilities and in the community.
- 6.3 **Nursdoc Limited**  
As the sister company to Nursing Direct Healthcare Limited, Nursdoc Limited acts as an employment business, specialising in providing staffing solutions to the healthcare sector.
- 6.4 **CQC (Care Quality Commission)**  
CQC throughout this policy, the term "CQC" refers to the Care Quality Commission (CQC) which is the independent regulator of health and social care in England.
- 6.5 **Modern Slavery and Human Trafficking**
- 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.
- 6.6 **Significant Harm**  
Significant harm is not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health, and the impairment of physical, intellectual, emotional, social, or behavioural development.
- 6.7 **Enquiry Planning/Strategy Meeting**
- Enquiry Planning/Strategy Meeting or discussion is a multi-agency discussion between relevant organisations involved with the adult at risk to agree how to proceed with the referral.
  - It can be face to face, by telephone or by email.
- 6.8 **Honour-Based Violence**
- The terms 'honour crime', 'honour-based violence', and 'izzat' embrace a variety of crimes of violence (mainly but not exclusively against women), including physical abuse, sexual violence, abduction, forced marriage, imprisonment, and murder where the person is being punished by their family or their community.
  - They are punished for actually, or allegedly, 'undermining' what the family or community believes to be the correct code of behaviour.
  - In transgressing this, the person shows that they have not been properly controlled to conform by their family, and this is to the 'shame' or 'dishonour' of the family.
  - 'Honour crime' may be considered by the perpetrator(s) as justified to protect or restore the 'honour' of a family.
- 6.9 **Human Rights Protected by the Human Rights Act**  
Human rights are the basic rights and freedoms that belong to every person in the world. In the UK, human rights are protected by the Human Rights Act 1998
- 6.10 **Forced Marriage**
- The Anti-Social Behaviour, Crime and Policing Act 2014 protects people from being forced to marry without their free and full consent as well as people who have already been forced to do so.
  - We will ensure that all staff including Agency Workers are reminded of the one chance rule: i.e., our staff including Agency Workers may only have one chance to speak to a potential victim of forced marriage and, therefore, only one chance to save a life.
  - Forced marriage can involve physical, psychological, emotional, financial, and sexual abuse including being held unlawfully captive, assaulted, and raped.
  - Law enforcement agencies will also be able to pursue perpetrators in other countries where a UK national is involved under powers defined in legislation.
- 6.11 **Independent Mental Capacity Advocate (IMCA)**
- An advocate appointed to act on a person's behalf if they lack capacity to make certain decisions.
  - Refer to the Mental Capacity Act (MCA) 2005 Policy and Procedure
- 6.12 **Making Safeguarding Personal**
- It is how professionals are assured by adults at risk that they have made a difference to people by taking action on what matters to people and is personal and meaningful to them.
  - Making Safeguarding Personal is about person-centred and outcome-focused practice.
- 6.13 **Hate Crime**
- Incidents can include:
    - Physical attacks such as physical assault, damage to property, offensive graffiti, and arson
    - Threat of attack including offensive letters, abusive or obscene telephone calls, groups hanging around to intimidate and unfounded, malicious complaints.
    - Verbal abuse, insults, or harassment - taunting, offensive leaflets and posters, abusive gestures, dumping of rubbish outside homes or through letterboxes and bullying at school or in the workplace.
    - Hate (Race) Crime - A disability hate crime is: "Any criminal offence which is perceived by the victim or any other person, to be motivated by a hostility or prejudice based on a person's disability or perceived disability."
- 6.14 **People in a Position of Trust (PiPoT)**
- People who work with, or care for, adults with care and support needs, including anyone who is a staff including Agency Worker, volunteer, or student, paid or unpaid.
  - The types and behaviours of abuse are documented in the Care Act Statutory Guidance Chapter 14

#### 6.15 **Caldicott Principles**

- The Caldicott Principles were developed in 1997 following a review of how patient information is protected and only used when it is appropriate to do so.
- Since then, when deciding whether they needed to use information that would identify an individual, an organisation must use the principles as a test.
- The principles were extended to adult social care records in 2000.
- The principles were revised in 2013.

#### 6.16 **Multi-agency**

- More than one agency coming together to work for a common purpose.
- This could include partners of the Local authority such as: Integrated Care Boards (ICBs), NHS trusts and NHS foundation trusts, Department for Work and Pensions, the police, prisons, probation services, and/or other agencies such as general practitioners, dentists, pharmacists, NHS hospitals, housing, health, and care providers.

#### 6.17 **Wellbeing**

- The Care Act 2014 defines wellbeing as: 'in relation to an individual, means that individual's wellbeing so far as relating to any of the following':
  - Personal dignity (including treatment of the individual with respect)
  - Physical and mental health and emotional wellbeing
  - Protection from abuse and neglect
  - Control by the individual over their day-to-day life (including over care and support provided to the individual and the way in which it is provided)
  - Participation in work, education, training, or recreation
  - Social and economic wellbeing
  - Domestic, family, and personal relationships
  - Suitability of living accommodation
  - The individual's contribution to society

#### 6.18 **Referral**

- Referral is when information regarding a possible safeguarding incident is passed on to another person for their direction. In the case of this policy, from the Provider to the Adult Social Care Team
- Sometimes this may be referred to as 'reporting.'

#### 6.19 **Investigation**

- Investigation is a process that focuses on gathering "good evidence" that can be used as a basis for the decision as to whether or not abuse has occurred.
- It must be a rigorous process, and the evidence must be capable of withstanding close scrutiny, as it may later be required for formal proceedings.

#### 6.20 **Safeguarding**

- Safeguarding means protecting an adult's right to live in safety, without suffering abuse and or neglect.
- It is multi-agency in approach to prevent and stop both the risks and experience of abuse or neglect, whilst supporting the adult's wellbeing including their views, wishes, feelings and beliefs on the action to be taken where possible.

#### 6.21 **A Person with Care and Support Needs**

According to the Care Act 2014; an older person, a person with a physical disability, a learning difficulty or a sensory impairment, someone with mental health needs, including dementia or a personality disorder, a person with a long-term health condition, someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living.

#### 6.22 **Enquiry**

- An enquiry is any action that is taken (or instigated) by a local authority, under Section 42 of the Care Act 2014, in response to indications of abuse or neglect in relation to an adult with care and support needs who is at risk and is unable to protect themselves because of those needs.
- An enquiry can also refer to similar action but not undertaken under Section 42. It must establish whether any action needs to be taken to prevent or stop abuse or neglect and if so, by whom.

#### 6.23 **Adults at Risk**

Adult at risk means adults who need community care services because of mental or other disability, age, or illness, and who are, or may be unable to take care of themselves against significant harm or exploitation.

#### 6.24 **Whistleblowing**

The act of reporting a concern about safety, malpractice, or wrongdoing within an organisation to formal authorities

#### 6.25 **Female Genital Mutilation (FGM)**

- Mandatory Reporting of Female Genital Mutilation (FGM). Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act 2003 ('the 2003 Act')
- Nursing Direct Healthcare Limited has a mandatory duty to report known cases of FGM in under 18- year-olds to the police via the non-emergency number 101. 'Known' means that you have either visually identified that FGM has been carried out, or you have had direct verbal disclosure from the person affected
- Other ways to report FGM include:
  - The national FGM helpline on 0800 028 3550
  - The social care team at your local council
  - Crimestoppers, confidentially and anonymously


#### 6.26 **Safeguarding Adults Board**

- The Care Act 2014 required each local authority to set up a Safeguarding Adults Board
- This includes the local authority, the NHS, and the police. They should meet regularly to discuss and act upon local safeguarding issues
- They develop shared plans for safeguarding, working with local people to decide how best to protect adults in vulnerable situations

## OUTSTANDING PRACTICE

To be 'outstanding' in this policy area you could provide evidence that:

- The same issues do not reoccur, and robust measures and systems have been put in place to address the original safeguarding concern.
- Care planning includes tailored information to support individual Service Users to make safe choices to promote independence and wellbeing. People report that they feel safe and well supported.
- Nursing Direct has reviewed the CQC's 'The Adult Social Care Key Lines of Enquiry and Prompts: Sources of evidence' and ensures that systems, processes, and practices are in place to safeguard people from abuse.
- Service Users report that if they are involved in a safeguarding incident, then they are supported to be involved as much as they would like.
- All staff including Agency Workers report that the service is fully aware of its responsibilities with regard to safeguarding, that they are encouraged to report incidents and are fully supported through the process.
- Records are kept in regard to safeguarding and are extremely clear, transparent, and well-ordered with all incidents reviewed and learning disseminated. Training materials are updated to reflect any learning.

COMPLETED DATE:	
SIGN OFF DATE:	
REVIEW DATE:	
SIGNED:	 Marc Stiff – Group Managing Director