

Safeguarding Adults Policy and Procedure

Policy

Kingdom Healthcare limited is committed to ensuring the safety and welfare of the service users and as such considers any form of abuse unacceptable. While Kingdom Healthcare is principally involved in task specific care provision, the company has an overarching responsibility to safeguard the general well being of every service user, protect them from abuse and ensure that their human rights are protected.

In accordance with the Department of health's "No secrets" guidance, the first priority of Kingdom Healthcare is to always endeavour to ensure the safety and protection of venerable service users, of a customer household. It is the responsibility of all staff to act on any suspicion or evidence of abuse or neglect and to pass on their concerns to the registered manager and/or managing director. It is the care manager's/ director's responsibility to ensure that any allegations of abuse are reported to the local authority and to the regulatory body.

The local authority in the geographical area where the allegation and/or potential incident has occurred is the responsible agency for coordinating a response to the safeguarding alerts and concerns, for implementing the agreed multi-agency procedures.

The contact details for the local council are available in the service user guide in the client's home and in the master copies in the master copy file in the event of an emergency or allegation. The address and contact details of the regulators are also given at the end of this document.

Kingdom Healthcare safeguarding policy and procedures are compliant with the local authority multi agency procedures for safeguarding. If Kingdom Healthcare has reason to believe that a customer, or a member of the customers household, is being abused in anyway the company will deal with the matter promptly in a robust, professional and sympathetic manner.

In order to protect our service users all staff must undergo a robust recruitment process and complete the mandatory induction training which includes how to recognise signs of abuse and report concerns. Ongoing training must be provided to all care workers in safeguarding and the manager must ensure staff are fully aware and up to date with the company's policies and procedures.

The companies care manager is the senior member of staff with lead responsibility for safeguarding issues and for ensuring the that the safeguarding policy is effectively implemented and adhered to. However, the procedures do include the option and the information for referrals to be made directly to the company director and/or external agencies should this be required and/or relevant.



Definitions

A venerable adult is defined as “a person aged 18 years and over who is or maybe I need of community care services by reason of mental or other disability, age or illness; and who is or maybe unable to take care of him/herself, or unable to protect him or herself against significant harm or exploitation”.

Abuse is defined by action on elder abuse as “the abuse by an individual or a group of individuals of behavior or other devices to exert control, pain or humiliation upon a less powerful individual or group of individuals for whatever reason”.

Types of abuse

Abuse largely falls into different categories

- Physical Abuse
- Psychological and verbal abuse
- Chemical restraint (misuse of medication)
- Sexual abuse
- Financial abuse (including theft, misuse or misappropriation of money or property)
- Racial or Cultural abuse
- Neglect or an omission to act

Venerable adults maybe abused by a wide range of people including relatives and family members, professional staff, paid care workers, volunteers, other service users, neighbours, friends, people who deliberately exploit venerable people and strangers.

Very frequently an abused person will suffer from more then one of the above, and employees must be wary of “pigeonholing” their suspicions or, more importantly, not viewing a situation as abusive simply because it does not fit an established pattern.

Signs of abuse

Abuse may be indicated by a number of signs including:

- Low morale
- Unhappiness
- upset
- agitated
- depressed
- withdrawn
- Fearfulness
- Irregular sleep pattern
- Loss of appetite
- Poor appearance and/or a change in appearance

- Not dressing appropriately
- Unexplained/ poorly explained injuries such as bruising or cuts
- Pressure sores, untreated injuries and problems
- Inconsistently/ difficulty accounting for injuries
- Being unusually attached to particular people or avoiding certain persons
- Unexplained weight loss/gain
- Dehydration; frequent urine infections
- Abrupt or unexplained changes to bank accounts/ wills

Kingdom Healthcare and its staff will seek to safeguard venerable customers by;

- Valuing them, listening to them and respecting them as individuals
- Adopting safeguarding guidelines through procedures and codes of conduct set by the company, professional and regulatory bodies and local councils.
- Recruiting staff safely and robustly, including checking identification documentation, obtaining written references, and ensuring their suitability to work with venerable people is checked via the independent safeguarding Authority as well as obtaining an Enhanced criminal record disclosure.
- Providing effective management and support for staff through induction, ongoing training (including mandatory programmes), development and supervision. This will include training staff to recognise and understand the signs of abuse and how to raise concerns should they observe abuse or possible abuse.
- Ensuring systems rewards and incentives are in place for staff recognition and retention purposes in order to promote consistency for customers with a suitability skilled and experienced workforce.
- Sharing information about safeguarding and good practice with customers and significant others (including professionals; relatives and/or advocates) in order that they are aware of how to raise any concerns
- Ensuring that all staff are fully aware of their rights under the public interest disclosure act 1998 and the company whistle blowing policy and that they are encouraged and enabled to use this policy without prejudice or fear of repercussions
- Ensuring that all staff are aware of the company restraint policy in that, we do not practice the use of restraint, including how to report concerns.
- Ensuring the effective implementation of operational policies and procedures which provide additional safeguards and protection relating to the rights and welfare of customers (please refer to 'related policies and procedures')
- By ensuring that staff are properly informed and trained to respond safely and appropriately to behaviours from customers that may present a risk to themselves or others
- Continually monitoring the quality of service provided to customers through a regular review of policies and procedures; customer feedback and surveys;

auditing of systems and processes; regular reviews of customer care plans and risk assessments and a system for making complaints.

- Ensuring all staff are aware of the company policy that they must not take any person (including children) or pets into the customer's home.
- Kingdom Healthcare will promote an open, transparent and responsive safeguarding culture which protects not only our service users but also our staff.

Procedure

1. Allegations of abuse must be reported to the care manager who will deal with the allegations immediately.
2. The manager must urgently discuss the matter with the operations director and the director as soon as possible and must not seek to make decision alone.
3. Where allegations or concerns relate to the conduct of the manager, these must be reported directly to the operations manager who will then become responsible for implementing the Kingdom Healthcare procedures and contacting the relevant agencies where required.
4. Where safeguarding matters or concerns cannot be taken through the normal management channels or matters of concern have not been adequately responded to, staff must contact the local authority or regulatory body directly to report there concerns to safeguard the welfare of the service user.
5. Service users, families and/or representatives, may report concerns about potential abuse by a member of staff to either the care manager or the local council if preferred.
6. All allegations of abuse must be taken seriously and be reported immediately by the care manager to the relevant local authority, the regulator and if appropriately health authority colleges.
7. The person reporting the concern, and/or the service user must be given reassurance that their concerns will be raised with the relevant agencies and in accordance with the safeguarding with the safeguarding policy and procedures.
8. The staff must respond to the customer in a sensitive manner, providing the necessary support and reassurance required to enable them to voice their concerns, feel safe in doing so and with the knowledge they will be protected and supported. The staff must ensure the immediate safety of the service users taking advice where required from the care manager to enable them to do so.
9. Where there are matters relating to capacity and consent, the care manager must consult the local and significant others (including representative/ advocates) to discuss the principles of the local mental capacity act and any best interest decisions that need consideration as part of the safeguarding process to ensure that the protection and rights of the customer are promoted and prioritized at all times.
10. The care manager should provide information sources of support outside the service for example, regarding independent advocacy services and/or independent mental health advocacy services where relevant.

11. The manager must maintain an accurate written record of events (a chronology with relevant information including details of the allegation/incident; persons involved; dates; times and any other information). The records must be a factual account and include what was said/ observed, by whom, when and the method (e.g. by phone, by letter, face to face).
12. Principles of confidentiality must be respected and maintained at all times and any records securely stored.
13. While it is reasonable for the manager to obtain additional information, they must not seek to investigate the matter without the direction and the agreement of the co-ordinating agency (i.e. the local authority). This is to ensure compliance with the legislation, that there is no conflict of interest and that matters requiring investigation by statutory authorities such as the police, are not places in jeopardy.
14. The care manager/ operations director must not raise matters directly with the alleged perpetrator (for example a member of staff who is subject of an allegation or a service user relative or friends) as this may contaminate any evidence or impact on any investigation.
15. Where the allegation or incident of abuse relates to a member of staff the senior manager must remove the risk of abuse by separating all alleged perpetrator from the service user pending any investigation. This will ensure the safety and welfare of both the service user and the member of staff who may be subject to the allegations of abuse.
16. The care manager/ operations director must work in partnership with colleges in the local authority, regulator and any other agencies (including the police) to establish their role in any ongoing action and involvement, the degree of risk and any immediate action required. This will include the sharing appropriately of relevant information and attendance of any meetings as requested by the co-ordinating agency. Any information shared must be in line with the information sharing policy and incident and accident policy (using codes and not personal details of the individuals and customers involved).
17. The care manager must obtain agreement with the co-ordinating agency (i.e. the local council) regarding any timescales for investigation purposes where and if they are requested by the co-ordinating agency to undertake such an investigation.
18. In the event that an incident/ concern is sufficiently serious that a person's health and welfare is in immediate danger the employees must call the office or the emergency on call service immediately who will contact the emergency services (e.g. police and/or ambulance service) without delay. The local authority must also be informed of the situation as soon as possible (including any emergency duty team/out of hours service as appropriate). The care worker must ensure their own personal safety by leaving the environment until the emergency services arrive.
19. The care manager must ensure that the customer's care plan is urgently reviewed and put in place adequate support systems for the individual following the allegation(s) and/or incidents of abuse.
20. The care manager must follow the procedures set out in the related policy 'safeguarding – making a referral to the independent safeguarding authority vetting

and barring scheme' where this is a requirement based on the nature of the safeguarding matter.

21. The care manager must complete the safeguarding contact sheet with all the relevant agency contact details and keep a copy of this with the safeguarding policy and procedure, displayed in an accessible place in the office and in the on-call folder to refer to an event of a safeguarding concern/ alert.

Related policies and procedures

- Care planning and risk assessments
- Confidentiality
- Criminal convictions
- Customer care
- Disciplinary
- Entering and leaving a service users home
- Equality and diversity
- Gifts and gratitude's
- Handling money
- Information sharing
- Induction
- No reply
- Other related safe working practice policies
- Quality assurance
- Record keeping
- Recruitment
- Safeguarding making referral to the ISA VBS
- Safeguarding policy Children
- Training and development
- Whistle blowing
- Wills and bequests

Safeguarding Children Policy and Procedures

Policy

There is a greater duty of care to a child than there is to an adult. This is enshrined in law – the Children Act 1989, subsequently amended in 2004 and the Children Act (Scotland) 1995. These acts make it the duty of every person and organisation involved in the care of children to have adequate arrangements to safeguard and positively promote the welfare of children.

Kingdom Healthcare believes that it is always unacceptable for a child or young person (persons under the age of 18) to experience abuse of any kind and recognises its responsibility to safeguard the welfare of all children and young people, through a commitment to practice which protects them and by following the guidance in working together to safeguard children (DfES 2006) the statutory guidance under the Children Act 1989 and 2004.

Children who we may be involved in providing care for may have illnesses, disabilities or trauma which is causing their families difficulty in caring for the child themselves. We recognise that the needs and welfare of the child or young person is paramount regardless of age, disability, gender, racial heritage, religious beliefs, sexual orientation or identity and they have the right to protection from all types of harm or abuse. Kingdom Healthcare will work in partnership with children and young people, their parents and/or guardians and other agencies in promoting their welfare.

Kingdom Healthcare recognises the need for multi-agency working to ensure children are safeguarded and accept our responsibility in providing protection for children or young people who receive our services including any children present in the homes of adult service users who are receiving our care services.

Kingdom Healthcare will seek to safeguard children and younger people by:

- Valuing them, listening to them and respecting them as individuals
- Adopting child protection guidelines through procedures and codes of conduct
- Recruiting staff safely, ensuring ID is checked, references are obtained and their suitability to work with children is checked via ISA and an enhanced Criminal record check
- Provide effective management for staff through training, supervision and support
- Sharing information about child protection and good practice with children, parents and staff
- Advising parents and carers on aspects of employment should they employ private persons to ensure the suitability of those persons to work with children.
- Kingdom Healthcare also promotes safeguarding culture which protects not only the children and young person we may be caring for but also our staff

Procedure

A sad fact of child abuse is that it silences young people and stops them telling even known and trusted adults about what is happening to them.

There are many reasons for this, mostly to do with the fact that adults can use threats or fear to stop children speaking out. Many people commonly believe that a child or young person would be able to resist abuse at all costs and if unable to do so would tell another grown up. This is wrong and is based on ignorance about the power and adult holds over a child as well as an underestimation about the deliberate and skilled targeting of victims by those who seek to harm them.

There are four broad categories of abuse which are used for the purposes of recognition.

1. Neglect
2. Physical abuse
3. Sexual abuse
4. Emotional abuse

These categories overlap, and an abused child frequently suffers more than one type of abuse. A number of common barriers exist that prevent children from telling, or if they do, often lead to them retracting their statement. Children often don't tell because they:

- Are scared because they have been threatened
- Believe they will be taken away from home
- Believe they are to blame
- Think it is what happens to all children
- Feel embarrassed or guilty
- Don't want the abuser to get into trouble
- Have communication or learning difficulties
- May not have the vocabulary for what happened
- Are afraid they won't be believed
- Adults very often don't report their suspicions because sometimes they:
 1. Find it hard to believe what we are hearing
 2. Cannot believe the suspicion if it is about someone we know
 3. Fear we may get it wrong or make it worse
 4. Fear the consequences of getting it wrong – for the child, family or ourselves
 5. Simply don't want to be involved
 6. Do not have the information on what to do and who to contact

In order to promote a safe cultural in Kingdom Healthcare we will;

- Involve children and young people wherever possible in the planning of their care
- Listen and take account of what they say
- Ensure that children whose communication methods are different or for whom English is not that first language are also informed and involved in their care.
- Seek their views about their care at all times

All staff who come into contact with children and families in their everyday work, including staff that do not have a specific role in relation to safeguarding children, have a duty to safeguard and promote the welfare of children. Kingdom Healthcare staff are likely to be involved if;

- They have concerns about a child and report those concerns to the care manager in the first instance or to the local authority designated officer (LADO) and/or the NSPCC. All staff must be aware of Kingdom Healthcare procedure to be followed for reporting a concern about a particular child in emergencies the police must be contacted directly.
- Kingdom Healthcare may be approached by social services and asked to provide information about a child or family or to be involved in an assessment.
- Kingdom Healthcare may be asked to provide help or a specific service to a child or member of their family as part of an agreed plan and contribute to the child's progress.

Staff recruitment and training

Managers and care workers must be trained in child protection and understand the nature of abuse and how to recognise signs and indicators of abuse. Training is mandatory, and all staff must receive regular updates on child protection. All staff must receive regular supervision throughout their employment and any training needs identified during supervision must be addressed by the care manager.

Kingdom Healthcare operates a robust safe recruitment procedure in order to safeguard its service users. All staff must complete a job application pack which will include personal details, a complete past and present work history, a written declaration that they have no past convictions, cautions or bind overs and no pending cases affecting why they may not work with children or vulnerable adults. A formal interview is undertaken, satisfactory references must be provided, proof of identity and everyone must satisfactorily complete induction training. Prior to commencing working with children all staff must have an enhanced criminal records check before they can deliver or assist in the delivery of care to a child or younger person.

People who pose a threat to children will be skilled at avoiding detection. Care managers must ensure any employment gaps are fully and satisfactorily accounted for and that the potential employee is aware of the training requirements and supervision process that is in place. Staff working with children can be in a vulnerable position and to negate the risk of possible allegations of abuse against a member of staff another responsible adult must always be present in the home whilst care is being delivered. This can be the parent/guardian or another Kingdom Healthcare member of staff. In the event of this not being possible or in unforeseen circumstances accurate record keeping is vital.

Record keeping, and written evidence are vital when anything has the potential to lead to a legal dispute. If there are no records, then this can result in the company being found against simply because they have not provided the relevant evidence which demonstrates their innocence. Staff must maintain records accurately and in detail and as events happen, not just completed at the end of the visit. this is especially important when staff are

providing respite care or in the home for prolonged periods of time and undertaking more than one activity. By recording tasks and events as they happen records can demonstrate a chain of events should there be an incident, or an allegation made against a member of staff.

All documents must be available in the event of a claim and must be kept for a minimum of 20 years but if there is any doubt it is best practice to store records indefinitely. Records can be stored in hard format and/or soft copies on the computer, ensuring all documents are scanned and stored securely. Records must be readily available when required, so need to be filed in a place which is known to the senior management team and accessible by them too.

Handling disclosures from children or other persons reporting concerns

Should a child tell a member of staff something about themselves it is important that they:

1. Stay calm
2. Listen carefully and sensitively to what is said
3. Find an early opportunity to explain that it is likely that the information will need to be shared with others- do not promise to keep secrets- while trying to retain a child's trust.
4. Allow the child to continue at their own pace
5. Do not stop the child recalling significant events
6. Only ask questions for clarification and avoid asking leading questions that suggest a particular answer
7. Reassure the child that they have done the right thing in telling you
8. Tell them what you will do next and with whom the information will be shared with
9. Report immediately to the care manager
10. The care manager will assist the staff member, as soon as possible after the disclosure, to record in writing:

What was said using the child's own words

The date

The time

Any names mentioned

The name of the person to whom the information was disclosed.

Should a member of staff have concerns about a child they are providing care for or a child is present in a service user's home they must report those concerns immediately to the care manager. If a member of staff is unable or unwilling to report concerns directly to their immediate manager or any member of the Kingdom Healthcare management team then they are able to report those concerns directly to the child protection team at their local social services or to the NSPCC national helpline and then inform their management of the referral being made.

All statements about, or allegations of abuse or neglect made by children or by an adult must always be taken seriously. When reported to the care manager regardless to whether the concerns have already been reported to social services or the NSPCC (as indicated above) the care manager must document what the care worker is reporting and keep a written record detailing the history of their concerns, what was said by the person making the allegation or what was witnessed, giving names, dates and places where possible and the reason why they are concerned. The report must be factual, dated and timed.

Confidentiality

In deciding whether there is a needed to consider your legal obligations including:

- Whether the information is confidential
- If it is confidential, whether there is a public interest sufficient to justify sharing

Not all information is confidential. Confidential information is information of some sensitivity, which is not already lawfully in the public domain or readily available from another public source, and which has been shared in a relationship where the person giving the information understood that it would be shared with others. For example, a teacher may know that one of her pupils has a parent who misuses drugs. That is information with some sensitivity but may not be confidential if it is widely known or it has been shared with the teacher in the circumstances where the person understood it would be shared with others.

Where a formal confidential relationship exist between a doctor and patient or a social worker and client then all information shared, whether or not directly relevant to the medical or social care which is the main reason for the relationship, needs to be treated with confidence.

Most cases of sharing information will be about a named child or young person and may also identify other people such as a parent or carer. If information is anonymised, then it can lawfully be shared as long as the purpose is legitimate. If the information you are sharing does allow a person to be identified, it is subject to data protection law and you must be open about what information you might need to share and why. However, in the best interest of the child there are some circumstances where you would not seek consent, for example where you would:

- Place a child or young person at increased risk of significant harm
- Place an adult at risk of serious injury
- Prejudice the prevention or detection of serious harm
- Lead to unjustified delay in making enquires about allegations of serious harm

Consent and information sharing

Sharing information is vital for early intervention to ensure that children and young people with additional needs get the services they require. It is also essential to protect children and young people from suffering harm from abuse and to prevent them from offending.

Information sharing is also vital to safeguarding and promoting the welfare of children and young people. A key factor in many serious case reviews has been a failure to record information, to share it to understand the significance of the information shared and to take the appropriate action in relation to known or suspected abuse or neglect.

In order to have informed consent the person giving consent needs to understand why information needs to be shared, who will see their information, purpose to which it will be put and the implications of sharing that information.

Consent can be 'explicit' or 'implicit'. Obtaining explicit consent is good practice and it can be expressed either verbally or in writing, although written consent is good practice and it can also be valid in many circumstances. Consent can scope for subsequent dispute. Implicit consent can also be valid in many circumstances. Consent can legitimately be implied if the context is such that information sharing is intrinsic to the activity and especially if it has been explained at the outset for example when conducting a common assessment. Consent cannot be secured through coercion or inferred from a lack of response to a request for consent.

When obtaining consent, the child must have the capacity to understand and make their own decisions to give or refuse that consent to sharing. When assessing a particular child on a particular child on a particular occasion then the following criteria should be considered:

- Can the child understand the question being asked of them?

Does the child have a reasonable understanding of:

- What information maybe shared
- The main reason or reasons for sharing them information?
- The implication of sharing information, and of not sharing it?

Can the child or young person?

- Appreciate and consider the alternative courses of action open to them
- Weigh up one aspect of the situation against another
- Express a clear personal view on the matter, as distinct from repeating what someone else thinks they should do?
- Be reasonably consistent on the matter or are constantly changing their mind.

Where a child cannot consent or where you have judged that they are not competent to consent, a person with parental responsibility should be asked to consent on behalf of the child. The consent of one parent is enough and if the parents are separated then the consent of the resident parent should be sought. If the child's is competent to consent then it is their consent, or refusal to consent which must be considered even if parent or carer disagrees.

The sharing of information must be wherever possible with the consent of the child and/or families and this should be explained to them and their families at the outset of the commencement of their package of care and their agreement sought. How information will be shared, and the possible reasons why should be explained openly and honestly. The exception to sharing information without actively seeking would be if it put the child at increased risk of significant harm or if it would undermine the prevention, detection or prosecution of a serious crime including where seeking consent might lead to interference with any potential investigation.

Staff may have concerns over what is confidential information and whether they are able to disclose this information without consent from the person who disclosed the information

In these situations, the staff member must not ignore their concerns. When staff have concerns and are unsure whether what has given rise to their concerns constitutes a 'reasonable cause to believe' then staff must raise their concerns with the care manager or a member of the child protection team.

The child's safety and welfare must always be an overriding consideration, and should there be concerns about sharing information then the care manager will seek advice from the LADO even if the child does not consent to the disclosure of information. The decisions made should be recorded, regardless of whether information was disclosed or not indicating why disclosure was not made. Information that is shared should be accurate and up to date, necessary for the purpose for which you are sharing information and shared only with those people who need to see, shared securely and any notes stored confidentially.

Should a child or parent/carer disclose confidential information to an employee of Kingdom Healthcare and sharing this information is not authorised then the employee must firstly seek consent to allow it to be shared.

Where consent cannot be obtained to the sharing of information to an employee of Kingdom Healthcare and sharing of this information is not authorised then the employee must firstly seek consent to allow it to be shared.

Where consent cannot be obtained to the sharing of information or is refused or where seeking it is likely to undermine the prevention, detection or prosecution of a crime, then staff should not regard refusal or where seeking it is likely to undermine the prevention, detection or prosecution of a crime, then staff should not regard refusal of consent as precluding the sharing of confidential information.

Where there is a clear risk of significant harm to a child, or serious harm to adults, the public interest test will almost certainly be satisfied. Care workers who have information disclosed to them should in the first instance seek guidance from the care manager who will advise or seek advice accordingly.

Some circumstances in which sharing confidential information without consent that will normally be justified in the public interests are:

- Where there is evidence that the child may be suffering or is at risk of significant harm
- Where there is reasonable cause to believe that a child may be suffering or at risk of significant harm or
- To prevent significant harm arising to children and young people or serious harm to adults, including through the prevention, detection and prosecution of serious crime.

Information for staff to inform decision making

Managers and staff need to understand the key principles underlying information sharing. These are:

- Is there a legitimate purpose for you or your agency to share the information?
- Does the information allow the person to be identified?
- Is the information confidential
- If the information is confidential, do you have consent to share?
- Is there a statutory duty or court order to share the information?
- If consent is refused, or there are any good reasons not to seek consent to share confidential information, is there sufficient public interest to share information?
- If the decision is to share, are you sharing the information in the right way?
- Have you properly recorded your decision?

Complaints

When new packages of care are commenced care managers must ensure that the child and/or parent/carer are fully aware of the complaints procedure.

It should be explained that compliments can be formal or informal and all complaints regardless of how minor will be addressed and investigated.

The complaints procedure must be user friendly and readily accessible for children and young people and provided in a format suitable for that child's needs i.e. preferred language, pictorial etc.

Care managers must maintain accurate records of all complaints, regardless of how minor, and by monitoring patterns of minor complaints this may identify more deeply seated problems within management or the culture of Brindley Medical. The complaints log must clearly identify the complaints, the action taken to address it and the outcome.

Children should be encouraged to raise concerns and make suggestions for changes for the changes and improvements of the care they receive.

Referral

Care managers must be aware of and understand their Local authorities' policy and procedures and the referral process should they need to make an referral local authority designated officer (LADO) in the event allegation or suspicion of abuse or neglect. An allegation of child abuse may lead to a criminal investigation so do not ask the child leading questions or attempt to investigate the allegations of abuse independently.

Referrals can be made by telephone, but this must be confirmed in writing within 48 hours. Acknowledgement of your verbal referral and/or written referrals should be received within one working day of the LADO receiving it. If this is not received within three working days the care manager must contact the LADO again.

In the event of Kingdom Healthcare delivering care to a child who is subject to a child protection plan or there is an investigation being undertaken the designated social worker and/or LADO may advise the care manager if/when necessary of how best to continue to deliver the care in these circumstances.

Kingdom Healthcare operates a robust Whistle blowing policy which all staff must be aware of and understand. In the event of an allegation being made against a member of staff working with a child or young person that indicates they;

- Behaved in a way that has harmed, or may have harmed, a child
- Possibly committed a criminal Offence against, or related to, a child; or behaved towards a child in a way that indicates s/he is unsuitable to work with children.

The operations director or the care manager must immediately report this to the LADO who will advise on whether this requires reporting to the police (allegations which are serious must be reported to the police as well as the local authority). The employee must inform the accused person as soon as possible after consulting with the LADO unless otherwise advised. It may be necessary to suspend the employee from work while the investigation is undertaken, and the operations manager and care manager must ensure the employee is kept informed of the progress of the investigation. A member of staff who has been removed from the workforce pending the result of an investigation must receive ongoing support from the care manager/ operations director until the investigation is concluded.

The care manager must inform the regulator when a child protection referral is made to LADO about a person who works for Kingdom Healthcare. The care manager/ must also report the matter to their insurer to ensure the insurance cover is not prejudiced for late reporting. Insurance companies may wish to make their own investigation, which would run alongside any investigation being undertaken by another party.

The care manager must keep clear and comprehensive notes of any allegations made against a member of staff, details of how the allegations were followed up and resolved, and of any action taken, by whom and decisions that were reached. This information must be retained on file, including for people who leave Brindley Medical employment for 10 years or at least until the person reaches retirement age. A copy of this information must also be given to the individual to whom it concerns.

Should the employee tender their resignation or cease to provide their services this must not prevent an allegation being followed up or being reported to the LADO and the independent Safeguarding Authority (ISA). The care manager/ operations Director has a statutory duty to make a referral to the ISA if a harm test is satisfied and the LADO will discuss this with the care manager/ operations director at the conclusion of the investigation, along with the referral. It may also be necessary to inform other professional bodies or regulators such as the general social care council, nursing and midwifery council, ofsted etc.

In the event of an employee being able to return to work then the operations director and the care manager should consider how best to do this in order to best support the employee. Consideration will need to be given on how the employees contact with the child/family/colleague that made the allegation can be best be managed.

Summary Statement

1. All staff undergo a robust recruitment process including full work history, checking ID and satisfactory references must be obtained.
2. All staff must receive satisfactory enhanced disclosures before working with children, whether this to be supervised or unsupervised contact.
3. All staff must receive training in child care which must cover the principal indicators of abuse which staff need to be aware of at all times when they are caring for children. Mandatory annual updates must also be provided
4. All staff must understand how, when and to whom they can report concerns regarding a child's welfare, even if they are not directly providing care for that child
5. All staff must receive regular supervision, weekly in their probationary period and then monthly thereafter as a minimum
6. All staff must know how to maintain accurate records and understand the rationale for comprehensive
7. Care managers must ensure at the commencement of a package of care that all service users and/or their parent/guardian/carer understand Brindley Medical policy on sharing information and why and consent is obtained (or refused) and that this is clearly documented
8. All information about the child must be kept up to date at all times
9. When communicating with a child ensure it is appropriate to their age, understanding and preference. The nature of this communication may require advice from children's social care to ensure the safety of the child is not compromised.
10. The care manager must ensure that the child and their family guardian/ carer is aware of the complaints procedure and that it provided in a format suitable for the child's needs i.e. preferred language, pictorial etc.
11. Care workers must discuss any concerns they have regarding a child with the care manager in the first instance. The care manager will ensure a written record is kept about those concerns, discussions which take place, decisions made and the reasons for those decisions. Should staff not report their concerns thus failing in their duty of carer, further advice maybe sought from the LADO and the police and disciplinary action may be taken.
12. Care managers MUST NOT attempt to investigate an allegation of abuse
13. Care managers must report allegations of abuse to LADO
14. Care managers must seek advice from their local LADO if there is any doubt about whether to share information about a child
15. Care managers must record those decisions even if the information was not shared, and the reasons why clearly documented.
16. Care managers must ensure that information shared must be accurate, up to date, necessary for the purpose for which you are sharing it, shared only with those people who need to see it, and shared securely
17. Care managers and staff must never disregard any concerns that they have, or which have been reported to them but seek consent from the child or parent/carer to disclose the information unless where seeking it is likely to undermine the prevention, detection or prosecution of a crime, then the staff should not regard refusal of consent as precluding the sharing of confidential information.

18. Telephone referrals made to the local authority's child protection team must be confirmed in writing within 48 hours. Care managers must ensure acknowledgment of receipt of this letter is received to them within 3 working days of the LADO receiving it.
19. If an allegation of abuse is made against an employee of Brindley medical, then the care manager must inform LADO. Regulators and the company insurers must also be informed of this referral so as to not prejudice your insurance. The care manager must follow the procedure as outlined in the disciplinary policy.
20. In an emergency situation the care manager or the operations director must safeguard the child or individual at risk, and the care worker, and this may necessitate calling the emergency services immediately and informing the LADO as soon as reasonably possible.
21. Care workers must protect themselves in a violent or potentially violent situation and this may mean vacating the premises they are working in. they must then immediately call the police and await their arrival in a safe area i.e. their car. They must inform the care manager as soon as reasonably possible who will advise of what to do next. The child protection team must be informed as soon as possible.



Brindley Medical