

Master ID

Version

Document Name

Type

Date adopted

Review Date

Responsibility for Review

Equality Impact Assessment Performed

Approved by

Oxfordshire Safeguarding Adults Policy

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1. Introduction

1.1 There can be no tolerance of abuse.

1.2 Accomplishing this requires the careful consideration, time and commitment of all the people and agencies involved in the person's life. Moreover it requires the maintenance and development of co-operative relationships based upon trust and a mutual understanding of the roles, responsibilities and limitations of those involved.

1.3 It is the right of all citizens to be treated as an individual with dignity and respect, to live their lives free from abuse and fear of abuse and to have care and support in accordance with their needs.

1.4 This right is underpinned by the duty on public agencies under the Human Rights Act (1998) to intervene proportionately to protect the rights of citizens.

1.5 This policy is agreed between the constituent statutory agencies of the Oxfordshire Safeguarding Adults Board including:

- Oxfordshire County Council
- Thames Valley Police
- Oxfordshire Primary Care Trust
- Oxford Radcliffe Hospitals NHS Trust
- Oxfordshire & Buckinghamshire Mental Healthcare Trust
- The Ridgeway Partnership (learning disability) NHS Trust
- Nuffield Orthopaedic Centre NHS Trust
- The Healthcare Commission (now Care Quality Commission)

1.6 The policy outlines our commitment to work in partnership to safeguard the rights of those people who are most at risk from abuse and neglect and whose wellbeing and independence is most at risk if they do not receive appropriate health and social care support.

1.7 The policy and accompanying procedures and guidance have been developed in accordance with:

- No secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse. (Department of Health, March 2000) and
- Safeguarding Adults: A National Framework of Standards for good practice and outcomes in adult protection work. (Association of Directors of Adult Social Services, 2005)

2. Purpose

2.1 For all individuals and agencies working with and/or having contact with adults, who are at particular risk of harm as a result of abuse or neglect, to work in partnership within a multiagency framework to:

- Enable people to maintain the maximum possible level of independence, choice and control. Promote the wellbeing, security and safety of vulnerable people

consistent with his or her rights, capacity and personal responsibility, and prevent abuse occurring wherever possible.

- Ensure that people feel able to complain without fear of retribution
- Ensure that the promotion of vulnerable adult protection is integral to the development and delivery of services in Oxfordshire; and
- Ensure that all incidents of suspected abuse or neglect are reported and proportionate action is taken to safeguard the rights, welfare and best interests of the person concerned.

2.2 Principles

- The focus of all safeguarding adults work is the wellbeing, security and safety of the vulnerable person himself or herself.
- All people have the right to self determination and personal choice wherever possible, and all practicable steps must be taken to ensure this.
- Self determination can involve risk and such risk is recognised by all concerned and minimised wherever possible.
- All people have the right to protection and redress under the law in accordance with their human rights as outlined in The Human Rights Act 1998.

Mental Capacity Act 2005

2.3 All actions taken under the Oxfordshire Safeguarding Adults Procedures must have full regard to the Mental Capacity Act 2005 and the accompanying Codes of Practice.

2.4 The Act sets out 5 key statutory principles:

- The presumption of capacity – every adult has the right to make his/her own decisions and must be assumed to have capacity to do so unless it is proved otherwise.
- The right of individuals to be supported to make their own decisions – people must be given all appropriate help before anyone concludes that they cannot make their own decisions.
- Unwise decisions – a person is not to be treated as unable to make a decision merely because it is considered to be unwise or eccentric.
- Best interests – anything done for or on behalf of a person without capacity must be in their best interests, and
- Least restrictive alternative – anything done for or on behalf of a person without capacity should be the least restrictive of their basic rights and freedoms.

2.5 All decisions and actions taken directly affecting the person at risk must, where possible, take full account of their wishes. Where decisions have to be made on behalf of a person who lacks capacity full account must be taken of their best interests as outlined within the Act.

2.6 However, in some circumstances the wishes of the person may be overridden where there is agreed to be a serious risk of harm or there is a risk to other vulnerable people. This relates particularly to the sharing of information with other agencies - Reference: Mental Capacity Act 2005 – Joint Oxfordshire Policy.

Information Sharing

2.7 Any sharing of information between agencies for the purposes of safeguarding adults at risk of harm as a result of abuse must comply with the requirements of the Data Protection Act 1998 as outlined within the Oxfordshire Safeguarding Adults Board Information Sharing Agreement, 23rd April 2008.

Scope

2.8 This policy and the accompanying procedures cover any adult person living or receiving care or services in Oxfordshire:

‘who is or may be in need of community care services by reason of mental or other disability, age or illness’ and

‘who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.’

No Secrets (DH 2000)

2.9 For example, this includes any person, aged 18 or over, who may need help and support to maintain their independence and well-being or who are carers for those that do:

- People with a mental health problem (including dementia);
- People with a physical disability
- People with drug and alcohol related problems;
- People with a sensory impairment;
- People with a learning disability;
- People who have a physical illness;
- People with an acquired brain injury;
- People who are frail and/or are experiencing a temporary illness.

Who may be?

- Living in their own home;
- In hospital;
- In a residential care and/or nursing home;
- Attending a day centre;
- Attending a social club;
- Without a permanent home;

(The above lists are not intended to be exhaustive)

3. Definitions

Abuse

What is Abuse?

'Abuse is a violation of an individual's human or civil rights by any other person or persons.'

No Secrets (DoH, 2000)

In addition, the Oxfordshire Safeguarding Adults Board has adopted the Action on Elder Abuse definition to include acts, which whilst in themselves may not constitute a violation of an individual's right, nevertheless may result in harm or distress:

"... a single or repeated act or lack of appropriate action occurring within any relationship where there is an expectation of trust which causes harm or distress to a vulnerable person."

It is essential to note that abuse is not always intentional.

Physical Abuse

Causing or placing a person at risk of physical harm either deliberately or by rough or thoughtless behaviour e.g. physical violence, over medication, misuse of physical restraint, unsafe moving or handling techniques.

Psychological or emotional abuse

Behaviour that makes a person feel anxious, frightened or intimidated including verbal abuse, demeaning, threatening, or intimidating language. It may also include threats of harm or abandonment, deprivation of contact, isolation or withdrawal from services or supportive networks.

Financial abuse

Includes theft, fraud or exploitation and the misuse of position or authority for financial gain. It may be someone using or putting pressure on the person to use their money in a way that they don't want or isn't in their best interests.

Neglect and acts of omission

Includes ignoring a person's medical or physical care needs, withholding the necessities of life, such as medication, food and drink and heating and failure to provide access to appropriate health, social care or educational services.

Sexual abuse

Including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, could not consent or was pressured into consenting.

Discriminatory abuse

Including racist or sexist remarks or comments based on a person's impairment, disability, age or illness, and other forms of harassment, slurs or similar treatment. This may also include isolation or withdrawal from religious or cultural activity, services or supportive networks.

Institutional abuse

Involves the collective failure of an organisation to provide an appropriate professional service to people who may be at risk of harm as a result of abuse or neglect. It can be seen or detected in processes, attitudes and behaviour that amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and stereotyping. It includes a failure to ensure the necessary safeguards are in place to protect vulnerable adults and maintain good standards of care which meet the individual's needs, including proper assessment, care planning, training of staff, supervision and management, record keeping and liaising with other providers of care needs and rights.

Alert

This describes the initial referral to the safeguarding adults procedures.

CHO

Community Health Oxfordshire

MCA

Mental Capacity Act (2005)

No Secrets

No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse. Department of Health, March 2000

OSAB

Oxfordshire Safeguarding Adults Board

Safeguarding Adults Manager

A substantive post in Community Health Oxfordshire, with a remit to lead to the development of safeguarding processes in CHO and provide advice and support to staff as necessary.

Safeguarding Manager

The person appointed to investigate once an alert has been accepted.

Vulnerable Adult

Someone who is 18 or over, entitled to care and who is unable to protect themselves from harm.

4. Accountability and Responsibility

4.1 The Clinical Director is the nominated CHO board member charged with the responsibility for Safeguarding Adults, and will ensure that necessary management arrangements are in place to minimise the risks of abuse to patients and that appropriate actions are taken where abuse is identified.

4.2 The Head of Adult Services for Community Health Oxfordshire is a member of the Oxfordshire Safeguarding Adults Board and is responsible for ensuring the implementation of this policy. The CHO Safeguarding Monitoring Group has been set up to monitor the implementation of this policy.

4.3 The Oxfordshire Safeguarding Adults Board is responsible for the monitoring of the implementation of this policy across Oxfordshire. CHO is a member of this Board.

4.4 The Safeguarding Adults Manager is responsible for ensuring that this policy is up to date and for providing advice and support to all CHO staff where a safeguarding adults issue is raised.

4.5 All managers are responsible for ensuring that their staff are aware of this policy and that they understand and adhere to the measures contained within it. Staff are responsible for following the policy and taking appropriate action and obtaining advice where necessary from the Safeguarding Adults Manager. Managers/clinicians are responsible for the implementation of this advice.

4.6 Where a safeguarding alert is raised through the Access Team, the Access Team are responsible for ensuring the referral is passed to the appropriate person for screening and if accepted then passed to a Safeguarding Manager.

4.7 The Safeguarding Manager (who may be from Continuing Care, Social and Community Care Services, Oxfordshire and Buckinghamshire Mental Health Trust or Oxfordshire Learning Disabilities Trust) is responsible for implementing the safeguarding process described.

5. Summary of the Oxfordshire Safeguarding Adults Procedures

5.1 All concerns must be taken seriously & reported.

5.2 All reports, allegations or concerns that a person aged 18 years old or over may have been harmed or placed at risk of harm as a result of abuse or neglect must be taken seriously. The agency or organisation made aware of the concerns must first consider what, if any, action is required to safeguard the person and any others who may be at risk of harm including notifying the responsible agencies e.g. the police.

5.3 All concerns that fall within the definition of vulnerable adult and abuse must be reported to Oxfordshire Social & Community Services.

5.4 Care providers must take action to safeguard service users and investigate

5.5 Where the alleged abuse or concern occurs within the context of care e.g. in a care home, hospital or day service; or the alleged perpetrator is a staff member, volunteer or other individual providing services on behalf of the service provider, the manager of that service must be informed and they in turn must take reasonable action to protect the people to whom the service is provided and undertake an initial investigation into the concerns raised in accordance with the Oxfordshire Safeguarding Adults Procedures. This initial investigation should take no longer than five days.

5.6 All providers of health or social care in Oxfordshire must have Safeguarding Adults procedures that are compatible with the requirements of this policy.

Procedures for Adult Care Teams with Care Management Responsibility

5.7 All reports, allegations or concerns that a person aged 18 years old or over may have been harmed or placed at risk of harm as a result of abuse or neglect must be referred to the team with care management responsibilities for the person concerned.

5.8 This may include the local area assessment team or specialist team in Social & Community Services, or the Continuing Care Team in Community Health Oxfordshire. That team will then have responsibility for undertaking initial enquiries and deciding how the case will be coordinated.

5.9 Referrals (known as alerts) will be made through the Social & Community Services Access team tel: **0845 050 7666**. Upon receipt of an alert the Access Team will endeavour to gather as much information as possible based on the information available from the caller and from Swift (the information system in Social and Community Services); the alert will be referred via email and follow up telephone call to the most appropriate assessment team. The receiving team must take immediate ownership of the referral and take responsibility to ensure any emergency safeguarding required.

5.10 The clinical team making the referral should implement immediate safeguards if they are able to identify them at the earliest opportunity.

5.11 On completion of those responsibilities if there is any dispute around the initial allocation of the referral the receiving team should then liaise with other teams or their service manager to reallocate the case. Any change in safeguarding manager must be notified to the Safeguarding Adults Team.

Initial Assessment

5.12 In most cases, where it is possible to do so, arrangements will be made for the person at risk to be seen to determine their needs and wishes and undertake an initial assessment of the risk of harm to them arising from abuse or neglect. Following the assessment a manager or senior professional within the team (known as the Safeguarding Manager) will then decide what further action will be required.

The Decision

5.13 There are two levels of Safeguarding Adults intervention. The level of intervention is largely determined by the assessment of risk of harm to the person. Account will always be taken of the persons wishes, according to their mental capacity to make decisions; the person's ability to take action to protect him or herself; and any risk to other vulnerable people.

Safeguarding Adults Level 1(single agency)

5.14 Ordinary Risk Management by practitioners (usually Social & Community Services, the police or the care provider).

5.15 Level 1 is used in cases where the management of the risk to the person can be coordinated by one agency without the need for significant involvement from other agencies.

5.16 Generally cases managed at this level will have been assessed as presenting a low to medium risk. For example, where the person is believed to have suffered or

been placed at risk of harm as a result of abuse or neglect but no serious risk of further harm is identified.

5.17 In these cases the responsible agency will ensure that the necessary investigations and assessments are undertaken and that action is taken to inform and liaise and refer to other agencies where the need arises, e.g. where the responsible agency suspects a crime may have been committed.

5.18 Where the person is believed to be at further risk of harm a safeguarding plan will be agreed with the person at risk.

Safeguarding Adults Level 2 (multi agency)

Local inter-agency Risk Management involving Manager/Supervisors

5.19 Level 2 is used where the active involvement of more than one agency is needed and either the level of risk is high or there is some complexity in managing the case.

5.20 Cases managed at Level 2 will require an initial strategy discussion or meeting chaired by an identified Safeguarding Manager with the relevant authorities, including the police, to coordinate any further assessment or enquiries that need to be carried out and identify and agree any initial actions that can be taken to protect the person while this is being done.

5.21 Where the person, and/or other vulnerable people, is found to be at serious risk of harm, a safeguarding plan will be drawn up with the agencies involved and agreed where possible with the person at risk.

5.22 This plan will be reviewed at regular intervals of no more than six months where the person remains at significant risk of serious harm.

5.23 No further action: where following the initial assessment no evidence of significant risk or serious harm as a result of abuse is identified no further action will be necessary under the Oxfordshire safeguarding adults' procedures. However, records relating to the concerns will be retained and may be taken into account when considering any future concerns.

Roles & Responsibilities

Oxfordshire Social & Community Services

5.24 Where concerns are expressed that an adult, covered by this policy, is subject to abuse or neglect whilst they are resident or receiving services in Oxfordshire then Oxfordshire Social & Community Services, or agencies providing care management services on its behalf have overall responsibility for coordinating local safeguarding arrangements.

5.25 For individual cases this responsibility lies with adult teams with care management responsibility including: adult assessment teams; specialist teams for older people; learning disability teams; community mental health teams; continuing care team; and physical disability teams.

5.26 In individual cases this includes:

- Assessing or arranging for an assessment of the persons needs and wishes.

- Ensuring that the person has information that is relevant to their situation and is aware of all the options.
- Giving advice and assistance in allowing the person determine their own best interests.
- Allowing the person, where they are able, to make a decision and providing help and/or advice and guidance, where it is needed, to give effect to that decision.
- Making an assessment of the person's mental capacity so far as possible.
- Acting in accordance with the best interests of the person, as defined within the Mental Capacity Act 2005, where following assessment the person is reasonably believed to lack capacity, and
- Bringing concerns to the attention of the relevant authorities and agencies, where it is appropriate or necessary to do so

Commissioning & purchasing

5.27 As a provider, commissioner and purchaser of social care services Oxfordshire Social & Community Services must make arrangements to assure itself that services funded or provided on its behalf meet the assessed needs of service users in a manner that provides adequate protection from abuse, neglect or mistreatment.

Monitoring

5.28 Oxfordshire Social & Community Services retain the responsibility for gathering information and monitoring information about adult protection investigations carried out within the Authority area whether or not the Department takes a leading role in the investigation.

5.29 Oxfordshire Social & Community Services will collect and collate referral, assessment, strategy and case conference activity using the Safeguarding Adults Form 1 Alert/Referral and Form 2 Review/Closure, which are stored on Swift.

Oxfordshire PCT

5.30 Where concerns are expressed that an adult, covered by this policy, is subject to abuse or neglect whilst they are receiving continuing (health) care services arranged by Community Health Oxfordshire, Community Health Oxfordshire have responsibility for coordinating local safeguarding arrangements.

5.31 In addition Oxfordshire PCT have a duty to ensure that all concerns of abuse or neglect arising within their services are thoroughly investigated, and effective action is taken to safeguard the dignity and wellbeing of patients. Many of these issues may be managed through the Serious Untoward Incident process and not necessarily raised as a Safeguarding Adult Alert.

Commissioning & Purchasing

5.32 As a provider, commissioner and purchaser of health services Oxfordshire PCT must make arrangements to assure itself that services funded or provided on its behalf meet the assessed needs of service users in a manner that provides adequate protection from abuse, neglect or mistreatment.

Monitoring

5.33 Oxfordshire PCT will also retain records of their involvement in any abuse case including a central database for evaluation purposes. Where there has been a Safeguarding Adult Alert, the Continuing Care Team will record the information directly on Swift.

Other Statutory Health Services

5.34 All statutory health services have a duty to ensure that all concerns of abuse or neglect arising within their services are reported to Oxfordshire Social & Community Services and are thoroughly investigated, with effective action taken to safeguard the dignity and wellbeing of patients in their care.

5.35 In addition statutory health services in their role as providers of care in the community have a key role in identifying and reporting abuse to the responsible agencies and working in partnership with other agencies to safeguard people at risk of harm as a result of abuse or neglect in accordance with the Oxfordshire Safeguarding Adults Procedures.

Monitoring

5.36 Each of the partner agencies will keep records of their involvement in any abuse case including a central database for evaluation purposes. These will be reported to the Board annually.

Social & Health Service Providers

5.37 Abuse or neglect may have occurred either:

1. Within the context of care e.g. in a care home, hospital or day service; or
2. The alleged perpetrator is a staff member, or other person working on behalf on the care provider e.g. an agency worker or volunteer.

5.38 The primary responsibility for the welfare of users and patients and ensuring they are kept safe from harm as a result of abuse, neglect or mistreatment rests with the service provider.

5.39 As such the service provider is responsible, in the first instance, for bringing all concerns to the attention of the relevant authority.

The Police

5.40 The police are responsible for investigating any criminal offences of adult abuse.

The Care Quality Commission (formerly Commission for Social Care Inspection and the Health Care Commission)

5.41 Within regulated services The Care Quality Commission (CQC) have a duty to inspect and assess compliance with regulations and relevant National Minimum Standards and to take relevant and proportionate action to secure compliance with regulations and conditions of registration in accordance with the Care Standards Act 2000.

5.42 Where a safeguarding alert suggests a breach of regulations or lack of fitness of a registered person, CQC will work in partnership with other agencies and consider what, if any, regulatory action may be needed in addition to the investigation/assessment undertaken by partner agencies or the care provider.

The Oxfordshire Safeguarding Adults Board

Membership

5.43 The Oxfordshire Safeguarding Adults Board (OSAB) is made up of senior representatives from all statutory providers of health and social care in Oxfordshire, including:

- The Police,
- The Commission for Social Care Inspection,
- The Health Care Commission and
- Oxfordshire County Council
- Oxfordshire Primary Care Trust
- The Oxford Radcliffe Hospitals NHS Trust
- Oxfordshire & Buckinghamshire Mental Health Care Foundation Trust
- The Nuffield Orthopaedic NHS Trust
- The Ridgeway (learning disability) NHS Trust

Goals & objectives

5.44 The OSAB seeks to:

1. Encourage and promote the development of services that recognise the rights of vulnerable people,
2. Enable vulnerable people to live safely and free from abuse and
3. Promote individual's access to mainstream criminal justice and support services for the purpose of alleviating the risk and impact of abuse.

5.45 The OSAB achieves this by:

1. Overseeing the development and implementation and review of local multi-agency policies and procedures for safeguarding adults in Oxfordshire and
2. Ensuring that people working with adults at risk of abuse are provided with the support, information and training they require.

5.46 Each core/statutory member of The Board is committed to the aims, objectives and principles outlined here. To this end each partner agency will:

1. Have a set of internal guidelines and reporting structure, which are consistent with the Oxfordshire Safeguarding Adults Procedures and which set out the responsibilities of all employees (see Appendix)
2. Ensure that all staff members and volunteers at all levels have training and information commensurate with their role in relation to the Oxfordshire Safeguarding Adults Procedures

3. Ensure that all safeguarding adults concerns arising within their organisation are systematically logged along with the actions taken and outcomes arising, and
4. Provide an annual report to the Board detailing progress and developments in relation to these responsibilities.

Resolution of disputes

5.47 Despite the best efforts of all concerned sometimes disagreements may arise in the action taken under the Oxfordshire Safeguarding Adults Procedures.

5.48 In the first instance every effort should be made to try to resolve disagreements informally through discussion between those concerned.

5.49 As part of the process of resolution a second opinion may be sought in relation to the assessment of capacity or the person's best interests.

5.50 Alternatively independent advocacy or a mediator may be sought in an attempt to resolve disputes regarding a person's best interests.

5.51 Where disputes or complaints arise in relation to the safeguarding adults process that cannot be resolved informally the responsible organisation's complaints procedure should be used.

6. Process for monitoring compliance and effectiveness of the policy/guidelines/procedure

6.1 This policy will be monitored by the Safeguarding Adults Manager who reports to the CHO Safeguarding Monitoring Group. The CHO Safeguarding Monitoring Group reports to the Clinical Director and also the Commissioner's Safeguarding Monitoring Group.

6.2 The alerts raised through the Access Team are monitored and audited by Oxfordshire County Council and reported to the OSAB.

6.3 Safeguarding issues identified through the Incident Reporting process in CHO, are monitored and audited through the Governance Team.

7. References

Confidentiality and Information Sharing Protocol, 2008

Data protection Act 1998

Human Rights Act 1998

Mental Capacity Act 2005

No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse. Department of Health, March 2000

Safeguarding Adults: A National Framework of Standards for good practice and outcomes in adult protection work. Association of Directors of Adult Social Services, 2005

8. Process for review of the document

8.1 This policy should be reviewed in line with the review of the Safeguarding Adults policy by the Oxfordshire Safeguarding Adults Board, unless there are significant changes in the Implementation Guidelines. The next review by the Oxfordshire Safeguarding Adults Board of the policy is due in 2011.

Appendix A

Guidelines to Support Implementation of the Safeguarding Adults Process

Contents

1. Introduction and purpose
2. Definitions
3. Accountability and responsibility
4. Documentation
5. Training for staff
6. Compliance to training requirements
7. Process for supporting staff in safeguarding adults
8. Reporting structures
9. Monitoring

Chart 1. Safeguarding Vulnerable Adults Flowchart

Chart 2. Safeguarding vulnerable adults flowchart (CHO Lead –
Continuing Care Patients /Oxfordshire Safeguarding Manager)

1. Introduction and purpose

These guidelines supplement, but do not replace, the Oxfordshire Safeguarding Adults Policy (April 2010) and the Oxfordshire Vulnerable Adults Information Sharing protocol (April 08), which provide the overarching principles.

The aim is to give staff a clear understanding of the reporting mechanism of concerns relating to Vulnerable Adults within Community Health Oxfordshire and the process to be undertaken.

2. Accountability and responsibility

What to do when you have a concern (role/responsibilities) (see Chart 1)

- Where appropriate discuss the concern/allegation with the person's family/carer. Do not jump to conclusions and find out what the person would like to happen.
- Where your concern affects other people, you are required to report your concern. You will therefore be informing the person you are concerned about that you will be reporting your concerns to your manager.
- Discuss your concern/allegation with your Manager
- Document your concerns in a factual way.
- Use a body map/photographs to document physical injuries if it is appropriate and possible to do so.
- Where clinical issues are evident within the concern, use normal processes and reporting systems, including raising an incident on Datix.
- If you continue to be concerned following discussion with the person and your manager you should raise an alert with the Access Team (**Tel: 0845 050 7666**). The Access Team will document the alert directly onto the Safeguarding Adults system.
- The Access Team will request the patient/client details. You should report your concerns in a factual way, in plain English, avoiding technical terms where possible.
- For Continuing Care Clients, the alert will be sent to the Continuing Care Team from the Access Team.

Safeguarding Alerts and Continuing Care Clients (See Chart 2)

- Where an alert has been raised about a Continuing Care patient, it is the responsibility of the Continuing Care Unit Manager to coordinate the safeguarding arrangements. The referral will be sent to the Continuing Care Team by the Access Team.
- A strategy meeting is arranged, with representation from the relevant agencies involved with the patient's care.
- The Unit Manager in Continuing Care will appoint a Safeguarding Manager to carry out an initial investigation to report at the strategy meeting
- Further actions, where necessary are agreed by individual representatives at the strategy meeting
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- The Safeguarding Manager has responsibility to keep the patient and family informed where appropriate. The person who raised the alert should also be informed of the outcome.
- A date is set for a review meeting, usually within 10 days to a fortnight, to consider the findings and agree an ongoing action plan. The Review meeting will decide whether another review meeting is required or whether the alert may be closed.
- A lead is identified for the management of any ongoing issues and the outcome of the investigation is forwarded to relevant parties including the person who raised the alert, as appropriate.
- The Safeguarding Manager has responsibility to ensure that the closure form has been completed and that the case has been entered on the data base

**Safeguarding Adults Manager (Community Health Oxfordshire)
role/responsibilities Tel: 0777 186 2567**

- To lead on the implementation of adult protection/safeguarding adults in Community Health Oxfordshire.
 - To advise and support interagency framework for promotion of safeguarding adults
 - To develop, write, promote and support the implementation of local multi-agency policies and procedures for the safeguarding of adults.
 - To provide training to Community Health Oxfordshire Staff (CHO) for Safeguarding Adults and Mental Capacity Act/Deprivation of Liberty Safeguards.
- To maintain an overview of safeguarding issues across CHO and where CHO staff are involved.
- To develop and provide awareness/training across Oxfordshire partners organisations
- To manage the Strategic Health Facilitator and develop systems to support safe and effective care for people with Learning Disabilities accessing mainstream services.

3. Documentation

- Where there are concerns or allegations that a patient/ client has been subject to abuse or neglect and following discussion with your manager, contact the Access Team (Tel: **0845 050 7666**) to raise an alert.

The Access Team will request the patient/client details and the facts of the concern. The Access Team do not have a clinical background and the information should be shared in plain English, avoiding technical terms where possible.

- The alert should be raised within 24 hours of the concern being identified.
- Record your concerns and any action taken in the patient/ client notes.
- Record your concerns and actions on Datix. A notification of this will be sent by Datix direct to the Safeguarding Adults Manager.

Appendix A

4. Training for Staff

- Two levels of training for Safeguarding Adults are available to staff as documented in the Oxfordshire PCT Learning Directory.
 - Level 1 – promotes knowledge about who is a vulnerable adult, identifying concerns and immediate action to take. This is aimed at all staff working with adults and should be repeated once every 3 years.
 - Level 2 – Safeguarding Adults Multi-agency training. This is aimed at all staff with a supervisory/management responsibility for staff who are working with adults. This should be repeated once every 3 years.

- Mental Capacity Act/Deprivation of Liberty Safeguards Training
 - All staff working with adults should complete Mental Capacity Act (MCA) training once every 3 years.
 - All registered staff working in Community Hospitals should complete Mental Capacity Act including Deprivation of Liberty Safeguards Training once every 3 years.

5. Compliance to training requirements

This monitored through the Learning and Development team, who send quarterly reports to the CHO Clinical Quality and Governance Meetings.

The Oxfordshire Safeguarding Adults Board monitors Safeguarding Adults training through the Training and Education sub-group quarterly.

The MCA Local Implementation Network monitors training quarterly.

6. Process for supporting staff involved in safeguarding adults

All staff should discuss the concern/allegation with their Manager. Ongoing support will be available from the person's line management and the Safeguarding Adults Manager for CHO. Where appropriate, a referral to Occupational Health may be made.

Clinical Supervision may be undertaken, as agreed with your line manager, possibly including access to an external supervisor.

7. Reporting structures

Community Health Oxfordshire

The Head of Adult Services is the statutory reporting member of the Oxfordshire Safeguarding Adults Board (OSAB). The Safeguarding Adults Manager is the operational lead.

A Safeguarding Monitoring Meeting takes place monthly to review activity, concerns and development/service areas, focusing on vulnerable adults and children. Membership includes; Head of Adult Services, Head of Children's Services, Safeguarding Adults Manager and the Service Manager for Safeguarding Children.

Appendix A

The Safeguarding Monitoring Meeting reports to the Safeguarding Quarterly Meeting. This meeting is chaired by the Commissioning Lead for Safeguarding in Oxfordshire PCT and includes membership as for the Safeguarding Monitoring

Appendix A

Meeting and also the Safeguarding Adults Manager from Oxfordshire County Council.

Quarterly reports are provided to the CHO Clinical Quality and Governance Committee and an annual report.

Oxfordshire Safeguarding Adults Board

The Board meets quarterly and receives update reports from all members. Key strategic issues facing this client group are discussed and actions for implementation agreed. The Head of Adult Services is the senior lead for Community Health Oxfordshire on this group with Oxfordshire PCT represented by the Deputy Director, Governance and Clinical Standards. Annual reports are provided and fed back to all organisations at Board level. The CHO Safeguarding Adults Manager also attends.

The Mental Capacity Act Local Implementation Network

The LIN meets quarterly and receives update reports from all members. Key issues arising from implementation are discussed and actions are agreed. The Safeguarding Adults Manager for CHO attends this meeting.

9. Monitoring

Please refer to the Oxfordshire Safeguarding Adults Policy which provides details of how the Safeguarding Adults Policy is monitored.

The Safeguarding Adults Policy is supported by the Incident Reporting Process. The Safeguarding Adults Manager and the Safeguarding Adults Strategic Lead receive details of each incident relating to safeguarding adults as it is entered onto the DATIX system. The Safeguarding Adults Manager ensures that the process outlined in charts 1 or 2 has been implemented.

This will assist in the monitoring of:

- duties
- local arrangements for managing the risks associated with safeguarding adults
- process for supporting staff involved in safeguarding adults

In addition monthly updates are received by the senior leads within Community Health Oxfordshire and activity reviewed every quarterly through CHO Quality and Clinical Governance meetings.

The Training Needs Analysis describes how the training around Safeguarding Adults will be delivered and attendance monitored. The organisation's expectations in relation to staff training are outlined within this document, as identified in the training needs analysis.

Chart 1 (Implementation Guidelines)

Safeguarding Vulnerable Adults flowchart – Raising an alert

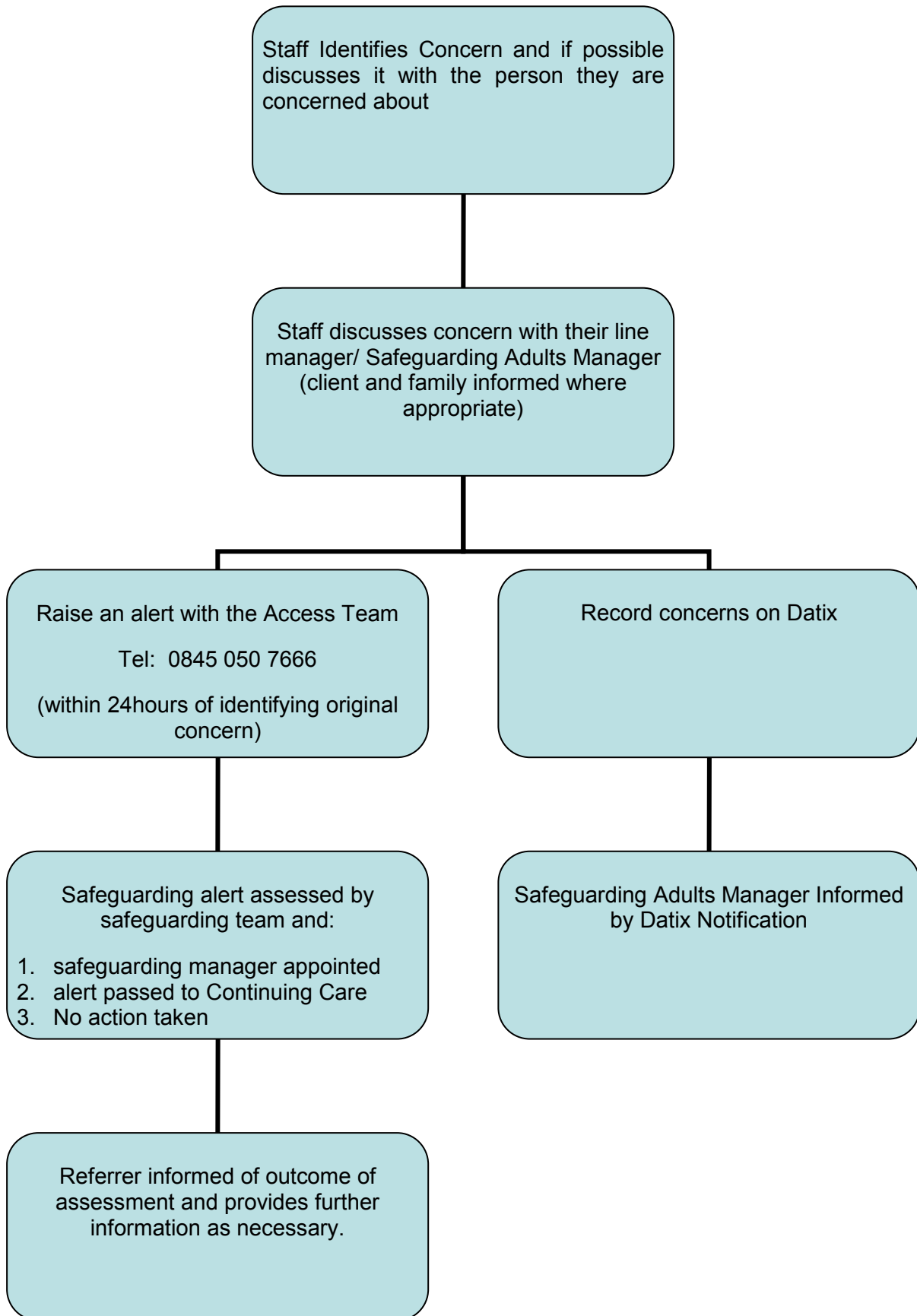


Chart 2 (Implementation Guidelines)

Continuing Care – Managing an Alert

