

SAFEGUARDING ADULTS (ENGLAND & WALES) POLICY

1. AIM

- 1.1. In accordance with legislation Cygnet has a statutory responsibility to have clear policies and procedures in place to prevent the abuse of adults at risk of abuse, harm, or neglect (including self-neglect) and to act positively to report and respond to concerns raised regarding abuse. It is the responsibility of individual Cygnet services to ensure they liaise with their Local Safeguarding Adults Board (SAB) and adhere to any local protocols which may be provided in addition to those defined in this policy. These must be described or linked to in the Local Procedure for Safeguarding Adults in place at the service.
- 1.2. It is the personal responsibility of every individual referring to this policy to ensure that they are viewing the latest version; this will always be published on Cygnet's online policy library, myPolicy.

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2. SCOPE

- 2.1. This Policy applies to all Cygnnet locations. Those services with children or providing education services will need to refer to separate Policies, namely Safeguarding Children and Safeguarding in Schools. Services in Scotland follow the Adult Support and Protection (Scotland) policy.
- 2.2. Where another age group is on the site, there must be a local **Adult/CAMHS Protocol** in place to safeguard service users who come into contact with the other age group, and staff must be aware and understand this protocol.
- 2.3. Safeguarding is everyone's responsibility. Everyone who works at Cygnnet has a responsibility for keeping the individuals we support safe and to take a 'Think Family' approach in relation to those around them.
- 2.4. This policy applies to all staff; permanent, bank and agency. All staff will be required to sign to indicate their awareness and understanding of this policy within their induction as per the induction process.
- 2.5. It is the agreed Policy and any deviation by staff from following this policy and supporting procedures and documents may be subject to disciplinary action.
- 2.6. Links to supporting documents and references are in **Section 17**.

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Terminology

- 2.7. Cygnet has a broad range of services in health and social care across the United Kingdom in England, Wales and Scotland and as a result is regulated by different bodies depending on the services' location. For the purposes of this policy the following generic terms will apply as follows:

Regulatory body – will mean

- Care Quality Commission (CQC) for services in England,
- Health Inspectorate Wales (HIW) for services in Wales.
- Care Inspectorate Wales (CIW) for social care services in Wales.

Local Authority - will mean

- 2.8. The services's Local Authority or the Local Authority where the abuse is alleged to have taken place.

3. LEGISLATION

- 3.1. This policy is written in accordance with:
- Health Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) Regulation 13.
 - The Independent Health Care (Wales) Regulations 2011 Regulation 16,47.
 - National Minimum Standards for Independent Health Care Services in Wales Standard 11.
 - Care Act 2014.
 - Health Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) Regulation 13.
 - The Social Services and Well-being (Wales) Act 2014
 - Equality Act 2010
 - The Sexual Offences Act (2003)
 - Protection of Children Act 1978
 - The Mental Capacity Act (2005)
 - Deprivation of Liberty Safeguards.
 - The Serious Crime Act (2015)
 - The Criminal Justice Act (1988)
 - The Safeguarding Vulnerable Groups Act (2006)
 - The Protection of Freedoms Act (2012)
 - The Mental Health Act (1983 & 2007)
 - The Human Rights Act 1998
 - Forced Marriage (Civil Protection) Act 2007
 - The Counter terrorism and Security Act 2015
 - Domestic Abuse Act 2021
 - Female Genital Mutilation Act 2003
 - Modern Slavery Act 2015
 - Children and Families Act 2014
 - Care Standards Act (2000)
 - Police and Criminal Evidence Act (PACE) (1984)
 - Criminal Law Act 1967
 - Criminal Justice and Courts Act (2015)

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- Regulations 26 and 27 of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017
- Online Safety Act 2023

4. INTRODUCTION

- 4.1. This policy details the actions all Cygnet staff should follow. All staff are legally obliged to report any concerns of abuse where identified and, if unreported abuse is discovered and the concerned staff member has wilfully failed to report this, then this may constitute gross misconduct and colleagues' actions will be considered under the Cygnet disciplinary procedure, further safeguarding enquiries may prompt police involvement for the offence of wilful neglect.
- 4.2. A key priority of all staff is to always ensure the safety and protection of individuals, this includes both the individuals in Cygnet services and those who may be impacted by Cygnet service users or staff. It is the responsibility of all staff to act on any concerns, suspicion or evidence of abuse or neglect, and to respond and take action regarding these concerns.

5. MAKING SAFEGUARDING PERSONAL

- 5.1. Making Safeguarding Personal (MSP) is a approach to promote responses to safeguarding situations that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.
- 5.2. The key focus is on developing a real understanding of what people wish to achieve. This includes agreeing, negotiating and recording their desired outcomes, working out with them (and their representatives or advocates if they lack capacity) how best those outcomes might be reached, and the extent to which desired outcomes have been realised.
- 5.3. The policy and procedures are based on The six principles of safeguarding that underpin all adult safeguarding work.

"Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect"
 (Department of Health, 2014)

Fig 1. The Six Principles of Safeguarding

Empowerment	Adults are encouraged to make their own decisions and are provided with support and information.	I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens.
Prevention	Strategies are developed to prevent abuse and neglect that promotes resilience and self-	I am provided with easily understood information about what abuse is, how to recognize the signs and what

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	determination.	I can do to seek help.
Proportionate	A proportionate and least intrusive response is made balanced with the level of risk.	I am confident that the professionals will work in my interest and only get involved as much as needed.
Protection	Adults are offered ways to protect themselves, and there is a coordinated response to adult safeguarding.	I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able.
Partnerships	Solutions through services working together.	I am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation.
Accountable	Accountability and transparency in delivering a safeguarding response.	I am clear about the roles and responsibilities of all those involved in the solution to the problem.

6. POLICY

6.1. Cygnet is accountable for ensuring that there are reliable systems, processes, and practices in place to keep people safe and to safeguard them from abuse and neglect. This policy applies to all members of staff, volunteers and trainees, intern or students on secondment in adult CQC, HIW and CIW registered locations.

6.2. Abuse can be intentional or unintentional, it may be a single or repeated acts. Abuse can happen anywhere: for example, online, in someone's own home, in a public place, in hospital, in a care home or any environment. It can happen when someone lives alone or with others. Anyone can carry out abuse or neglect.

For further definitions please see the [Staff Handbook](#).

6.3. Cygnet policy on Safeguarding is designed to complement the Multi-Agency policies and Procedures of Local Safeguarding Adults Boards, and links closely to other Cygnet policies on;

- Data Protection Confidentiality and Access to Records

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- Information Governance Policy and Strategy
 - Consent to treatment Positive and Safe Care – Reducing Restrictive Practice
 - Mental Capacity Act, Advance Decisions and Advance Statements
 - Deprivation of Liberty Safeguards
 - Allegations against Person in Position of Trust
 - Recruitment, selection and appointment of Staff
 - Raising Concerns: Freedom to Speak Up (Whistleblowing)
 - Prevent Strategy and Policy
 - Admissions, transfer and discharge
 - Complaints and Compliments
 - Family and Carer Involvement
 - (This list is not exhaustive and the policies listed above will cross reference to further policies and procedures as appropriate).
- 6.4. For the purposes of this policy, in line with Section 42 of the Care Act 2014 and section 126 of the Social Services and Well-being (Wales) Act 2014, an individual at risk is an individual who:
- Has needs for care and support (whether or not the authority is meeting any of those needs).
 - Is experiencing, or is at risk of, abuse or neglect.
 - As a result of those needs are unable to protect themselves against the abuse or neglect or the risk of it.
- 6.5. Cygnet will:
- Have a zero tolerance approach to abuse, unlawful discrimination and restraint. This includes:
 - Neglect.
 - Subjecting people to degrading treatment.
 - Unnecessary or disproportionate restraint.
 - Deprivation of liberty.
 - Promote wellbeing, prevent harm where possible and deal appropriately and promptly with any abuse, allegation of abuse or concerns, in accordance with statutory guidance and the best interests of the individual.
 - Listen to all individuals in our care, respect their views and involve them wherever possible in decisions which may affect them.
 - Share information about concerns with agencies who need to know, involving individuals in our care and their families/carers appropriately.
 - Ensure individuals have access to advocacy.
- 6.6. Cygnet is accountable for ensuring that there are policies and procedures in place to keep people safe and to safeguard them from abuse and neglect.
- 6.7. All individuals have the right to be treated with respect, dignity, and privacy without discrimination on the grounds of any of the protected characteristics of the Equality Act 2010 (age, disability, gender reassignment, marriage and civil

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partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation) or any other personal factor or quality.

- 6.8. All individuals are entitled to be in an environment free of bullying, harassment and abuse.
- 6.9. **All staff** are responsible for identifying and responding to allegations of abuse and that individuals are supported as outline in this policy and procedure.
- 6.10. All staff are to abide by the Duty of Candour, this involves:
- Acknowledging, apologising and explaining when things go wrong.
 - Conducting a thorough investigation into the incident and reassuring individuals, their families and carers that lessons learned will help prevent the incident recurring.
 - Providing support for those involved (both individuals and staff) to cope with the physical and psychological consequences of an incident.

Types of abuse

- 6.11. Abuse can come in many forms listed below. For further guidance and descriptions of types of abuse please refer to the Safeguarding Handbook. For online abuse, please review '4-15.14 Online Safeguarding Statement'
- Sexual
 - Psychological
 - Neglect of acts of omission
 - Financial or material harm
 - Physical
 - Discriminatory
 - Organisational abuse
 - Modern slavery
 - Self Neglect
 - Domestic Abuse

NOTE: Abuse between service users may take many forms and are not limited to one category, peer-to-peer abuse should always be taken seriously and care/support plans and risk assessments should be updated accordingly after each incident.

- 6.12. All staff have a duty to be as vigilant as possible around the risks of online harm though the use of Social Media. See **Online Safeguarding Statement 4-15.14**. Any Safeguarding concerns must be raised and referred in line with Cygnet Policy and Local procedures and staff must recognise that the potential impact of online harms are significant and consider the use of local exploitation pathways as identified in the Local Procedures where appropriate.
- 6.13. In addition, if it is discovered that staff or ex-members of staff are in any form of relationship, or communication with service users outside the workplace, this must be considered as a safeguarding issue and reported accordingly (please see the **Allegations against Persons in a Position of Trust** Policy). Any breach of confidentiality between staff or ex-staff and service users must be investigated

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and appropriate measures taken to maintain the safety and privacy of service users. Staff found to have breached confidentiality will be subject to appropriate HR and disciplinary processes.

- 6.14. Further information regarding types of abuse and possible indicators can be found using the following link:
<http://www.scie.org.uk/publications/ataglance/69-adults-safeguarding-types-and-indicators-of-abuse.asp>

7. PREVENT

- 7.1. The Government's Prevent strategy focuses on stopping people becoming terrorists or supporting terrorism. It is part of the Government's counter terrorism strategy CONTEST, which is led by the Home Office. As Prevent is about recognising when vulnerable individuals are at risk of being exploited for terrorist-related activities.
- 7.2. Cygnet is a key partner in the Prevent principle of this strategy, in line with other health providers and the NHS. Cygnet staff must know how to safeguard and support vulnerable individuals, whether service users or staff, who they feel may be at risk of being radicalised by extremists. Appropriate systems are in place for staff to raise concerns if they have concerns someone maybe at risk of this form of exploitation. Safeguarding and incident reporting policies are integrated with the Prevent strategy. This policy should be read in conjunction with **Prevent strategy and policy** in any circumstances where Prevent concerns arise.

8. DOMESTIC VIOLENCE AND ABUSE (DVA)

- 8.1. Domestic Violence and Abuse is described in the Domestic Abuse Act 2021:
- The behaviour of a person towards another person is "domestic abuse" if both individuals are each aged 16 or over and are personally connected to each other, and the behaviour is abusive.
- 8.2. The Domestic Abuse Act 2021 considers behaviour as "abusive" if it consists of any of the following:
- a) Physical or sexual abuse.
 - b) Violent or threatening behaviour.
 - c) Controlling or coercive behaviour.
 - d) Economic abuse.
 - e) Psychological, emotional or other abuse; and it does not matter whether the behaviour consists of a single incident or a course of conduct.
- Note:** "Economic abuse" means any behaviour that has a substantial adverse effect on an individual's ability to acquire, use or maintain money or other property, or obtain goods or services.
- 8.3. The main features of a domestically abusive relationship are based around Coercive and Controlling behaviour. Coercive behaviour is an act or a pattern

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of acts of assault, threats, humiliation and intimidation used to harm, punish or frighten the survivor. Controlling behaviour are acts designed to make a person subordinate and dependent by isolating them from support, exploiting their resources, depriving them of the means for independence and regulating their behaviour.

The Impacts of Domestic Abuse

- 8.4. Since the introduction of the Care Act (2014), Domestic Violence and Abuse has been recognised as a safeguarding category of abuse in its own right for the protection of adults at risk. Therefore, consideration should also be made regarding whether a referral should also be made to the Local Authority Safeguarding Adults Team for the survivor of abuse.

Children as Victims of Domestic Abuse:

- 8.5. Any reference in this Act to a victim of domestic abuse includes a reference to a child who sees or hears, or experiences the effects of, the abuse, and is related to either adult involved. Where staff are aware of a child being present in the place of alleged abuse, a children's safeguarding referral should be considered, see the [Safeguarding Children and Young People policy](#).

9. TRANSITIONAL SAFEGUARDING

- 9.1. Cygnet recognises that 'transitional safeguarding' describes the need for a seamless journey from adolescence into young adulthood through the collaboration of partners, having an emphasis on the resilience of developmental needs rather than solely focusing on physical care and support needs. This requires a holistic safeguarding approach, which should be person-led and outcome focused ensuring young people have control of what their future looks like.
- 9.2. Transitional safeguarding is not a model or a framework. It is a change of culture in how we safeguard our young people including younger adults aged 18-25) more fluidly and effectively, understanding the individual's safeguarding vulnerabilities and needs as our young people journey into adulthood. Staff will be mindful of this and ensure that they consider how safeguarding risks (intra and extra-familial) will potentially continue after a young person moves to adult services, ensuring that these risks are clearly communicated to the young person's multi-disciplinary team and those involved in safeguarding concerns. Where Cygnet recognises that risk does not stop because a young person turns 18, staff should notify the Named Nurse for Safeguarding Adults, Children and Transition in the Central Safeguarding Team to ensure support is provided to navigate systems where required.

Medical examinations

- 9.3. It may be necessary as a part of an adult safeguarding enquiry that either the police or social care services may request the individual receives a medical examination. If staff have observed injuries or harm, they should be asking how the injury concerned has occurred and documenting fully the response from the person. A body map should be completed within Cygnet's online incident reporting system, with a full description of the injury. Staff should not be

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undertaking medical examinations if there are concerns of abuse. This may be carried out either by a police surgeon or their nominated specialist representative for collecting forensic evidence. Cygnet will cooperate fully with any requests for either of these interventions and support facilitation of these examinations. This may require the consideration of section 17 leave being authorised for patients under the Mental Health Act (1983) and should be expedited as quickly as possible. Following a disclosure or concern in relation to sexual abuse, the service user may require specialist examination and support services from a Sexual Assault Referral Centre (SARC), in the local or regional area.

- 9.4. Due to some service users being some distance from their homes / families, Cygnet staff may be asked to be the appropriate adult for the individual during the intervention. Please refer to the [Chaperone Policy](#). However, depending on the examination, the adult may not wish for staff to be present. This should be discussed with the examining physician and documented in the service user's records.
- 9.5. If a concern is raised that an individual we support may pose a risk to others, staff must consider any Safeguarding actions which could include referral to the police/ Local Authority and should always result in robust risk management plan.
- 9.6. If a service user discloses that they have, or may have, abused a child, or children, this must be taken seriously and should be clearly documented in the service user record, and discussed with the multi-disciplinary team. Staff must seek advice from the Safeguarding Lead/Central Safeguarding Team at Cygnet and discuss arrangements for making a referral to the Local Authority Safeguarding team and/or the Police as appropriate.
- 9.7. If there are any suspicions or evidence of a service user accessing or viewing child abuse materials online, on a digitally enabled device or through other means; or is suspected of making plans to meet a child to abuse them, the police should be notified as soon as possible and staff should not review the materials or suspected evidence before doing so. The police have a responsibility to investigate and Cygnet staff may risk damaging the integrity of evidence or put individuals at further risk by delayed any report to the police. Please refer to the Safeguarding Children's Policy. In the first instance and the material or device used to access or view materials kept in a locked environment, not accessible to wider staff members or individuals in our care. The other relevant steps, for example incident reporting, expected safeguarding actions should be taken and any internal investigations instigated only after the police agree they can commence. The Central Safeguarding Team should be made aware and support accessed as appropriate.

Information for Individuals and Relatives/Carers

- 9.8. Individuals in a Cygnet location and relatives/carers will be given information regarding safeguarding on admission. The information given will take into account the age of the individual, level of understanding etc. Staff will ensure

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that all individuals are aware of their rights to be kept safe and free from harm. Staff will work with individuals on their personal safety and protection and provide them with advice, assistance, guidance and support on how to keep themselves and their peers safe.

- 9.9. Safeguarding information will be available in a range of media and user friendly formats for individuals with care and support needs and their carers. These will explain clearly what abuse is and also how to express a concern or make a complaint. A co-produced video for service users, family and carers is available on the [Cynet website safeguarding page](#). The MyCynet intranet also hosts a number of accessible/easy-read documents for service users in the Safeguarding section. Service Users and family members/carers must be supported with appropriate communication tools to ensure they are able to understand and contribute to the safeguarding process wherever possible.
- 9.10. Individuals and carers will be informed that their concerns or complaints will be taken seriously, be dealt with independently and that they will be kept involved in the process to the degree that they wish to be. They will be reassured that they will receive help and support in taking action. They will also be advised that they can nominate an advocate or representative to speak and act on their behalf if they wish. For individuals assessed as lacking capacity to make decisions about how they could be protected, an Independent Mental Capacity Advocate (IMCA) must be considered and may be appointed. They will be advised of rights to legal aid in where appropriate to victim support and compensation.

Pregnancy

- 9.11. Should any individual being supported by Cygnet be pregnant or become pregnant then any Safeguarding risk to the unborn baby must be considered. **See Safeguarding Children and Young Person Policy (11.7-11.9)** and the [Admissions\(1-02\) Transfers and Discharges Policy\(1-13\)](#).

Prevention

- 9.12. Routine processes such as providing information, capacity assessments, risk assessments, care planning, reviews, the Care Programme Approach and the Care and Treatment Plan will enable individuals and staff to acknowledge the risk of abuse and take active steps to minimise the risk and subsequent impact.
- 9.13. Safeguarding will be an agenda item for all management team and other relevant staff meetings in order to maintain awareness.
- 9.14. All staff are recruited in line with safe recruitment procedures which are detailed in Cygnet [Recruitment Policy](#).

10. PROCEDURES

- 10.1. All staff employed by Cygnet will be given a personal copy of the booklet entitled "[Staff Safeguarding Handbook](#)". The contents and detail of this document are covered in induction and training programmes and all staff are required to follow the procedures to the letter at all times.

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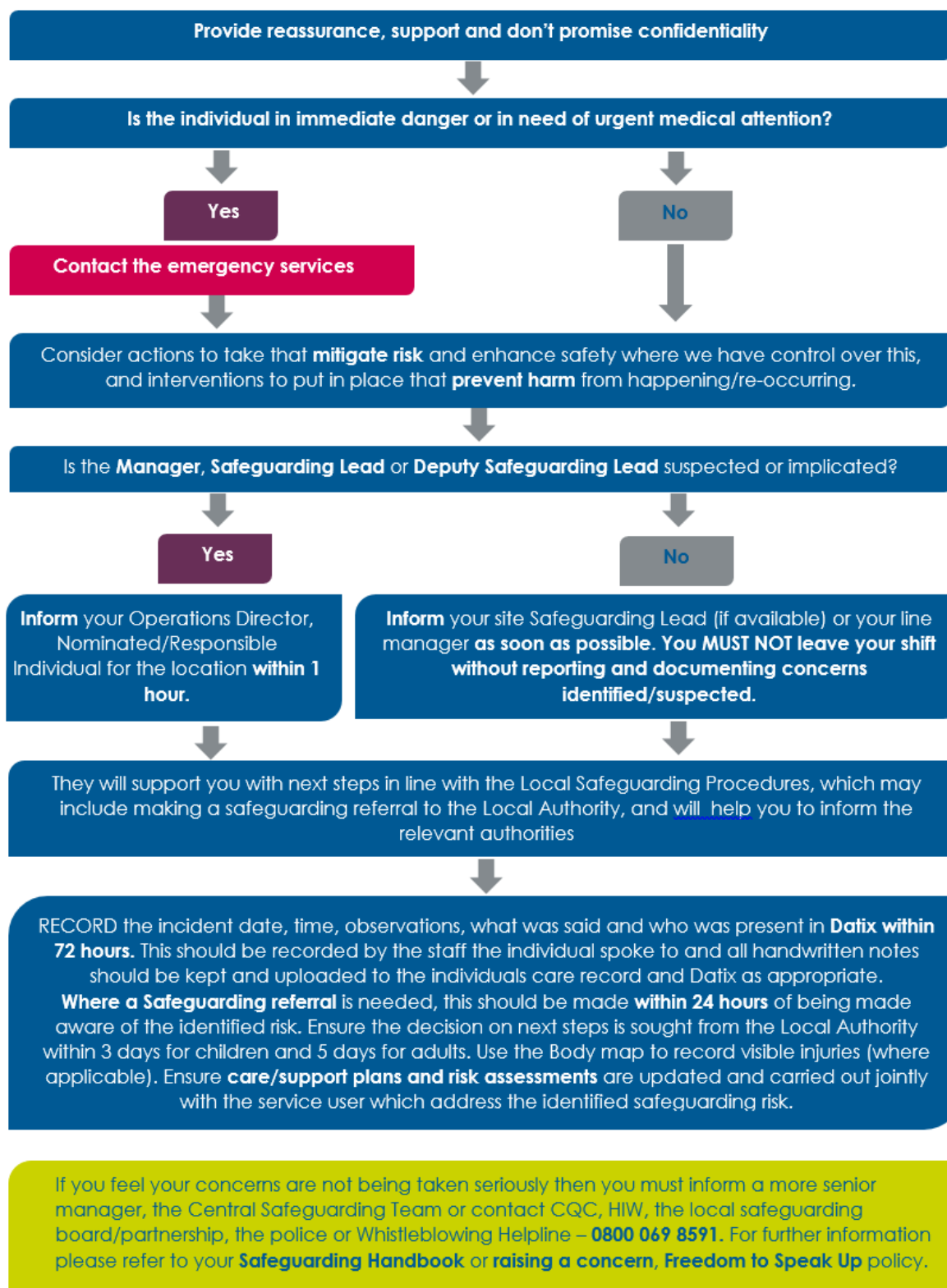
- 10.2. In recording concerns and allegations regarding the abuse of individuals in our care, all locations shall use the forms as described in the services Local Procedures.
- 10.3. All incidents should be recorded on Datix and the safeguarding sections completed for all potential safeguarding incidents even if they do not require referral to the Local Authority Safeguarding team. Refer to the **Incident Reporting and Management policy** for further details on this process.
- 10.4. A **safeguarding care plan** should be completed whenever a member of staff believes the individual is at risk of, or has experienced harm as a result of neglect or abuse. This will be used to ensure appropriate safeguards are in place to protect the individual from any further harm, and to plan ways to manage their safety, reducing the likelihood of further harm. This should be co-produced wherever possible, capturing the individual's views and wishes, it must be kept up-to-date as the concern progresses. Safeguarding Care Plans should be written by the staff who are involved in the preparation of other care/support plans, normally the individual's multi-disciplinary team, with support from the Safeguarding Lead
- 10.5. It is important to ensure that plans are developed for victims and for alleged perpetrators of abuse, if the alleged perpetrator is a service user.
- 10.6. Cygnet has **Local Safeguarding Procedures** for each of their locations; staff should refer to the individualised procedure for their own location. This procedure is to be kept under continuous monitoring and review by the Safeguarding Lead and developed with the Local Authority Safeguarding team where possible.
- 10.7. Whilst Statutory Guidance identifies types of abuse; the guidance should not limit what constitutes abuse or neglect. The specific circumstances of an individual case should always be considered.

What to do if you have a concern;

- 10.8. Please see the following flowchart **Staff Safeguarding Flowchart Poster** (4-15.04)

Fig 2 – Safeguarding Flowchart

If you suspect or witness abuse **REPORT IT**



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Timescales

- 10.9. The adult safeguarding procedures **do not** set definitive timescales for each element of the process; however, **suggested** target timescales are included in the flowchart above. In addition, individual local authorities or SABs may make decisions on timescales for their own performance monitoring.
- 10.10. Local guidance on timescales should reflect the ethos of Making Safeguarding Personal. It is important that timely action is taken, whilst respecting the principle that the views of the adult at risk are paramount. It is the responsibility of all agencies proactively to monitor concerns to ensure that drift does not prevent timely action and place people at further risk.
- 10.11. If you have not heard an outcome of the referral within 5 working days – the Safeguarding Lead should follow up and request an outcome of the referral from the team.
- 10.12. Note: Safeguarding processes are driven by the nature of the case and the needs of the individual. Some local authorities will have clear requirements for working within timescales, while others will be more flexible. Please refer to your local area for more information.
- 10.13. In the absence of a response from the local authority, any decisions made by cygnet safeguarding leads to 'close' safeguarding concerns on cygnet's online incident reporting system without confirmation from the local area safeguarding team, must be agreed with the central safeguarding team and communicated to the local authority by using agreed templates as provided by the Central Safeguarding Team.

Record-keeping

- 10.14. Record keeping is an important element of safeguarding. Whenever a complaint or allegation of abuse is made, staff must keep clear and accurate records using Datix (refer to **Incident Reporting and Management Policy**). When describing the act of communicating a potential concern to other Cygnet staff this should not be described or documented in records as 'raising a Safeguarding concern' or 'alert'; any description of raising a concern, making a safeguarding alert etc. must only be used to describe the process of communicating the concern to the Local Authority Safeguarding Team via the agreed methods as described in services Local Procedures.
- 10.15. A referral should be completed and raised with the Local Authority using the method identified in the services Local Safeguarding Procedures (this may be online, via phone or a form). Where a preferred method is not identified, the Cygnet 'Safeguarding Concern Form' is available through the 'Sharepoint' system.
- 10.16. Wherever possible, the individual who receives a disclosure or who observes a concern should be the individual to document their observations and complete the referral form. Safeguarding Leads and Managers may support with the process but should only complete forms on behalf of others when the individual is unable to themselves. These concerns would then need to be inputted into

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Datix, within 72 hours from the point of the concern being identified. All appropriate processes should then be followed in terms of safeguarding, HR, incident management, risk assessment and any others that are relevant. Services must always ensure their internal incidents, inputted via Datix, are completed and kept up to date.

10.17. As a minimum, any Safeguarding concern recorded on Datix should include the following:

- Date and circumstances of concerns and subsequent actions.
- Decision making processes and rationale, including names and designations of those involved in decision making.
- Reference to risk assessments and risk management plans.
- Consultations and correspondence with key people including the alleged victim where safe to do so.
- Advocacy and support arrangements.
- Safeguarding plans.
- Outcomes.
- Feedback from the adult and their personal support network.
- Differences of professional opinion and formal inter-agency disputes.
- Referrals to professional bodies and/or the Disclosure and Barring Service
- How mental capacity has been considered and Making Safeguarding Personal principles have been applied.

10.18. It is vitally important that a referral contains not only the basic personal details of the adult at risk of harm but also some essential information to help support the start of the safeguarding process. This includes information about whether the adult does/does not meet the definition of an 'Adult at Risk', specifically:

- Is the adult in need of care and support (whether or not the authority is meeting any of those needs)?
- Is the adult experiencing, or at risk of abuse or neglect?
- As a result of those needs are they unable to protect themselves against the abuse or neglect or the risk of it?

10.19. At this stage individuals at risk should be asked what they would like to happen now and this should be stated within Datix. Wherever possible consider the wishes and desired outcomes of the child at risk. In other words, what do they want to happen next, what do they want to change about their situation and what support do they want to achieve that.

10.20. **NOTE:** It should not be assumed that an individual at risk will always want their family, carers or advocates to be informed of the concern, this must be clarified with the individual with no assumptions made. Consider capacity and capture in care and support plans accordingly. This must be reviewed regularly and aligning with the principles of the Mental Capacity Act, is decision and time specific.

10.21. All recording of written information should be legible and discussions with other professionals and agencies should be recorded chronologically.

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- 10.22. There will be a safeguarding record which will hold any concerns/safeguarding documentation for that individual (where possible this will all be captured on Datix however where there are connectivity issues and/or physical documents that are unable to be scanned and uploaded, a paper record may be kept). This must be kept within the individual's care record. This is to enable the service to keep accurate records of any concerns raised regarding the individual and aid the monitoring reviewing of safeguarding incidents.
- 10.23. Where the safeguarding concerns arise from abuse or neglect deliberately intended to cause harm, then it will not only be necessary to immediately consider what steps are needed to protect the individual but also how best to report as a possible crime. Early engagement with the police is vital to support any criminal investigation.
- 10.24. If a crime is in progress the person witnessing the crime should dial **999** immediately and report it. Colleagues may wish to have a conversation with their line manager or someone more senior however this should never stop the crime from being reported without delay.
- 10.25. Taking the above initial safeguarding actions should **never** stop you from raising the concern to the Local Authority Safeguarding Team.
- 10.26. Staff must be mindful not to let early fact finding to inform a referral delay in making the referral itself or that fact finding risks becoming an investigation. The decision to investigate resides with the Local Authority and/or the Police and staff should not undertake their own investigation without prior discussion with the Local Authority and/or Police.
- 10.27. Although the Local Authority has the lead role in making enquiries or requesting others to do so, where criminal activity is suspected, early involvement of the police is essential. Police investigations should be coordinated with the local authority who may support other actions, but should always be police led.
- 10.28. If you are unsure about whether a crime has been committed but you still think the individual has been or may have been harmed then still raise the concern with your Safeguarding Lead/line manager in the way described above and they will liaise with the police if they think this is necessary.
- 10.29. A number of concerns identified may not meet the Local Authority's threshold for referral (as identified in the Local Safeguarding Procedures). If a concern does not meet the Local Authority threshold for a safeguarding referral, there will still be actions required by the service to support the service user from the experience or risk of further harm.

Note: 'low level' concerns may not require reporting in line with Local Authority thresholds', however these must be recorded in line with expectations and captured on Datix as potential/actual safeguarding concerns. The service must consider if repeated occurrences indicate a theme or trend that is in itself a concern that requires reporting.

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- 10.30. However, on other occasions, the application of the guidance may indicate that some Local Authority intervention is required, and as such a referral should be completed and raised with the Local Authority. The local Authority will then make the decision about what further enquiries are required. They will make this decision either independently or in discussion with another partner agency depending on the nature of the concern.
- 10.31. The Local Authority will then make the decision about what further enquiries are required. They will make this decision either independently or in discussion with another partner agency depending on the nature of the concern.
- 10.32. If a referral to the Local Authority Safeguarding Team is required, this must be undertaken within 24 hours. Where possible, (with the support of the Safeguarding Lead or Manager) the colleague who observes a concern or receives a disclosure should be the individual to raise the referral.
- 10.33. If it is found that the adult does not meet the criteria set out in 5.2, then a section 42(2) or 126 (Wales) enquiry is not always necessary under these procedures. However if you are still concerned about the persons wellbeing or safety some other kind of intervention may be required which should be considered.
- 10.34. In addition to the various support options available to the individual, the person or agency alleged to have caused the harm may also be required to become involved in alternative procedures. These could include any of the following:
- Complaints investigation
 - Referral to the relevant regulator
 - Incident investigation
 - Serious Incident Investigation
 - Disciplinary procedures
 - Human Resource
 - Whistleblowing
 - Police / criminal investigation

Confidentiality

- 10.35. Information relating to individual Safeguarding cases should be treated confidentially in line with Data Protection expectations. Within the service, information that pertains directly to supporting the service users care needs must be shared with appropriate colleagues to ensure a trauma informed provision of care. Safeguarding concerns should be shared with the individual's wider multidisciplinary team (including GP and Care Coordinator) and the Commissioners as is deemed appropriate. It is important to be clear in communication to GP's as Service User access and potential proxy-access to GP health records mean that the GP must be mindful about what information is 'shown' in the record to ensure service user safety. Some commissioning arrangements will require that the safeguarding team within the commissioners must be informed. These arrangements should be captured in the individuals safeguarding care-plan and/or the service's Local Procedures.

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- 10.36. In certain circumstances it will be necessary to exchange or disclose personal information with other agencies. This must be done in accordance with relevant Cygnet policies e.g. Data Protection/Confidentiality and all relevant legislation including the General Data Protection Regulation 2018 and Data Protection Act 2018.
- 10.37. When sharing safeguarding information regarding an individual, staff will consider the following:
- Information should only be shared on a 'need to know' basis when it is in the best interests of the individual.
 - Informed consent should be obtained but, if this is not possible and other children are at risk of abuse or neglect, it may be necessary to override the requirement.
 - Distinguish fact from opinion.
 - Ensure you are giving the right information about the right person.
 - Ensure you are sharing information securely.
- 10.38. Inform the individual that the information has been shared if they were not already aware of this, careful consideration must be given to if sharing the information would create or increase the risk of harm to themselves/others.
- 10.39. If in doubt, the Safeguarding Lead or Manager must liaise with Cygnet Caldicott Guardian. The contact details for the Caldicott guardian is available on each site.

Independent Advocacy

- 10.40. Chapter 7 of the Care Act Guidance 2014 states that the Local Authority has a duty to arrange an Independent Advocate for adults who are subject to a Safeguarding enquiry or Safeguarding Adults Review. The aim of the duty to provide Advocacy is to enable people who have substantial difficulty in being involved in these processes to be supported in that involvement as fully as possible, and where necessary to be supported by an advocate who speaks on their behalf.
- 10.41. Local Authorities must arrange an Independent Advocate to facilitate the involvement of a person in their assessment, in the preparation of their care and support plan and in the review of their care plan, as well as in safeguarding enquiries and SARs. They must do this first, to people who have **substantial difficulty** in being fully involved in these processes and second, **where there is no one appropriate available to support** and represent the person's wishes.
- 10.42. No matter how complex an individual's needs, Local Authorities are required to involve people, to help them express their wishes and feelings, to support them to weigh up options, and to make their own decisions.
- 10.43. Where an Independent Advocate has already been arranged under the Care Act or under Mental Capacity Act 2005 then, unless inappropriate the same advocate should be used (see section 2.0 Mental Capacity Act 2005).

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10.44. If a Safeguarding Enquiry needs to start urgently then it can begin before an Advocate is appointed but one must be appointed as soon as possible. All agencies need to know how the services of an Advocate can be accessed and what their role is.

Mental Capacity Act 2005

10.45. The Mental Capacity Act (MCA) 2005 is in itself a safeguard for adults at risk of harm or abuse. Therefore, any application of the safeguarding adult's procedures must be in accordance with these legislative requirements. Please refer to MCA 2005 policy.

11. SAFEGUARDING AND PHYSICAL INTERVENTIONS

11.1. Restrictive interventions and practices must be considered a safeguarding concern where they are not lawful; whilst there are several laws influencing this area of practice (such as The Mental Health Units (Use of Force) Act 2018; see the Restraint and Violence Reduction Policy), a core test is that interventions are both necessary and proportionate to the risks they are intended to minimise or mitigate. It is important to consider that, as a result of the lived experiences of Service Users, there is a risk of or traumatisation or re-traumatisation through interventions and as such all interventions responding to a known risk should be risk assessed and care-planned accordingly.

11.2. Unlawful use of force (force that is neither necessary nor proportionate) is considered physical abuse and may require Police as well as safeguarding team involvement.

11.3. Where a physical restraint has been used, a full record of the incident must be made, stakeholders (including carers/family) must be made aware and if there is any question that the intervention was not necessary and/or proportionate the appropriate authorities informed as well as the appropriate regulatory body notification by the appropriate manager.

11.4. Advice from the local area Safeguarding Team, Local Authority Designated Officer (LADO) or 'on duty Social Worker' should take precedence over the opinions of physical intervention instructors about whether a referral is required, however the opinions of physical intervention instructors will undoubtedly inform a LADO process/safeguarding investigation.

11.5. Incidents involving physical restraint must be captured on Cygnet's online incident reporting system, good safeguarding governance requires such incidents to be considered through a safeguarding lens to identify the appropriate resulting actions.

11.6. When it is determined that a service user requires Long Term Segregation the Local Authority Safeguarding Team should be contacted as stated in the Mental Health Code of Practice (26.153). Another specific time when a referral to the safeguarding team should be considered in care settings include when it has been identified that a Mental Health Act assessment has been undertaken incorrectly (e.g. paperwork errors) and then therefore the service has been

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detained inappropriately. The Safeguarding Lead must be informed when a service user raises concerns about restrictive practice.

Note: Viewing incidents through a 'safeguarding lens' is good practice and is a way of identifying potential incidents of concern, whilst there may be some proportionate early fact-finding (for example reviewing available CCTV and reports) it is important that this does not delay referral of concerns. Any direct allegations of abuse/unlawful use of force must be referred even if the available evidence contradicts the allegation, this evidence can and should be provided on request or accompany the referral itself if already available.

12. MANAGING ALLEGATIONS AGAINST PERSONS IN A POSITION OF TRUST

- 12.1. This policy should be read in conjunction with the [AA-PiPoT Policy](#), HR [Disciplinary Procedures](#), [Professional boundaries](#) and [Freedom to Speak Up](#) policies.

13. STATUTORY REVIEWS

- 13.1. All organisations that are asked to participate in a statutory review must do so. The input and involvement required will be discussed and agreed in the terms of reference for the review. Broadly, this will involve meeting regularly with colleagues and attending panels or review group meetings throughout the investigative phase. All health providers are required to provide and share information relevant to any statutory death review process. Requests for Multi-agency reviews
- 13.2. The [Multi-agency reviews procedures](#) outline the process to be undertaken when notified by a Safeguarding Adult Board or Safeguarding Children's Partnership of the intention for them to commission a multi-agency reviews. The names of such reviews can be (but are not limited to):
- Safeguarding Adult Review (SAR), SAR screening, Rapid Review, Domestic Homicide Review (DHR), Multi-agency Learning Review (MALR), Single – agency Learning Review (SALR), Single Unified Safeguarding Reviews (Wales), Single Agency Summary (SAS), Significant/Serious Case Review (SCR), Significant incident Learning Process, Root Cause Analysis (RCA) Adult Practice Review (APR), Learning Review, Child Practice Review (CPR).
- 13.3. Please be aware that some reviews will have a short deadline date (possibly only 5 days) of return to SAB's/Childrens Safeguarding Partnerships. Therefore urgent escalation is required to complete the required information, chronology and organisational quality assurance and sign off process by the Head of Safeguarding and Executive Director of Nursing.

Please ensure Multi-agency Reviews Procedure for Cygnet is followed using the link above the procedures are followed and upwards escalation is completed at the earliest opportunity as indicated. Escalation must include the Central Safeguarding Team (CST) and Executive Director of Nursing Learning Disability Mortality Review (LeDeR) programme

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- 13.4. The Learning Disabilities Mortality Review (LeDeR) programme is run by the University of Bristol on behalf of NHS England. It aims to make improvements in the quality of health and social care for people with learning disabilities, and to reduce premature deaths in this population. The major role of the LeDeR programme is to support local areas in England to review the deaths of people with learning disabilities aged 4 years and over at the time of their death. All deaths will be reviewed, regardless of the cause of death or place of death, in order to:
- Identify potentially avoidable contributory factors to the deaths of people with learning disabilities.
 - Identify differences in health and social care delivery across England and ways of improving services to prevent early deaths of people with learning disabilities.
 - Develop plans of action to make any necessary changes to health and social care services for people with learning disabilities.
- 13.5. When notified of the death of a child or young person aged 4 -17 years who has learning disabilities or is very likely to have learning disabilities but not yet had a formal assessment for this, the local CDR Partners should report that death to the LeDeR programme. As stated in the Child Death Review: Statutory and Operational Guidance (2018) the CDR partners should then ensure that the LeDeR programme is represented at the meeting at which the death is reviewed.
- 13.6. Refer to Cygnet's Unexpected Death Policy and the [LeDeR Procedures](#) (1-15.04)

Domestic Homicide Reviews

- 13.7. A Domestic Homicide Review (DHR) convened by the local Community Safety Partnership, is a multi-agency review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by a person to whom they were related or with whom they were, or had been, in an intimate personal relationship, or a member of the same household as themselves.

Safeguarding Adults Reviews

- 13.8. Safeguarding Adult Reviews (SARs) are required under the Care Act and convened by a SAB when an adult has died from, or experienced, serious abuse or neglect, and there is reasonable cause for concern about how agencies and service providers worked together to safeguard the person, as per the Social Care Institute for Excellence Quality Markers .

Other statutory reviews

- 13.9. Mental health homicide reviews, Multi-Agency Public Protection Arrangements (MAPPA), Serious Case Reviews and Learning Disability Mortality Reviews are carried out under separate arrangements but may, depending upon the circumstances, need to link to a Safeguarding Statutory Review. Such reviews may run parallel to Local Authority Safeguarding Inquiries and Serious Incident Investigations.

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14. TRAINING & SUPERVISION

- 14.1. All staff will receive information regarding Safeguarding on induction. The induction introduces the new staff member to policy, local safeguarding procedures and practice at the location. They will also be orientated to where to find information regarding safeguarding including relevant posters around the location.
- 14.2. All staff will complete mandatory training regarding safeguarding via Cygnet's Achieve system. The module also has off-line activities which demonstrate transference of knowledge and are signed off by the line manager. In addition to this, safeguarding workshops are provided both by internal trainers and by external companies as required.
- 14.3. Safeguarding training provided by the Achieve module includes domestic abuse, forced marriage, modern day slavery, radicalisation and cyber bullying. The Safeguarding Lead is responsible for promoting awareness of any regional or local issues including forced marriage, modern day slavery, and radicalisation.
- 14.4. Multi-disciplinary professionals should ensure that they are competent at the required level in line with the guidance in the Intercollegiate Documents.
- 14.5. The Intercollegiate Documents describe the following staff levels:
- **LEVEL 2:** All staff who have regular contact with patients, their families or carers, or the public.
 - **LEVEL 3:** All registered health and social care staff working with adults or children and young people who engage in assessing, planning, intervening and evaluating the needs of adults or children and young people where there are safeguarding concerns (as appropriate to role).
 - **LEVEL 4:** Specialist roles – Named Professionals.
- 14.6. Safeguarding training is provided as follows:

Safeguarding Training	Equivalent training 'level'
Safeguarding Induction	Level 1 <i>At site, during induction, meeting Safeguarding Lead(s) and being taught the site's Local Procedures including reporting expectations</i>
Safeguarding Individuals at Risk (Introduction)	Levels 1 + 2 Intercollegiate Documents
Keeping Children Safe in Education	<i>Keeping Children Safe in Education Statutory Guidance</i> <i>Education Colleagues only</i>

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Safeguarding Training	Equivalent training 'level'
Prevent Training	NHS England Prevent Competencies for Level 1-3
Safeguarding Individuals at Risk (Intermediate)	Level 3 Intercollegiate Documents
Safeguarding Individuals at Risk (Advanced for Safeguarding Leads)	Level 3-4 Intercollegiate Documents
Bespoke Safeguarding workshops/masterclasses	Level 3-4 Intercollegiate Documents
'Lunch and Learn' Safeguarding Sessions	<i>Available on request to the Central Safeguarding Team</i>
Board Safeguarding Workshop	Intercollegiate Document Board Level outcomes

Safeguarding Supervision

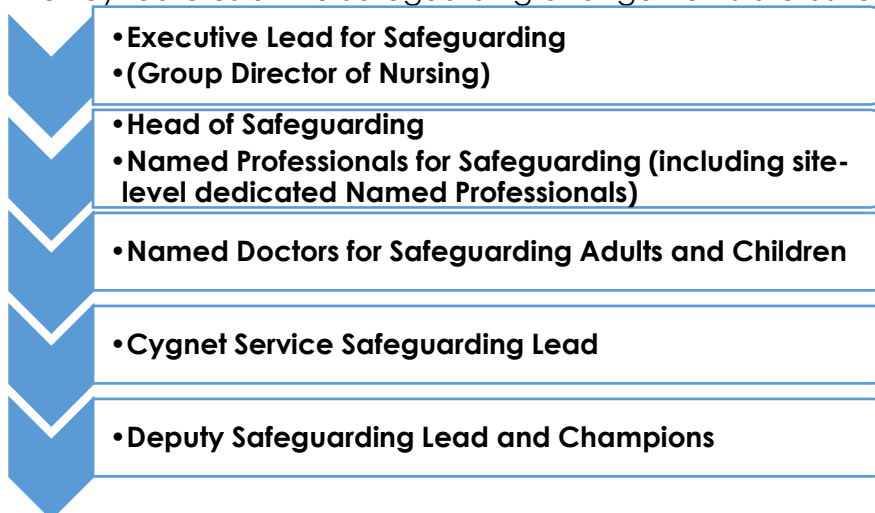
- 14.7. Effective supervision is important to promote good standards of practice and to support individual staff members. It should ensure that practitioners fully understand their roles, responsibilities and the scope of their professional discretion and authority. It should also help identify the training and development needs of practitioners, so that each has the skills to provide an effective service.
- 14.8. All supervision should include reflecting on, scrutinising and evaluating the work carried out, assessing the strengths and weaknesses of the practitioner and providing coaching development and pastoral support.
- 14.9. Safeguarding is a standard item in all forms of supervision, this ensures that all colleagues receive safeguarding supervision that is proportionate to the roles and responsibilities. Colleagues with dedicated safeguarding roles (Safeguarding Leads and members of the Safeguarding governance structure) have additional access to dedicated Safeguarding supervision through Regional Safeguarding Forums and directly from the Central Safeguarding Team when requested.

15. ACCOUNTABILITY

16. SAFEGUARDING GOVERNANCE
Strategic and organisational arrangements

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16.1. The key features of the Safeguarding arrangements are as follows:



Executive Lead for Safeguarding (Group Director of Nursing)

16.2. Is the identified Executive Lead and the named person at Board level to champion the importance of safeguarding for both adults and children throughout the organisation. The Executive Lead is responsible for:

- Ensuring that Cygnnet staff are aware of adult and child safeguarding policies and procedures, and provide appropriate training and support to clinical staff.
- Ensuring any significant adult or child protection concerns are presented to the Executive Management Board as required.

Head of Safeguarding and Central Safeguarding Team (Named Professionals)

16.3. The Head of Safeguarding is the identified professional within the senior management team to support the board in executing the statutory responsibilities for safeguarding in Cygnnet, and the Central Safeguarding Team support service-level Safeguarding Leads and Managers regarding the management of safeguarding matters in our wards and units across the group.

16.4. The Central Safeguarding Team are responsible for:

- Updating policies as required in line with safeguarding adults and child protection guidance and legislation.
- Supporting Learning and Development to update training as required in line with safeguarding adults and child protection guidance and legislation.
- Communicating any changes to the Executive Lead and disseminate relevant safeguarding information to all staff through the aforementioned safeguarding structures within each site.
- Advising senior managers, where necessary, with regard to adult and child protection issues.
- Monitoring the recording and handling of incidents and complaints involving adult and child protection issues.
- Overseeing and supporting the processes regarding allegations against persons in a position of trust processes.

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- To oversee and support, or be the Independent Management Review authors for Cygnet in the event of a Safeguarding Adults Review (SAR) or Domestic Homicide Review (DHR) being commissioned by the Safeguarding Adults Board or Community Safety Partnership.

Named Doctor for Safeguarding Adults

- 16.5. The Named Doctor has a key role in promoting good professional practice within the organisation. The Named Doctor is responsible for:
- Providing advice, expertise and support for professionals.
 - Ensuring safeguarding responsibilities are undertaken across the Cygnet services to safeguard all adults in Cygnets care.

Cygnet Service Safeguarding Lead

- 16.6. Safeguarding Leads are designated as having responsibility for co-ordinating safeguarding locally at their particular unit, and working alongside the Safeguarding Leads in education if the unit has an on-site education provision. They would also be responsible for monitoring the actions of their staff to safeguard and promote the welfare of adults and children. The responsibilities include ensuring that adults, children and young people are listened to appropriately and concerns expressed about their own or any other individual's welfare are taken seriously and responded to in an appropriate manner. The Safeguarding Lead should champion safeguarding matters across the service, and support the Central Safeguarding Team to execute Cygnet's mandatory safeguarding responsibilities. A template role descriptor is available from the Central Safeguarding Team on request.

NOTE: In addition to Safeguarding Lead(s), services or Regions/Divisions may also have access to a dedicated Named Professional who is considered the senior Safeguarding specialist colleague for the service(s) with direct links and support from the Central Safeguarding Team, supporting and advising operational managers, Safeguarding Leads/Deputies and other staff. Where a dedicated Named Professional is in place, they will act as the service(s)' Person in a Position of Trust Lead or provide advice on this area of practice for the Region/Division on behalf of the Central Safeguarding Team.

- 16.7. For the purpose of this Policy the 'Designated Safeguarding Person' (Wales only) will be referred to as the Safeguarding Lead.

Deputy Safeguarding Lead

- 16.8. Each Cygnet inpatient unit service should appoint at least one Deputy Safeguarding Lead, this role is primarily to provide advice and act as support to the unit based team regarding safeguarding matters. They would also act in a supporting role to the Safeguarding Lead for the unit. Deputy Safeguarding Leads should receive the same support, training and safeguarding supervision as the other Safeguarding Leads in a service to enable them to carry out this role effectively. Deputy Safeguarding Leads may also support in the delivery of safeguarding training at induction or facilitate safeguarding supervision sessions for their respective areas of practice. Registered Managers should ensure the

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number of deputy Leads are proportionate to the service provision, acuity and service needs, deputies should be clearly indicated on safeguarding structures visible at site.

- 16.9. For the purpose of this policy the Designated Deputy Person (Wales only) will be referred to as the Deputy Safeguarding Lead

Chief Executive

- 16.10. The Chief Executive will support and promote the development of initiatives to improve the prevention, identification and response to abuse and neglect.

Executive Board

- 16.11. All members of the executive board have a responsibility to ensure there is Board level leadership, an overall policy in place and an organisational culture which places service users and their wellbeing at the centre of safeguarding, and that endeavours to prevent harm, abuse, and neglect from occurring.

Managers

- 16.12. Managers are accountable for the safeguarding practice within their service(s). They are responsible for ensuring that staff are aware of this policy, receive training and offer support to those reporting abuse. It is important to recognise that dealing with situations involving abuse and neglect can be stressful and distressing for staff.

Regulated professionals

- 16.13. Staff governed by professional regulation (for example, social workers, doctors, allied health professionals and nurses) should understand how their professional standards and requirements underpin their organisational roles to prevent, recognise and respond to abuse and neglect.

All staff

- 16.14. All staff are responsible for identifying and responding to allegations of abuse. Staff at operational level need to share a common view of what types of behaviour may be abuse or neglect and what should be an initial response to suspicion or allegation of abuse or neglect.
- 16.15. All staff should make sure that they have familiarised themselves with their local multi-agency safeguarding policy as this policy is designed to complement rather than replace the multi-agency policies which define the local practice that must be followed.

17. STANDARD FORMS, LETTERS AND REFERENCES

This policy

- 17.1. Local Safeguarding Procedure (Adults and Children)(4-15.01)
17.2. Online Safeguarding statement (4-15.14)
17.3. Staff Safeguarding Contacts Poster (4-15.02)
17.4. Staff Safeguarding Handbook (4-15.03)
17.5. Staff Safeguarding Flowchart Poster(4-15.04)
17.6. Individual Safeguarding Poster (inc. LD and Easy Read) (4-15.05)
17.7. Safeguarding Guide EASY READ (4-15.06)

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- 17.8. Safeguarding Guide LD(4-15.07)
- 17.9. Multi-agency Reviews Procedures (4-15.09)
- 17.10. Adult/CAMHS Protocol(4-15.10)
- 17.11. Safeguarding Concern Form (4-15.11)

Linked Policy

- 17.12. Safeguarding Children & Young People (4-16)
- 17.13. Safeguarding in Schools (4-17)
- 17.14. Adult Support and Protection (Scotland) (4-24)
- 17.15. Positive and Safe Practice: Reducing Restrictive Practice (2-05)
- 17.16. Chaperone(2-11)
- 17.17. Allegations Against Persons in a Position of Trust/PIPoT (4-18)
- 17.18. Unexpected Death of an Individual (1-15)
 - LeDeR Procedures (1-15.04)
- 17.19. Incident Reporting and Management (4-14)
- 17.20. Prevent Strategy and Policy (4-21)
- 17.21. MAPPA-Sex Offenders (4-20)
- 17.22. Mental Capacity Act, Advance Decisions and Advance Statements (5-01)
- 17.23. Deprivation of Liberty Safeguards (5-03)
- 17.24. Freedom to Speak Up (Whistleblowing) (HR 03)
- 17.25. Code of Conduct (HR 02)
- 17.26. Disciplinary Procedures (HR 15)
- 17.27. Recruitment (HR 18)
- 17.28. Professional Boundaries (HR 16)
- 17.29. Data Protection, Access to Information and Confidentiality (IG 02)
- 17.30. IMT Acceptable Use (IG 03)
- 17.31. Admissions (1-02)
- 17.32. Transfer and Discharge (1-13)

References, Guidance and Further Reading

- 17.33. Care Quality Commission at www.cqc.org.uk
- 17.34. CQC Notification form at www.cqc.org.uk
- 17.35. HIW Notification form at www.hiw.org.uk
- 17.36. Healthcare Inspectorate Wales www.hiw.org.uk
- 17.37. Safeguarding in Wales <https://safeguarding.wales/> - All Wales Safeguarding Procedures.