



# Safeguarding and Delivering Quality Care

Paulette Nuttall  
Designated Safeguarding Adults and  
MCA Lead Nurse



# Care Act 2014

- Local Authority lead
- Enquiries
- Duty to cooperate
- Safeguarding Adults Boards
- Safeguarding Adults Reviews
- Information sharing
- Advocacy



# Legislation

- Care Act 2014
- Vetting and Barring
- Domestic violence , crimes and victims Act 2004
- Fit and proper persons test
- Duty of Candour 2015
- Criminal Justice Courts Act 2015
- MCA and DoLs 2005/9
- PREVENT



# Patterns of Abuse and Neglect

- Physical abuse
- Emotional and psychological abuse
- Domestic abuse
- Sexual abuse
- Financial and material
- Modern slavery
- Discriminatory abuse
- Organisational abuse
- Neglect and acts of omissions
- Self neglect



# Who do we safeguard?

Section 42-46 replaces the No Secrets Guidance 2000

Safeguarding adult duties now applies to an adult who:

- *Has needs for care and support (whether or not the local authority is meeting any of those needs) **and**; is experiencing, or at risk of, abuse or neglect; **and** as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.*



# Key Principles of Safeguarding

- **Empowerment**- presumption of person led discussion and consent
- **Protection**-support and representation for those in the greatest need.
- **Prevention**- its better to take action before harm occurs
- **Proportionality**-proportionality and least intrusive response appropriate to the risk presented.
- **Partnership**-local solutions through services working in their communities.
- **Accountability**-accountability and transparency in delivering safeguarding.



# Empowerment- presumption of person led discussion and consent

## Commissioners ask care homes to demonstrate:

- They support residents to make their own decisions and to be involved in decisions about how care and treatment is provided
- Compliance with the MCA – this includes ensuring that any decisions taken on behalf of a person which has been assessed as lacking capacity (to make that decision) is made in their best interest
- They provide personalised services that promote choice and control for the individual whilst ensuring their safety
- Residents and relatives have information on what they can expect from their service provider and information about complaints
- Risk assessment and risk enablement processes are clearly defined and effective.



# Protection-support and representation for those in the greatest need.

## Commissioners ask care homes to demonstrate that they:

- Work as part of multi-agency partnerships to promote good safeguarding practice
- Use a ‘best interests’ process to protect people who may lack the capacity to make decisions or raise concerns to protect themselves.
- Understand the circumstances under which a local authority or CCG may appoint an Independent Mental Capacity Advocate
- Can demonstrate robust recruitment procedures

# Prevention- its better to take action before harm occurs

## Commissioners ensure that care homes:

- Incorporate safeguarding principles into [recruitment, induction and supervision](#)
- provide a safe environment and can demonstrate good practice on health and safety
- Provide (or access) [good quality training](#) on quality standards and safeguarding for all care and support staff
- Demonstrate good leadership and a culture of dignity and respect
- Encourage staff to question poor practice, to develop learning and avoid a blame culture
- Properly support and monitor residents who may present a risk to others
- Can demonstrate how they learn from mistakes
- Can demonstrate good practice in administration of medication, falls prevention, pressure sore care, nutritional care and financial safeguarding.



## Proportionality-proportionality and least intrusive response appropriate to the risk presented.

**Commissioners work with local safeguarding leads to ensure care homes can demonstrate that:**

- They are following multi-agency procedures
- Responses to alerts are based on good decision making and proportionality and that the process is transparent
- They understand what constitutes a ‘complaint’ and what should be treated as a ‘safeguarding alert’
- They are clear about what is poor, acceptable and best practice in safeguarding



# Partnership-local solutions through services working in their communities.

## Commissioners :

- Commissioners work with safeguarding leads to ensure:
- There is clarity about safeguarding responsibilities with all partners
- Roles and responsibilities for all agencies for responding to alerts are clearly set out in local multi-agency safeguarding procedures
- All local partners participate in the local Adult Safeguarding Board
- Coordination of intelligence from all partners including the CQC, police and health professionals on commissioned services for quality and risk assessment.



# Accountability-accountability and transparency in delivering safeguarding.

## Commissioners ask care homes to demonstrate:

- Compliance with contracts and CQC quality standards
- Strong leadership and effective staff supervision
- That staff are well trained and competent
- That staff understand safeguarding procedures and know what action to take in the event of a safeguarding alert
- That staff understand their responsibility to raise concerns about poor practice, abuse, neglect and harm.

***SCIE 2015***



***Bristol Clinical Commissioning Group***



# Holding NHS Providers to account for Safeguarding

## **NHS standard contract 2016/17 Safety and Safeguarding**

- **SC32 Safeguarding, Mental Capacity and PREVENT**

The Provider must ensure that Service Users are protected from abuse and improper treatment in accordance with the Law, and must take appropriate action to respond to any allegation of abuse.

- **32.8 the Provider Must :**

co-operate fully and liaise appropriately with third party providers of social care services in relation to, and must itself take all reasonable steps towards, the implementation of the **Safeguarding Information Sharing**

# Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework 2015

- All staff, whether they work in a hospital, a care home, in general practice, or in providing community care, and whether they are employed by a public sector, private or not-for-profit organisation, have a responsibility to safeguard children and adults at risk of abuse.



# References

- SCIE <https://www.scie.org.uk/publications/guides/guide46/commonissues/index.asp>
- NHSE <https://www.england.nhs.uk/nhs-standard-contract/17-18/>
- Duty of Candour [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/295773/Duty\\_of\\_Candour\\_Consultation..pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/295773/Duty_of_Candour_Consultation..pdf)
- Accountability Assurance Framework <https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-accountability-assurance-framework.pdf>



Thank you



*Bristol Clinical Commissioning Group*