



Superior
Healthcare
Group

Safeguarding Policy and Procedure

Version 6 – June 2025



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Version Control

Document Title	Safeguarding Policy and Procedure
Author	Adele Blythe, Head of Complex Care
Last reviewed	14/05/2025 Jo Rychlik, Head of Quality and Governance
Last amended	14/05/2025 Jo Rychlik, Head of Quality and Governance
Next review due	01/05/2026

Version Details

Date	Version No	Status	Author	Reviewer	Approved By	Comments
03/10/2018	1.0	Final	ST	AB	AB	Final for publication
28/01/2020	2.0	Final	ST	AB	AB	Final for publication
03/05/2022	3.0	Final	AB	ST	ST	Final
22/11/2023	4.0	Final	JM	AB	AB	Final
01/02/2024	5.0	Final	AB	JM	AB	Final
03/06/2025	6.0	Final	AB	JR	AB	Final

Important Notice

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Accessible Formats

In accordance with the Accessible Information Standard, this policy is available in alternative formats upon request, including large print or easy read. Employees and clients who require information in a specific format should speak to their Nurse Manager, Coordinator or the Designated Safeguarding Lead.

1. Background

The Superior Healthcare Group Ltd recognises that children, young people, and adults can be vulnerable and at risk, in many ways. They are exposed to be abused within their own home, and any care, employment or educational setting, by family, friends, colleagues and care professionals.

As a group, we have a duty of care to do everything possible to prevent, report, and tackle abuse, whenever and wherever it is encountered.

1.1. Purpose

- To protect everyone's right to live safely, free from abuse and neglect.
- To set out the key arrangements and systems that we have in place for safeguarding.
- To promote the welfare of children, young people and adults at risk and to ensure compliance with our own policies and the legal frameworks.
- To have a clear, well-publicised policy of zero-tolerance of abuse within The Superior Healthcare Group Ltd.
- To meet the legal requirements of the regulated activities that Superior Healthcare Group Ltd is registered to provide. (see Appendix C)
- To support The Superior Healthcare Group Ltd to meet the CQC Key Lines of Enquiry, Safe, Effective, Responsive, Caring and Well-Led, through regular reviews and monitoring of:
 - People's experiences
 - Feedback from employees, clients, families and partners
 - Observations of care
 - Processes
 - Outcomes of care.

1.2. Scope

- The following roles may be affected by this policy:
 - **All roles**
- The following people may be affected by this policy:
 - **Clients:** that is any child, young person or adult to whom we offer care and support, who may be considered vulnerable, or at risk.
 - Vulnerability may occur either permanently or temporarily and may be caused by physical, psychological or social factors.
- The following stakeholders may be affected by this policy: Family, Advocates, Representatives, Commissioners, External Health Professionals, Local Authority, NHS/Integrated Care Boards (previously Clinical Commissioning Groups).

The Registered Manager and the Designated Safeguarding Lead have overall responsibility for the implementation of this policy.

1.3. Objectives

To implement the 5R's of Safeguarding: to recognise, respond, report, record and refer any concerns that we may have:

- To ensure that our employees understand their responsibilities in relation to safeguarding and know who to escalate concerns to within The Superior Healthcare Group Ltd.
- To safeguard and promote the wellbeing of those at risk, in line with our own, and local and national policies and procedures.
- To provide our employees with training and guidance on how they should behave if they suspect that someone may be placing themselves or others at risk of abuse or harm.
- To train and guide our employees on how to report and record their concerns.
- We aim to empower all our clients to make choices, and to have control over how they live their own lives.
- We aim to ensure that all children, young people, and adults at risk of abuse or neglect are enabled to live, work and study, safely and free from abuse, harassment, violence and aggression.

2. Policy

- The Superior Healthcare Group Ltd recognises that everyone has a right to be safeguarded from abuse or neglect and we are committed to the implementation of our own policies, as well as working within existing legal frameworks and statutory guidance.
- We recognise that safeguarding children, young people, and adults at risk is everybody's business.
- We aim to provide services, without discrimination against disability, age, gender, sexual orientation, race, religion, culture or lifestyle. We will always encourage clients to express their personal choices and preferences, even when self-determination may involve risk.
- We aim to support and protect our clients, making sure that they are not only listened to, but heard, and that both they and the things that they value, are treated with respect, compassion, and dignity.
- When working with adults at risk, The Superior Healthcare Group Ltd will practice within the following principles, as defined by the Care Act 2014:
 - **Empowerment:** people being supported and encouraged to make their own decisions through informed consent.
 - **Prevention:** It is better to act before harm occurs.
 - **Proportionality:** the least intrusive response appropriate to the risk presented.
 - **Protection:** support and representation for those in greatest need.
 - **Partnership:** local solution through services working within their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
 - **Accountability:** accountability and transparency in delivering safeguarding.
- When working with children, The Superior Healthcare Group Ltd will follow the principles set out in the Children Act 1989 and the statutory guidance Working Together to Safeguard Children 2018. These principles are:
 - To protect children from abuse and maltreatment
 - To prevent harm to children's health or development.
 - To ensure children grow up with the provision of safe and effective care.
- Our robust governance processes will make certain that our employees recognise and promptly respond to safeguarding concerns. The categories of abuse for children, young people and adults are set out in Appendix A.
- Our employees must maintain high standards of practice at all times and remain vigilant about the possibility that a person is at risk, whilst doing all they can to minimise the risk potential.

- Our employees must ensure that the children, young people, and adults they work with are informed and empowered to raise concerns. They must also ensure that they have access to aids to communication, as identified by the Accessible Information Standards.
- The specific duties and responsibilities of The Company, The Designated Safeguarding Lead, The Registered Manager, Line Managers, and all employees are set out in Appendix B.

2.1. General Principles

- The Superior Healthcare Group Ltd adopts a zero-tolerance policy towards abuse.
- We recognise that cultural background, religious beliefs, gender identity, sexuality, disability, and other aspects of personal identity may influence how abuse is experienced and reported. Our safeguarding approach is inclusive and trauma-informed, ensuring people feel safe, heard, and respected regardless of background.
- We have robust policies in place to make sure that our employees are fit to work, and are compliant with safe recruitment policies, including the requirements of the Disclosure and Barring Service (DBS) and the Care Quality Commission (CQC)
- Our Designated Safeguarding Lead is responsible for embedding safeguarding practices, and ensuring that we listen and learn, to continuously improve our own practices. He/she will ensure that lessons learnt are shared across the group, to encourage reflection and improvement in all that we do.
- Any employee who knows or believes that harm is occurring **must** report it to their line manager as quickly as possible, or, if they feel that they are unable to follow the regular reporting procedure, they must use the Whistleblowing Process.
- We recognise our responsibility to maintain confidentiality and will only share information when necessary and in compliance with our internal policies and the relevant local and national safeguarding guidelines. We will work in partnership with appropriate external agencies to ensure that concerns or allegations of abuse are reported and referred for investigation.
- Our non-clinical employees will adhere to the Skills for Care Code of Conduct for Healthcare Support Workers and Adult Social Care Workers. Our clinical employees (Registered Nurses) will adhere to the Nursing and Midwifery Council (NMC) Code of Conduct: Professional standards of practice and behaviour for nurses, midwives, and nursing associates.
- We recognise the importance of being open and honest, we have a Duty of Candour policy, and we comply with the statutory requirements in this key area. We also have a clear Whistleblowing Policy in place, all of which our employees have access to.

2.2. Prevention and providing information to support clients.

All clients will receive a copy of the Client Handbook, inclusive of the Complaints Policy and Procedure, outlining the process for complaints and how to escalate to external agencies, should they not be satisfied with the approach or response from Superior Healthcare.

2.3. Training and Competencies

- All employees receive comprehensive safeguarding training during their induction, which includes recognising, responding to, and reporting concerns or incidents of abuse or harm. This training is regularly updated to ensure alignment with current safeguarding standards and legislation.

- Safeguarding refresher training will be provided bi-annually and may be tailored depending on job role. The Designated Safeguarding Lead and the L&D Manager are responsible for ensuring all employees receive appropriate training and that records of attendance and completion are maintained and regularly audited.
- Additional training will be provided where learning needs are identified following incidents, audits, or changes in legislation.

3. Procedure

3.1. Responding to a disclosure, suspicion or witnessing of abuse.

- Where a child, young person or adult at risk discloses potential abuse or harm, our employees will be able to follow the 5 Rs of Safeguarding:
 1. **Recognise:** identify that the person may be describing abuse, even when they may not be explicit.
 2. **Respond:** stay calm, listen and show empathy. Tell the person they did the right thing in telling you. Tell them you are treating the information seriously and that it is not their fault. Explain that there are processes that must be followed, and that, while their information will be treated with care, it cannot be held in confidence due to the need to protect their safety and wellbeing. **Reassure** them that it will be taken seriously and explain that there is a duty to report the issues internally and what may happen next.
 3. **Record:** write up the Safeguarding Concern/Incident Form clearly and factually, and within 24 hours of the concern being identified.
 4. **Report** in a timely manner: following Superior Healthcare's reporting structure, always being mindful that the welfare of the person at risk is paramount. Be aware of the possibility that medical evidence or emergency intervention may be needed.

3.2. Responding to concerns of maltreatment – what to do.

1. Follow the procedure set out in the Safeguarding Flowchart (Appendix C)
2. Make an immediate evaluation of the risk and take steps to ensure that no child, young person or adult is in immediate danger.
3. Evaluate your own risk, and safety and protection need.
4. In the event of a medical emergency, if a crime is in progress, or there is any other immediate risk of injury, or threat to life, then immediately call 999 for emergency services.
5. The person in your care may feel frightened, so you must ask or ascertain whether they want to arrange for someone they feel comfortable with to stay with them.
6. You **must contact your line manager as soon as possible** to inform them of the incident or concern and complete all relevant reports and documentation, within the policy guidance.

3.3. Completing the Safeguarding Concern / Incident Form.

- **Consider the 5 W's principle and include as much information as possible:**
 - **Who** is it about: Make a note of what the person said, using their own words and phrases. If there is supporting evidence, such as Body Maps, photographs, statements, include these with the report and refer to them when completing the Safeguarding Concern/Incident Form.
 - **What** happened: Describe the circumstances in which the disclosure came about.

- **When** did it take place: Detail the date and time that this all happened.
- **Where** did it take place: note the setting and anyone else who was present at the time.
- **Why** did it happen: **Give** a background of events. Was there a trigger to what has taken place, were there any significant events leading up to this? Had there been previous concerns or incidents?

3.4. Referral to External Agencies

- The Designated Safeguarding Lead (DSL) and Registered Manager (RM) will work together in the decision-making process to ensure the appropriate referral to external agencies. In the absence of the DSL/or RM, where a matter is urgent and requires a referral to an external agency, the concern will be discussed with the CEO.
- In the unlikely event that both the CEO and the DSL/RM are unavailable, the Nurse Manager must seek the advice of the relevant statutory agency.
- The Superior Healthcare Group Ltd will ensure that all Local Authority's safeguarding referral processes are followed.
- Where there has been a consultation call made to the Local Authority, and they have advised that a safeguarding concern is to be raised, we will do so within 48hrs of the discussion, to avoid any increased risk.
- The appropriate KASAF/LADO/Single Request for Support Forms can be found on the Local Authority's website.

By law, all safeguarding concerns where a referral to a local authority has been made require a Statutory Notification to be sent to CQC. This includes all safeguarding concerns and events where there have been reports made to the Police.

3.5. Involving our clients through the process

Consent and Data Protection

- In line with UK GDPR and the Data Protection Act 2018, safeguarding information may be shared without consent where there is a reasonable belief that a person is at risk of, or experiencing, abuse or neglect.
- This falls under the "vital interests" or "public task" legal basis for information sharing. Wherever appropriate and safe, individuals will be informed that a concern is being raised, unless doing so may increase risk to them or others.
-
- If our employees are not clear on the need for consent, then they are to raise this with their Line Manager (usually Nurse Manager), or Coordinator, who may also seek further direction from the Designated Safeguarding Lead.

General Arrangements

- The individual and any relevant parties must be supported by the service to take part in the safeguarding process in the capacity that they wish or are able to, and their decisions and opinions.
- A review of the client's Care and Support Plan must be undertaken following the incident.
- The individual and any relevant parties must be supported by the service to take part in the safeguarding process, and they must be kept up-to-date and informed of any progress, or actions taken. In this regard, The Superior Healthcare Group Ltd will be guided by the statutory services involved in the process. This may cause a delay in any internal investigations or actions that may follow.

Confidentiality and Information Sharing

- When sharing information for safeguarding purposes, we will adhere to the following principles, ensuring that confidentiality is maintained while complying with legal requirements for disclosure: Personal information will be shared in a manner that is compliant with our statutory responsibilities.
- Employees will receive appropriate training on client confidentiality and secure data sharing, in line with the General Data Protection Regulation.
- The Superior Healthcare Group Ltd is clear that the welfare of the child/adult at risk is paramount.

4. Escalation

- Everyone has a responsibility to escalate safeguarding concerns, and if they consider that their concerns have not been addressed satisfactorily by The Superior Healthcare Group Ltd, they should escalate it to external agencies (See Appendix A)
- All employees must be aware of the local escalation processes and the requirement to escalate their concerns, if they have not been addressed to their satisfaction.

5. DBS and NMC Referrals

- As part of our statutory duties as a registered healthcare provider, we recognise the importance of making referrals to the Disclosure and Barring Service (DBS) and the Nursing and Midwifery Council (NMC) when necessary.
- These referrals are not optional but are required by law to ensure that individuals who pose or could pose a risk to client safety or fail to meet professional standards are appropriately investigated and managed. We will consider making these referrals when there is evidence of serious misconduct, criminal behaviour, or performance concerns that could impact patient care.
- When addressing employee-related concerns involving external agencies, we will apply the same robust process, regardless of whether the individual is directly employed by Superior Healthcare or by an external healthcare provider. This ensures that incidents or concerns are reported and managed in accordance with the correct protocols, safeguarding the well-being of all involved.

5.1. Disclosure and Barring Service (DBS) Referral

- Providers of care have a statutory requirement to refer workers to the DBS, if they consider that the employee has posed or caused harm to a person, and where it has led to them being removed from the regulated activity. This requirement covers both existing employees and those who leave their employment, and whose conduct comes to light later.

5.2. Nursery and Midwifery Council (NMC) Referral

- In line with our commitment to safeguarding, we will consider making a referral to the Nursing and Midwifery Council (NMC) if a nurse is involved in serious misconduct, a criminal offense, or performance concerns that compromise client safety or breach professional standards. We will also refer any cases where there are significant health issues affecting the nurse's ability to practice safely.

- The decision to refer will be based on a thorough internal investigation, ensuring that the referral is appropriate and justified. Where applicable, we will follow the NMC's referral process, documenting all actions taken and providing the necessary information to support the referral.

6. Risk Assessment and Management

- Achieving a balance between the rights of the client or their parent, guardian or appointee, and the importance of adequate protection can be a challenging task. The assessment of risk in all care and support planning is dynamic and ongoing, whilst also being subject to regular reviews and immediate responses, should a person's situation change. This is particularly relevant when considering safeguarding processes.
- We will undertake comprehensive risk assessments to ensure that we take a balanced approach to a person's right to choice, whilst considering their capacity, and/or the competence of their parent, guardian, or appointee.

7. Whistleblowing

- Whistleblowing is an important aspect of the support and protection of children, young people, and adults at risk of harm and employees must share genuine concerns about a colleague's or manager's behaviour. Their behaviour may not be directly related to a person at risk, but they may not be following their professional code of conduct, thus falling below the high standards of practice expected.
- The Superior Healthcare Group Ltd has a Whistleblowing Policy in place, and all employees must be familiar with the policy and show an understanding of how to escalate and report concerns.

8. Learning and Continuous Improvement

- Safeguarding concerns and incidents will be reviewed by the Leadership Team as part of root and cause analysis with the following terms of reference:
 - Review incident themes.
 - Reports from the lead responsible for safeguarding within the organisation.
 - Look in detail at specific cases to determine learning or organisational learning.
 - Ensure implementation of the Safeguarding Policy and Procedure.

9. Key Contacts

9.1. Superior Healthcare Group

- **Adele Hathorn RN – Head of Complex Care & Registered Manager**

The Superior Healthcare Group
Gazette House
5-8 Estuary View Business Park
Boorman Way
Whitstable, Kent
CT5 3SE

Tel: 01227 771122

E-mail: adelehathorn@superiorhealthcare.co.uk

- **Julie Moore – Quality Assurance Manager & Designated Safeguarding Lead**

The Superior Healthcare Group
Gazette House
5-8 Estuary View Business Park
Boorman Way
Whitstable, Kent
CT5 3SE

Tel: 01227 771122

E-mail: juliemoore@superiorhealthcare.co.uk

- **Stewart Thorp – Co-Founder and CEO**

The Superior Healthcare Group
Gazette House
5-8 Estuary View Business Park
Boorman Way
Whitstable
Kent
CT5 3SE

Tel: 01227 771122

E-mail: stewartthorp@superiorhealthcare.co.uk

9.2. Regional Safeguarding Teams

ESSEX

- **ADULT SERVICES**
Tel: 0345 6037 630
Tel: 0345 6061 212 (Out of Hours)
- **CHILDREN SERVICES**
Local Area Designated Officer (LADO)
Tel: 0345 6037 627
Tel: 0345 6061 212 (Out of Hours)

HAMPSHIRE

- **ADULT SERVICES**
Tel: 0300 555 1386
Tel: 0300 555 1373 (Out of Hours)
- **CHILDREN SERVICES**
Local Area Designated Officer (LADO)
Tel: 01962 876 364

HERTFORDSHIRE

- **ADULT SERVICES**
Tel: 0300 123 4042
- **CHILDREN SERVICES**
Tel: 0300 123 4043 (incl. Out of Hours)

KENT

- **Kent County Council Adult and Children Safeguarding Team**
Tel: 03000 41 61 61
Tel: 03000 41 91 91 (Out of Hours)
E-mail: social.services@kent.gov.uk
- **Kent County Council LADO Service**
Tel: 03000 41 08 88
Tel: 03000 41 91 91 (Out of Hours)

SURREY

- **Adult and Children Safeguarding Team**
Tel: 0300 4709 100
Tel: 01483 517 898 (Out of Hours)

SUSSEX

- **ADULT SERVICES**

Brighton and Hove
Tel: 01273 295 555

East Sussex

Tel: 0345 608 0191 (select Option 2 if Out of Hours)

West Sussex

Tel: 01243 642 121

- **CHILDREN SERVICES**

Brighton and Hove

Tel: 01273 290400

Tel: 01273 335906 or 01273 335905 (Out of Hours)

E-mail: frontdoorforfamilies@brighton-hove.co.uk

LADO: Darrel.clews@brighton-hove.gov.uk

East Sussex; Single Point of Advice Team

Tel: 01323 464222

Tel: 01273 335 906 or 01273 335 905 (Out of Hours)

West Sussex

Tel: 033 022 26450

Tel: 033 022 26664 / 07711769657 (Out of Hours)

E-mail: LADO@westsussex.gov.uk

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

- **ADULT SERVICES**
First Contract and Duty Team:
Tel: 01628 683 744
Tel: 01344 351 999 (Emergency Duty Service)
- **CHILDREN SERVICES**
Single Point of Access – Referral Team:
https://afc-self.achieveservice.com/service/SPA_MASH_Referral_RBWM

WESTMINSTER

- **ADULT SERVICES**
Tel: 02076 412 176 (incl. Out of Hours)
- **CHILDREN SERVICES**
Access to Children’s Services
Tel: 02076 414 000
Tel: 02076 412 388 (Out of Hours)

10. Definitions

10.1. Safeguarding (Adults and Children) and Child Protection

Adults: The Care Act 2014 defines adult safeguarding as “protecting a person’s right to live safely, free from abuse and neglect”. The protected categories are: physical abuse, emotional/psychological abuse, financial abuse, sexual abuse, organisational abuse, neglect, discriminatory abuse, domestic violence, modern slavery and self-neglect.

Adult at Risk: An adult at risk is defined by the Care Act 2014 as a person aged 18 and over who:

- Has needs for care and support (regardless of whether the local authority is currently meeting them);
- 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.

Children: The definition of safeguarding is broader and is set out in “Working Together to Safeguard Children 2018 - A guide to inter-agency working to safeguard and promote the welfare of children”. This is a statutory guidance that sets out the legislative requirements and expectations of individual services to safeguard and promote the welfare of children. This is the definition:

- Protecting children from maltreatment
- Preventing impairment of children’s health or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care: and
- Taking action to enable all children to have the best outcomes.

Separate to safeguarding children is **Child Protection**, defined in the Children Act 1989 as where “there is reasonable cause to suspect a child is suffering, or is likely to suffer, significant harm”. The Children Act 1989 introduced significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children. Physical abuse, sexual abuse, emotional abuse and neglect are all categories of significant harm. Harm is defined as the ill treatment or impairment of health and development.

In simple terms, safeguarding is the overall well-being of the child and every professional and every organisation is responsible for the safeguarding of children.

Age of a Child: In line with the United Nations Convention on the Rights of the Child, in the UK, a child becomes an adult in law at 18. We may use the term “young people” but there is no legal definition for the age of a young person. In legal terms all people under the age of 18, are children.

10.2. Duty of Candour

Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 intends to make sure that providers are open and transparent in relation to care and treatment with people who use their services.

Every healthcare professional must be open and transparent when something goes wrong with the treatment or care provided, particularly when it has the potential to cause harm or distress to the client. This is an integral part of our Duty of Candour policy, ensuring that we act responsibly and maintain trust. This means that healthcare professionals must:

- Tell the patient (or, where appropriate, the patient’s advocate, carer or family) when something has gone wrong.
- Apologise to the patient (or, where appropriate, the patients advocate, carer or family)

- Offer an appropriate remedy or support to put matters right (if possible), and:
- Explain fully to the patient (or, where appropriate, the patient’s advocate, carer or family) the short- and long-term effects of what has happened.

Healthcare professionals must also be open and honest with their colleagues, employers and relevant organisations, and take part in reviews and investigations when requested. They must also be open and honest with their regulators, raising concerns where appropriate. They must support and encourage each other to be open and honest and not prevent someone from raising concerns.

10.3. Gillick Competency and Fraser Guidelines

Gillick Competency and Fraser Guidelines are both tools to help those who work with children, to balance their responsibility to keep them safe, against the need to support a child’s personal wishes. The terms often heard are “is the child Gillick competent” or “do they meet the Fraser guidelines”. Although these terms are often used together, and originate from the same legal case, there are distinct differences between them:

The Fraser Guidelines still apply to advice and treatment relating to contraception and sexual health, but Gillick Competency is used to assess whether a child has the maturity to make informed decisions about their care. This process ensures that children’s decisions are respected where they are deemed capable of understanding the implications of those decisions, particularly regarding their health and wellbeing.

Assessing Gillick Competence

There is no set of defined questions to assess Gillick competency. Professionals need to consider several factors when assessing a child’s capacity to consent, including:

- The child’s age, maturity and mental capacity.
- Their understanding of the issues and what it involves- including advantages, disadvantages and potential long-term impact.
- Their understanding of the risks, implications and consequences that may arise from their decision.
- How well they understand any advice or information they have been given.
- Their understanding of any alternative options, if available.
- Their ability to explain the rationale around their reasoning and decision making.

Remember that consent is not valid if a young person is being pressured or influenced by someone else.

10.4. Accessible Information Standards

- The Accessible Information Standard says that people who have a disability or sensory loss should get information in a way they can access and understand.
- <https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/accessibleinfo/>

10.5. Local Safeguarding Boards/Partnerships

Local Authorities must have in place multi-agency arrangements to safeguard children and adults at risk. Some have partnerships that combine children and adults, some have separate boards/partnerships. Generally, for those that are separate, they will be referred to “Safeguarding Adults Boards” and “Safeguarding Children Partnerships”. The Superior Healthcare Group will follow the local arrangements in each of the authorities we operate in.

Appendix A: Categories of Abuse

1. Adult Abuse

There are ten categories of abuse for adults:

- Physical Abuse
- Domestic Violence or abuse
- Sexual Abuse
- Psychological or Emotional
- Financial or Material
- Modern Slavery
- Discriminatory
- Organisational or Institutional
- Neglect, or Acts of Omission
- Self-neglect

For more information on each of these categories and possible indicators, please use the link below:

- <https://www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse>

2. Child Abuse

The categories of abuse for children are set out in the statutory guidance “Working Together to Safeguard Children 2018” and are as follows:

- Physical
- Emotional
- Sexual
- Neglect

For more information on each of these categories and possible indicators, please use the link below:

- <https://www.met.police.uk/advice/advice-and-information/caa/child-abuse/what-is-child-abuse/>

Within the categories of abuse, there are also specific forms of abuse that may affect children, young people and adults at risk, including:

- Child criminal exploitation, including sexual exploitation and county lines: *Further guidance available [here](#)*
- Female Genital Mutilation (FGM)
- Grooming
- Harmful sexual behaviour
- Online abuse
- Radicalisation of children, young people, or adults at risk: *Further guidance available on our QCS policies portal (please search for ‘Protecting Adults at Risk from Radicalisation Policy and Procedure’) – [here](#)*

Categories can overlap and an abused child, young person or adult, often suffers more than one type of abuse.

3. Online Abuse

With the increasing use of technology, online abuse, including cyberbullying, grooming, and exploitation via digital platforms, poses a significant risk. All employees must be aware of these risks and actively monitor and report any concerns about online abuse. This includes monitoring social media, messaging platforms, and other online interactions where abuse may occur.

This type of abuse can include:

- Cyberbullying or online harassment
- Grooming or exploitation through social media or messaging platforms
- Coercion to share images or engage in harmful behaviour
- Radicalisation through online content

Employees must remain vigilant to online risks, particularly for children, young people, and individuals who may use assistive technology or receive care remotely.

4. Extremism

Although not specifically a category of abuse, extremism is something that the UK Government is currently very concerned about. As set out in Working Together to Safeguard Children 2018 “Extremism goes beyond terrorism and includes people who target the vulnerable – including the young- by seeking to sow division between communities on the basis of race, faith, or denomination; justify discrimination between women and girls; persuade others that minorities are inferior or argue against the primacy of democracy and the rule of law in our society. Extremism is defined in the Counter Extremism Strategy 2015, as the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. We also regard call for the death of members of our armed forces as extremist.

Appendix B: Specific Duties and Responsibilities

1. COMPANY DUTIES AND RESPONSIBILITIES

- Raise awareness of the need to protect children, young people and adults at risks and reduce risks to them.
- Ensure that employees who have contact with children, young people and adults at risks have the requisite knowledge, skill and qualifications to carry out their jobs safely and effectively.
- Ensure safe practice when working in partnership with other organisations, that they have adequate safeguarding arrangements in place, including appropriate policies and mechanisms to provide assurance on compliance.
- Manage a company that is safe for all employees, children, young people and adults at risk and an environment where poor practice is challenged.
- Ensure that safer recruitment processes will be followed, including all employees, associates, volunteers, young people and members of the Leadership Team who will be working with children, young people and adults at risk consent to vetting through the Disclosure and Barring Scheme.
- Ensure that when abuse is suspected or disclosed, it is clear what action must be taken.
- Ensure that the Chief Executive, members of the Leadership Team, Registered Manager and the Designated Safeguarding Lead are accountable for the effective implementation of this policy.
- Ensure that all employees receive copies of this safeguarding policy, are trained in its meaning and application and understand their responsibilities.

2. DESIGNATED SAFEGUARDING LEAD'S DUTIES AND RESPONSIBILITIES

- The Designated Safeguarding Lead (DSL) is responsible for ensuring that safeguarding is given high priority within the Company.
- The DSL has responsibility for deciding whether to refer any reported matters on to the police or to the local authority social care service. Where possible, referrals should be made on the same working day and certainly within 48 hours. It is the responsibility of the DSL to decide whether the parents/carers (if applicable) of the child or young person should be informed of the referral.
- Specific responsibilities of the DSL include:
 - Providing support and advice to line managers and all employees on safeguarding matters related to children, young people and adults at risks.
 - Ensuring that all employees receive training on safeguarding and child protection as part of their induction, and on an ongoing basis where required.
 - Managing referrals/cases reported and working with the Leadership Team to ensure resolutions.
 - Liaising with the Registered Manager to ensure that referrals are made to the relevant regulatory authorities.
 - Making referrals to the relevant local authority social care team where abuse of a child, young person or adult at risk is reported or suspected.
 - Referring the matter to the local authority designated officer (LADO) where an employee is alleged/suspected of child abuse.
 - Maintaining an overview of safeguarding issues and monitoring the implementation of this policy, in conjunction with the Registered Manager.

3. REGISTERED MANAGER'S DUTIES AND RESPONSIBILITIES

- To establish the facts about the circumstances giving rise for concern.
- To identify sources and, where possible, level of risk.
- To ensure information is recorded and that the Kent County Council's (or the relevant Local Authority's) Safeguarding Team is contacted to inform them of the concern or harm.

- If a client is at immediate risk of harm, the manager will contact the Police. If the client is an adult, the CQC will also be informed.
- In all cases of alleged harm, there will be early consultation between the Registered Manager, Kent County Council (or the appropriate Local Authority) and the Police to determine whether an investigation in partnership with The Superior Healthcare Group is required. We understand that it may also be necessary to advise the relevant Power of Attorney if one is appointed. When dealing with incidents of potential harm, people have rights which must be respected - these rights may need to be balanced against each other.
- If they are an adult, the wishes of the person harmed will be taken in to account whenever possible. This may result in no legal action being taken.
- Document any incidents of harm in the client's file. Physical injuries will be recorded using body maps.
- Follow local policy guidelines, in terms of information sharing and reporting processes to relevant agencies.
- Where required, report any incidents of abuse to the relevant regulatory authorities, in conjunction with the DSL.
- Work in partnership with other agencies, where required.
- Advise and support employees and ensure employees receive training relevant to their role.
- Actively promote The Superior Healthcare Group's Whistleblowing Policy.

4. LINE MANAGERS' DUTIES AND RESPONSIBILITIES

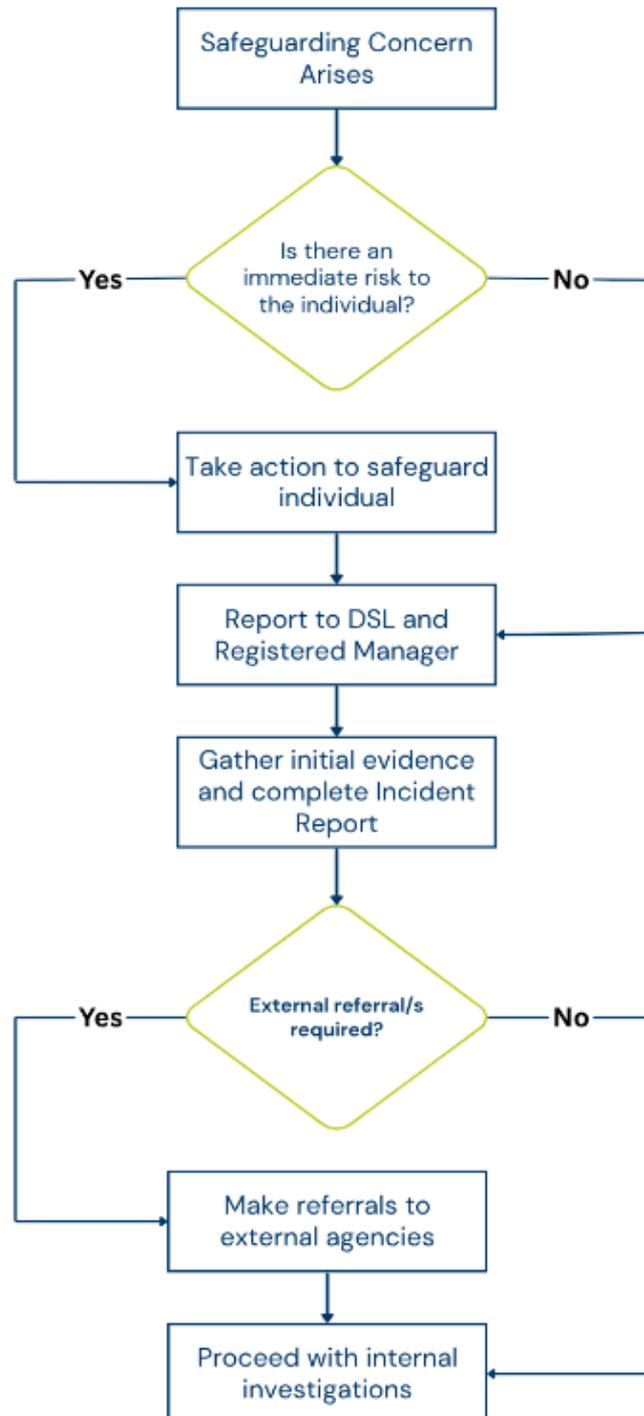
- To ensure that employees comply with the expectations set out within this policy.
- Be the first point of contact for reports of concerns/incidents.
- Completing the Safeguarding Concern/Incident Form and reporting all concerns to the Designated Safeguarding Lead (DSL), where necessary, and to work with the DSL to resolve issues.
- Providing advice and support to employees reporting disclosures or concerns.

5. EMPLOYEES' DUTIES AND RESPONSIBILITIES

- All staff have a responsibility to ensure the safety of children, young people and adults at risk with whom they work, to the best of their ability.
- To promote good practice and minimise and manage potential risks.
- To be able to recognise and report concerns/incidences of harm, or poor practice that may lead to harm, recording those concerns through the Safeguarding Concern/Incident Form.
- To remain up to date with training.
- To follow The Superior Healthcare Group's procedures.
- To know how and when to use The Superior Healthcare Group's Whistleblowing Policy.
- To understand the Mental Capacity Act and how to apply it in practice.
- To understand the principles of Gillick competency and how to apply the principles in practice.
- If an employee suspects that a child, young person or adult at risk is being harmed by experiencing, or already has experienced, abuse or neglect and/or is likely to suffer harm in the future, they must report to their line manager, the line manager will agree next steps.
- No employee should make a referral to an external agency, other than to the police in an emergency.
- All employees must be clear about local escalation guidance.
- **If an employee is concerned that a child or adult is in immediate danger, or requires immediate medical treatment, they must call the police and/or emergency medical services on 999 without delay.**

IT IS NOT THE RESPONSIBILITY OF THE SUPERIOR HEALTHCARE GROUP TO DECIDE WHETHER OR NOT ABUSE HAS TAKEN PLACE. IT IS THE RESPONSIBILITY OF EMPLOYEES TO ACT IF THERE IS CAUSE FOR CONCERN IN ORDER THAT THE APPROPRIATE AGENCIES CAN INVESTIGATE AND TAKE ANY ACTION NECESSARY TO PROTECT CHILDREN OR ADULTS AT RISK.

Appendix C: Safeguarding Flowchart / Process



Complex Care Incidents – Management Process

1. Incident is reported

The person receiving the concern creates an event on People Planner, ensuring that both the client and employee are linked. The event is titled 'Incident' and is allocated to:

- Quality Assurance Manager (QAM)
- Nurse Manager (NM)

2. Next steps:

- The person receiving the concern contacts the QAM via Incident Reporting Teams Chat, notifying of an event created on People Planner.
- If required, an incident report reference number is logged onto a spreadsheet by QAM who then opens an Incident Report Form via Teams, to be completed as a live document throughout the process, by all relevant parties.
- If a reference number is not required, the QAM will advise the management of the event as "Nurse Manager Led Incident"
- A Case Manager (CM) is allocated to manage the incident at the investigation stage as advised by QAM. (Throughout the process, HR advice is to be sought, where appropriate, to ensure that correct processes are followed. The CM completes Incident Report Form, Investigation Report Form, and HR supports with note taking.
- QAM decides who needs to be informed (ICB, Safeguarding Teams, CQC, NMC, DBS, Police etc.) appropriate referrals and notifications to be submitted by QAM.
- CM to discuss with QAM and HR who informs employee/client of investigation and any future actions.

3. If suspension is required:

- Reason for suspension is given to QAM by CM.
- Letter sent to the suspended employee by HR.
- Complex Care Team Leader (CCTL) informed of suspension, who will then share Rota with Finance and HR. CCTL and HR will make required changes on People Planner.

Note: Where a concern or allegation is made against an employee, suspension will only be considered where there is a risk to the safety or welfare of clients, or where the integrity of the investigation could be compromised. Any suspension is not an assumption of guilt. Support will be offered to employees throughout the process, and regular communication will be maintained. The DSL and HR will ensure any actions taken are proportionate, documented, and in line with disciplinary procedures and safeguarding legislation.

4. Case Manager to manage this process:

- Statements are obtained and additional evidence gathered by the CM (MAR charts, photos, care notes, logbook copies, medication counts, emails etc.) All documentation is to be uploaded to supporting event folder in Teams and individually evidenced as Appendices.
- HR to be sent all evidence and notes prior to investigation meeting.
- Investigation meetings conducted with all relevant parties.
- Investigation report is completed, recommendation discussed with QAM and HR.

- CM to discuss next step decision with QAM and HR: follow up actions (disciplinary, training, reflective practice, competency assessment etc.). CM to be responsible for ensuring that all supporting documentation and outcome evidencing and actions completed, are finalised and uploaded on Teams.
- CM and/or HR to advise employees of next steps (i.e., invite to disciplinary meeting or outcome with no formal action etc./return to work).
- If investigation outcome is escalation to disciplinary, Registered Manager (RM) to be informed and Disciplinary Meeting to be arranged with RM/Head of Service Delivery (HSD) and HR.

5. Once disciplinary process is completed, and outcome is communicated in writing by HR:

- HR to inform QAM of disciplinary outcome. (To be discussed at weekly Employee Relations Catch-Up).
- Quality and Governance Team to meet and review learnings.
- Incident to be closed by QAM when all parties are satisfied with outcome (inc. external organisations) and all documentation and actions have been completed and evidenced.

6. Areas of Responsibility

COMPLEX CARE SERVICES		
Process	Issues involving Care Team	Gross Misconduct/ Safeguarding or any issues involving Nurses
Investigation	Case Managers	Case Managers
Disciplinary	Regional Nurse Manager	Regional Nurse Manager or a Head of Department
Appeal	Head of Complex Care/Registered Manager	Head of Complex Care or CEO

Additional Information

- HR support is available to all management and next step advice should always be sought before any action is taken.
- HR will offer process advice, note taking, letter drafting and letter review, outcome letters drafted and sent, investigation report review and corrections, communication with employees, booking meetings.