

# AXIS RECRUITMENT LTD

Policy Title	Safeguarding	March 2017	
CQC KLOE Reference	Safe	September 2017	

***Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 states:***

*13.—(1) Service users must be protected from abuse and improper treatment in accordance with this regulation.*

*(2) Systems and processes must be established and operated effectively to prevent abuse of service users.*

*(3) Systems and processes must be established and operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse.*

*(4) Care or treatment for service users must not be provided in a way that—*

*(a) includes discrimination against a service user on grounds of any protected characteristic (as defined in section 4 of the Equality Act 2010) of the service user,*

*(b) includes acts intended to control or restrain a service user that are not necessary to prevent, or not a proportionate response to, a risk of harm posed to the service user or another individual if the service user was not subject to control or restraint,*

*(c) is degrading for the service user, or*

*(d) significantly disregards the needs of the service user for care or treatment.*

*(5) A service user must not be deprived of their liberty for the purpose of receiving care or treatment without lawful authority.*

*(6) For the purposes of this regulation—*

*“abuse” means—*

*(a) any behaviour towards a service user that is an offence under the Sexual Offences Act 2003(a),*

*(b) ill-treatment (whether of a physical or psychological nature) of a service user,*

*(c) theft, misuse or misappropriation of money or property belonging to a service user, or*

*(d) neglect of a service user.*

*(7) For the purposes of this regulation, a person controls or restrains a service user if that person—*

*(a) uses, or threatens to use, force to secure the doing of an act which the service user resists, or*

*(b) restricts the service user’s liberty of movement, whether or not the service user resists, including by use of physical, mechanical or chemical means.*

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The Agency will, through formal and informal procedures, monitor the care of all Clients on a regular and non-discriminatory basis so as to ensure that individual care plans are implemented, maintained and updated and that care is delivered safely and to appropriate and laid down standards.

The Agency will not tolerate abuse or neglect in any form (either of Clients, employees or anyone connected with the Agency) and where abuse is suspected, or witnessed, then immediate action will be taken, as outlined in the following procedure.

## **This is a policy of absolute zero tolerance.**

*For the purposes of this policy abuse is defined as:*

**“A single or repeated act or lack of appropriate action occurring within any relationship where there is an expectation of trust, which causes harm or distress.”**

**This Policy and Procedure Statement applies to the care of all Clients of the Agency, irrespective of age.**

The Agency accepts the general presumption that its Clients will have the mental capacity to make informed decisions about their lives.

If a Client, however, has been assessed as not having mental capacity, decisions will be made in their best interests as set out in the Mental Capacity Act 2005 and the Mental Capacity Act Code of Practice. The Agency will work with other interested parties (such as its Local Safeguarding Adults Board and its Local Safeguarding Childrens Board) in order to determine the very best solutions and achieve the best possible outcomes for its Clients.

It is the duty of all employees to report to their Supervisor or Manager any witnessed or suspected incidents of abuse, or any concerns, without delay. Such reports or concerns will be given the highest possible priority, and there will be no delay in considering what action needs to be taken, or advice sought, and from whom. Employees may be assured that their jobs will not be threatened by reporting abusive behaviour by others.

Any employee who is found to have abused a Client of the Agency will face disciplinary action which may include dismissal, and will be reported to the Disclosure and Barring Service (DBS). Such individuals may subsequently be barred from any future work with vulnerable adults and/or children.

### **Procedure**

#### **Those Clients most in need of safeguarding – Risk Assessment and Risk Management**

Legislation in England on the subject of safeguarding generally refers to Vulnerable Adults and Children.

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**Adult at risk** means adults who need community care services because of mental or other disability, age or illness and who are, or may be unable, to take care of themselves against significant harm or exploitation. The term Adult at risk replaces ‘vulnerable adult’.

An adult at risk may be a person who:

- is elderly and frail due to ill health, physical disability or cognitive impairment;
- has a learning disability;
- has a physical disability and/or a sensory impairment;
- has mental health needs including dementia or a personality disorder;
- has a long-term illness/condition;
- misuses substances or alcohol;
- is a carer such as a family member/friend who provides personal assistance and care to adults and is subject to abuse;
- is unable to demonstrate the capacity to make a decision and is in need of care and support.

In the context of Safeguarding Adults, the vulnerability of the adult at risk is related to how able they are to make and exercise their own informed choices free from duress, pressure or undue influence of any sort, and to protect themselves from abuse, neglect and exploitation.

The Agency undertakes to complete a risk assessment for each Client in order to assess the potential for abuse, and to take measures appropriate to the situation and circumstances. In some cases Clients may not be in a position to make decisions for themselves, and this will impact in the way that the Agency handles many aspects of their care, and a greater appreciation of their increased risk of abuse.

## **Mental Capacity Act**

The general presumption is that adults have mental capacity (i.e. the ability, without assistance) to make informed choices about their own safety and how they live their lives, and this presumption is true of most adults. Issues of mental capacity and the ability to give informed consent are central to decisions and actions in Safeguarding Adults. All interventions need to take into account the ability of adults to make informed choices about the way they want to live and the risks they want to take. This includes their ability:

- to understand the implications of their situation;
- to take action themselves to prevent abuse;
- to participate to the fullest extent possible in decision making about interventions.

The Mental Capacity Act 2005 provides a statutory framework to empower and protect people who may lack capacity to make decisions for themselves and establishes a framework for making decisions on their behalf.

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The Act says that a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or disturbance in the functioning of the mind or brain. Further, a person is not able to make a decision if they are unable to:

- understand the information relevant to the decision or
- retain that information long enough for them to make the decision or
- use or weigh that information as part of the process of making the decision or
- communicate their decision (whether by talking, using sign language or by any
- other means such as muscle movements, blinking an eye or squeezing a hand).

Further information regarding the Mental Capacity Act 2005 is contained within the Agency's Policy/Procedure on Consent to Care and Treatment.

The Agency will observe the requirements of the Mental Capacity Act and ensure that the requirements of the Act are followed in all safeguarding decisions appropriate to the Client in its care.

**Agency staff are reminded that Section 44 of the Act makes it a specific criminal offence to wilfully ill-treat or neglect a person who lacks capacity.**

## **Prevention of Abuse – better than cure**

The Agency is committed to preventing the abuse of Clients. It will strive to achieve this by:

- promoting a strong and identifiable culture of valuing and respecting people, and a recognisable person - centred approach to care, within as wide a community-focused environment as possible;
- implementing internal policies and procedures which confirm the importance of providing care in a safe, caring and professional manner.

Many policies in the Agency's portfolio will impact upon general considerations around the subject of "safeguarding", and include, for example, Policy/Procedure Statements on Physical Restraint, Handling Clients' Money and Property, Administration of Medicines, Dealing with Errors in Administration, Consent to Care and Treatment, Privacy and Dignity, Access and Security, Autonomy and Independence, Gifts, Wills and Bequests, Managing Challenging Behaviour etc.

The Agency's current portfolio of Policies and procedures is contained at Annex 6. Those with a Safeguarding element of some sort are **highlighted in red.**

- ensuring that thorough and systematic recruitment practices are followed which ensure that references are taken up for all care workers, and use is made of all available and appropriate checking procedures, particularly the records of the Disclosure and Barring Service (DBS);

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- encouraging the role of the advocate for Clients. Clients who have no relatives or friends to act as advocates should be encouraged to have an independent advocate who will act as spokesperson for the Client and participate in care reviews as necessary;
- recognising the fundamental rights of Clients to privacy, dignity, maintenance of self-esteem and fulfilment, choice, recognition of diversity, individuality and independence, together with the maintenance of their rights as citizens;
- making relatives and advocates aware of the Agency's complaints procedure and encouraging them to comment upon the care received by Clients and to participate in reviews of care;
- committing to Quality Assurance and regular Quality Reviews;
- ensuring that training is provided on the forms and prevention of abuse and that such training is available to all employees;
- taking action whenever there is suspicion that any form of abuse has occurred;
- utilising management systems which support and supervise employees in their work and facilitate good communications;
- encouraging an atmosphere where employees feel able to discuss and therefore prevent the development of potentially abusive situations;
- ensuring that induction procedures for employees include the prevention of abuse of Clients;
- giving Clients a copy of the Agency's complaints procedure upon commencement of care and ensuring that they understand how to use the procedure;

## **Detection of Abuse**

- Clients should be assessed for signs of abuse as part of the initial assessment process, during service planning and reviews. Abuse may be occurring where the Client appears withdrawn, depressed, frightened, with irregular sleep patterns, low self-esteem etc. Where abuse is suspected, then it must be recorded and reported without delay;
- Employees are encouraged to look for signs of abuse such as bruises that are said to be self - inflicted or the result of repeated accidents; unconvincing explanations should arouse suspicions. Signs of sexual abuse include pain or injury in the genital area, bloodstains or discharge on underwear or discomfort when walking or sitting;
- Clients' appearance and reactions should be noted following visits or outings. Employees should be alert to the potential of abuse by other people outside the Agency. A Client who is frightened of an abusing relative may ask a care worker to stay with them when the relative visits;

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Employees should be alert for potential financial abuse, particularly when someone else is managing a Client's finances.

## **Action in the event of abuse occurring or suspected**

If abuse of a Client is witnessed the person witnessing the abuse should:

- Immediately challenge the person who is abusing the Client and try to persuade him/her to stop;
- Report the incident to the Agency Manager or person in charge immediately;
- The person reporting the incident should be offered the support of another person if they wish;
- Any suspicions of abuse of a Client should be reported to the Agency Manager or person in charge immediately;
- In the event that the Client, a visitor, friend or relative alleges the abuse (and it involves someone from the Agency), the matter should be dealt with according to the Agency's complaints procedure without delay;
- All incidents must be reported to the Agency Manager. Requests to "keep quiet" (even from the victim) will, ordinarily, have to be refused, although the circumstances surrounding the request must be discussed with the Agency Manager as part of the investigation process.

## *Follow up action*

- The Agency Manager or person in charge must undertake an investigation and if necessary take action to protect the Client. Confidentiality must be maintained;
- The Agency Manager must follow local authority adult / child protection procedures. In order to do so effectively, it is essential that the Agency engages with these arrangements in advance. Dignity, safety and well-being of the individual will be a priority in the Agency's actions.
- The Client may need to be interviewed but caution is advisable, where other bodies may be involved, in order not to prejudice their investigations.
- If the Client is confused or unable to complain formally, an advocate may take up the complaint on behalf of the Client;
- Statements should be taken from witnesses. Accurate written records of the ongoing situation should be kept, (dated and signed) in the Client's records.
- Where physical harm has occurred the Client should be encouraged to consult their General Practitioner so that a medical examination can be requested;

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- The Care Quality Commission should always be informed if the incident involved any of the Agency's workers.
- If there is reasonable cause to believe that any member of the Agency's staff has caused harm to a Client either through action or neglect then that worker must be suspended, with pay, pending implementation of the Agency's formal disciplinary procedures.
- If there are identified injuries or if fraud is suspected, the Police must be informed.
- Where abuse has occurred, then following investigation, and completion of the internal (and local) procedures, the Agency will refer the matter to the Disclosure and Barring Service.
- The Agency Manager will decide which other external agencies should be involved e.g. Social Workers or the Authority which commissioned the service.

## **Staff Training and Support**

The Agency is fully committed to ensuring that all staff (and volunteers) are educated and trained in those aspects of Safeguarding which are relevant to them, and their work within the Agency. Such training may be in the form of attendance at arranged training events, or through distance, "e learning" techniques. In general, training will aim to give each employee:

- A general awareness of the range of legislation and guidance surrounding safeguarding;
- The ability to define the different types of abuse;
- The ability to demonstrate an awareness of the range of indicators of abuse, neglect and exploitation;
- An awareness of the effects of personal values and attitudes towards abuse;
- An understanding of their responsibility to report concerns;
- Understanding of the importance of maintaining a person centred approach, whilst enlisting support from appropriate community-based services;
- The ability to demonstrate an awareness of the actions to take in the event of suspected abuse;
- An understanding of the Agency's Whistleblowing Policy and Procedure, and how and when to use it;
- An understanding of the role and purpose of the Local Safeguarding Board(s) for Adults and for Children appropriate to their location and the multi-agency policies, procedures and guidance associated with their work.
- An understanding that Safeguarding is not only about Clients, but involves those involved in the Client care process. Carers will be given an understanding and appreciation of the Agency's Lone Working Policy which provides detailed advice and guidance on "staying safe", and identifying, assessing and managing risk, as well as its policy on Physical Restraint, where some physical intervention may be necessary under exceptional circumstances in order to safeguard the Client, or others.

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- In very exceptional circumstances the Deprivation of Liberty Safeguards (DOLS) may come into play, in which cases the Agency will follow the requirements within the Mental Capacity Act (2005) Code of Practice.
- An understanding of the meaning and importance of professional boundaries and why they must be observed at all times.
- An appreciation of why it is essential that Clients understand the Agency's Complaints procedures, and how they can access them.

Where the training is undertaken outside of the arrangements which may be available via the Agency's Local Safeguarding Adult Board (LSAB), or Local Safeguarding Child Board (LSCB), the Agency Manager will liaise with each Board to ensure that the training which is planned meets local mandatory requirements (if any).

## **Communication**

The Agency's Policy/Procedure on Safeguarding is given to all staff (and Volunteers) upon commencement of employment and constitutes an important part of their formal Induction process.

A Microsoft PowerPoint training presentation is also available for use either as part of formal group or distance learning.

Clients are made aware of the Agency's role, policies, responsibilities etc. in safeguarding via its Client's Guide and routine discussions.

***Policy/Procedure Statements which support the Agency's commitment to safeguarding Clients from abuse and improper treatment are detailed in Annex 6 to this document.***



## **Annex 1 - Safeguarding – The Legal Context, and Regulatory Guidance**

In addition to legislation relating to safeguarding in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Regulation 13) further legislation relating to safeguarding vulnerable adults and children is contained within:

### **Mental Capacity Act 2005**

[http://www.legislation.gov.uk/ukpga/2005/9/pdfs/ukpga\\_20050009\\_en.pdf](http://www.legislation.gov.uk/ukpga/2005/9/pdfs/ukpga_20050009_en.pdf)

### **Mental Health Act 2007**

[http://www.legislation.gov.uk/ukpga/2007/12/pdfs/ukpga\\_20070012\\_en.pdf](http://www.legislation.gov.uk/ukpga/2007/12/pdfs/ukpga_20070012_en.pdf)

### **Mental Health Act 1983**

<http://www.legislation.gov.uk/ukpga/1983/20/contents>

### **Care Act 2014**

[http://www.legislation.gov.uk/ukpga/2014/23/pdfs/ukpga\\_20140023\\_en.pdf](http://www.legislation.gov.uk/ukpga/2014/23/pdfs/ukpga_20140023_en.pdf)

### **Children and Young Persons Act 1933**

<http://www.legislation.gov.uk/ukpga/Geo5/23-24/12/contents>

### **Children Act 1989**

<http://www.legislation.gov.uk/ukpga/1989/41/contents>

### **Children Act 2004**

<http://www.legislation.gov.uk/ukpga/2004/31/contents>

**Equality Act 2010: Chapter 1 (protected characteristics) Chapter 2 (prohibited conduct) and Chapter 3 (services and public functions)**

[http://www.legislation.gov.uk/ukpga/2010/15/pdfs/ukpga\\_20100015\\_en.pdf](http://www.legislation.gov.uk/ukpga/2010/15/pdfs/ukpga_20100015_en.pdf)

### **Safeguarding Vulnerable Groups Act 2006**

<http://www.legislation.gov.uk/ukpga/2006/47/contents>

### **Protection of Freedoms Act 2012**

<http://www.legislation.gov.uk/ukpga/2012/9/contents/enacted>

## Annex 2 – Examples of Abuse

Physical Abuse	This may range from hitting or slapping to rough handling or unnecessary physical force either deliberate or unintentional when caring for a Client. The injuries caused by physical abuse may not always be visible although there may be bruises, broken skin, cuts, burns or broken bones. Restraining Clients so that they cannot move is also abusive, as is using furniture or locking doors to stop them moving.
Verbal Abuse	Shouting and/or swearing at a person should be regarded as abusive behaviour. Equally, speaking to a Client in a quiet but threatening way so as to make the Client fearful or feel ridiculed is abusive.
Emotional/Psychological Abuse	Involves any behaviour, verbal or non verbal, that negatively impacts another person's psychological or emotional well-being. Typical examples may include ignoring feelings, ridiculing beliefs, withholding approval, appreciation or affection, refusal to socialise, shouting, frightening, swearing etc.
Abuse through the misapplication of drugs	The overuse and misuse of sedatives and other medication, to control or restrain a Client is unacceptable unless medically required.
Financial Abuse	The illegal or improper use or control of, property, pension, bank account or other valuables, or the withholding of a person's money, and stealing, are all forms of abuse.
Racial or Ethnic Abuse	Victimising people, verbally insulting them and physically attacking them because of their racial or ethnic origin is abusive.
Sexual Abuse	Forcing someone to take part in sexual activity against his/her will is abuse and a criminal offence. The force may not always be physical. An individual may participate in behaviour he/she finds unacceptable following undue emotional or psychological pressure.
Neglect	Isolated from social interaction, left unattended for periods of time, withholding care and treatment when it is required, rejecting various types of appropriate support and depriving Clients of the essentials of everyday life, e.g. food, clothes and personal cleanliness, are all forms of abuse.
Institutional abuse	Institutional abuse may manifest itself in the following ways: Lack of personal possessions, telephone, furniture etc. Employees giving Clients orders. Clients put to bed too early in the afternoon/evening, or awakened too early in the morning. Lack of choice about meals, and the timing of meals Lack of opportunity for obtaining drinks and snacks. Poor standards of cleanliness. Lack of toilet facilities. Lack of privacy. Poor management of medical conditions/Inappropriate administration of medication.

## Annex 3 – Statement of UK Government Policy on Adult Safeguarding

### Principles

**Empowerment** - Presumption of person led decisions and informed consent.

**Prevention** - It is better to take action before harm occurs.

**Proportionality** - Proportionate and least intrusive response appropriate to the risk presented.

**Protection** - Support and representation for those in greatest need.

**Partnership** - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

**Accountability** - Accountability and transparency in delivering safeguarding.

### Individuals' Experience of Effective Adult Safeguarding

**Empowerment** - I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.

**Prevention** - I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.

**Proportionality** - I am sure that the professionals will work for my best interests, as I see them and will only get involved as much as needed.

**Protection** - I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able.

**Partnership** - I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me.

**Accountability** - I understand the role of everyone involved in my life.

## **Organisations' Experience of Effective Adult Safeguarding**

### **Empowerment**

We give individuals the right information about how to recognise abuse and what they can do to keep themselves safe. We give them clear and simple information about how to report abuse and crime and what support we can give. We consult them before we take any action. Where someone lacks capacity to make a decision, we always act in his or her best interests.

### **Protection**

We have effective ways of assessing and managing risk. Our local complaints and reporting arrangements for abuse and suspected criminal offences work well. Local people understand how we work and how to contact us. We take responsibility for putting them in touch with the right person.

### **Prevention**

We help the community to identify and report signs of abuse and suspected criminal offences. We train staff how to recognise signs and take action to prevent abuse occurring. In all our work, we consider how to make communities safer.

### **Proportionality**

We discuss with the individual and where appropriate, with partner agencies what to do where there is risk of significant harm before we take a decision. Risk is an element of many situations and should be part of any wider assessment.

### **Partnership**

We are good at sharing information locally. We have multi-agency partnership arrangements in place and staff understand how to use these. We foster a "one" team approach that places the welfare of individuals before the "needs" of the system.

### **Accountability**

The roles of all agencies are clear, together with the lines of accountability. Staff understand what is expected of them and others. Agencies recognise their responsibilities to each other, act upon them and accept collective responsibility for safeguarding arrangements.

## **Safeguarding Adults Boards**

The Government has legislated (Care Act 2014) for Safeguarding Adults Boards (SABs). Making existing Boards statutory, while maintaining their freedom to operate in locally flexible ways, they will secure a transparent and locally accountable means for local communities to ensure the protection of vulnerable adults. The Agency will co-operate with the local Board appointed for its area of operations.

## **Annex 4 – Procedure for Reporting Abuse**

*(Control/Click Hyperlinks for more detailed information)*

### **In-House reporting of inappropriate conduct at work**

All employees of the Agency, and any Volunteers, are required to report, without delay any acts of abuse they have witnessed, or any suspicions that abuse has occurred, or might have occurred but for certain circumstances. The report should be made verbally to the Agency Manager, or, if that person is not available, the next most senior person available.

All reports will be investigated, and action taken, where it is appropriate, under the Agency's formal disciplinary policy and procedure.

The outcome of the internal disciplinary process will determine whether a referral must be made to the Disclosure and Barring Service in cases where the relevant referral criteria are met.

### **Reporting abuse to the Disclosure and Barring Service (DBS) – known as a “Referral”.**

The Safeguarding Vulnerable Groups Act (SVGA) 2006 place a duty on employers of people working with children or vulnerable adults to make a referral to the DBS in certain circumstances. A referral is information regarding a person working in [regulated activity](#) with children or vulnerable adults which notifies DBS of concerns that harm or risk of harm has occurred to a child or vulnerable adult. A referral is made on the DBS Referral Form and is usually provided to the DBS by an employer or volunteer manager.

#### *When to refer - specifics*

This is when an employer (the Agency) has dismissed or removed a person from working with children or vulnerable adults (or would or may have if the person had not left or resigned etc.) because the person has:

- Been cautioned or convicted for a relevant offence; or
- Engaged in relevant conduct in relation to children and/or vulnerable adults [i.e. an action or inaction (neglect) that has harmed a child or vulnerable adult or put them at risk of harm]; or
- Satisfied the Harm Test in relation to children and/or vulnerable adults. [i.e. there has been no relevant conduct (i.e. no action or inaction) but a risk of harm to a child or vulnerable adult still exists].

#### *Caution or conviction for a relevant offence*

If an employee who works with children or vulnerable adults in regulated activity has been cautioned or convicted for a relevant offence the Agency must make a referral to the DBS.

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This should be done as soon as the employer is aware of the caution or conviction. A relevant offence is a serious offence that will, subject to consideration of representations where permitted, automatically bar a person from working with children or vulnerable adults. Relevant offences are defined in secondary legislation. The DBS has a plain English version of [relevant offences](#) in DBS Factsheet: relevant offences on its website.

*Relevant conduct or harm test is satisfied*

The Agency must make a referral to the DBS if the following criteria have been met:

- They have dismissed or removed the person from working with children or vulnerable adults (or would or may have done so if they had not left or resigned etc.); because
- The person has engaged in relevant conduct; or the Harm Test is satisfied.

A referral should not be made when an allegation is first made.

The Agency must first undertake an investigation and evidence gathering in order to establish if the allegation has foundation. Without evidence or information for the DBS to consider, many allegations will be quickly closed down as there will be no basis on which the DBS can proceed.

*Points to note*

- If the Agency suspects that a crime has been committed it should contact the Police;
- The DBS has no investigatory powers and relies upon the evidence provided with referrals and any other evidence that it may gather;
- It is crucial that employers do not make a referral to the DBS without providing supporting evidence. The DBS Referral Form details the information you should provide if you have it;
- Employers should, as far as possible, complete their investigations (even if the person has left their employment). This will ensure that the DBS has all available information and evidence on which to base its decision;
- If additional relevant information becomes available to an employer after making a referral, this should also be provided to the DBS;
- In all cases, the referral should be made on the DBS Referral Form and posted to the DBS enclosing all relevant information that the employer holds.

Additional Information

[Disclosure and Barring Service – Frequently Asked Questions](#)

[Disclosure and Barring Service – Flow Chart](#)

[Disclosure and Barring Service – The decision making process](#)

[Disclosure and Barring Service - Harm, relevant conduct and risk of harm](#)

[Disclosure and Barring Service – Regulated activity relating to children](#)

## **Annex 5 – Employee’s Code of Behaviour**

**All employees and volunteers (staff) working within the Agency are acting in a position of trust, often with vulnerable adults and children, (Clients) and must act in an appropriate manner at all times.**

This code of behaviour is to be followed by everyone at all times.

### **Staff must:**

- be aware of, understand, and follow the Policies and Procedures, Rules and Guidance of the Agency in the conduct of their work;
- Always remain within professional boundaries;
- listen to and respect Clients at all times;
- avoid favouritism;
- treat Clients fairly and without prejudice or discrimination;
- value and take Client’s contributions seriously;
- ensure any contact with Clients is appropriate and is relevant to the Client’s Plan of Care;
- always ensure language is appropriate and not offensive or discriminatory;
- always ensure equipment is used safely and for its intended purpose;
- challenge unacceptable behaviour and report all allegations/suspensions of abuse;
- ensure that whenever possible, there is more than one adult present during activities with children and young people or if this isn’t possible, that you are within sight or hearing of other adults;
- be close to where others are working. If a child specifically asks for or needs some private time with you, ensure other staff should know where you and the child are;
- respect a young person’s right to personal privacy;
- encourage young people and adults to feel comfortable and caring enough to point out attitudes or behaviour they do not like;
- recognise that special caution is required when discussing sensitive issues with children or young people.



## **Staff must not:**

- patronise or treat Clients as if they are silly;
- allow allegations to go unreported;
- develop inappropriate relationships that is not a part of the work;
- conduct a sexual relationship with a Client or indulge in any form of sexual contact. Any such behaviour represents a serious breach of trust on the part of the staff member or volunteer and is not acceptable under any circumstances;
- let Clients have your personal contact details (mobile number or address);
- make sarcastic, insensitive, derogatory or sexually suggestive comments or gestures to or in front of Clients;
- act in a way that can be perceived as threatening or intrusive;
- make inappropriate promises particularly in relation to confidentiality;
- jump to conclusions about others without checking facts;
- either exaggerate or trivialise issues;
- rely on your reputation or that of the organisation to protect you.

**The word “Clients” refers to anyone under the care of the Agency, and therefore includes children, young persons and adults equally.**

**Staff who follow the Code of Behaviour outlined can be confident that the Agency will support them.**

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## Annex 6 – Our Portfolio of Policies and Procedures

Policy Statements in red all contain some elements of safeguarding

Is the service? Safe?	Access and Security	Accident/Incident Reporting	Administration of Medicines	Client Mobility	Control of Infection
	First Aid	Handling Clients' Money	Health and Safety	Lone Worker	Managing Challenging Behaviour
	Medicine Administration Errors	People Moving and Handling	Physical Restraint	Safeguarding	Safe/Positive Touch
Effective?	Safe care and treatment	Staffing	Violence at Work	Whistleblowing	
	Consent to care and treatment				
Caring?	Autonomy and Independence	Confidentiality	End of Life Care	Intimate Care	Dignity and Respect.
	Protecting Clients' Rights				
Responsive?	Care Needs Assessment	Complaints	Diversity in Care	Failure to Attend Client Visit	Quality Assurance
	Person Centred Care				
Well Led?	Absence	Additional Employment	Annual Leave	Business Continuity Planning	Capability
	Computers	Data Protection	Dignity at Work	Disclosure	Duty of Candour
	Education and Training	Employee Discipline	Employee Grievances	Employee Responsibilities	Environmental Policy
	Equality	Fit and Proper Persons Employed	Fixed Term Employees	Gifts, Wills and Bequests	Good Governance
	Handling Disclosure Information	Induction	Leave of Absence for Public Duties	Medical Appointments	Mobile Phones
	Prevention of Bribery	Probation	Record Keeping	Recruitment	Recruitment of Ex-Offenders
	Sick Pay	Smoking	Social Media	Special Leave	Staff Support
	Substance Abuse	Use of Email	Use of the Internet	Working with Volunteers	Workplace Stress

## Annex 7- Essential Local Safeguarding Contacts

Organisation			
Surname of Contact		Forenames:	Title:
Address:			Post Code:
Email address:	Day Phone	Night Phone	Mobile Phone
Organisation			
Surname of Contact		Forenames:	Title:
Address:			Post Code:
Email address:	Day Phone	Night Phone	Mobile Phone
Organisation			
Surname of Contact		Forenames:	Title:
Address:			Post Code:
Email address:	Day Phone	Night Phone	Mobile Phone

# AXIS RECRUITMENT LTD

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## References to Legislation and Fundamental Standards

<b>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b>	<b>Regulation 13</b>
<b>Fundamental Standards</b>	<b>Service users must be protected from abuse and improper treatment.</b>