



Axia ASD Ltd
Safeguarding Adult Policy

Introduction / purpose of the policy

The purpose of this policy statement is:

- to protect vulnerable who receive Axia ASD Ltd's services from harm.
- to provide staff and volunteers, as well as vulnerable adults and their families, with the overarching principles that guide our approach to this.

This policy applies to anyone working on behalf of Axia ASD Ltd, including Directors, Associates, paid staff, volunteers, agency staff and students.

Axia ASD Ltd is committed to ensuring that people who are in need of support from our services are protected from abuse, to making arrangements to safeguard and to co-operating with other agencies to protect adults at risk from harm abuse or neglect.

Safeguarding duties apply to an adult who:

- i. may be in need of care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself
- ii. is experiencing, or at risk of, abuse or neglect (including self neglect); and
- iii. as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse, neglect, significant harm or exploitation

An adult is a person aged eighteen years or older

Abuse is behaviour towards a person that either deliberately or unknowingly, causes him or her harm or endangers their life or their human or civil rights. Abuse includes Physical, Sexual, Psychological, Financial (or material), Discriminatory, Organisational abuse, Neglect (acts of omission), Domestic Abuse, and Modern Slavery. Abuse can be passive or active; it can be an isolated incident or repeated. It may occur as a result of failure to take action or appropriate care tasks

An individual, a group or an organisation may be the alleged source of harm

Guiding principles

We believe and recognise that:

- Vulnerable adults should never experience abuse of any kind
- We have a responsibility to promote the welfare of all vulnerable adults, to keep them safe and to practise in a way that protects them.
- the welfare of vulnerable adults is paramount in all the work we do and in all the decisions we take all vulnerable adults, regardless of age, disability,

Dated: 6th November 2024

Review Date: November 2026

gender reassignment, race, religion or belief, sex, or sexual orientation have an equal right to protection from all types of harm or abuse

- some adults are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues
- working in partnership with vulnerable adults, their parents, carers and other agencies is essential in promoting their welfare.

Axia ASD Ltd staff are in a unique position to be able to observe signs of abuse or neglect, or changes in behaviour which may indicate a person may be being abused or neglected.

Axia ASD Ltd staff should ensure that they are alert to the signs of abuse and neglect, and do not necessarily take what they are told at face value.

Axia ASD Ltd staff should make sure they know where to turn to if they need to ask for help, and refer to social care or to the police, if there is a suspicion that a person is at risk of harm or is in immediate danger.

Axia ASD Ltd staff should make sure that they understand and work within local multi-agency safeguarding arrangements.

Axia ASD Ltd staff should not let other considerations, such as the fear of damaging relationships, get in the way of protecting people (children and adults) from abuse and neglect. If referral to social care is necessary, it should be viewed as the beginning of a process of inquiry, not as an accusation

Any concerns must be reported to the Safeguarding Lead in the first instance. In her absence, concerns should be reported to the Mental Health Nurse.

Six principles of adult Safeguarding underpin this work:-

Empowerment: Personalisation and the 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: Providing local solutions through services working with their communities

Accountability: Accountability and transparency in delivering safeguarding



Legal framework

Axia ASD Ltd is committed to delivering services that reflect the key legislative requirements

Care Act 2014

The Mental Capacity Act (2005)

The key development affecting capacity and consent is the implementation of the Mental Capacity Act 2005, which provides a statutory framework to empower and protect vulnerable people who may not be able to make their own decisions. It makes it clear who can take decisions in which situations and how they should go about this. It enables people to plan ahead for a time when they may lose capacity. Guidance on the Act is provided in a statutory Code of Practice: see <http://www.justice.gov.uk/protecting-the-vulnerable/mental-capacity-act>

In accordance with the Mental Capacity Act 2005, Axia ASD Ltd works from a presumption of mental capacity unless a person's apparent comprehension of a situation gives rise to doubt. It is the responsibility of individual staff to establish this. Consent to proceed with the diagnostic assessment will be explicitly discussed at the outset of the appointment and will be clearly recorded in the written report.

Deprivation of Liberty Safeguards

The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act and came into operation in April 2009. The Safeguards are applicable in health care settings. The safeguards apply to people in hospitals and homes (whether privately or publicly funded) and their purpose is to prevent arbitrary decisions that deprive vulnerable people of their liberty. In the event of it being necessary to deprive a person of their liberty the safeguards give them rights to representation, appeal and for any authorisation to be monitored and reviewed. People can be deprived of their liberty in settings other than hospitals and care homes such as supported living but in such cases the deprivation can only be approved by the Court of Protection and applications for authorisations in such circumstances should be made to the Court.

Should Axia ASD Ltd have concerns around an individual's potential deprivation of liberty, they should raise this with the Safeguarding Lead in the first instance.

Dated: 6th November 2024

Review Date: November 2026

Axia ASD Ltd will seek to keep vulnerable adults safe by:

1. Understanding and identifying abuse and neglect

It is the responsibility of Axia ASD Ltd staff to act on any suspicion of abuse or neglect and to pass on their concerns to a responsible person/agency i.e., to be an 'Alerter' in the Safeguarding Process.

Abuse and neglect may fall under the following categories:-

- physical abuse
- sexual abuse
- emotional abuse
- domestic abuse
- discriminatory abuse
- financial abuse
- neglect

In the case of female genital mutilation, forced marriage and honour based violence, they may be abused by another adult or adults, or child or children.

There are four key steps to follow to help to identify and respond appropriately to possible abuse and/or neglect:-

- Be alert
- Question behaviours
- Ask for help
- Refer

It may not always be appropriate to go through all four stages sequentially.

Assess the situation, considering the person's emotional, social, psychological and physical presentation as well as the identified clinical need. Be alert to:-

- whether emergency services are required. Is immediate protection required? Has a crime been committed, and should the Police be informed?
- Ensure the safety and wellbeing of the individual. Ensure that significant others i.e., family member, friend or advocate, are involved to support the individual **but only if appropriate**
- Are there others at risk e.g., children or other vulnerable adults? Is there a need to address a service failure that may affect others?
- The reactions and responses of other people with the person

Dated: 6th November 2024

Review Date: November 2026

- Inconsistencies in the history or explanation
- Do not ask probing or leading questions which may affect credibility of evidence
- Make a written record of what the person has told you, using their words, what you have seen and your actions
- Maintain and preserve any evidence
- Note the individual's views and wishes about the safeguarding issue and procedure
- Inform the person that you are required to share the information, explaining what information will be shared and why
- Is any action that is being considered proportionate to the risk identified?

2. Reporting safeguarding concerns

Any adult safeguarding or welfare concerns must be reported to the Safeguarding Lead, Estee Tsang, and the Nominated Deputy for Safeguarding Adults, Renwick Bomiley. This should be done via the Safeguarding Reporting Form.

Contact the police: if you believe the adult is at immediate risk, call the police

All Axia ASD Ltd staff will be provided with a laminated list of the relevant local contacts. If you are not sure which local council is relevant, you can check their council area by using the [postcode search on the gov.uk website](#).

Named professional: as a provider of NHS funded health services, Axia ASD Ltd has identified a 'named professionals' for safeguarding within its structure to provide advice and expertise for fellow professionals, and ensure Safeguarding training is in place. The 'named professional' is the Safeguarding Lead.

Talk to their GP: you can talk in confidence to their GP about your concerns. GP's have safeguarding policies to follow when safeguarding concerns are reported. Use the words 'safeguarding concern'

Contact the local Safeguarding Adults Board: Local authorities are responsible for the safeguarding of vulnerable adults and children in their area. If your concerns are not being taken seriously, contact the local Safeguarding Adults Board directly. The safeguarding team will review the situation and decide whether to investigate or take action right away

Dated: 6th November 2024

Review Date: November 2026



If you have any problems contacting the local authority, or they don't respond appropriately, you can call the Care Quality Commission: **03000 616161**.

All Safeguarding issues will be reviewed at the Axia ASD quarterly Business meeting. The named professional will also circulate written update briefings and literature, as appropriate, to all staff to include, for example, changes in legislation, changes in local policies and procedures, the risks associated with the internet and online social networking or lessons from serious case reviews. Axia ASD will conduct an annual audit of safeguarding concerns, including Prevent.

3. Recording and Assessment

Staff should record, in writing, all concerns and discussions about a vulnerable adult, the decisions made and the reasons for those decisions

If you are concerned about a vulnerable adult you should record your concerns through contemporaneous records. Risk assessment documentation should include information around other potentially vulnerable adults and/or children and whether there are associated safeguarding concerns.

It is the responsibility of the practitioner to assess the concerns and communicate these through their own clinical and professional supervision and support sessions and where necessary immediately through to Social Care.

4. Attendance at multi agency safeguarding meetings.

Axia ASD Ltd staff will take part in Safeguarding enquiries, investigations or review meetings as required. Where staff are unable to attend they must make every effort to send a comprehensive report to the meeting for inclusion in the discussions.

5. Staff support, training and supervision

Axia ASD Ltd has a nominated Safeguarding lead to provide support, as well as oversee training and supervision needs.

Axia ASD Ltd employees should undertake Mandatory Training on Safeguarding Adults as follows:-

- Non-clinical staff –On induction and annual updates
- Clinical staff –Three years

Dated: 6th November 2024

Review Date: November 2026

- Safeguarding lead – Three years

Axia ASD Ltd Associate staff are individually responsible to arranging their own training and must be able to provide documentary evidence of this if requested Axia ASD Ltd. This should be updated every three years

Volunteers will undertake Mandatory Training on Safeguarding Adults at induction and thereafter at a frequency commensurate with their role in Axia ASD Ltd.

6. DBS and Professional Registration

Axia ASD Ltd takes steps to recruit and select staff and volunteers safely, ensuring all necessary checks are made. These include DBS and Professional Registration checks.

All Axia ASD Ltd staff and Associates are required to have the relevant Disclosure and Barring checks prior to working unsupervised. A five-year rolling programme is in place to renew DBS checks for employees and Associates. Associates are expected to renew every 5 years and provide Axia ASD Ltd with the original documentation.

Axia ASD Ltd also carries out Professional Regulation checks of all Associates. Some volunteer roles will require a DBS check. Axia ASD Ltd will make an assessment against the role, activities and the responsibilities of the role in order to determine if a DBS check is required, and if so at what level.

7. Chaperones

Chaperones are there to support clients and staff.

- Chaperones should routinely be offered before consultations.
- Clients can refuse a chaperone.
- Note the discussion on chaperones and the client's acceptance or refusal in the records.

What is a chaperone?

A chaperone is an impartial observer present during a consultation with a client. They will usually be a health professional who is familiar with the procedures involved in the consultation. The chaperone will usually be the same sex as the client.

Who can act as chaperone?

A chaperone should usually be a health professional. You must be satisfied that they have been trained for the role and understand what is involved in the proposed consultation.

Consultations

Consultations are carried out to assess the client's needs. It is important to be mindful that some clients may have particular concerns about consultations but feel hesitant to speak up.

Chaperone role

A chaperone is there for the client. Their function is to:

- be sensitive and respect the client's dignity and confidentiality
- be alert to the client showing signs of distress or discomfort
- be aware of the most appropriate route to raise concerns and do so if they are concerned about the medical professional's behaviour or actions
- be able to stay for the whole consultation and to see what you are doing, as much as practical, without obstructing the consultation or interfering with the client's dignity
- offer emotional support during an embarrassing or uncomfortable time
- facilitate communication, especially if there is a language barrier.

A chaperone also provides a safeguard for both client and diagnostician and can discourage unfounded allegations of improper behaviour.

In rare circumstances, the chaperone may also protect the diagnostician from physical attack.

When to offer a chaperone

Offer a chaperone routinely before conducting a consultation. This applies to all clients.

Some clients may require a chaperone for other consultations too. For example, particularly vulnerable clients or those who have suffered abuse may need a chaperone for consultations where it is necessary to be close to them.

In these circumstances, you should use your professional judgement about whether to offer a chaperone, depending on the client's views and level of anxiety.

Dated: 6th November 2024

Review Date: November 2026

What to note in the records

You should note in the client's records the details of the discussion about the presence of a chaperone. Where a chaperone is present, we will document both the presence of a chaperone and their identity (name and full job title) in the records.

If an accusation of improper behaviour is made several years later and there is no record of who acted as chaperone, it would be difficult to recall who witnessed the consultation.

For clients who refuse a chaperone, we will record that they were offered a chaperone, but the client declined.

If the client refuses a chaperone

Clients have a right to refuse a chaperone. If we are unwilling to conduct a consultation without a chaperone, we will explain to the client why we would prefer to have one present. We may need to offer an alternative appointment, or an alternative diagnostician, but only if the client's clinical needs allow this.

No chaperone available/client unhappy with chaperone

When no chaperone is available or the client is unhappy with the chaperone offered (for example, if they will only accept someone of the same gender), we can ask the client to return at a different time, if this is not against their clinical needs.

We will avoid putting pressure on the client to proceed without a chaperone or make them feel as if they are inconveniencing us.

Checklist for consultations

Before the consultation

- Consider any communication barriers that could impact on the client's experience or understanding of a consultation and address those where present.
- Explain to the client why a particular consultation is necessary and what it entails so they can give fully informed consent.
- Explain to the client the role of the chaperone during the consultation.

Dated: 6th November 2024

Review Date: November 2026

- Give the client the opportunity to ask questions about both the consultation and the presence of a chaperone.
- Record the consent discussion in the notes, along with the identity of the chaperone or if a chaperone was offered but declined.
- If possible, use a chaperone of the same gender as the client.
- Allow the chaperone to hear the explanation of the consultation and the client's consent.

During the consultation

- Position the chaperone where they can see the client and how the consultation is being conducted.
- Explain what you are going to do before you do it and seek consent again if the consultation will differ from what you have told the client before.
- Be alert to the client showing signs of discomfort or distress. It can be helpful to invite the client to tell you if the consultation becomes uncomfortable. If they do, stop the consultation to check whether the client has questions, wants to stop the consultation permanently, or agrees for the consultation to continue.
- Stop the consultation if the client asks you to.
- Avoid personal remarks.

8. Information Sharing and GDPR

The Care Act 2014 emphasises the need to empower people, to balance choice and control for individuals against preventing harm and reducing risk, and to respond proportionately to safeguarding concerns. Sharing sensitive or personal information between organisations, as part of day-to-day safeguarding practice and prevention, is not covered in the Care Act because it is already covered in a range of other laws and duties.

The Data Protection Act 2018 incorporating General Data Protection Regulation (GDPR) allows that, if it is deemed to be in the public interest, data may be collected, processed, shared and stored. It may be stored for longer periods in the public interest and in order to safeguard the rights and freedoms of individuals. The principles of GDPR are that data be:

- Processed lawfully, fairly and in a transparent manner in relation to individuals

- Collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes
- Adequate, relevant and limited to what is necessary in relation to the purposes for which they are processed
- Accurate and, where necessary, kept up to date
- Kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data are processed
- Processed in a manner that ensures appropriate security of the personal data

Organisations need to share safeguarding information with the right people at the right time. This may be within the organisation itself or outside of it. We work with our safeguarding partners (e.g. the police, GPs and health providers, services providers, local councils, CQC) to prevent harm or abuse, or to act where harm or abuse has occurred – information sharing is key to this. The main reasons personal confidential information may be shared in the context of safeguarding are to:

- prevent death or serious harm
- coordinate effective and efficient responses
- enable early interventions to prevent the escalation of risk
- prevent abuse and harm that may increase the need for care and support
- maintain and improve good practice in safeguarding adults
- reveal patterns of abuse that were previously undetected, and that could identify others at risk of abuse
- identify low-level concerns that may reveal people at risk of abuse
- help people to access the right kind of support to reduce risk and promote wellbeing
- help identify people who may pose a risk to others and, where possible, work to reduce offending behaviour
- reduce organisational risk and protect reputation

9. Remote working

As with face-to-face work, safeguarding adults is vital when seeing people and their families/carers remotely. Communicating online may allow a view into a person's world that would not have been seen otherwise. This may generate some safeguarding concerns for that person.

Dated: 6th November 2024

Review Date: November 2026



Axia ASD Ltd will ensure individuals understand the benefits and risks of remote contact and get consent for this. Advice is available on the Axia ASD Ltd website (Resources section) for those attending virtual appointments <https://axia-asd.co.uk/advice-from-axia-for-those-attending-virtual-appointments/>

Where appointments take place remotely, it is important that Associates and staff maintain professional practice as much as possible. When communicating online Axia ASD Ltd Associates and staff will

- communicate at the time agreed.
- use the agreed email addresses or phone numbers to communicate
- use Axia ASD Ltd email accounts (not personal ones)
- use Axia ASD Ltd devices over personal devices wherever possible
- be aware of and consider what will be in the background.

All Associates and staff should continue to act immediately in line with this Safeguarding policy if they have any concerns about a person's welfare, whether the person is seen physically or remotely.

Signature

Name

Position

Date

Dated: 6th November 2024

Review Date: November 2026



Supporting documents

This policy statement should be read alongside the other Axia ASD Ltd policies, procedures, and other related documents. These include:-

- Managing safeguarding allegations against staff and volunteers
- Anti-harassment & Bullying
- Code of Conduct
- Complaints
- Disclosure and Barring (DBS)
- Health and safety
- Induction
- Mandatory Training
- Professional Registration
- Recruitment and Recruitment of Ex-offenders
- Supervision
- Visiting celebrities
- Volunteer policy
- Whistleblowing

Dated: 6th November 2024

Review Date: November 2026