Chroma Therapies Ltd
Safeguarding Adults Policy

This Policy is dated:	20th July 2021
This Policy was approved on:	20th July 2021
This Policy is due for review on:	July 2022
Responsible Person:	Jo Godsal

This policy sets out the roles and responsibilities of *Chroma* staff and sub contractors in working together with other professionals and agencies in promoting adults welfare and safeguarding them from abuse and neglect.

This policy complies with the Care Quality Commission Requirements, with the Care Act 2014, the Local Authority Safeguarding Adults Boards guidance and reflects the principles of the Safeguarding Vulnerable People in the NHS-Accountability and Assurance Framework 2019, The Human Rights Act (1998) and the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (2007 and the Domestic Abuse Act (2021). *Chroma* fully recognises its responsibilities for Safeguarding Adults.

Chroma recognises that adults who are abused, neglected or witness violence may find it difficult to develop a sense of self-worth. They may feel helplessness and some sense of blame. The therapy and interventions provided by *Chroma* may be an important stabilising element in the lives of adults at risk as it provides a regular secure and predictable experience.

As a Member of the Employer's Initiative Against Domestic Abuse (EIDA), Chroma also recognises that anyone may be at risk of abuse and we will support staff who may disclose that they are victims of domestic abuse.

Introduction

1.1. *Chroma* is committed to the safeguarding adults agenda and believes that the welfare of people is a priority and that at all times people using Chroma services have a right to feel safe and protected from any situation or practice that results in them being harmed or at risk of harm.

1.2. This policy sets out the arrangements and principles of safeguarding adults and the procedural guidance which accompanies this policy gives guidance to staff and sub contractors on what to do if concerned for the welfare and protection of a vulnerable adult.

1.3. This policy relates to all those *Chroma* clients aged 18 years or over, who are experiencing abuse or at risk of abuse. This policy should be read in conjunction with the Safeguarding Children Policy which reflects the Think Family model. Children and Young People typically live in families and the guidance in this policy equally applies to parents and carers of children and young people accessing *Chroma*.

1.4. This policy applies to all staff and sub contractors for *Chroma*. *Chroma* works across the UK and within the scope of several Local Authority Safeguarding Boards and this policy and procedural guidance should be read in conjunction with the relevant Local Safeguarding Adults Board guidance that can be accessed via the safeguarding websites of the relevant Local Authority where Chroma interventions are occuring

1.5. All relevant Safeguarding forms and information are also available from the Designate Lead for Safeguarding.

2. Scope

2.1. This policy applies to all employees, contractors or volunteers (permanent or temporary) of ***Chroma*** and those people that perform work on behalf of ***Chroma***

2.2. This policy complements all professional or ethical rules, guidelines and codes of professional practice on child protection (e.g. Health and Care Professions Council).

3. Definition

3.1. The Care Act 2014 defines safeguarding as:

3.1.1. *'Protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.'*

3.2. Safeguarding duties apply to a person over 18 years who:

- has needs for care and support (whether or not the Local Authority is meeting any of those needs)
- and is experiencing, or at risk of, abuse or neglect
- and as a result of their care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect or
- is a carer who may be experiencing intentional or unintentional harm from the adult they are trying to support or from professionals and organisations with which they contact.

3.3. Abuse

The Care Act (2014) Care and Support Guidance (14.17) recognises that abuse and neglect can take many forms and identifies 10 key domains of abuse and neglect https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance

Abuse can vary from treating someone with disrespect in a way which significantly affects the person's quality of life, to causing actual physical suffering. This includes behaviour towards a person that either deliberately or unknowingly, causes people harm or endangers their life or civil rights.

3.3.1. Abuse can be passive or active; it can be an isolated incident or repeated. It may occur as a result of a failure to undertake action or appropriate care tasks. Abuse is not just about "poor care" but a failure to tackle issues of poor care could also amount to abuse.

3.3.2. Anyone can be a perpetrator of abuse. Abuse can occur in any relationship. An individual, a group or an organisation may perpetrate abuse.

3.3.3. The person who is responsible for the abuse is very often well known to the person abused and could be a paid carer or volunteer, a health worker, social care or other worker, a relative, friend or neighbour, another resident or service user or an occasional visitor or someone who is providing a service.

3.3.4. It is the responsibility of all staff and sub contractors to recognise, suspected or actual abuse and to take appropriate action in line with the procedures. This includes discussing concerns with the designated safeguarding lead

3.3.5. The dignity, safety, and well-being of individuals will be a priority consideration in all activity. Support provided should be appropriate to that person's physical & mental abilities, culture, religion, gender and sexual orientation.

4. Duties

4.1. The Managing Director has overall responsibility for the safeguarding arrangements in *Chroma*, and for the performance of *Chroma* in supporting the work of the local Safeguarding Adults Boards. The Managing Director will be notified of any Safeguarding Adult Reviews or Domestic Homicide Reviews and requirements for representation at the meetings of the Safeguarding Partners for the local authority area. This responsibility may be delegated to other senior managers as required

4.1.1 The Managing Director is Daniel Thomas. Contact details:

Chroma, Overross House, Ross Park, Ross-on-Wye, Herefordshire HR9 7US

0330 440 1838 | 07810 482 930; daniel@wearechroma.com

4.2.1 Chroma's Designate Professional for Safeguarding Adults

4.2.2 The Designate Professional will provide a quarterly report to the Board of Directors and a monthly report to the Senior Leadership Team. Further reports will be provided where appropriate e.g. Safeguarding Adult Reviews

4.2.3 The Designate Professional is responsible for linking with the Safeguarding Partners for the local authority area. To share information and provide specialist advice to those networks in respect of services or information provided by *Chroma*.

4.2.4 The Designate Professional will be responsible for ensuring a high quality service for Safeguarding Adults within *Chroma* and will ensure that expert advice and support is available to all Chroma professionals. All referrals to the Local Authority Safeguarding Team are recorded on a database.

4.2.5 The Designate Professional will facilitate and raise awareness of training available in accordance with the Safeguarding Training Policy.

4.2.6 The Designate Professional will work together with the Local Safeguarding Adults Board when a Safeguarding Adults Review is commissioned.

4.2.7 The Managing Director is responsible for ensuring that the Designate Professional carry out these actions and for ensuring that all staff receive the appropriate level of training commensurate with their role.

4.3 All staff and subcontractors – All staff and subcontractors must be aware of and follow the legislation and guidance regarding safeguarding adults as stated in this Policy and the Local Safeguarding adult Board procedures .

4.3.3 All staff and sub-contractors will identify and meet with the Designated Safeguarding Lead of any host institution (ie school, hospital etc) before commencing work

4.3.4 All staff and subcontractors will follow the local safeguarding procedures of the host organisations they are working with and in

4.3.5 All staff and subcontractors should be alert to the possibility of adult abuse or neglect. If staff members have concerns about the safety or welfare of an adult, those concerns must be addressed and consideration given for a referral to Adult Social Care.

4.3.6 All staff and sub contractors working with individuals over the age of 18 can contact the designate professional who is contactable during 09:00 – 17:00, Monday to Friday excluding Bank Holidays)

4.3.7 If the designate professional is not available to staff or sub contractors, the relevant local authority Safeguarding Adults Team can be contacted for advice and guidance. However, all adult safeguarding concerns must still be shared with the designate profession

4.3.8 If staff and sub contractors feel an adult is in immediate danger, staff must call 999 and inform the designate professional

4.3.9 The Designate Professional should ensure staff have access to safeguarding supervision in cases where complexity, non-compliance, lack of progress, professional disagreement or other factors indicate.

4.3.10 The Designated Professional is Jo Godsal. Contact details: *Chroma*, Overross House, Ross Park, Ross-on-Wye, Herefordshire HR9 7US; 0330 440 1838 | 07852 245 822 ; jo@wearechroma.com

5. Principles

5.1. The Care Act 2014 outlines six key principles which staff must consider in all aspects of safeguarding work:

1) Empowerment – Presumption of person led decisions and consent
2) Protection – Support and representation for those in greatest need
3) Prevention – Prevention of neglect, harm and abuse is a primary objective
4) Proportionality – Least intrusive response appropriate to the risks presented
5) Partnership – Local solutions through services working with communities
6) Accountability – Accountability and transparency in delivering safeguarding

6. Categories and Indicators

6.1. Indicators of abuse often include the misuse of power by one person over another. For example where one person is dependent on another for their physical care or due to power relationships in society e.g. between a professional worker and a service user, a man and a woman and a person belonging to the dominant race / culture and a person belonging to an ethnic minority.

6.2. There are twelve categories of abuse which may occur alone or in combination, they are:

1) Physical
2) Sexual including sexual exploitation
3) Psychological
4) Discriminatory
5) Financial
6) County Lines
7) Neglect or acts of omission
8) Domestic Abuse including Honour Based Abuse & Forced Marriage
9) Self-Neglect
10) Female Genital Mutilation
11) Modern day slavery
12) Organisational

6.3. An individual, a group or an organisation may perpetrate abuse which can be deliberate or the result of ignorance, lack of training, knowledge or understanding.

6.4. The procedural guidance accompanying this policy gives details of indicators and risk factors associated with each of the above categories.

6.5. Where a whole service enquiry is identified, an independent clinician/practitioner with appropriate expertise will be commissioned to lead the enquiry. *Chroma* will work in compliance with the Local Safeguarding Adults Board Whole Service Enquiry Guidance.

7. Prevent

7.1. In addition to the above categories, the Department of Health (DH) have worked with the Home Office to develop guidance for healthcare organisations to implement the Prevent Strategy called "Building Partnerships Staying Safe".

7.2. The Prevent agenda has been incorporated into *Chroma* Safeguarding service; it addresses all forms of terrorism including extreme right-wing activities but continues to prioritise according to the threat posed to our national security.

7.3. The Designated Professional will ensure clinicians are supported to make appropriate prevent referrals to the Channel Panel.

8. County Lines

8.1. The UK Government definitions of county lines and Child Criminal Exploitation (CCE) are: "County lines is a term used to describe gangs and organised criminal networks involved exporting illegal drugs into one or more importing areas [within the UK], using dedicated mobile phone lines or other form of "deal line". They are likely to exploit children and vulnerable adults to move [and store] the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons[1].

8.2. *Chroma* professionals clinicians will complete the relevant county Police Force Partnership Intelligence Form, where it has concerns that a client may be a victim of County Lines and share information with Police in the public interest to protect both individual patients and the public.

9. Think Family

9.1. The Think Family agenda recognises and promotes the importance of a whole family approach when responding to safeguarding concerns.

9.2. There is a requirement for all staff and sub contractors, no matter who the primary client is, to consider the welfare and needs of all those living in the household.

9.3. All initial assessments should establish as a minimum who is living in the same household and the Family Form should be completed and reviewed every six months.

9.4. Where there is a safeguarding enquiry for an adult and there are children in the household, staff and sub contractors must consider the child's welfare and, where required, make a referral to children's social care. Where a clinician has doubts or concerns about whether to make a referral, they should discuss this with their designated professional and document the advice provided in the client's record.

10. Mental Capacity

10.1. The Mental Capacity Act 2005 provides a comprehensive framework to safeguard and empower people over 16 who are unable to make all or some decisions themselves. The Act includes a range of principles, powers and services which must be considered as a part of a safeguarding plan for a person lacking capacity who may be at risk of being abused. The Mental Capacity (Amendment) Act 2019 will come into force in 2020.

10.2. Where a person who lacks capacity is alleged to have been abused or to have abused another person, consideration must be given to appointment of an Independent Mental Capacity Advocate in line with Local Safeguarding Adults Board Mental Capacity Policy

10.3. An Independent Mental Capacity Advocate (IMCA) is a type of statutory advocacy introduced by the Mental Capacity Act 2005 and is appointed to support a person who lacks capacity if there are no family members or relevant others to act in their best interests.

10.4. A safeguarding referral must be made in all cases where a person in a care home, residential home or hospital ward (who is not detained under the Mental Health Act) is deprived of their liberty and where a Deprivation of Liberty Safeguards application has not been made.

11. **Reporting**

11.1 Staff and subcontractors will report any and all concerns regarding safeguarding on MyConcern. This covers low level concerns up to major safeguarding incidents. If in doubt, make a report on MyConcern.

11.2 Please note that if there is risk of significant harm, staff and sub-contractors must prioritise local safeguarding procedures before making a report on MyConcern.

11.3 Staff and sub-contractors will follow local safeguarding procedures alongside Chroma's procedures.

11.4 Consent, Confidentiality and Information Sharing

11.4.1 Good information sharing practice is at the heart of good safeguarding practice. Information sharing is covered in legislation principally by the Data Protection Act 1998.

11.4.2 Staff and sub contractors should obtain the consent of the client for the sharing of information with any other agency (eg Social Services). Where an individual is unable to give consent staff must follow the requirements of the Mental Capacity Act 2005, the Mental Capacity (Amendment) Act 2019 and the Care Act 2014.

11.4.3 Staff and sub contractors cannot give assurance of confidentiality where there are concerns about abuse or the risk of significant harm particularly where other people may be at risk of significant harm.

11.4.4 Disclosure without consent may be justified where:

- Seeking consent is likely to increase risk to the adult in question or another person.
- Permission has been refused but sufficient professional concern remains to justify disclosure.
- Seeking permission is likely to impede a criminal investigation.
- There is significant risk to others (including children and young people under the age of 18 years).

If in doubt, discuss this with your supervisor, with the Chroma DSLs.

Where an adult has capacity and objects to a concern being raised with the Local Authority, but the DSL considers that it is in the public interest to share the information (for example where other vulnerable individuals may also be at risk), the concern should still be shared with the Local Authority and the relevant adult at risk informed of the rationale for breaching their confidentiality and sharing information with the Local Authority

11.5 MyConcern emails the Chroma DSLs. If there is risk of significant harm or urgency, staff and sub contractors must contact Chroma by phone in the first instance.

11.6 On reporting on MyConcern, the Designated Professional, or one of the other two DSLs, will review the concern, allocate a category and review actions.

11.7 The Designate Professional may allocate a Task – this will be the next steps that need to taken by the reporter. The task must be completed and marked as done by the completion date

11.8 Staff and sub contractors will discuss the concern with Chroma's DSL and identify next steps. These may include:

11.8.1 Filing a concern where no further action is required, or where information has been shared appropriately, risk is adequately managed and no further action is required. Evidence will have been uploaded to MyConcern of any information sharing and joint decisions made and the rationale for any decisions.

11.8.2 With the individual's consent, discussing with carer and agreeing how to manage the concern and agreement on how to provide support

11.8.3 With the individual's consent, discussing with other professionals and agreeing how to manage concern

11.8.4 Reporting to local DSL

11.8.5 Making a referral to the Local Authority Safeguarding Adults Team

11.8.5.1 Staff and sub-contractors will find the contact details for local Safeguarding in the Knowledge Base on iinsight. The NHS Safeguarding App also has local Safeguarding contact details. If in doubt, contact Chroma head office who will provide these contact details.

12 Referrals

12.1 All referrals to Adult Social Care must be in writing. You may telephone your referral to Social Care but a written copy of the referral on the appropriate referral form must be made and a copy retained in the adults record.

12.2. If an adult is in immediate danger, staff should call 999 and complete a Safeguarding Adults referral to record the details of the call.

12.3. All referral forms and related correspondence (for example, responses from Adult Social Care) must be uploaded to the relevant clinical records.

12.4. Staff and sub contractors who raise referrals are responsible for following up with Adult social care to ensure that an outcome is received. This information must be uploaded to the relevant clinical record and shared with the Designate Professional

12.5. If a current or historical allegation is raised in relation to an adult who is (or has been) working with children in a position of trust (such as a clinician, teacher, foster carer or volunteer), then the matter must be reported immediately to the Designate Professional. This must be raised as a referral to Adult social care if the referrer has current details of the person subject to the allegations and the person is known to have access to vulnerable adults who can be identified in the referral (by name, age and address – or by organisation and location if this is a group of children at risk).

12.6. Where a concern is raised about a *Chroma* employee or sub contractor whether working with children or adults, the Designate Professional and Chief Executive must be immediately informed. They will ensure appropriate liaison with the LADO / PiPOT (Person in Position of Trust) Officer / Lead and *Chroma*'s HR Lead.

13 Safeguarding Links with complaints and Duty of Candour

13.1 All allegations of abuse including serious case reviews and domestic homicide reviews must be reported to *Chroma*'s Designated Professional.

13.2 Good safeguarding practice requires openness, transparency and trust. There is a legal 'duty of candour' in which staff must explain, (in person and in writing) apologise and advise people, where severe or moderate harm has occurred

14 Safeguarding Adult Reviews and Domestic Homicide Review

14.1 *Chroma* will comply with the process for Safeguarding Adult Reviews as outlined in the Care Act 2014 and the Home office guidance of Domestic Homicide Reviews 2013 conducted by the Community Safety Partnerships in each borough council.

14.2 Safeguarding Adult Reviews (SAR's) are considered where an adult (over 18 years) has died or sustained a potentially life-threatening injury or serious and permanent impairment of physical and/or mental health and development through abuse or neglect.

14.3 Domestic Homicide Reviews (DHRs) are considered following the death of a person (over 16 years) due to violence, abuse or neglect by a person to whom they were related to, had an intimate relationship with, or was a member of the same household.

14.4 The purpose of the reviews is to establish whether there are lessons to be learned from a case about the way in which local professionals and agencies work together.

14.5 *Chroma's* Managing Director will be notified of all Safeguarding Adult Reviews and Domestic Homicide Reviews and will forward details to the Designate professional who will ensure completion of an Individual Management Review (IMR). The Individual Management Review must be signed off by *Chroma's* Managing Director before being sent to the Board of Directors.

14.6 *Chroma's* Designate Professional will monitor subsequent action plans and implementation and consider presenting the information to Chroma's Senior Leadership Team Meeting.

15 Training

15.1 All staff and sub contractors must receive safeguarding training at the level according to their role as stated within the Training Strategy.

15.2 All staff and sub contractors must undertake Safeguarding Adults and Children training every three years. Staff and sub contractors must access training within three months of commencing in post. There are a number of different levels of training dependent on role, specialism and contact with service users.

15.3 The training needs analysis chart below details training requirements:

Core Practice	Level	Staff Group	Delivery Method	Frequency of Update
Safeguarding Adults	1	All Non Clinical including board members	E Learning	New staff and sub contractors as per induction

Core Practice	Level	Staff Group	Delivery Method	Frequency of Update
				Other Staff and sub contractors – three yearly
Safeguarding Adults	2	All staff who may be engaged in 1-1 provision (eg teaching on an individual basis)	E-learning	New staff and sub contractors as per induction Other Staff and sub contractors – three yearly
Safeguarding Adults	3	All Registered Clinical staff/therapists working clinically including those who supervise clinicians	1 day face-to-face training plus 2 hours related directed learning	Three yearly update
Safeguarding Adults	4	Designate Professional	1 day face-to-face training	Three yearly update

16 Supervision

16.1 *Chroma* is committed to promoting the welfare of our clients and protecting them from harm in all localities, where services are provided and ensuring they receive safe, effective care in accordance with Care Quality Commission (CQC) Regulations; Outcome 7 and Ofsted regulations

16.2 Clinical and Safeguarding Supervision offer a formal process of professional support and learning for practitioners. Safeguarding Supervision is about the 'how' of safeguarding practice; it provides a framework for examining and reflecting on a case from different perspectives. It also facilitates the analysis of the risk and protective (resilience) factors involved discussing cases at varying levels of concern from confirmed abuse/ high risk indicators, to the cases with very early potential indicators in order to ensure safe practice

16.3 All clinical staff and sub contractors are required to undergo supervision in accordance with *Chroma*'s Supervision Policy. Supervision regarding safeguarding concerns must routinely take place where there are safeguarding cases to ensure the analysis of information is considered and that actions identified are implemented.

16.4 All staff and sub contractors working with adults where there are identified safeguarding concerns will be offered supervision and it is the line manager's responsibility to identify where additional support is necessary for staff e.g. during a Safeguarding Adults Review.

16.5 A record of supervision attendance should be maintained by staff and sub contractors and made available for audit purposes.

17 Staff Recruitment

17.1 *Chroma* is required to comply with the Disclosure and Barring Service (DBS) checks developed by the Home Office in consultation with the Department for Education and the Department of Health.

17.2 The purpose of the Disclosure and Barring Service is to ensure that unsuitable people do not work with vulnerable adults on a paid or voluntary basis. *Chroma* has a duty to refer to the Disclosure and Barring Service to make decisions regarding safe recruitment.

17.3 All staff and sub contractors working with children and adults will undergo a Disclosure and Barring Service check.

17.4 All job descriptions for new staff contain a statement regarding staff and sub contractor responsibility for adhering to *Chroma*'s policies on safeguarding children and adults.

18 Monitoring

18.1 The Managing Director and Designate Professional will be responsible for the overall monitoring and review of this policy.

18.2 This policy should be reviewed annually in conjunction with the procedures and any additional multi- agency safeguarding adult's guidelines from the Local safeguarding adult boards

18.3 An audit of key parts of this policy will be undertaken every three years with a rotating theme for example; recommendations from Safeguarding Adult Reviews and the referral process. The results will be presented to all appropriate committees for review and action.

18.4 Useful contact numbers

The designated persons for safeguarding (both adults and children) for *Chroma* are Jo Godsal and Daniel Thomas:

Contact details:

Chroma, Overross House, Ross Park, Ross-on-Wye, Herefordshire HR9 7US

0330 440 1838

jo@wearechroma.com

daniel@wearechroma.com

I confirm that I have read and understood the Safeguarding Adults policy

Print name:.....

Signed:.....

Date:.....