

**Verification of a suitable safeguarding vulnerable persons - adults and children policy**

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<b>Amended</b>	
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<b>Approved by</b>	Inna Care Policy Team

Inna Care understand that they have a duty to ensure that all persons that come into contact with their business, both directly and indirectly - are sufficiently safeguarded against at all times. This requires Inna Care to ensure that at all times it adheres to all current (and any future) regulations & Legislation, including (but not limited too):

- Safeguarding Vulnerable Groups Act 2006 the Supplier:
- Health and Social Care Act 2008 (Regulated Activities)
- Regulations 2010 (Statutory Instrument 2010 No. 781),
- the Care Quality Commission (Registration) Regulations 2009

In order to achieve this, Inna Care has incorporated a detailed and robust policy & process which ensures all necessary checks are completed on workers, and they all workers are fully aware of their obligations and responsibilities when out in the field.

To confirm this, Inna Care will keep accurate records of all safeguarding and employment checks carried out under this framework. This information will be requested and called upon during regular framework audit. This includes:

- **Identity** checks, at all times in line with latest NHS Employment Check Standards (see [www.nhsemployers.org/your-workforce/recruit/employment-checks/nhs-employment-check-standards/identity-checks](http://www.nhsemployers.org/your-workforce/recruit/employment-checks/nhs-employment-check-standards/identity-checks)); and
- **Right to Work** checks, at all times in line with latest NHS Employment Check Standards (see [www.nhsemployers.org/your-workforce/recruit/employment-checks/nhs-employment-check-standards/right-to-work-checks](http://www.nhsemployers.org/your-workforce/recruit/employment-checks/nhs-employment-check-standards/right-to-work-checks)); and
- **Employment History and Reference** checks, at all times in line with latest NHS Employment Check Standards (see [www.nhsemployers.org/your-workforce/recruit/employment-checks/nhs-employment-check-standards/employment-history-and-reference-checks](http://www.nhsemployers.org/your-workforce/recruit/employment-checks/nhs-employment-check-standards/employment-history-and-reference-checks)); and
- **Professional Registration & Qualification** checks, at all times in line with latest NHS Employment Check Standards (see [www.nhsemployers.org/your-workforce/recruit/employment-checks/nhs-employment-check-standards/professional-registration-and-qualification-checks](http://www.nhsemployers.org/your-workforce/recruit/employment-checks/nhs-employment-check-standards/professional-registration-and-qualification-checks)); and
- **Criminal Record and Barring** checks, at all times in line with latest NHS Employment Check Standards (see [www.nhsemployers.org/your-workforce/recruit/employment-checks/nhs-employment-check-standards/criminal-record-and-barring-checks](http://www.nhsemployers.org/your-workforce/recruit/employment-checks/nhs-employment-check-standards/criminal-record-and-barring-checks)). The following additional DBS checks: guidance for employers may also be useful [www.gov.uk/dbs-check-requests-guidance-for-employers](http://www.gov.uk/dbs-check-requests-guidance-for-employers); and

- **Work Health Assessment** checks, at all times in line with latest NHS Employment Check Standards (see [www.nhsemployers.org/your-workforce/recruit/employment-checks/nhs-employment-check-standards/work-health-assessments](http://www.nhsemployers.org/your-workforce/recruit/employment-checks/nhs-employment-check-standards/work-health-assessments)); and
- **English language competency** checks, at all times in line with Health Service Circular 1999/137: Employment of EEA nationals, ensuring language competency (Department of Health, June 1999) (see [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4012004.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4012004.pdf)) and latest NHS Employment Check good practice guidance for employers (see [www.nhsemployers.org/your-workforce/recruit/employment-checks/language-competency-guidance](http://www.nhsemployers.org/your-workforce/recruit/employment-checks/language-competency-guidance)); and
- **Statutory & Mandatory and Clinical/Care core skills training** checks, at all times in line with latest Skills for Health UK Core Skills Training Framework (see [www.skillsforhealth.org.uk/services/item/146-core-skills-training-framework](http://www.skillsforhealth.org.uk/services/item/146-core-skills-training-framework)) and relevant to the normal duties of that person is expected to perform in the position the Authority seeks to fill; and
- **Appraisal and revalidation** checks, at all times in line with the seven (7) key principles and core values that guide the NHS (the 'NHS Constitution') (see [www.nhs.uk/NHSEngland/thenhs/about/Pages/nhscoreprinciples.aspx](http://www.nhs.uk/NHSEngland/thenhs/about/Pages/nhscoreprinciples.aspx)) and latest:
  - Nursing and Midwifery Council's Code: Professional standards of practice and behaviour for nurses and midwives (see [www.nmc.org.uk/standards/](http://www.nmc.org.uk/standards/)), other additional standards (see [www.nmc.org.uk/standards/additional-standards/](http://www.nmc.org.uk/standards/additional-standards/)) and revalidation (see [www.nmc.org.uk/standards/revalidation](http://www.nmc.org.uk/standards/revalidation)), where the Job Role of the Temporary Agency Worker supplied for hire relates to Nursing and Midwifery staff Assignments; or
  - General Medical Council's Standards and ethics guidance for doctors (see [www.gmc-uk.org/publications/standards\\_guidance\\_for\\_doctors.asp](http://www.gmc-uk.org/publications/standards_guidance_for_doctors.asp)) and Good Medical Practice framework for appraisal and revalidation (see [www.gmc-uk.org/doctors/revalidation/revalidation\\_gmp\\_framework.asp](http://www.gmc-uk.org/doctors/revalidation/revalidation_gmp_framework.asp)), where the Job Role of the Temporary Agency Worker supplied for hire relates to Medical staff Assignments; or
  - General Dental Council's Standards for the Dental Team (see [www.gdc-uk.org/Dentalprofessionals/Standards/Pages/home.aspx](http://www.gdc-uk.org/Dentalprofessionals/Standards/Pages/home.aspx)), where the Job Role of the Temporary Agency Worker supplied for hire relates to dental staff Assignments; or
  - Health and Care Profession Council's Standards (see [www.hcpc-uk.org/aboutregistration/standards/](http://www.hcpc-uk.org/aboutregistration/standards/)), where the Job Role of the Temporary Agency Worker supplied for hire relates to Other clinical staff Assignments; or
  - NHS Employers guidance on appraisal (see <http://www.nhsemployers.org/your-workforce/retain-and-improve/managing-your-workforce/appraisals>); and
  - Other Good Industry Practice, where the Job Role of the Temporary Agency Worker supplied for hire is not covered by an appropriate Professional Body, such as GCC or GDC or GMC or GPhC or GOC or GOSC or HCPC or NMC etc.
- Indemnity arrangement checks, at all times in line with the Health Care and Associated Professions (Indemnity Arrangements) Order 2014 (Statutory Instrument 2014 No. 1887) (see <http://www.legislation.gov.uk/ukSI/2014/1887/contents/made>); and
- any other safeguarding and employment checks, as may be supplemented by information set out and [or] referred to in the individual Order by the Hirer or which are required by law or the appropriate Professional Body.

Should it be requested by the participating authority, additional checks will be completed on a worker prior to their deployment into the provision of the services.

Past the above checks, Inna Care will ensure that all of its workers have a full understanding of the term 'safeguarding', and how to promote this within the business.

### **Policy for the prevention of abuse:**

Abuse is a violation of an individual's human and civil rights by any other person or persons. The most common forms of abuse are described in the statutory guidance accompanying the Care Act 2014 as:

- Physical abuse;
- Domestic violence;
- Sexual abuse;
- Psychological abuse;
- Financial or material abuse;
- Modern slavery;
- Discriminatory abuse;
- Organisational abuse;
- Neglect and acts of omission;
- Self-neglect

The organisation will ensure that Service Users are safeguarded from abuse in all these forms. This duty to safeguard adults applies to Service Users who:

- Have needs for care and support;
- Are experiencing, or at risk of, abuse or neglect, and;
- As a result of those care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect.

The following six principles as set out in guidance to the Care Act 2014 should inform practice with Service Users. These are as follows:

- **Empowerment** – People being supported and encouraged to make their own decisions and informed consent.
- **Prevention** – It is better to take action before harm occurs.
- **Proportionality** – The 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.

## **Children and young people**

The legislation and guidance relevant to safeguarding and promoting the welfare of children includes the following:

- Children Act 1989 and 2004
- Working Together to Safeguard Children (2018)
- Promoting the Health and Well-being of Looked After Children

### **A Brief overview**

“Local authorities have overarching responsibility for safeguarding and promoting the welfare of all children and young people in their area. They have a number of statutory functions under the 1989 and 2004 Children Acts which make this clear, and this guidance sets these out in detail. This includes specific duties in relation to children in need and children suffering, or likely to suffer, significant harm, regardless of where they are found, under sections 17 and 47 of the Children Act 1989. The Director of Children’s Services and Lead Member for Children’s Services in local authorities are the key points of professional and political accountability, with responsibility for the effective delivery of these functions. Whilst local authorities play a lead role, safeguarding children and protecting them from harm is everyone’s responsibility. Everyone who comes into contact with children and families has a role to play.<sup>1</sup> Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:

- 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.

Local agencies, including the police and health services, also have a duty under section 11 of the Children Act 2004 to ensure that they consider the need to safeguard and promote the welfare of children when carrying out their functions. Under section 10 of the same Act, a similar range of agencies are required to cooperate with local authorities to promote the well-being of children in each local authority area (see chapter 1). This cooperation should exist and be effective at all levels of the organisation, from strategic level through to operational delivery. Professionals working in agencies with these duties are responsible for ensuring that they fulfil their role and responsibilities in a manner consistent with the statutory duties of their employer.”

## **Vulnerable Adults**

The legislation and guidance relevant to safeguarding adults at risk of harm or abuse includes the following:

- Care Act 2014
- Care and Support Statutory Guidance (Chapter 14 – Safeguarding)

The government has issued 6 key principles for safeguarding adults. These are not legal duties but work as best practice;



- Empowerment - presumption of person led decisions and consent.
- Protection - support and representation for those in greatest need.
- Prevention of harm or abuse.
- Proportionality and least intrusive response appropriate to the risk presented.
- Partnerships - local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- Accountability and transparency in delivering safeguarding.

**Inna Care confirms that we will comply with all the requirements the Vulnerable Groups Act 2006. This includes confirmation that:**

- it shall comply with all requirements placed on it by the Safeguarding Vulnerable Groups Act 2006;
- warrants that at all times it has and will have no reason to believe that any member of Staff is barred in accordance with the Safeguarding Vulnerable Groups Act 2006; and
- shall ensure that no person is employed or otherwise engaged in the provision of the Services if that person is barred from carrying out, or whose previous conduct or records indicate that they would not be suitable to carry out, any regulated activities as defined by the Safeguarding Vulnerable Groups Act 2006 or may present a risk to patients, service users or any other person.
- Inna Care will ensure that the Contracting Authority is kept advised at all times of any member of Staff who, subsequent to their commencement of employment as a member of Staff receives a Conviction or whose previous Convictions become known to the Supplier or whose conduct or records indicate that they are not suitable to carry out any regulated activities as defined by the Safeguarding Vulnerable Groups Act 2006 or may present a risk to patients, service users or any other person. The Supplier shall only be entitled to continue to engage or employ such member of Staff with the Contracting Authority's written consent and with such safeguards being put in place as the Contracting Authority may reasonably request. Should the Contracting Authority withhold consent the Supplier shall remove such member of Staff from the provision of the Services forthwith.
- Inna Care will immediately provide to the Contracting Authority any information that the Contracting Authority reasonably requests to enable the Contracting Authority to satisfy itself that the obligations
- Inna Care understands that the Contracting Authority may at any time request that Inna Care remove and replace any member of Staff from the provision of the Services, provided always that the Contracting Authority will act reasonably in making such a request. Prior to making any such request the Contracting Authority shall raise with Inna Care the Contracting Authority's concerns regarding the member of Staff in question with the aim of seeking a mutually agreeable resolution. The Contracting Authority shall be under no obligation to have such prior discussion should the Contracting Authority have concerns regarding patient or service user safety.

A recent inquest into the **Jimmy Saville case was published in February 2015** around the abuse that happened on NHS premises in relation to when Jimmy Saville worked as a volunteer.

Working in line with the framework agreement Inna Care make their internal and agency workers aware of the 14 recommendations below in relation to safeguarding from the Jimmy Saville inquest.

- **The report makes 14 recommendations** - 13 of which have been "accepted in principle" (all accept recommendation 6 - see employer note below).
- All NHS hospital trusts should develop a policy for agreeing to and managing visits by celebrities, VIPs and other official visitors. The policy should apply to all such visits without exception.



2. All NHS trusts should review their voluntary services arrangements and ensure that they are fit for purpose; volunteers are properly recruited, selected and trained and are subject to appropriate management and supervision; and all voluntary services managers have development opportunities and are properly supported.
- The Department of Health and NHS England should facilitate the establishment of a properly resourced forum for voluntary services managers in the NHS through which they can receive peer support and learning opportunities and disseminate best practice.
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  - 4. All NHS trusts should ensure that their staff and volunteers undergo formal refresher training in safeguarding at the appropriate level at least every three years.
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  - 5. All NHS hospital trusts should undertake regular reviews of their safeguarding resources, structures and processes (including their training programmes), and the behaviours and responsiveness of management and staff in relation to safeguarding issues - to ensure that their arrangements are robust and operate as effectively as possible.
- \*6. The Home Office should amend relevant legislation and regulations so as to ensure that all hospital staff and volunteers undertaking work or volunteering that brings them into contact with patients or their visitors are subject to enhanced DBS and barring list checks.
  - **This recommendation has not been accepted** - legislation which underpins the requirement for a check under the DBS regime remains unchanged. It is important that employers fully understand their legal responsibilities in regard to ensuring positions they are recruiting to (including when making appointments to volunteering roles) are eligible for a DBS check, and the level of check required. Eligibility for a DBS check continues to be dependent on the roles and responsibilities of the position being appointed to, and the type of access they will have with children and/or adults in receipt of healthcare. Employers should make sure that their local policies and processes are fully compliant with the requirements outlined by the criminal record and barring check standard.
  - 7. All NHS hospital trusts should undertake DBS checks (including, where applicable, enhanced DBS and barring list checks) on their staff and volunteers every three years. The implementation of this recommendation should be supported by NHS Employers.
- While not a legal requirement, employers are already permitted to require periodic DBS checks as part of their local policy. At this current time there is no appetite to prescribe a frequency period by which employers should undertake any repeat checks – instead they are recommended to consider how they can encourage workers and volunteers to subscribe to the DBS Update Service which offers a more satisfactory solution to this recommendation because of the added safeguarding measures this can provide. See our briefing document on using the DBS Update Service (June 2014) which can be found on this website. Subscription to the Update Service remains free for volunteers.
  - Where employers have already implemented periodic DBS checks as part of their local policy, these arrangements can continue unaffected.
  - It is important that employers regularly review local recruitment policies and practices to ensure they remain fully compliant with current legal requirements under the DBS regime; and appropriate and proportionate measures are considered to minimise any potential risks to patient safety.
- 8. The Department of Health and NHS England should devise and put in place an action plan for raising and maintaining NHS employers' awareness of their obligations to make referrals to the local authority designated officer (LADO) and to the Disclosure and Barring Service.

- **9.** All NHS hospital trusts should devise a robust trust-wide policy setting out how access by patients and visitors to the internet, to social networks and other social media activities such as blogs and Twitter is managed and where necessary restricted. Such policy should be widely publicised to staff, patients and visitors and should be regularly reviewed and updated as necessary.
- **10.** All NHS hospital trusts should ensure that arrangements and processes for the recruitment, checking, general employment and training of contract and agency staff are consistent with their own internal HR processes and standards and are subject to monitoring and oversight by their own HR managers.
- **11.** NHS hospital trusts should review their recruitment, checking, training and general employment processes to ensure they operate in a consistent and robust manner across all departments and functions and that overall responsibility for these matters rests with a single executive director.
- **12.** NHS hospital trusts and their associated NHS charities should consider the adequacy of their policies and procedures in relation to the assessment and management of the risks to their brand and reputation, including as a result of their associations with celebrities and major donors, and whether their risk registers adequately reflect such risks.
- **13.** Monitor, the Trust Development Authority, the Care Quality Commission and NHS England should exercise their powers to ensure that NHS hospital trusts,(and where applicable, independent hospital and care organisations), comply with recommendations 1, 2, 4, 5, 7, 9, 10 and 11.
- **14.** Monitor and the Trust Development Authority should exercise their powers to ensure that NHS hospital trusts comply with recommendation 12.

All information is readily available to all employees and agency workers at all times.