



Lindsey Lodge Hospice and Healthcare

SAFEGUARDING ADULTS AND CHILDREN POLICY AND GUIDANCE

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1. Introduction

1.1 In 2000, the Department of Health published the guidance 'No Secrets' which aimed to:

- I. Prevent and reduce the incidents of abuse by better informing those who work with adult at risks, by raising awareness of adult abuse in conjunction with staff training
- II. Improve the response by individual agencies to allegations of abuse
- III. Improve the quality of life of adult at risks by providing better protection, encouraging service user empowerment, and identifying and improving bad practice

1.2 The Care Act 2014 (The Act) introduces statutory requirements into safeguarding adults for the first time, i.e. Local Safeguarding Adults Boards become a statutory requirement.

1.3 The Act also changed terminology with for example "Vulnerable Adult" becoming "Adult at Risk" and a "Safeguarding Alert" becoming a "Safeguarding Concern". The changes in terminology are reflected in the policy.

1.4 This policy and guidance should be read with acknowledgement and reference to the **NORTH LINCOLNSHIRE SAFEGUARDING ADULTS BOARD *Safeguarding Adults Policy and Procedures Review September 2020***. This policy and procedures has been agreed and endorsed at a senior and executive level by all partner agencies at the North Lincolnshire Safeguarding Adults Board. It confirms the high priority given to Safeguarding Adults, in that partners agree to:

- Protect an adult's right to live safely, free from abuse and neglect
- Always promote the adults well-being in their safeguarding arrangement
- Support **staff and volunteers** who raise concerns
- Commit to providing training and development opportunities for all staff to support them in their safeguarding responsibilities, as outlined in the interagency procedures.

This document and all appendices are published on the North Lincolnshire Council website, Safeguarding Adults pages and will be available on the Lindsey Lodge L Drive/Policies/Reference Documents.

2.0 Purpose / Policy Statement

2.1 The purpose of this document is to ensure that there are robust arrangements in place for the safeguarding of adults at risk of abuse. It builds upon and replaces the previous policy. The policy document is contained within the main body of the policy and the guidance for staff and volunteers is contained within Appendix A.

2.2 It will result in greater openness and transparency about clinical incidents, learning from safeguarding concerns that may arise in the Hospice, clarity on when and how to report safeguarding concerns and encourage more positive partnership working.

3.0 Area

The document applies to all clinical areas within the Hospice who may see or provide, treatment, and support to adult at risk either as inpatients, outpatients or those seen in the community.

4.0 Duties

4.1 Leadership Roles

- i. The Registered Manager is the Executive Director with Board responsibility for safeguarding adults at the Hospice.
- ii. Safeguarding adults at risk of abuse is a shared responsibility between all agencies and staff. The Hospice can link to the Local Safeguarding Adults Board (LSAB) and sub groups at both strategic and operational levels in the East Riding of Yorkshire, North and North East Lincolnshire as required. The usual link is to the area board in which the provider is based i.e. North Lincolnshire; however there may be occasions where the link is to the LSAB of the postcode of the patient (North Lincolnshire LSAB would signpost as required).

4.2 Managers' Roles and Responsibilities

- i. Senior Managers/Nurses have a responsibility to ensure their staff and volunteers are aware of and comply with the local safeguarding adults procedures and that they receive and maintain the level of training appropriate to their role
- ii. Managers may also play a role in the referral and information gathering process as outlined below.

4.3 Individual Staff Responsibilities

Hospice staff at all levels, have a part to play in the work of the local Safeguarding Adults Boards (LSAB) within North and North East Lincolnshire and East Riding of Yorkshire according to their role and location of work.

- i. Staff should ensure they update their skills and awareness by attending safeguarding adults training on a three yearly basis in compliance with the Hospice's mandatory training policy. This is also a requirement of The Act.
- ii. Individual staff have a duty to follow local procedures when they have a concern about an adult. Further information for staff will be in appendix A of this policy and guidance document.
- iii. As part of our commitment to patients; all Hospice staff should be mindful and act in accordance with the six principles of safeguarding whenever they are interacting with patients:
 - a) **Prevention** – Patients receive clear and simple information about what abuse is, how to recognise the signs and what they can do to seek help
 - b) **Proportionality** – Patients are assured that all staff will work for their best interests, as the patients see them and will only get involved as much as needed
 - c) **Empowerment** – Patients are asked what they want as the outcomes from the safeguarding process and these directly inform what happens
 - d) **Protection** – Patients get help and support to report abuse. They get help to take part in the safeguarding process to the extent to which they want and to which they are able
 - e) **Partnership** – Patients know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. Patients are confident that professionals will work together to get the best result for them
 - f) **Accountability** – Patients understand the role of all Hospice staff involved in their life

- iv. Each clinical area has identified a 'safeguarding champion' some may have more than one person. This person has undertaken an advanced level of safeguarding training at level 3, offered by North Lincolnshire council. These staff support an increased profile of safeguarding in the hospice and will support both staff and volunteers, in their roles and responsibilities with regards to safeguarding concerns or on training programmes.
- v. As an organisation we are working closely with North Lincolnshire Council who have legal safeguarding responsibilities for local arrangements. They have conducted a Health Check in 2017 to assure ourselves and themselves that as a partner organisation we are committed to training and development opportunities for all staff and have satisfactory safeguarding arrangements in place.

5.0 Actions

5.1 Safeguarding Adults Procedures

All staff working across all agencies within North Lincolnshire are expected to follow the North Lincolnshire Protection of Adult Policy, Procedures (**Review September 2020**) when concerns arise relating to the safety of adults at risk of abuse.

Access to North Lincolnshire Protection of Adult Policy, Procedures and Guidelines on the Hospice intranet are available at:
[Safeguarding Adults North Lincolnshire Policy and Procedures.](#)

5.2 Safer Recruitment

The Hospice has a duty to ensure that a safe recruitment process is in place for all new staff expected to have contact with adults at risk. This involves (Disclosure and Barring Scheme) checks and uptake of references prior to appointment. The Hospice's recruitment procedures will reflect the requirements of the Safeguarding Vulnerable Groups Act (2006).

5.3 Partnership Working

- i. All Hospice staff have a responsibility to work effectively in partnership with other key agencies including voluntary and statutory agencies to prevent adults from suffering harm and to promote their welfare. This will provide them with the services they require to address their identified needs and to safeguard those who are likely to be harmed.
- ii. When communicating with other agencies staff need to be mindful of the need to appropriately share information and take full account of the Code of Practice (2007) of the Mental Capacity Act (2005).

6.0 Monitoring Compliance and Effectiveness

- 6.1 The use of this policy and guidance will be evaluated and reviewed at least every three years in terms of its effectiveness and updated wherever possible or when further guidance is received.
- 6.2 The Hospice will be mindful of any safeguarding information secured through LSAB patient experience surveys.

7.0 Associated Documents

MCA and DoLS.

8.0 References

8.1 No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect adult at risks from abuse (DH and Home Office 2000).

8.2 Safeguarding Adults: a national Framework of Standards for good practice and outcomes in Adult protection work (ADASS 2005).

8.3 Deprivation of Liberty Safeguards: A guide for hospitals and care homes (DH 2009).

8.4 Mental Health Act Code of Practice (DH 2008).

8.5 Mental Capacity Act Code of Practice (DH 2007).

8.6 Services for people with learning disabilities and challenging behaviour or mental health needs – Mansell report – revised edition (DH 2007).

8.7 Care Act 2015

8.8 NORTH LINCOLNSHIRE SAFEGUARDING ADULTS BOARD *Safeguarding Adults Policy and Procedures Review September 2020*

9.0 Definitions

9.1 Introduction

All adults are potential victims of crime or abuse, but not all adults are adults at risk of abuse – the majority of adults are capable of protecting themselves, only a proportion would be considered as being in need of protection.

9.2 Abuse

‘A violation of an individual’s human and civil rights by another person or persons’
(No secrets DH 2000).

9.3 Safeguarding

- i. Adult Safeguarding is working with adults with care and support needs to keep them safe from abuse or neglect.
- ii. Safety from harm and exploitation is one of our most basic needs. Being or feeling unsafe undermines relationships and self-esteem. Safeguarding adults at risks from abuse and harm is everyone’s business and is now becoming part of everyday healthcare practice.

9.4 Adults at risk of abuse

An adult at risk is defined as a person aged 18 years or over:

Who is or may be in need of community 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, or unable to protect him or herself against significant harm or exploitation' (No Secrets DH 2000)

9.5 Significant Harm

Significant harm refers to:

- 'Ill treatment (including sexual abuse and forms of ill treatment that are not physical). The impairment of, or an avoidable deterioration in physical or mental health and the impairment of physical and emotional, social or behavioural development' (Law Commission 1995 quoted in 'No Secrets' DH 2000)
- This can also relate to people who are elderly or frail, suffer from a mental disorder, have a physical, sensory or learning disability or have debilitating illness. It can also include adults who may only be temporarily vulnerable for example due to mental ill health that is transient

10.0 Consultation of this policy

Senior Clinical Leads Meeting, staff meetings and the Hospice Quality Assurance Subgroup of the Board.

11.0 Dissemination

The guidance will be presented in electronic and hard copy to the Hospice Quality Assurance meeting for final approval and similarly for all staff groups. It will be placed on the Policy web page of the L drive.

12.0 Implementation

Senior Managers/Nurses will ensure that their staff members and volunteers are made aware of the guidance and it will be shared and referred to in training events.

13.0 Equality Act (2010)

13.1 In accordance with the Equality Act (2010), the Hospice will make reasonable adjustments to the workplace so that an employee with a disability, as covered under the Act, should not be at any substantial disadvantage. The Hospice will endeavour to develop an environment within which individuals feel able to disclose any disability or condition which may have a long term and substantial effect on their ability to carry out their normal day to day activities.

13.2 The Hospice will wherever practical make adjustments as deemed reasonable in light of an employee's specific circumstances and the Hospice's available resources paying particular attention to the Disability Discrimination requirements and the Equality Act (2010).

The electronic master copy of this document is held by Chief Exec PA for Document Control purposes.

Appendix A

Guidance for Staff

All health staff have a duty to follow Local Safeguarding Adult Board (LSAB) procedures for their area when they have a concern about an adult. In cases of uncertainty they MUST consult a senior or more experienced colleague.

1.0 Identification of adult at risk

1.1 Definitions can include people who may be:

- Elderly
- Physically or mentally frail
- Suffering from some form of mental illness including dementia
- Have a physical or sensory disability
- Learning disability
- Severe physical illness

2.0 Recognition of Harm

2.1 Abuse may be suspected or actual and can be in any of the following categories:

- Physical abuse
- Self-neglect
- Sexual abuse
- Financial or material
- Exploitation/modern slavery
- Psychological/Emotional
- Neglect and acts of omission
- Discriminatory
- Institutional/organisational
- Domestic

N.B. The types of abuse outlined above are taken from the Care Act 2014. However with the freedom to address issues at a local SA Board level; “Medication and Professional” have also been added by Local Authorities covering North Lincolnshire.

3.0 Assessment of Capacity

3.1 Healthcare professionals assessing capacity and making decisions on behalf of those who lack capacity must at all times take into account the following principles:

- A person must be presumed to have capacity unless it is established that they lack capacity
- A person is not to be treated as unable to make a decision unless all practicable steps to help them to do so have been taken without success
- A person is not to be treated as unable to make a decision merely because they make an unwise decision
- An act done, or decision made, under the MCA for or on behalf of a person who lacks capacity must be done, or made in their best interests
- Before the act is done or a decision made, regard must be had to whether the purpose for which it is needed can be effectively achieved in a way that is less restrictive of the person’s rights and freedom of action
- More information and guidance is available at: [Mental Capacity Act 2005](#)

4.0 Immediate Action

4.1 An Alerter: is anyone who has contact with an adult at risk of abuse; who hears a disclosure or allegations, or has concerns about potential abuse or neglect, has a duty to pass on those concerns.

4.2 Where a staff/volunteer member suspects that an adult at risk is being or may be abused then they have a duty to **alert** a senior or more experienced member of staff:

They should carry out the following actions

- Ensure that the alleged victim is comfortable and safe
- Inform their line manager
- Ensure that the alleged victim is seen by an appropriate medical staff who will if necessary carry out a relevant examinations in respect of any physical signs/symptoms of abuse. Preserving evidence as necessary
- Record all examinations/conversations/disclosures
- Seek consent to make/report the referral

5.0 Raising a Safeguarding Concern

5.1 The referrer: will be identified managers/team leaders within the Hospice who have the responsibility to consider the concerns of the alerter and make the decision to refer to a safeguarding manager or referral agencies.

5.2 The safeguarding concern forms for each of the Local Authorities covering the Hospice patch are L drive. These forms must be completed with as much information as is available to the referrer. It should include a full description of the risk/abuse/disclosure.

5.3 The completed forms must be emailed to the Safeguarding Adult Teams within the Local Authority – detailed below.

Adult Protection Team
Adult Services
North Lincolnshire Council
Church Square House
PO Box 42
Scunthorpe
North Lincolnshire
Telephone: 01724 297979 or 297000
Fax: 01724 298194
Email: adultprotectionteam@northlincs.gov.uk

5.4 Adult Protection Team

The lead role for the coordination of safeguarding adult's concerns and any subsequent Section 42 enquiries investigation is the responsibility of North Lincolnshire Council Adult Services. This is managed through Adult Protection Team.

6.0 The investigation

6.1 The Registered Manager is required by CQC to have undertaken additional Safeguarding training to allow them to undertake an investigation of adult abuse if required. Depending on the nature of the case they may investigate internally or in conjunction with an investigator from the local authority.

6.2 It is vital that all staff who work with adult at risks contribute effectively to any investigation of abuse. This may involve being interviewed as part of the process but always involved an examination of the records. It is essential that records are contemporaneous and accurate.

7.0 Allegations against Staff

7.1 There may be occasions when allegations are made against a member of Hospice staff. This must be reported immediately to the appropriate Hospice Senior manager on duty if within hours. If out of hours this must be escalated to the Senior Manager on Call. There will be an immediate consideration of whether there has been a criminal offence and a duty to report the incident to the Police. This decision must be taken at a senior level in consultation with HR advice.

7.2 When an allegation has been made the member of staff should be made aware of their rights under the Hospice disciplinary process and this will be investigated by a senior manager in consultation with a senior HR Manager.

7.3 Disciplinary procedures should not be used in isolation and a safeguarding concern should be made and the consideration of a full multi-agency risk assessment should also be given consideration.

8.0 Serious Adult Reviews

8.1 The purpose of having a case review, is not to re-investigate or to apportion blame, it is to establish whether there are lessons to be learnt from the circumstances of the case, about the way in which local professionals and agencies work together to safeguard adults at risk.

8.2 A serious adult review should be considered when:

- An adult at risk dies (including death by suicide) and abuse or neglect is known, or suspected to be a factor in their death.
- An adult at risk has sustained a potentially life-threatening injury through abuse or neglect, serious sexual abuse, or sustained serious and permanent impairment of health or development, through abuse or neglect, and the case gives rise to concern about the way in which local professionals and services work together, to safeguard adult at risks.
- Serious abuse takes place in an institution or when multiple abusers are involved, the same principles of review apply. Such reviews are, however, likely to be more complex, on a larger scale, and may require more time.

Terms of reference need to be carefully constructed to explore the issues relevant to each specific case.

8.3 The local Safeguarding Adults Board will be the only body which commissions a serious adult review. Applications must attract the support of the quorum of the Board and be made in writing. In the event of an application being turned down, the reasons will be recorded in writing and shared with the applicant.

8.4 We have a legal duty to participate fully in any serious case review; ensuring information is open and honestly provided. An allocated named person will undertake this investigation on behalf of the organisation. This delegated person will have undertaken investigation training provided by the organisation and would be the Registered Manager. The Local Authority may request our involvement in a Serious Case review through a formal approach to the Registered Manager or Chief Executive.

8.5 Once a serious adult review is underway, case notes should be secured by the lead investigating officer to provide assurance that potential evidence cannot be altered and statements taken by a

named individual based on internal investigation process including chronology, facts, contacts, staff involved etc. and then transcribed onto the single agency template.

8.6 Once analysis of the case has taken place and a report completed the recommendations are discussed with the appropriate safeguarding committees in the local authority and these will then be discussed at the Quality Assurance subgroup and Board in the organisation.

9.0 Supporting Staff

9.1 All managers will be aware of this policy and guidance they have a duty to respond positively to concerns brought to their attention and they will be expected to provide immediate advice and support to the person raising the concern.

9.2 Managers can also contact the Hospice Medical Director, Registered Manager, Chief Executive for advice and support.

9.3 It must be acknowledged that for staff dealing with safeguarding adult cases it can be an exceptionally stressful time and managers should consider referral to Occupational Health Service or the confidential care line as necessary.

10.0 Discharge Planning

10.1 Effective discharge planning is essential to promoting the health and wellbeing of adult at risks who have spent some time in the care of the Hospice. It is essential that discharge plans are clear and that accurate and timely arrangements are in place. This includes effective information sharing with those who will provide ongoing care for the individual.

11.0 Reporting and responding to abuse and neglect

In order to respond appropriately where abuse or neglect may be taking place, anyone in contact with the adult, whether in a volunteer or paid role, must understand their role and responsibility and have access to practical and legal guidance, advice and support. This will include understanding this multi-agency procedure. The Hospice do have agreements in place to support staff with legal advice if required, access to this would be facilitated by the Registered Manager and/or Chief Executive.

It is important to understand the circumstances of abuse, including the wider context such as whether others may be at risk of abuse, whether there is any emerging pattern of abuse, whether others have witnessed abuse and the role of family members and paid staff or professionals.

The circumstances surrounding any actual or suspected case of abuse or neglect will inform the response from the Adult Protection Team. Where the safeguarding concerns arise from abuse or neglect deliberately intended to cause harm, then it would not only be necessary to immediately consider what steps are needed to protect the adult but also whether to refer the matter to the police to consider whether a criminal investigation would be required or appropriate.

The decision to report a safeguarding concern to the Adult Protection Team can be done after consideration and measurement against the safeguarding threshold document. This document has been in place in North Lincolnshire for a significant period of time and has been updated to reflect the changes within the Care Act 2014.

12.0 Safeguarding Children

Whilst we do not provide care for children as a Registered Provider it may be we come into contact with children who are visiting patients or whom are known to us through family contacts. Any member of Hospice staff who has a concern regarding the welfare of a child connected with the organisation in anyway must firstly discuss the concern with a senior member of staff on duty.

Advice can be sought from the:

Child Protection Team, North Lincolnshire
Telephone; 01724 296500 (office hours) or 01652 651628 (out of hours)

13.0 Partnership Working

We have well established contacts and partnership working with members of the Northern Lincolnshire and Goole NHS Trust (NLAG) Safeguarding team who may also be contacted for advice and signposting if required.

14.0 Reporting to the Care Quality Commission (CQC)

Care Quality Commission (Registration) Regulations 2009: Regulation 18

The intention of this regulation is to specify a range of events or occurrences that must be notified to CQC so that, where needed, CQC can take follow-up action.

Providers must notify CQC of all incidents that affect the health, safety and welfare of people who use services. The full list of incidents is in the text of the regulation.

All providers must send their notifications directly to CQC unless the provider is a health service body, local authority or provider of primary medical services and it has previously notified the NHS Commissioning Board Authority (now known as NHS England).

CQC can prosecute for a breach of this regulation or a breach of part of the regulation. This means that CQC can move directly to prosecution without first serving a warning notice. Additionally, CQC may also take any other [regulatory action](#). See the [offences section](#) for more detail.

The guidance on referral to CQC is detailed below:

The regulation in full

1. Subject to paragraphs (3) and (4), the registered person must notify the Commission without delay of the incidents specified in paragraph (2) which occur whilst services are being provided in the carrying on of a regulated activity, or as a consequence of the carrying on of a regulated activity.
2. The incidents referred to in paragraph (1) are—
 - a. any injury to a service user which, in the reasonable opinion of a health care professional, has resulted in—
 - i. an impairment of the sensory, motor or intellectual functions of the service user which is not likely to be temporary,
 - ii. changes to the structure of a service user's body,
 - iii. the service user experiencing prolonged pain or prolonged psychological harm, or
 - iv. the shortening of the life expectancy of the service user;

- b. any injury to a service user which, in the reasonable opinion of a health care professional, requires treatment by that, or another, health care professional in order to prevent—
 - i. the death of the service user, or
 - ii. an injury to the service user which, if left untreated, would lead to one or more of the outcomes mentioned in sub-paragraph (a);
 - c. [omitted]
 - d. [omitted]
 - e. any abuse or allegation of abuse in relation to a service user;
 - f. any incident which is reported to, or investigated by, the police;
 - g. any event which prevents, or appears to the service provider to be likely to threaten to prevent, the service provider's ability to continue to carry on the regulated activity safely, or in accordance with the registration requirements, including—
 - i. an insufficient number of suitably qualified, skilled and experienced persons being employed for the purposes of carrying on the regulated activity,
 - ii. an interruption in the supply to premises owned or used by the service provider for the purposes of carrying on the regulated activity of electricity, gas, water or sewerage where that interruption has lasted for longer than a continuous period of 24 hours,
 - iii. physical damage to premises owned or used by the service provider for the purposes of carrying on the regulated activity which has, or is likely to have, a detrimental effect on the treatment or care provided to service users, and
 - iv. the failure, or malfunctioning, of fire alarms or other safety devices in premises owned or used by the service provider for the purposes of carrying on the regulated activity where that failure or malfunctioning has lasted for longer than a continuous period of 24 hours;
 - h. any placement of a service-user under the age of eighteen in a psychiatric unit whose services are intended for persons over that age where that placement has lasted for longer than a continuous period of 48 hours.
3. Paragraph (2) (f) does not apply where the service provider is an English NHS body.
4. Where the service provider is a health service body, paragraph (1) does not apply if, and to the extent that, the registered person has reported the incident to [the National Health Service Commissioning Board].
- [(4ZA) For the purposes of paragraph (4), where a person has reported an incident to the NHS Commissioning Board Authority, established under Article 2 of the NHS Commissioning Board Authority (Establishment and Constitution) Order 2011, before the establishment of the National Health Service Commissioning Board ("the Board"), that report is to be treated as having been made to the Board.]
- [(4A) The registered person must notify the Commission of the following events, which occur whilst services are being provided in the carrying on of a regulated activity, or as a consequence of the carrying on of a regulated activity—
- a. any request to a supervisory body made pursuant to Part 4 of Schedule A1 to the 2005 Act by the registered person for a standard authorisation;
 - b. any application made to a court in relation to depriving a service user of their liberty pursuant to section 16(2) (a) of the 2005 Act.
- 4b. Any notification required to be given in respect of an event in paragraph (4A) shall be given once the outcome of the request or application is known or, if the request or application is withdrawn, at the point of withdrawal and shall include a statement as to—
- c. the date and nature of the request or application;
 - d. whether the request or application was preceded by the use of an urgent authorisation, within the meaning of paragraph 9 of Schedule A1 to the 2005 Act;
 - e. the outcome of the request or application or reason for its withdrawal; and
 - f. the date of the outcome or withdrawal.

5. In this regulation—
- a. "the 2005 Act" means the Mental Capacity Act 2005;
 - b. "abuse", in relation to a service user, means—
 - i. sexual abuse,
 - ii. physical or psychological ill-treatment,
 - iii. theft, misuse or misappropriation of money or property, or
 - iv. neglect and acts of omission which cause harm or place at risk of harm;
 - c. "health care professional" means a person who is registered as a member of any profession to which section 60(2) of the Health Act 1999 applies;
 - d. "registration requirements" means any requirements or conditions imposed on the registered person by or under Chapter 2 of Part 1 of the Act;
 - e. "standard authorisation" has the meaning given under Part 4 of Schedule A1 to the 2005 Act;
 - f. "supervisory body" has the meaning given in paragraph 180 (in relation to a hospital in England) or paragraph 182 (in relation to a care home) of Schedule A1 to the 2005 Act;
 - g. for the purposes of paragraph (2)(a)—
 - i. "prolonged pain" and "prolonged psychological harm" means pain or harm which a service user has experienced, or is likely to experience, for a continuous period of at least 28 days, and
 - ii. a sensory, motor or intellectual impairment is not temporary if such an impairment has lasted, or is likely to last, for a continuous period of at least 28 days

14.1 Notification to the CQC must be overseen by the Registered Manager or a Senior Nurse acting on behalf of the Registered Manager. All referral details will be kept in electronic format all on the Lindsey Lodge L Drive/CQC referrals/safeguarding.

REFERENCES:				
ISSUE DATE: 29 th December 2016 Review 3 yearly				
Owner/Author/Contact: Karen Griffiths, Chief Executive, Registered Manager Approving Body Quality Sub Group of the Council of Management				
Date of ratification: 26 th January 2017				
To Be reviewed	Review completed	By	Approved By	Circulation
December 2016	January 2017	Karen Griffiths, Registered Manager	Senior Clinical Managers Quality Assurance subgroup	
May 2017	Reviewed in light of revised NLC Policy and procedure 2017-2019	Karen Griffiths Chief Executive	Senior Clinical Managers 31 ST May 2017	All Senior Managers- email 2/6/17 email via KG
May 2020	July 2020	Maureen Georgiou, Registered Manager	Sent for QA meeting August 2020	
	Aug 2020		QA	
February 2022	Local Safeguarding Adults Board Policy & Procedure review Sept 2020	Karen Griffiths, Registered Manager	QA	Clinical leads
February 2025				