

Our safeguarding protocol

The Care Quality Commission's responsibility and
commitment to safeguarding

February 2013

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1 Introduction

1.1 CQC's underpinning priorities are to:

- focus on quality and act swiftly to eliminate poor quality care, and
- to make sure that care is centred on people's needs and protects their rights.

Care that fails to meet the expected national standards of quality and safety against which we regulate will not be tolerated. We will use our enforcement powers where necessary to stamp out poor practice wherever we find it. Any form of abuse, harm or neglect is unacceptable and should not be tolerated by the provider of a service, its staff, the regulators, or by members of the public or allied professionals who may also become aware of such incidents. Safeguarding is everybody's business and CQC is aware of the role it can play in striving to reduce the risk of abuse from occurring in the first instance, in dealing with incidents when they do occur, and supporting people in the aftermath.

1.2 Within this document the term 'safeguarding' describes a range of activities that organisations should have in place to protect people (both children and adults, unless stated otherwise) whose circumstances make them particularly vulnerable to abuse, neglect or harm. CQC recognises that a person's ability to keep themselves safe is partly determined by their individual circumstances, and that this may change at different stages in a person's life. The term safeguarding is used equally in this document in relation to both health and social care. Effective safeguarding depends on a multi-agency partnership approach to which CQC can contribute. This protocol reflects the various levels of engagement CQC may have with multi-agency procedures.

1.3 CQC has developed this protocol for its staff to describe our role in safeguarding both children and adults. It covers all the relevant health and social care sectors for which CQC has regulatory responsibility¹ and provides the principles for how CQC will work to help make sure people are protected. It may also provide helpful guidance for stakeholders, providers of services and the public on CQC's role in local safeguarding procedures.

1.4 This protocol replaces our previous protocol and identifies a range of related guidance available on CQC's website, where appropriate.

1. For a list of the service types regulated by CQC, please refer to the [Guidance about Compliance Essential Standards of Quality and Safety](#) 2010.

Our vision

- 1.5 Safeguarding is a key priority that reflects both our focus on human rights and the requirement within the Health and Social Care Act 2008 to have regard to the need to protect and promote the rights of people who use health and social care services. Regulated providers of health and adult social care services have a key role in safeguarding. We will monitor how these roles are fulfilled through our regulatory processes by assessing their compliance with the national standards of quality and safety.
- 1.6 Although there are significant differences in the statutory basis and policy context between safeguarding children and safeguarding adults, which are reflected in our processes, there is an overarching objective for both of enabling people to live a life free from abuse. This can not be achieved by any one agency alone. Safeguarding is the responsibility of whole communities and depends on the everyday vigilance of everyone who plays a part in the lives of children or adults in vulnerable situations to ensure that people are kept as safe from harm as possible.

2 Safeguarding and regulation

- 2.1 As the regulator of health and adult social care services, our primary role is to make sure that providers have appropriate systems in place to safeguard people who use the service, and that those systems are implemented and followed in practice to ensure good outcomes for people who use the service. Where regulatory information suggests a breach of regulations or the registered person not being fit for the role, we will consider what regulatory action is needed and undertake that work, where necessary, in partnership with other agencies. We will also ensure that when we receive safeguarding information we will pass it on in a timely manner to the local authority and/or the police.
- 2.2 The Health and Social Care Act 2008 introduced a new, single registration system that applies to all health care and adult social care services. The registration system is based on our ongoing assessment of the ability of providers to ensure the quality of people's experiences of the care they receive, including safeguarding and safety.
- 2.3 Once registered, providers must ensure that they continue to meet the national standards of quality and safety. In particular, Outcomes 7-11 in the *Guidance about compliance: Essential standards of quality and safety* explain what providers should do to make sure that people who use the service, members of staff, and others who visit are as safe as they can be and that risks are assessed and managed appropriately. The outcomes focus on what the provider needs to do to ensure that the human rights and dignity of people who use services are respected and how they should identify and respond when people are in

vulnerable situations. The outcomes also outline what providers should do to make sure that the premises and equipment they use to provide care, treatment and support are safe and suitable.

2.4 Although there are specific standards that relate to safeguarding and safety, effective safeguarding also requires compliance with a range of other standards as well. For example: robust recruitment and vetting processes for staff; having enough well-trained, competent and supported staff; providing effective and appropriate treatment; having systems in place to enable people who use services and their representatives to feed back concerns; and ensuring that people using the service are respected and as fully involved as possible in their care and support. Meeting the full range of standards should result in positive outcomes for people, where the risk of abuse, neglect or harm is far less likely to arise in the first place.

2.5 Where providers fail to meet the requirements of the law, we have powers to intervene and, if necessary, take action against them. This includes services that are operating without being registered. CQC's [Enforcement policy](#) describes how we will use our enforcement powers and the principles behind our approach. The [Judgement framework](#) is written for compliance inspectors to help them reach judgements about whether a provider or a manager is meeting the national standards and to decide the regulatory response when they are not. Where we make a judgement that a provider is not meeting a regulation, we use the [Judgement framework](#) and [Enforcement policy](#) to decide the appropriate regulatory action.

Where CQC is considering, or taking, regulatory action, we will share all relevant information with the local safeguarding partnership on an ongoing basis. This is the multi-agency team who are responding to the safeguarding incident. Information is normally shared through the strategy meeting, but not always. This is an essential component of the information-sharing that CQC can contribute to. (There is further detail on information sharing in section 5.2 below.)

2.6 While working in partnership with other agencies, CQC will not suspend its own statutory enforcement responsibilities and processes pending the outcome of another process (for example, criminal), if doing so would adversely affect the safety and wellbeing of the people who use the service. In such circumstances, we will aim, wherever possible, to coordinate actions to preserve evidence and avoid impeding each other's investigations or enforcement action.

3 Safeguarding and Mental Health Act Operations

3.1 CQC monitors the use of the Mental Health Act 1983 as applied to adults and children, to protect the interests of people whose rights are restricted under the Act. We do this in three main ways:

- Checks made by an independent expert, known as a Second Opinion Appointed Doctor (SOAD), which look at treatment, such as prescribing medicines, without the consent of patients.
- The work of the Mental Health Act Commissioners, who visit patients detained in hospital and meet with them in private to find out about their experiences.
- A discretionary role in investigating complaints from patients subject to the Mental Health Act.

3.2 Mental Health Act (MHA) Commissioners and/or Second Opinion Appointed Doctors (SOADs) may witness a suspected, or actual, safeguarding incident or receive safeguarding information as part of their work. The MHA Commissioner or SOAD must immediately bring this to the attention of the manager or provider of the service, unless they are directly implicated in the concerns. They must then telephone CQC's National Customer Service Centre (NCSC) with the information so that the compliance inspector can be informed as soon as possible. MHA Commissioners should note that a concern has been raised in the visit report, therefore bringing it to the attention of a MHA Operations Manager. If there will be a delay in submitting a SOAD's visit report, the SOAD may instead email the SOAD support team using the secure email facility, to provide notification that a concern has been raised.

Compliance inspectors are responsible for the subsequent management of the safeguarding information and assessing its relevance to ongoing monitoring of compliance of the service in question.

3.3 Where the safeguarding information received forms part of a Mental Health Act complaint, or any other incoming call or correspondence related to Mental Health Act monitoring, this will be received by the NCSC and triaged for both safeguarding and whistleblowing information before being passed to the Mental Health Act Operations team. This will ensure that consistent communications are sent to the informant/complainant, as this team will manage the complaint overall.

3.4 CQC has a duty to monitor the application of the Mental Capacity Act Deprivation of Liberty Safeguards. Our latest annual report on the use of the Deprivation of Liberty Safeguards in care homes and hospitals is on our [website](#), along with guidance and articles on the Mental Health Act and the Mental Capacity Act Deprivation of Liberty Safeguards.

4 CQC and Ofsted joint inspections – safeguarding children

- 4.1 CQC participates in a programme of joint inspections with Ofsted, examining the arrangements in place for safeguarding children. CQC's role in these inspections is to inspect and report on arrangements for safeguarding children within the NHS. The inspections explore multi-agency working as well as compliance with statutory guidance for safeguarding children. A three-year programme of joint inspections with Ofsted ended in July 2012, in which each local authority area was inspected by one of a small team of children's services inspectors.
- 4.2 CQC will continue to participate in the next programme of multi-inspectorate inspections of child protection systems, which is due to begin in 2013. Work is underway to determine an inspection framework for these, taking into account the recommendations from the Munro Review (see the [appendix](#) for further detail regarding the policy context and expected developments).
- 4.3 These joint inspections are carried out under the remit of the Children Act. Information gathered in the inspections is published in joint inspection reports. This information and evidence is also used in CQC's ongoing monitoring of providers' compliance with the national standards of quality and safety.

More information on our joint inspections with Ofsted is on CQC's website: www.cqc.org.uk/public/reports-surveys-and-reviews/reports/joint-inspections.

5 CQC's role in local safeguarding procedures

- 5.1 As a regulator, CQC's function in response to safeguarding concerns is primarily to ensure that providers of care have appropriate systems in place to ensure the safety of children, young people and adults whose circumstances make them vulnerable to abuse. The systems that the provider puts in place should be implemented in practice and followed, to ensure that people using that service experience good outcomes.

Where safeguarding concerns relate to a regulated service, our participation in local strategy and action planning is essential. CQC may be involved in four main areas of partnership working:

- Information sharing
- Safeguarding strategy meetings
- Local safeguarding boards
- Serious case reviews.

5.2 Information sharing

CQC recognises that successful regulation depends on good and timely information sharing with partner agencies and that, wherever possible, the sharing of information with any particular agency should be in accordance with a protocol. Information sharing by CQC should always be fair and proportionate and within legal requirements to protect those to whom the shared information relates. It is important to share information so that we can:

- Protect people who are at risk by playing our role within the wider safeguarding system.
- Work in partnership with other regulators and agencies, and coordinate our activities where possible.
- Promote compliance with the essential standards of quality and safety in health and adult social care.

CQC is committed to principles of openness and accountability and wherever appropriate, we will share information in line with the Freedom of Information Act.

Agencies that have been involved in the investigation/safeguarding assessment will share information in accordance with local safeguarding procedures and the local information sharing protocols that should be in place. The outcome of the safeguarding assessment (including investigation reports where appropriate) must be shared with CQC where it relates to a regulated service, whether or not CQC has been directly involved in the assessment or investigation process.

If CQC has undertaken an inspection in response to the safeguarding concerns, this will be shared in the multi-agency forum and details of enforcement action will be notified to the council as required in the Health and Social Care Act 2008 and regulations.

Compliance managers are expected to maintain good working relationships with their local involvement network (LINK) (local Healthwatch from 1 April 2013). All LINKs or local Healthwatch should have a contact for their local compliance manager with whom they can build a relationship to exchange information and intelligence about local care, the work of the LINK or local Healthwatch and CQC's activity within that area.

As the new structure of the NHS is established, information sharing pathways will be required, particularly with the NHS Commissioning Board and Clinical Commissioning Groups. We will amend our protocol and related guidance for staff reflect these developments where necessary.

5.3 Safeguarding strategy meetings

When a council accepts a referral regarding safeguarding, it will communicate with relevant agencies to assess the risk and take any necessary action. This is often referred to as a 'strategy meeting' (although terminology may differ in some areas).

While CQC should always be made aware of any concern about safeguarding within a regulated service, it is not routinely necessary for CQC to attend all safeguarding strategy meetings. CQC's involvement with the strategy meeting should take place when:

1. A person or people registered with CQC to provide services are directly implicated.
2. Urgent or complex regulatory action is indicated.
3. Any form of enforcement action has started, or is under consideration, in relation to the service or location involved and which relates to risks to people using the service or the quality of their care.

CQC will provide relevant information to all strategy meetings convened in relation to regulated services as requested. For example, information from CQC about the quality of service and regulatory track record of the provider may be useful to the chair of the meeting to determine the provider's level of involvement in the process. The general assumption is that, where registered providers and managers are judged to be fit and not implicated in the alleged abuse, they will be proactively involved as partners in tackling the abuse.

Where the concern relates to a service regulated by CQC, the chair of the strategy meeting should be asked to provide copies of the minutes and any action plans regardless of whether CQC has attended the meeting. Records relating to the strategy meetings may be subject to requests under the Freedom of Information Act.

In the majority of cases the compliance inspector will attend safeguarding strategy meetings. However, where the safeguarding issues apply to a large organisation, or there are multiple safeguarding concerns, the compliance manager or corporate relationship holder may be best placed to attend. Where the incident involves a person detained under the Mental Health Act, a Mental Health Act Commissioner or Mental Health Act operations manager may also be involved.

The above paragraphs refer in general to adult strategy meetings. CQC would not usually be involved in safeguarding strategy discussions for children or child protection conferences. Although we are not routinely invited to participate in strategy meetings for children, we would apply the same involvement criteria as we do for adult strategy meetings, where we are invited.

5.4 Local safeguarding boards

Each local authority should have established a safeguarding adults board and a safeguarding children board, or have equivalent structures in place.

A local safeguarding board is a multi-agency forum set up to agree how different services and professional groups should cooperate to safeguard residents in their local area, and to make sure that arrangements work effectively for bringing about good outcomes for children and adults whose circumstances make them vulnerable to abuse.

CQC recognises that the relationship between CQC and local safeguarding boards is critical and valuable to ensure that the local safeguarding arrangements are working effectively. Maintaining a good ongoing working relationship at a local level will also enable all parties to raise area-wide issues where necessary, and can help CQC to plan and coordinate its inspection activities. To achieve this, a CQC regional manager will attend safeguarding boards, at least once a year, by invitation or mutual agreement. This will allow the meeting to focus on CQC's contribution, for example, to:

- promote CQC's role in safeguarding
- share regulatory information
- discuss a local or regional safeguarding matter.

CQC attends local safeguarding boards as a contributor to the safeguarding partnership. We have no decision-making authority on local safeguarding boards.

Meeting with the chairs of the local safeguarding boards may also help to clarify the role of the regulator, share relevant information and promote joint working with relevant agencies. It may also be helpful where there are area-wide concerns regarding safeguarding arrangements.

Compliance managers are expected to maintain regular contact with the safeguarding leads within their local authority areas. Although the frequency and nature of meetings can be mutually agreed at the local level, the importance of maintaining this working relationship and ongoing dialogue cannot be underestimated.

5.5 Serious case reviews

CQC recognises that we may have a role to play in Serious Case Reviews (SCR) and the learning that arises from them, particularly where they relate to a service regulated by CQC. However, CQC is not routinely involved in all SCRs and we hold no decision-making authority within this process. CQC's attendance at the

first panel meeting of a SCR can be particularly beneficial for all parties, even where there is no further participation required from CQC. It enables a shared understanding of the role of CQC and what part we can play in the proceedings. It can establish clear, realistic expectations of our contribution to the process.

When a SCR is initiated, each relevant service, including CQC where appropriate, will undertake a separate management review of their involvement with the case. The aim of a management review is to openly and critically examine an organisation's practice to see if there are any changes or improvements required, or opportunities for learning.

CQC is likely to receive a request for a management review where we, or one of our predecessor organisations, regulated the service before, and/or at the time of the serious incident. When CQC receives requests for management review reports, the Head of Regional Compliance determines the local response to the request. When management review reports are completed, the Head of Regional Compliance agrees the report before it is shared with the local safeguarding partnership.

Children

Working Together to Safeguard Children states that commissioning PCTs are required to notify CQC when a SCR is initiated. The notifications are sent to a central, dedicated mailbox and acknowledged on receipt. Information about trusts and providers that are involved in the SCR is shared with the relevant compliance inspector for information as part of the regulatory compliance activity. There is ongoing work to determine how this will continue when the Health and Social Care Act 2012 is passed and PCTs cease to exist and local safeguarding responsibilities transfer to Clinical Commissioning Groups and the Commissioning Board.

Ofsted provide CQC with full copies of completed SCRs and we use this information to inform our regulatory processes.

Adults

There is no statutory framework for adult SCRs. However, local safeguarding partnerships will notify CQC of the instigation of a SCR when it relates to a regulated service and of their outcomes and associated action plans.

Compliance inspectors and compliance managers are responsible for centrally recording relevant information on adult SCRs notified to CQC, and their outcomes, in a standardised format. This will ensure that the information is accessible and can be used to inform our regulatory processes. Completion of the spreadsheet is critical to ensure that the information is captured in the Quality and Risk Profile. The CQC Regional Safeguarding Lead will monitor the completion and maintenance of the central spreadsheet.

6 How CQC manages safeguarding information

- 6.1 As a regulator, CQC will receive information in relation to potential or alleged safeguarding incidents. We manage safeguarding information from NHS and social care services in the same way. The majority of this information will be received by the National Customer Service Centre (NCSC). Safeguarding information can be identified through either receipt of formal notifications from providers or through other written or verbal information, complaints, concerns or allegations.

CQC's guidance on whistleblowing outlines in more detail what we do with information we receive from a person who is actually working within a regulated service. This may include concerns about harm, or the risk of harm, happening to people using that service, or possible criminal activities being committed.

Further guidance related to whistleblowing is available on our [website](#).

- 6.2 The information we receive is triaged and identified as either a safeguarding alert or a safeguarding concern.

Safeguarding alerts

A CQC safeguarding alert is where CQC is the first agency receiving the safeguarding information and/or there is a need for CQC to take immediate action. In response, verbal contact is made with a compliance inspector or compliance manager to advise them of receipt of this information. A compliance inspector or compliance manager responds to the safeguarding alert on the same working day. The local council will be informed using the contact route that has been agreed with them.

Safeguarding concern

A CQC safeguarding concern is other safeguarding information, where CQC is not the first agency to receive the information. There may be no need for us to take immediate regulatory action because the information may already have been notified to another agency, such as the local authority or police, who have the primary responsibility for the safeguarding of people using services. CQC will risk assess the information (whether it comes to us directly or through the local council) to determine whether urgent regulatory action is needed. We respond to safeguarding concerns within two working days of receiving the information through the normal, existing processes. This means that the information received will be checked to ensure it is complete and assessed for its implications on the provider's compliance with the essential standards of quality and safety within two working days.

- 6.3 CQC has a responsibility to ensure that when we receive safeguarding information we use it to assess a provider's ongoing compliance with the national standards. We will also pass this information on to the local authority or

police, in a timely manner, if we consider a crime has been committed or that someone is at risk of abuse. For example, if we witness or become aware of an incident of disability-related harassment, this may be passed to the police to be dealt with as a criminal matter as well as a safeguarding incident.

6.4 While it is important to liaise and work closely with our safeguarding partners, CQC can never 'delegate' regulatory responsibilities. Where safeguarding information is being assessed or investigated by a Local Safeguarding Authority or police force, this will not prevent CQC taking regulatory action although it will always be carried out in cooperation with other agencies. If at any time it is appropriate for CQC to act then we must do so. We must always keep up to date with the progress of investigations into allegations of abuse concerning regulated services. If people need more urgent protection as a result of developments in the situation, we will escalate our response through management review and enforcement processes, usually in liaison with partner agencies.

6.5 Where a member of CQC staff witnesses a suspected or actual safeguarding incident as part of our regulatory work, they must bring this to the attention of the manager or provider of the service unless they are directly implicated in the concerns (see below). If the compliance inspector carrying out an inspection visit believes that a person using the service may be at risk of abuse, or is experiencing abuse at that time, they must take immediate action, if it is appropriate and safe to do so, to stop the abuse that is happening and they must bring the incident to the attention of the provider or manager of the service immediately.

In the majority of cases, CQC would expect the provider to take immediate action while the compliance inspector is on site, to protect the person from harm, including making a safeguarding referral. There may be exceptional circumstances when making a safeguarding referral may not be possible or practical at that time, for example, if further information is required before a referral can be made. In such cases, given the serious nature of any form of suspected abuse, the provider or manager of the service must respond to CQC within a reasonable time about the action they have taken. This would normally mean within 24 hours. If the provider or manager fails to contact the compliance inspector to inform them of their actions within the agreed time, the compliance inspector will make the safeguarding referral directly to avoid any further delay.

If the provider or manager contacts CQC within the agreed timescale and informs the compliance inspector that a safeguarding referral has not been made, an explanation as to why and what alternative form of action has been taken to address the situation will be required. If the compliance inspector has concerns about the capability of the provider or manager in making this decision, then they will use their judgement and may still make the safeguarding referral directly themselves (see below).

If the provider or manager fails to inform CQC within the agreed timescale of the actions they have taken, or the compliance inspector has concerns about the provider's or manager's decision not to make a safeguarding referral, the inspector will assess the impact of this and use it as evidence in assessing whether the provider is continuing to meet Regulation 11 (outcome 7).

- 6.6 It is the primary responsibility of the provider or their representative to make a safeguarding referral. This does not preclude CQC from making a safeguarding referral. We will make a safeguarding referral when:
- We are the first recipient of the information.
 - The provider or manager of the service is implicated in the potential safeguarding incident.
 - We are aware that the provider or manager of the service has not made the referral, or they have not actively informed CQC of their action within an agreed time (see above).
 - We are concerned about the capability of the provider or manager.
 - We have evidence of potential institutional abuse.
- 6.7 CQC will fulfill its responsibilities in the Safeguarding Vulnerable Group Act 2006 by considering referral to the Disclosure and Barring Service throughout our regulatory processes. We will also consider, either independently or in partnership with the local safeguarding partnership, whether referral to a professional regulator, such as the Nursing and Midwifery Council or General Medical Council, is appropriate.
- 6.8 In adult services, councils will in turn notify CQC of safeguarding information they receive in relation to services regulated by CQC. Councils will also notify CQC if information that we have passed on to them is not accepted as a safeguarding referral and the reason for this. If the rejection of safeguarding referrals from CQC to a council was to become more frequent, the compliance manager may wish to discuss this at their regular business meeting with the local authority and/or with the local safeguarding board to resolve any problems identified with local arrangements for referrals. In reality, such incidents are likely to be rare.
- 6.9 In adult services, councils will also notify CQC of the outcome of safeguarding investigations that relate to regulated organisations.

Appendix

1. Safeguarding adults – policy background

1.1 ‘Safeguarding adults’ involves the systems, processes and practices to enable people to live a life that is free from abuse and neglect through:

- Helping to prevent people from experiencing abuse in the first place – including actions that can be taken to reduce the potential for abuse. This may include enabling people to protect themselves as far as possible, empowering and enabling people to be central to decision-making about their care and support, and establishing cultures that respect and involve individuals.
- Awareness of issues related to the abuse of adults – including, for example, easily accessible information for the public about what abuse is and where or how to get help.
- Ensuring priority is given to keeping people safe from abuse – including, for example, leadership within organisations and a clear commitment to stamp out abuse wherever it happens.
- Recognising and acting appropriately when there are allegations of abuse – including prompt referrals to councils under the multi-agency procedures.
- Supporting the person who has experienced abuse – including supporting them through the process and involving them as appropriate in the development of a protection plan.

1.2 Unlike safeguarding children, where there are distinct responsibilities in statute, arrangements for safeguarding adults fall under the Department of Health policy framework of *No Secrets* guidance (2000), which gives councils the responsibility for establishing and coordinating local multi-agency procedures for responding to allegations of abuse. It also introduced the principle that social services departments and their partners should set up adult protection committees, usually referred to as safeguarding adults partnership boards, to coordinate local safeguarding arrangements.

1.3 In October 2008, the Department of Health launched a public consultation on its review of *No Secrets*. In January 2010, the Government announced its response to the consultation which included:

- Its vision of safeguarding adults as encompassing protection, justice and empowerment.
- National leadership through an Inter-Departmental Ministerial Group (IDMG) on Safeguarding Vulnerable Adults.
- New legislation to put local safeguarding adults boards on a statutory footing.
- A programme of work including the development of new multi-agency guidance.

The coalition government published its Statement of Government Policy on Adult Safeguarding in 2011, outlining its intention to place Safeguarding Adult Boards on a new statutory footing. This was one of the recommendations from the Law Commission.

The intention is to encourage local flexibility and autonomy as far as possible while legally requiring local social service authorities to establish a Safeguarding Adults Board for their area, involving core members such as the NHS and the police as a minimum. New legislation is likely to continue the responsibility on the local authority to be the lead, coordinating agency, as currently exists through *No Secrets*. Consideration is being given to a duty of cooperation in relation to adult safeguarding enquiries, to underline the expectation on agencies to work together by placing it on a statutory footing.

Until new legislation is passed, *No Secrets* remains the underpinning policy in this area.

- 1.4 In 2005, the Association of Directors of Adult Social Services published a set of standards in *Safeguarding Adults – A National Framework of Standards for good practice and outcomes in adult protection work*. These presented a set of good practice standards. More recently, throughout 2010/11, there has been a raft of guidance to help support good practice and outcomes in adult safeguarding across health and social care. These include a suite of products from the Department of Health on the role of health services in adult safeguarding, and materials published by SCIE including a legal guide for practitioners. (Relevant documents are listed in section 3 of the appendix under [Useful links](#)).
- 1.5 The coalition government committed to scaling back the criminal records and barring system. They have done so to continue to protect people in vulnerable circumstances but to reduce some of the burden on employers by making the system more proportionate. The changes were made in the Protection of Freedoms Act 2012 (PoFA) and the first parts of this new legislation came into effect on 10 September 2012. In December 2012, the functions of the CRB (Criminal Records Bureau) and the ISA (Independent Safeguarding Authority) were merged and are now carried out by the DBS (Disclosure and Barring Service).

The [frequently asked questions](#) on CQC's website explain some of the changes to the system and how these might affect service providers regulated by CQC.

There is further information on the [DBS website](#):
www.homeoffice.gov.uk/agencies-public-bodies/dbs/

- 1.6 Personalisation remains central to the Government's vision for public services to empower and support individuals and communities to meet their aspirations in ways that suit them best. CQC's strategic objective of ensuring that care is centred on people's needs and protects their rights echoes this continued drive to

ensure that the people using services have as much involvement, control and choice as possible in how services support them to meet their needs and achieve their desired outcomes.

Ensuring that services are centred on the person's needs and that individuals are respected and involved as fully as possible at all times is one way of limiting or preventing the potential for any form of abuse, harm or neglect from occurring and contributes to protecting individuals and communities from poor care.

1.7 The Putting People First concordat described a range of features that were viewed as central to system-wide transformation of care, including safeguarding. This included:

- Joint (local council and PCT) strategic needs assessments to inform the local community strategy and an integrated approach to commissioning and market development.
- Prevention, early intervention and enablement becoming the norm.
- Universal information, advice and advocacy, irrespective of eligibility for public funds.
- Common assessment – with greater emphasis on self-assessment.
- Person-centred planning and self-directed support becoming mainstreamed, with personal budgets for everyone eligible for publicly-funded care and support and more people opting to arrange their own support with direct payments.
- Adult social care to champion the needs and rights of disabled people and older adults, safeguarding and promoting dignity, supporting a collective voice through user-led organisations, enhancing social capital and developing the local workforce.

1.8 The coalition Government has maintained this drive towards greater personalisation of public services through its policy statements in *Vision for Adult Social Care: Capable Communities and Active Citizens* and the White paper *Equity and Excellence: Liberating the NHS*. A new sector-wide agreement, the Think Local Act Personal partnership, is seeking to support and further drive forward the transformation of services, which began through Putting People First, but to further expand and embed progress and change at scale and pace. Such transformation has the potential to positively impact on the ability of local agencies to cooperate and work in partnership for the benefit of protecting local citizens and reducing the circumstances that may increase the risk of abuse, harm or neglect. It will also improve the safeguarding arrangements in place locally to manage the incidents that do happen.

2. Safeguarding children – policy background

- 2.6 Local authorities are charged under the Children Act 1989 and 2004 with lead responsibility for keeping children safe, securing the wellbeing of the residents in their local area and ensuring effective partnership working across local partners, including health. All NHS bodies have a duty under section 11 of the Children Act 2004 to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children.
- 2.7 In 2004, through the Children Act, the Government introduced Every Child Matters, which sets out five statutory outcomes that are key for children and young people's wellbeing:
- be healthy
 - stay safe
 - enjoy and achieve
 - make a positive contribution
 - achieve economic wellbeing.

The government has published *Working Together to Safeguard Children: a guide to interagency working to safeguard and promote the welfare of children*. This statutory guidance was revised in March 2010 and is currently being revised again. It sets out how organisations and individuals should work together to safeguard and promote the welfare of children and young people in accordance with the Children Acts.

- 2.8 Within this framework CQC has a responsibility to regulate NHS and independent sector providers and their compliance with the legal requirements placed upon them primarily by the Children Acts and the Health and Social Care Act 2008.
- 2.6 In addition to our ongoing monitoring of compliance against the essential standards of quality and safety, CQC participates in joint inspections with Ofsted. CQC took part in a three-year programme of joint inspections with Ofsted. During these inspections we visited each local authority area once. CQC's role in these inspections is to inspect and report on arrangements for safeguarding and the care of looked after children within the NHS.
- 2.7 In June 2010, Professor Eileen Munro was asked by the Coalition government to conduct an independent review of child protection in England. The final report was published in May 2011 and was very critical of the current child protection system, which has become process-driven and dominated by a tick-box approach. The focus on the child has been lost. Statutory guidance and the current inspection framework have both contributed to it becoming this way. As a result, *Working Together to Safeguard Children* is currently being revised and will be published for consultation imminently. The next programme of multi-inspectorate

inspections is due to begin in 2013 and work is underway to determine an inspection framework for these, taking into consideration the recommendations from the Munro Review.

- 2.6 As a consequence of the NHS reforms in the Health and Social Care Act, the Department of Health is currently developing an Accountability Framework for the NHS contribution to safeguarding children. This will set out the proposed roles and responsibilities of the NHS bodies, including the NHS Commissioning Board and Clinical Commissioning Groups as well as providers. It is likely that the current PCT responsibilities, particularly the Designated Professional role, will transfer to Clinical Commissioning Groups. To ensure appropriate alignment with local authorities and Local Safeguarding Children Boards, it is likely that Clinical Commissioning Groups will pool together to provide the Designated Professional function. This new framework will be clarified in the revised Working Together to Safeguard Children and CQC will need to determine how it fits within this framework once it is finalised.

Useful links

The following reports and links provide additional information and context.

Adults

Department of Health, *No Secrets – Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse* (20 March 2000): www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008486

Social Care Institute for Excellence, *Commissioning care homes: common safeguarding challenges* (2012): www.scie.org.uk/publications/guides/guide46/?dm_i=405,OYSY,4CTE3T,20IS1,1

Social Care Institute for Excellence, *Safeguarding and quality in commissioning care homes* (2012): www.scie.org.uk/publications/guides/guide45/?dm_i=405,OYSY,4CTE3T,20IS1,1

Social Care Institute for Excellence, *Safeguarding adults at risk of harm. A legal guide for practitioners* (2011): www.scie.org.uk/publications/reports/report50.asp

Social Care Institute for Excellence, *The governance of adult safeguarding. Findings from research into Safeguarding Adults Boards* (2011): www.scie.org.uk/publications/reports/report45.asp

Social Care Institute for Excellence, *Prevention in adult safeguarding* (2011): www.scie.org.uk/publications/reports/report41/index.asp

Social Care Institute for Excellence, *Self neglect and adult safeguarding. Findings from research* (2011):

www.scie.org.uk/publications/reports/report46.asp

Social Care Institute for Excellence, *Minimising the use of 'restraint' in care homes. Challenges, dilemmas and positive approaches* (2009):

www.scie.org.uk/publications/reports/report25.asp

Disclosure and Barring Service:

www.homeoffice.gov.uk/agencies-public-bodies/dbs/

Department of Health, *Statement of Government policy on adult safeguarding* (2011). This document builds on No Secrets, which will remain as statutory guidance until at least 2013, and sets out the Government's policy on safeguarding vulnerable adults. The principles take account of the consultation responses for No Secrets in 2008/09, the implementation of the Mental Capacity Act 2005 and the drive towards increasing personalisation of services:

www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_126770.pdf

Department of Health, *Practical approaches to safeguarding and personalisation* (2010):

www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_121671.pdf

British Medical Association, *Safeguarding vulnerable adults – a toolkit for general practitioners* (2011):

www.bma.org.uk/ethics/doctor_relationships/safeguardvulnerableadults.jsp

Department of Health, *Clinical governance and adult safeguarding: an integrated process* (2010):

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_112361

Department of Health, *Safeguarding Adults: The Role of Health Services* (2011). A suite of guidance documents aimed at the role of managers and boards, healthcare practitioners, and commissioners:

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124882

ADASS website: Safeguarding Adults – key documents:

www.adass.org.uk/index.php?option=com_content&view=article&id=522&Itemid=406

Equality and Human Rights Commission, *Hidden in Plain Sight. Inquiry into disability related harassment* (2011):

www.equalityhumanrights.com/legal-and-policy/inquiries-and-assessments/inquiry-into-disability-related-harassment/hidden-in-plain-sight-the-inquiry-final-report/

Children

Children Act 2004:

www.uk-legislation.hmso.gov.uk/acts/acts2004/ukpga_20040031_en_1

Children Act 1989:

www.opsi.gov.uk/acts/acts1989/ukpga_19890041_en_1

Department for Education, *Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004*:

www.education.gov.uk/publications/standard/publicationDetail/Page1/DFES-0036-2007

Working Together to Safeguard Children (interactive website):

www.workingtogetheronline.co.uk/

Professor Munro review of child protection:

www.education.gov.uk/munroreview/

Department for Education and Department of Health, joint work programme to take forward recommendations from the Munro Review:

www.education.gov.uk/munroreview/downloads/DHDfEJointWorkProgramme2.pdf

Department for Education website page on safeguarding children:

www.education.gov.uk/childrenandyoungpeople/healthandwellbeing/safeguardingchildren

Disclosure and Barring Service:

www.homeoffice.gov.uk/agencies-public-bodies/dbs/