

# Statement on CQC's roles and responsibilities for safeguarding children and adults

June 2015

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**The Care Quality Commission is the independent regulator of health and adult social care in England.**

### **Our purpose**

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

### **Our role**

We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care.

### **Our values**

Excellence – being a high-performing organisation

Caring – treating everyone with dignity and respect

Integrity – doing the right thing

Teamwork – learning from each other to be the best we can

## Introduction

Safeguarding children and adults is everyone's business. This statement sets out what safeguarding means for CQC, what our roles and responsibilities are (and are not), and why safeguarding is important to us.

This statement reflects the latest legislative position on safeguarding adults and children, and reflects the new CQC methodology for monitoring, inspecting and rating health and care services. It is an interim statement, updated in the light of these recent developments. Looking ahead, CQC intends to work with other key partners in health and care to look more closely at the definitions and management of safeguarding, safety and poor quality issues, so we can be confident that the right action is taken by the right people in response to different concerns and risks to protect people, minimise risk and seek improvements. This statement will be further updated in light of that work in 2016/17.

The statement will be supported by more detailed guidance in the 'Inspector handbook on safeguarding', which we will publish later this year. The handbook will help our staff understand what to do, when, how and with whom to help keep safe the children and adults who use the services we regulate.

## What is our vision for safeguarding?

Safeguarding is a key priority for CQC and people who use services are at the heart of what we do. Our work to help safeguard children and adults reflects both our focus on human rights and the requirement within the Health and Social Care Act 2008<sup>1</sup> 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 all have a key role in safeguarding children and adults in their care who may be at risk of abuse and neglect. We monitor how well providers are doing this by assessing the quality and safety of care they provide, based on the things that people tell us matter to them.

There are significant differences in the laws and policies that shape how we safeguard children and how we safeguard adults. The legal framework to protect children is contained in *Working together to safeguard children* (2015). For adults, the Care Act 2014 gave safeguarding adults a legal framework for the first time. However, the overarching objective for both is to enable children and adults to live a life free from abuse or neglect. This cannot be achieved by any single agency. Every organisation and person who comes into contact with a child or adult has a responsibility and a role to play to help keep children and adults safe. Our safeguarding responsibilities are set out on page 7 and information about how we work in partnership with other organisations in safeguarding is on page 13.

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<sup>1</sup> S.4 (1)(d) Health and Social Care Act 2008

## What is our role in safeguarding?

Our role is to monitor, inspect and regulate services to make sure they meet the fundamental standards of quality and safety. For safeguarding, we will do this by:

- Checking that care providers have effective systems and processes to help keep children and adults safe from abuse and neglect.
- Using Intelligent Monitoring of information we receive about safeguarding (intelligence, information and indicators) to assess risks to adults and children using services and to make sure the right people act at the right time to help keep them safe.
- Acting promptly on safeguarding issues we discover during inspections, raising them with the provider and, if necessary, referring safeguarding alerts to the local authority – who have the local legal responsibility for safeguarding – and the police, where appropriate, to make sure action is taken to keep children and adults safe.
- Speaking with people using services, their carers and families as a key part of our inspections so we can understand what their experience of care is like and to identify any safeguarding issues. We also speak with staff and managers in care services to understand what they do to keep people safe.
- Holding providers to account by taking regulatory action to ensure that they rectify any shortfalls in their arrangements to safeguard children and adults, and that that they maintain improvements. Regulatory action includes carrying out comprehensive and follow-up inspections, requiring providers to produce action plans, taking enforcement action to remedy breaches of fundamental standards, and taking action against unregistered providers.
- Publishing our findings about safeguarding in our inspection reports, and awarding services an overall rating within our key question ‘Is the service safe?’ which reflects our findings about the safety and quality of the care provided.
- Supporting the local authority’s lead role in conducting inquiries or investigations regarding safeguarding children and adults. We do this by co-operating with them and sharing information where appropriate from our regulatory and monitoring activity. We assist the police in a similar way.
- Explaining our role in safeguarding to the public, providers and other partners so that there is clarity about what we are responsible for and how our role fits with those of partner organisations.

Although we do not have a formal role on Safeguarding Adults Boards or Local Safeguarding Children Boards, we work closely with them, sharing information and intelligence where appropriate to help them identify risks to children and adults.

## What is safeguarding?

This section sets out definitions of safeguarding children and adults which we use in our safeguarding work. Over time, we will further supplement these by working on definitions for

issues of safety and poor quality too, in addition to safeguarding. This will recognise that there is a spectrum of issues and concerns, and that the health and care system needs to be sure that the right people take the right action in response to these issues to protect people, minimise risk and seek improvements.

## **Fundamental standards**

In April 2015, new fundamental standards of safety and quality were introduced which all providers of regulated health and social care activities must meet. The standards set the benchmark below which care must not fall. One of the standards relates to safeguarding.

The fundamental standard on safeguarding<sup>2</sup> states that children and adults using services we regulate must be protected from abuse and improper treatment. Providers should establish and operate systems and processes effectively to ensure this protection and to investigate allegations of abuse as soon as they become aware of them.

In addition, the standard states that care or treatment must not:

- (i) discriminate on the grounds of any of the protected characteristics of the Equality Act 2010<sup>3</sup> (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation)
- (ii) include acts intended to control or restrain an adult or child that are not necessary to prevent, or not a proportionate response to, a risk of harm to them or another person if the adult or child was not subject to control or restraint
- (iii) be degrading to the adult or child
- (iv) significantly disregard the needs of the adult or child for care or treatment.

The standard goes on to state that no adult or child must be deprived of their liberty for the purposes of receiving care or treatment without lawful authority. Under the Mental Capacity Act 2005, we are responsible for monitoring how hospitals and care homes operate the Deprivation of Liberty Safeguards. Where necessary to protect people using services, we will take enforcement action to drive improvement, using powers relating to the fundamental standards about safeguarding, person-centred care and the need for consent to care and treatment.

In our inspections we check that providers are fulfilling all their responsibilities and obligations under this standard (and the other fundamental standards) and we take action to obtain improvements where they are not.

In response to new threats to the safety of some children and adults, a number of organisations named in law have been given a statutory duty<sup>4</sup> to have regard to the need to prevent people from being exploited, radicalised and drawn into terrorism<sup>5</sup>. These include a county or district council; prison governor; NHS trusts and foundation trusts; proprietors of approved, maintained and independent schools. The strategy includes providing appropriate advice and support to people at risk of radicalisation in sectors such as healthcare and education.

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<sup>2</sup> Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

<sup>3</sup> S4 Equality Act 2010

<sup>4</sup> S26 Counter Terrorism and Security Act 2015

<sup>5</sup> Prevent strategy and HealthWRAP guidance

## Definitions

**Safeguarding children and young people and promoting their welfare** means<sup>6</sup>:

- Protecting children from maltreatment
- Preventing wherever possible impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care, and
- Taking action to enable all children to have the best outcomes.

**Child protection** is defined as being part of safeguarding and promoting welfare. It is the work done to protect specific children who are suffering, or are likely to suffer, significant harm.

The *Working together to safeguard children* 2015 guidance states that:

“children are best protected when professionals are clear about what is required of them individually, and how they need to work together.”

In addition, the guidance states that “effective safeguarding of children can only be achieved by putting children at the centre of the system and by every individual and agency playing their full part, working together to meet the needs of our most vulnerable children.”

**Safeguarding adults** means<sup>7</sup>:

- Protecting the rights of adults to live in safety, free from abuse and neglect.
- People and organisations working together to prevent and stop both the risks and experience of abuse or neglect.
- People and organisations making sure that the adult's wellbeing is promoted including, where appropriate, taking fully into account their views, wishes, feelings and beliefs in deciding on any action<sup>8</sup>.
- Recognising that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances and therefore potential risks to their safety or wellbeing.

Providers' safeguarding arrangements should always promote the adult's wellbeing. Being safe is only one of many things that adults want for themselves and there can be some challenges in balancing safety and freedom in a way which protects and fulfils human rights. Providers, and other professionals where relevant, should work with the adult to establish what being safe means to them and how that can be best achieved.

## What safeguarding is not

For clarity, it may be helpful to describe what safeguarding (children or adults) is not.

It is not a substitute for:

- Providers' responsibilities to provide safe and high-quality care and support.

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<sup>6</sup> *Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children*, (March 2015) HM Government

<sup>7</sup> Care and Support Statutory Guidance Issued under the Care Act 2014. Department of Health (October 2014)

<sup>8</sup> Including Mental Capacity Act 2005, where appropriate

- Commissioners regularly assuring themselves of the safety and effectiveness of commissioned services.
- CQC ensuring that regulated services comply with the fundamental standards of care, or for us taking enforcement action.
- The core duties of the police to prevent and detect crime and protect life and property.

## Why is safeguarding important to CQC to fulfil its purpose?

Under the Health and Social Care Act 2008, CQC's main statutory objective is to protect and promote the health, safety and welfare of people who use health and social care services.

Monitoring safeguarding arrangements for people using the services we regulate and making sure that providers fulfil their responsibilities to keep children and adults safe is fundamental to our meeting this objective.

### Equality and human rights

If people are not safeguarded from abuse or neglect, it is highly likely that their human rights will be compromised. This is an important reason why we need to address safeguarding issues in our work.

Our **Human rights approach to regulation** lays out how we embed the human rights principles of fairness, respect, equality, dignity, autonomy, right to life and rights for staff into the way that we regulate services. These principles cover the Articles in the Human Rights Act 1998 that are relevant to health and social care services. Our human rights principles have close links to safeguarding – for example neglect often leads to a loss of dignity, discriminatory abuse is obviously linked to equality, and unlawful restrictive practice leads to a loss of autonomy.

We have ensured that the human rights principles are reflected in the fundamental standards and the key lines of enquiry we use for each type of service we regulate. The impact of regulatory breaches on people's rights is also factored into our **Enforcement policy** and enforcement decision tree.

We do not regulate using the Human Rights Act 1998 or the Equality Act 2010. However, as a public sector body, we have duties to ensure that we consider these pieces of legislation in the way that we carry out our functions. In nearly all cases, the actions that we take under the Health and Social Care Act fulfil these duties.

## What are CQC's responsibilities in safeguarding?

CQC's primary responsibilities for safeguarding are:

1. Ensuring providers have the right systems and processes in place to make sure children and adults are protected from abuse and neglect. We do this through our inspection regime. We publish ratings and inspection reports, so people who use services can understand if providers have effective systems to safeguard people.

2. Working with other inspectorates (Ofsted, HMI Probation, HMI Constabulary, HMI Prisons) to review how health, education, police, and probation services work in partnership to help and protect children and young people and adults from significant harm.
3. Holding providers to account and securing improvements by taking enforcement action.
4. Using intelligent monitoring, where we collect and analyse information about services, and responding to identified risks to help keep children and adults safe.
5. Working with local partners to share information about safeguarding.

## 1. Ensuring providers have the right systems and processes

Our new approach to inspection is based around five key questions, and safeguarding is a key part of the new approach. The 'Is the service safe?' question includes a focus on safeguarding.

There are key lines of enquiry (KLOEs) relating to safeguarding across all the sectors we regulate. These are the questions that inspectors will ask, supported by prompts (other, more general questions) to seek additional information (see box). The KLOEs on safeguarding are mandatory in all our inspections:

### **Adult social care**

- KLOE S1: How are people protected from bullying, harassment, avoidable harm and abuse that may breach their human rights?
  - Prompt – Are people kept safe by staff who can recognise signs of potential abuse and know what to do when safeguarding concerns are raised?
- KLOE S2: How are risks to individuals and the service managed so that people are protected and their freedom is supported and respected?
  - Prompt – What arrangements are there for managing risk appropriately, and to make sure that people are involved in decisions about any risks they may take?

### **NHS acute hospitals, Community health services, Specialist mental health services, Independent healthcare, and NHS GP and out-of-hours services**

- KLOE S3: Are there reliable systems, processes and practices in place to keep people safe and to safeguard them from abuse and neglect?
  - Prompt – are there arrangements in place to safeguard adults and children from abuse that reflect relevant legislation and local requirements?

Also important to safeguarding and people's human rights are the issues of mental health legislation, such as the Mental Capacity Act 2005, the use of restraint and lawful deprivation of liberty. This is reflected in the fundamental standard on safeguarding.



Relevant KLOEs, which apply to the 'Is the service effective?' question, are below:

### **Adult social care**

- KLOE E2: Is people's consent to care and treatment always sought in line with legislation and guidance?
  - Prompt – Do staff understand the relevant requirements of the Mental Capacity Act 2005 and, where appropriate, other relevant legislation, case-law and guidance in relation to children?
  - Prompt – Do staff understand the difference between lawful and unlawful restraint practices, including how to get authorisation for a deprivation of liberty?

### **NHS acute hospitals, Community health services, Specialist mental health services, Independent healthcare, and NHS GP and out-of-hours services**

- KLOE E6: Is people's consent to care and treatment always sought in line with legislation and guidance?
  - Prompt – Do staff understand the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children Acts 1989 and 2004?
  - Prompt – Do staff understand the difference between lawful and unlawful restraint practices, including how to seek authorisation for a deprivation of liberty?

We inspect against the fundamental standard on safeguarding and use these KLOEs and prompts to find evidence that a provider is 'good' (or if it could be 'outstanding') in these areas. We look for evidence that, for example, people are protected from avoidable harm and abuse, good practice is adopted, lessons are learned, and the service manages safeguarding concerns promptly and appropriately. Where the evidence does not reflect characteristics of good, we explore issues that need further explanation or information to understand what the level of quality of the service is and what the experience is for people using the service. We check whether this meets the characteristics of a service that 'requires improvement' or is 'inadequate'. We will also consider whether a regulation has been breached. We check the evidence we collect and analyse using different methods to confirm our findings and we report publicly on what we find.

Where we find that systems and processes to safeguard children and adults are weak or ineffective we consider what regulatory action may be appropriate. Where risks to children or adults are unacceptable, we can take enforcement action to ensure improvement takes place.

## **2. Working with other inspectorates (Ofsted, HMI Probation, HMI Constabulary, HMI Prisons) to review how health, education, police, and probation services work in partnership to help and protect children and young people and adults from significant harm**

Our work with other inspectorates is carried out by two teams in the primary medical services directorate – the children's services team and the health and justice team. Their responsibilities are set out below.

### **Children’s Services Team**

Our Children’s Services Team carry out in-depth reviews of child safeguarding within all health settings, as follows:

#### **Children Looked After and Safeguarding Inspections (CLAS)**

Under Section 48 of the Health and Social Care Act, we carry out Special Reviews of child safeguarding. This consists of an in-depth review of child safeguarding and looked after children services provided by primary medical health services, acute hospitals, mental health trusts (including child and adolescent mental health services), and community services (to include health visiting, school nursing, child and adolescent sexual health and substance misuse services).

The review assesses how these services work together to provide early help to children in need and how they provide help and support to children and young people at risk of significant harm. This includes risk of harm from radicalisation, female genital mutilation and child sexual exploitation. Recommendations for improvement are made and an action plan developed by all health services inspected. Information from these reports is then added into our intelligence processes and is shared with external bodies such as Public Health England, Healthwatch and NHS England as well as partner inspectorates as below.

#### **Multi-Agency Child Protection Inspections**

Under Section 20 of the Children Act 2004, we contribute to multi-agency child protection inspections with Ofsted, HMI Constabulary, and HMI Probation. These inspections provide an in-depth inspection of how police, probation, health and children’s social care work together to help and protect children at risk of significant harm. Services reviewed under these inspections include all health providers and commissioners, police forces, probation services and children’s social care. Recommendations for improvement are made to the relevant sectors and a multi-agency action plan developed following the inspection to support improvement.

### **Health and Justice Team**

Our Health and Justice Team carries out joint inspections of secure settings. We ensure that health services within these secure settings are meeting standards and regulations and that children, young people and adults within these settings are adequately safeguarded, as follows:

#### **Adult Prisons and Young Offender Institutions**

All prisons are inspected at least once every five years within a schedule operated by HMI Prisons. We are also responsible for collating and managing complaints from prisoners, many of which will be concerned with safeguarding issues. There are eight Young Offender Institutions (YOIs) holding young males in England and Wales and they operate within many of the same rules and policies as prisons.

### **Immigration Removal Centres (IRCs)**

The 12 existing IRCs are inspected at least once every three years. Safeguarding key lines of enquiry are explored within these settings and recommendations made for improvement. Joint arrangements for the inspection of prisons and IRCs with HMI Prisons lead to joint reports which can include requirements set by CQC.

### **Police Custody**

Inspections of police custody suites are led by HMI Constabulary and HMI Prisons. Safeguarding the welfare of individuals in police custody is a priority with specific lines of enquiry for safeguarding adults and young people, some of whom may be inappropriately detained in police custody.

### **Secure Training Centres (STCs)**

Inspections of Secure Training Centres are led by Ofsted with inspection teams made up of Ofsted, HMI Prisons and CQC. Those young people, under the age of 18, who are, or may be, involved with offending behaviour can be held in secure children's homes, young offender institutions, or STCs with the latter two generally holding those over 15. Annual inspections are carried out within a jointly agreed framework with the resulting report published on the Ofsted website: <http://reports.ofsted.gov.uk/>

### **Youth Offending Teams (YOTs)**

YOTs were established in every local authority in England and Wales following the Crime and Disorder Act 1998. These statutory bodies include representatives from health, education, police, probation, social services and substance misuse. Inspections of YOTs are now carried out on a risk proportionate basis with six full joint inspections being carried out annually alongside a fuller programme of short quality assurance visits and about three additional thematic inspections per year. Joint inspection reports with recommendations for improvement are published following these inspections.

## **3. Holding providers to account and securing improvements through Enforcement**

Providers are responsible for keeping people in their care safe from harm or abuse at all times. Providers are required by law<sup>9</sup> to notify us of serious incidents that occur to people in their care, including the death of a child or adult using their service, abuse or allegations of abuse in relation to a child or adult using their service, or any incident that is reported to, or investigated by, the police. We also expect providers to inform us when a Serious Case Review or Safeguarding Adult Review is opened by a local authority regarding a child or adult in the provider's care.

We have a range of enforcement powers we can use to hold providers and individuals to account for failures in protecting children and adults from abuse and neglect. These aim to protect people who use regulated services from harm and the risk of harm, and ensure they

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<sup>9</sup> The Care Quality Commission (Registration) Regulations 2009

receive health and social care services of an appropriate standard. There is, therefore, a clear and direct link between safeguarding and our enforcement powers.

The starting point in considering using our enforcement powers is to assess the harm or risk of harm to children or adults using the service. The action we may take responds to the severity of the risk posed to the individual(s) and evidence of multiple or persistent breaches. We will only take action that we judge to be proportionate. For instance, where a child or adult is exposed to harm (whether physical or psychological), or where that harm has occurred, we will consider using our new powers of prosecution – we can do this in certain circumstances without first having to issue a Warning Notice. For example, breaches of the fundamental standard on safeguarding are prosecutable.

Sometimes we may not take formal enforcement action but instead take informal action. For example, if the provider is able to improve the service on their own and the risks to children and adults are not immediate, we will generally work with them to improve standards rather than taking enforcement action.

Where risks to children or adults using the service are at an unacceptable level or the provider is repeatedly or seriously failing to meet their legal obligations, we can either force improvement or require the provider to make improvements.

We can require improvement by issuing:

- (i) Requirements Notices – for example, we found a care home for older people is not meeting the fundamental standard on safeguarding but there was no immediate risk of harm to the people living there. We issued a Requirement Notice, which required the provider to send us a report setting out the action they will take and by when to achieve improvement so that they meet the standard; or
- (ii) Warning Notices – for example, during an inspection, inspectors found that staff had a lack of knowledge about how to identify or respond to the risk of abuse. Also, the provider's safeguarding policy did not describe the appropriate steps to follow should a safeguarding concern be identified. We issued a Warning Notice requiring improvements to be made as a priority to keep residents safe.

If, for any type of service we regulate, we identify a more serious concern we can force improvement by, for example, imposing conditions on registration, or suspending or even cancelling it. For example, we may consider cancelling the provider's registration where:

- (a) We find the provider falling short of meeting the fundamental standard on safeguarding;  
**and**
- (b) We have previously taken a number of actions to get the registered person to improve; **and**
- (c) We now judge that they do not have the capacity or capability to improve to the level of the standard.

**Note:** there are also other enforcement options; see our **Enforcement policy** on our website for more details. <http://www.cqc.org.uk/content/enforcement-policy>

## 4. Intelligent Monitoring and responding to risk

We use information we receive about safeguarding to inform our view of the risk to children or adults using a service. Our first priority when we receive information from any source is to make sure that the right people are aware so that they can take the right steps to remove any immediate risk of harm to the individual(s). This could be the local authority, the police, or the provider.

Providers have a responsibility to notify us about all abuse and/or harm caused to children and adults using regulated services or incidents which place them at risk of harm; or about issues such as medication errors which have potentially caused harm (for example, where a wrong dose of medication is given or where a person is given medication they are not authorised to receive). Notifications include details of whether or not the local safeguarding authority has been informed and what action has been taken.

We also receive information and intelligence on safeguarding from a number of other sources, such as:

- (i) Outcome measures and safety events, such as provider notifications of abuse and/or harm to children or adults using regulated services or incidents reported to, or investigated by, the police.
- (ii) Information from adults and children using services about their experience.
- (iii) Information from relatives, friends and advocates of adults and children using services about their experience.
- (iv) Complaints from the public posted on NHS Choices or other feedback sites.
- (v) Information from organisations such as Healthwatch about safeguarding issues.
- (vi) Information from staff working in services, such as whistleblowing concerns about safeguarding issues.
- (vii) Enquiries from local authorities responding to information about safeguarding that they have received about a service we regulate.

Next, we assess the information along with what else we know about the provider and decide what the right regulatory intervention should be – to inspect, to take enforcement action or to refer to the local authority or the police.

## 5. Working with local partners to share information

No one organisation has complete oversight of safeguarding children and adults: responsibilities are spread over a number of organisations. That is why it is essential for all the organisations that come into contact with children and adults to work in partnership to help protect them from abuse and neglect.

Local authorities hold the lead and coordinating role in safeguarding children and adults. They have legal duties and powers to establish Local Safeguarding Children Boards<sup>10</sup> and Safeguarding Adults Boards<sup>11</sup>. The Boards' objectives include developing local safeguarding policy and ensuring effective working with partners to help and protect and promote the welfare of children, and to help and protect adults in their areas who are in need of care and support. Local authorities also have duties to conduct Serious Case Reviews<sup>12</sup> for children and Safeguarding Adults Reviews<sup>13</sup> where death or serious injuries have occurred.

For CQC, working with local authorities and other partners means:

- (i) Being clear about our role and its boundaries.
- (ii) Understanding the roles of partner organisations.
- (iii) Sharing information and intelligence with local authorities and the police as appropriate (statutory guidance on safeguarding adults<sup>14</sup> contains details about multi-agency confidentiality agreements and principles governing information sharing).
- (iv) Contributing, where appropriate, to Serious Case Reviews and Safeguarding Adults Reviews.

To deliver our Enforcement and Intelligent Monitoring roles effectively, we work closely with local partners, especially local authorities and, where appropriate, their Safeguarding Adults Boards (SABs) and Local Safeguarding Children's Boards (LSCBs). We may also work with health agencies, other regulators, the police and government departments, such as the Department for Communities and Local Government and the Department of Health.

We do not routinely attend SABs or LSCBs, although we may share information and intelligence to help them conduct enquiries. Engagement with these Boards is at a local level, with local partners liaising with one another to agree involvement and attendance so that there is a joined-up approach.

Where we are asked to, we fully engage with Serious Case Reviews (SCRs) and Safeguarding Adults Reviews (SARs), sharing information to learn lessons where things have gone wrong in protecting people from harm, abuse or neglect.

We also carry out Individual Management Reviews of our own decisions and actions when we are involved in SCRs and SARs, or other reviews such as Domestic Homicide Reviews, to help inform how we can improve our systems, processes or practice or to highlight areas of good practice.

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<sup>10</sup> S13 Children Act 2004

<sup>11</sup> S43 Care Act 2014

<sup>12</sup> Reg 5 Local Safeguarding Children Boards Regulations 2006

<sup>13</sup> S44 Care Act 2014

<sup>14</sup> Chapter 14.157 of Care and Support Statutory Guidance issued under the Care Act 2014. Department of Health (October 2014)

## Receiving information about safeguarding

We can receive information about safeguarding through a variety of ways, including concerns about quality and safety of services we regulate raised by individuals. We have updated our policy on responding to concerns and will publish it in the Summer. The policy encourages people to give us information about the quality of their care, including concerns about safeguarding issues, where a child or adult using a care service we regulate is at risk of harm, abuse or neglect.

## Additional information

### Data Protection

In performing our functions and roles around safeguarding, we comply with the requirements of our Data Protection and Information Management policies. We share information and intelligence promptly and appropriately, taking into account our Code of Practice on Confidential Personal Information.

Although providers are responsible for referring staff to professional bodies and the Disclosure and Barring Scheme where they have concerns about their behaviour, we may also do this in certain circumstances.

### Governance

Our Safeguarding Committee provides strategic oversight for safeguarding work. It has a range of responsibilities, ensuring:

- Safeguarding children and adults at risk is embedded in our work on registration, inspection and monitoring.
- There is a consistent approach to safeguarding across our sectors and the inspection directorates.
- That our policies are up to date and effective.
- That our systems and procedures support effective safeguarding practice in our regulatory roles.
- That staff are adhering to policies and practice.

## Contacts

Should you need advice and support please contact the National Advisors for Safeguarding at: [safeguardingadviceandsupport@cqc.org.uk](mailto:safeguardingadviceandsupport@cqc.org.uk)

The **Safety Escalation** team handles the receipt of all of our high risk information; this includes safeguarding information from people who use services, members of the public, and other public bodies that we work in partnership with, as well as information from whistleblowers.

Information is received via phone calls, emails, web forms and letters.

The team also handles calls and correspondence relating to complaints about the use of the Mental Health Act. The team log information and assign it to operational colleagues, escalating where appropriate.

### **Contact Safety Escalation**

Tel: **0191 233 3545**

Email: **[NCSCSafetyEscalationTeamTLs@cqc.org.uk](mailto:NCSCSafetyEscalationTeamTLs@cqc.org.uk)**

### **Review**

This document will be reviewed 12 months after publication, in June 2016.



**Documents referred to in this statement, with links (Note that some legislation may not show changes made after it came into effect)**

Working together to safeguard children (March 2015)

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/419595/Working\\_Together\\_to\\_Safeguard\\_Children.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf)

Health and Social Care Act 2008 <http://www.legislation.gov.uk/ukpga/2008/14/contents>

Health and Social Care Act 2008 (Regulated Activities) 2014

<http://www.legislation.gov.uk/uksi/2014/2936/contents/made>

Equality Act 2010 <http://www.legislation.gov.uk/ukpga/2010/15/contents>

Counter Terrorism and Security Act 2015

<http://www.legislation.gov.uk/ukpga/2015/6/contents>

Prevent Strategy (June 2011)

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/97976/prevent-strategy-review.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97976/prevent-strategy-review.pdf)

Care and Support Statutory Guidance, issued under the Care Act 2014 (Department of Health October 2014), Chapter 14, Safeguarding

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/366104/43380\\_23902777\\_Care\\_Act\\_Book.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366104/43380_23902777_Care_Act_Book.pdf)

Mental Capacity Act 2005 <http://www.legislation.gov.uk/ukpga/2005/9/contents>

Care Quality Commission (Registration) Regulations 2009

<http://www.legislation.gov.uk/uksi/2009/3112/contents/made>

Children Act 2004 <http://www.legislation.gov.uk/ukpga/2004/31/contents>

Care Act 2014 <http://www.legislation.gov.uk/ukpga/2014/23/contents>

Local Safeguarding Children Boards Regulations 2006

<http://www.legislation.gov.uk/uksi/2006/90/contents/made>