



Quality Training & Skills Development
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Safeguarding Policy

Quality Training & Skills Development Ltd. (QTSD) recognises that it has an important role to play in helping to promote and safeguard the welfare of adults at risk of harm and to help protect them from abuse.

Throughout this policy the term “adults at risk of harm” refers to any person aged 18 years and over who is unable, or less able, to protect themselves from harm, neglect or abuse that arises as the result of the actions or inaction of others. All processes within this policy reflect the legislative framework outlined in The Care Act (2014).

A separate policy would cover young people under the age of 18

Promoting and safeguarding the welfare of adults at risk of harm includes:

- Having effective arrangements in place to promote and maintain a safe learning environment
- Ensuring that adults at risk know how to gain information on safety from abuse and violence and know that there are staff they can approach to talk about any concerns.
- Implementing procedures for identifying and reporting cases or suspected cases of abuse which reflects Policy and Procedures for Safeguarding Adults at Risk.
- Providing information and training for staff on safeguarding adults at risk as part of wider safeguarding training
- Maintaining procedures for reporting and dealing with allegations of bullying and abuse including those made against another learner, employer or member of staff
- Ensuring the safe recruitment of staff

Links to Other Policies

QTSD LTD will have regard to adults at risk of harm when developing other policies e.g.

- Anti- Bullying Policy
- Health, Safety Policy

Legislation and Guidance

This Policy is underpinned and shaped by the relevant legislation and guidance including:

- The Human Rights Act 1998
- Disability Discrimination Act 1995
- Mental Capacity Act 2005
- Race Relations Act 1976 – Regulations 2003
- Equalities Act 2010
- Safeguarding Vulnerable Groups Act 2006
- Sexual Offences Act 2003

- “No Secrets” Guidance – Department of Health 2000
- Safeguarding Children and Safer Recruitment in Education – DfE 2007
- Sussex Multi- Agency Policy and Procedures for Safeguarding Adults at Risk, 2013
- Safer Practice, Safer Learning – a whole organisational approach. NIACE, 2007
- The Care Act 2014

Entitlements

Adults have the right to access QTSD LTD free from harm and to be protected from mistreatment and abuse. Adults at risk of harm should be able to access learning with as much independence as is appropriate and within their capabilities to make choices, even if those choices involve a degree of risk. Where a risk is identified, a risk assessment will be completed.

All complaints, allegations or suspicions will be taken seriously and normally dealt with through Directors and Safeguarding Team in the first instance.

Issues regarding consent are complex. Whilst adults at risk of harm have the right to make their own decisions about their own personal wellbeing and safety there are limits to these choices:

1. a) The mental and cognitive ability of the person to make an informed choice
2. b) Whether the decisions are made under duress or coercion
3. c) Whether the decision would put the individual and others at serious risk of harm

Where appropriate the Safeguarding Team will seek further advice on these issues from Adult Social Care. All services involved will ensure that adults at risk of harm are supported to achieve their desired outcomes. This follows the approach of the Sussex Multi-agency Policy and Procedures in regards to the principle of Making Safeguarding Personal (MSP). This is to ensure that each adult is empowered and supported to make choices and have control about how they want to live their own lives.

Responsibilities

QTSD LTD ensures that:

- There are effective safeguarding policies and procedures that are in line with the Sussex Multi Agency Policy and Procedures for Safeguarding Adults at Risk and that the policy is made available to learners/parents/ guardians/care providers and the general public.
- QTSD LTD operates safe recruitment procedures and appropriate checks are carried out on staff and volunteers who work with adults at risk.
- There are Designated Staff including a Lead Designated Manager who takes responsibility for dealing with safeguarding issues.
- QTSD LTD takes joint responsibility for Safeguarding and will be responsible for ensuring the team obligations as outlined in the Education Act 2002 are met.

- QTSD LTD will review the policy and procedures on annual basis.
- QTSD LTD and all other staff who work with adults at risk of harm undertake appropriate training every 3 years. The Lead Designated Manager, Designated Person and all members of the Safeguarding Team will undertake appropriate training every 2 years. Temporary staff, volunteers, contractors, placement providers and employers are made aware of the QTSD LTD arrangements and their responsibilities for safeguarding adults.

Lead Designated Manager and Designated Person for Adults at Risk

The Lead Designated Manager and Designated Person for Adults at Risk will:

- Act as point of contact within QTSD LTD for any safeguarding adults concerns and work cross college to ensure that the policy is met.
- Undertake Child Protection, Safeguarding Adult and inter agency training at least every 2 years to ensure that roles and responsibilities are carried out effectively.
- Maintain accurate, secure records of referrals or concerns.
- Promote positive messages and educate all staff and students about the issues that can impact on adults at risk of harm.

Responding to Allegations of Abuse and Follow Up Procedures

QTSD LTD staff who have regular contact with learners are well placed to observe significant changes in behaviour, issues of neglect or outward signs of abuse. Adults at risk of harm may choose to share their concerns with staff they feel they can trust and with whom they are comfortable. Staff need to know how to respond sensitively to the concerns and who to approach for advice and guidance. Whilst QTSD LTD staff are not responsible for investigating abuse it is essential that any suspicions of significant harm or allegations of abuse are acted on and treated seriously.

- Personal information about the situation will be regarded as confidential and only discussed to those who need to know.
- Evidence suggests that some learners with learning difficulties and disabilities are especially vulnerable to abuse, e.g. those with communication difficulties. Those working with young people with special educational needs and/or disabilities often provide close support, including intimate care, and may encounter indicators of possible abuse. Whilst extra care may be needed to ensure that the signs of abuse/neglect are interpreted correctly, any suspicions should be reported in exactly the same way as for any other learner.
- Guidance on how to respond to safeguarding concerns relating to an adult at risk of harm are provided to partner agencies (host providers, employers, etc.).
- Safeguarding staff will use the DASH (Domestic Abuse, Stalking or Honour-based violence) toolkit when any concerns or disclosure of domestic abuse is received and will consider referral to MARAC (Multi-Agency Risk Assessment Conference) where appropriate.

Safeguarding Team members will make the decision as to whether the adult is defined as an adult at risk of harm.

Once an "alert" has been made to Adult Social Care, the Sussex Multi Agency Policy and Procedures for Safeguarding Adults at Risk will be activated;

"Upon receipt of an alert, adult social care will determine if the concern raised needs to be investigated under the adults safeguarding procedures, or if the concern might best be addressed in another way. As part of this process adult's social care will gather as much relevant information as

they can including, if this would not put the person at further risk, talking to the person who might be at risk as well as to the person who raised the concern".

Allegations Against Staff

In addressing allegations of abuse about staff, QTSD LTD will seek to ensure compliance with the current guidance from the Sussex Multi Agency Policy and Procedures for Safeguarding Adults at Risk, The Care Act 2014, and DfE.

In the event of an allegation of abuse being reported to a member of staff either by a learner or another member of staff, the member of staff should:

- Treat the matter seriously and keep an open mind
- Follow the reporting guidance - *Safeguarding: information for staff*
- Not investigate or ask leading questions
- Not make assumptions or offer alternative explanations
- Not promise confidentiality but give assurance that the information will only be shared on a need to know basis
- Report the concern to the Head or Manager of Human Resources and/or the Lead Designated Manager for Adult and Child Protection

Review

This policy and associated procedures will be reviewed on an annual basis and be amended in accordance with legislative changes, changes to the Sussex Multi Agency Policy and Procedures for Safeguarding Adults at Risk and best practice in the further education sector.

What are Abuse and Neglect

The Care Act 2014 outlines the different types and patterns of abuse and neglect, and the different circumstances in which they may take place. This is not intended to be an exhaustive list but a guide as to the sort of issues or behaviour which could give rise to a safeguarding concern.

Local authorities should not limit their view of what constitutes abuse or neglect, as they can take many forms and the circumstances of the individual case should always be considered. Although the 3 Key Tests noted below will need to be met before the issue is considered as triggering their duty to undertake a safeguarding enquiry. The safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs); and
- is experiencing, or at risk of, abuse or neglect; and
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect. Exploitation, in particular, may be a factor in abuse and should always be considered. Abuse can include the following.

Physical abuse

This may be defined as 'the use of force, or any action, or inaction which results in pain or injury or a change in the person's natural physical state' or the 'non-accidental infliction of physical force that results in bodily injury, pain or impairment'.

Examples of behaviour: hitting, slapping, pushing, misuse of medication, restraint, inappropriate physical sanctions and hair pulling.

Note Inadvertent physical abuse arising from poor support or care e.g. bruising arising from poor moving and handling is classified as 'neglect'. Concerns about the quality of care will not be addressed under safeguarding procedures unless there is a direct impact on an individual adult.

Possible Indicators of Physical Abuse

The signs of physical abuse are often evident but can also be hidden by the abuser or the adult. Any unexplained injuries should always be fully looked into. Signs to look out for include:

- any injury not fully explained by the history given;
 - injuries inconsistent with the lifestyle of the adult;
 - bruises and / or welts on face, lips, mouth, torso, arms, back, buttocks, thighs;
 - clusters of injuries forming regular patterns or reflecting the shape of an article;
 - burns, especially on soles, palms or back; from immersion in hot water, friction burns, rope or electric appliance burns;
 - multiple fractures;
 - lacerations or abrasions to mouth, lips, gums, eyes, external genitalia;
 - marks on body, including slap marks, finger marks.
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- injuries at different stages of healing;

- medication misuse (under- or over-medicating);
- inappropriate use of physical restraint;
- Person showing signs of fear or emotional distress.

Restraint

Unlawful or inappropriate use of restraint or physical interventions and / or deprivation of liberty are Physical Abuse.

Restrictive physical interventions are only justified when they are used in the best interest of the person and / or to protect the safety of others. Where these are necessary the least restrictive approach should always be used. If the person lacks capacity regarding this, any interventions must be in line with the Mental Capacity Act and Deprivation of Liberty Safeguards Code of Practice.

There is a distinction between restraint, restriction and deprivation of liberty. This will depend on the particular circumstances of the case, taking into account the type of restriction, degree of intensity, duration, the effect and the manner of the implementation of the measure in question.

In extreme circumstances unlawful or inappropriate use of restraint may constitute a criminal offence.

Someone is using restraint if they use force, or threaten to use force, to make a person do something they are resisting, or where a person's freedom of movement is restricted, whether they are resisting or not.

Restraint covers a wide range of actions. It includes the use of active or passive means to ensure that the person concerned does something they do not want to do, or does not do something they want to do. For example, the use of key pads to prevent people from going where they want from a closed environment. Appropriate use of restraint may be justified to prevent harm to a person who lacks capacity as long as it is a proportionate response to the likelihood and seriousness of the harm.

Providers of health and social care must have in place internal operational procedures covering the use of physical interventions and restraint, incorporating best practice guidance and the Mental Capacity Act, Mental Capacity Act Code of Practice and the Deprivation of Liberty Safeguards (DoLS). This should include a clear outline of how physical interventions and restraint will be implemented for individuals. For example, how adults and other relevant parties are involved in agreeing the use of physical interventions and restraint as part of the support planning and risk assessment process. This provides a safeguard for adults, relatives and other professionals.

Physical interventions which are used routinely and which do not reflect the above guidelines or are not in line with the Mental Capacity Act will be considered abusive.

Domestic abuse

In 2013, the Home Office announced changes to the definition of Domestic Abuse:

incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality;

Age range extended down to 16 years and over. (Young people up to the age of 18 years are covered by the Sussex Child Protection Procedures.)

Domestic abuse includes intimate partners and other family members, and much safeguarding work (that meets the criteria set out in the 3 Key Tests) that occurs in a person's home is concerned with domestic abuse. Domestic abuse approaches and legislation can be considered safeguarding responses in appropriate cases.

Examples include: psychological, physical, sexual, financial, emotional abuse and so called 'honour' based violence.

Sexual abuse

Direct or indirect involvement in sexual activity without valid consent (this can include when an adult has not or cannot consent, or was pressured into consenting).

This includes: rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts.

Possible indicators of sexual abuse

- significant change in sexual behaviour or attitude;
- pregnancy in a woman who is unable to consent to sexual intercourse;
- changes to urinary continence or soiling;
- poor concentration;
- person appears withdrawn, depressed, or stressed;
- unusual difficulty or sensitivity in walking or sitting;
- torn, stained or bloody underclothing;
- bruises, bleeding, pain or itching in genital area;
- sexually transmitted diseases, urinary tract or vaginal infection;
- bruising to thighs, upper arms, or neck, or 'love bites';
- self-harming behaviour;
- Showing signs of fear or emotional distress.

Psychological abuse

This includes: emotional abuse, threats of harm or abandonment, deprivation of contact with others, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber-bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Examples of behaviour: treating a person in a way that is inappropriate to their age and / or cultural background, blaming, swearing, intimidation, insulting, harassing, 'cold-shouldering', deprivation of contact with others.

Possible indicators of psychological abuse

- low self-esteem, deference, passivity, and resignation;
- fear, defensiveness, and ambivalence;
- emotional withdrawal;
- sleep disturbance;
- self-harming behaviour;
- other indicators associated with discriminatory abuse;
- Other indicators that are specific to an individual that would indicate they are experiencing distress.

Financial or Material abuse

Financial Abuse is the main form of abuse recorded by the Office of the Public Guardian both amongst adults and children at risk.

Financial abuse can occur in isolation but it is also likely to be connected to some other forms of abuse. Although this is not always the case, everyone should be aware of this possibility.

Financial or material abuse includes: theft, fraud, scamming, coercion in relation to an adult's financial affairs or arrangements (including in connection with wills, property, inheritance or financial transactions), or the misuse or misappropriation of property, possessions or benefits.

Examples of behaviour: misappropriating money, valuables or property (including the re-mortgage and / or sale of property without knowledge or consent or under coercion), forcing or coercing changes to a will and testament, preventing access to money, property, possessions or inheritance, stealing.

Potential indicators of financial abuse include

- change in living conditions;
- lack of heating, clothing or food;

- inability to pay bills or unexplained shortage of money;
- unexplained withdrawals from an account;
- unexplained loss or misplacement of financial documents;
- the recent addition of authorised signatories on a client or donor's signature card;
- Sudden or unexpected changes in a will or other financial documents.

This is not an exhaustive list, nor do these examples prove that there is actual abuse occurring. However, they do indicate that a closer look and possible enquiry may be needed.

Local authorities must not underestimate the potential impact of financial abuse. It could significantly threaten an adult's health and well-being. Most financial abuse amounts to theft or fraud and so should be referred to the police to investigate. Professionals should also consider whether the situation requires attention and collaboration from a wider group of organisations, including shops and financial institutions, such as banks.

Where the abuse is by someone who has the authority to manage an adult's money, the relevant body should be informed, for example, the Office of the Public Guardian for deputies and Department for Work and Pensions (DWP) in relation to appointees.

If anyone has concerns that a DWP appointee is acting incorrectly they should contact the DWP immediately. In addition to a name and address the DWP can get things done more quickly if it also has a National Insurance number. However, people should not delay acting because they do not know the adult's National Insurance number. The important thing is to alert the DWP to their concerns. If the DWP knows that the person is also known to the local authority then they should also inform the local authority.

Abuse by an Attorney or Deputy

If someone has concerns about the actions of an attorney acting under a registered Enduring Power of Attorney (EPA) or Lasting Power of Attorney (LPA), or a Deputy appointed by the Court of Protection, they should contact the Office of the Public Guardian (OPG).

The OPG can investigate the actions of a Deputy or Attorney and can also refer concerns to other relevant agencies. When it makes a referral, the OPG will make sure that the relevant agency keeps it informed of the action it takes. The OPG can also make an application to the Court of Protection if it needs to take possible action against the attorney or deputy.

Whilst the OPG primarily investigates financial abuse, it is important to note that it also has a duty to investigate concerns about the actions of an attorney acting under a health and welfare Lasting Power of Attorney or a personal welfare deputy.

The OPG can investigate concerns about an attorney acting under a registered Enduring or Lasting Power of Attorney, regardless of the adult's capacity to make decisions.

Further information about the role and powers of the OPG and its policy in relation to safeguarding adults can be found at [GOV.UK](https://www.gov.uk).

Modern Slavery

Modern slavery exists in the UK and can be perpetrated against men, women and children, UK nationals, and those from abroad. Modern slavery includes exploitation in the sex industry, forced labour, domestic servitude in the home and forced criminal activity. These types of crime are often called human trafficking. The true extent and nature of modern slavery in Sussex is not presently known as this crime remains largely invisible to the general public.

It can include victims that have been brought from overseas, and vulnerable people in the UK, being forced to work illegally against their will in many different sectors, including brothels, cannabis farms, nail bars and agriculture.

Potential indicators of slavery

Signs of slavery in the UK and elsewhere are often hidden, making it difficult to recognise victims. Whilst not exhaustive, these are some common signs of slavery:

- victims may show signs of physical or psychological abuse, look malnourished or unkempt, or appear withdrawn;
- victims may rarely be allowed to travel on their own, seem under the control or influence of others, rarely interact or appear unfamiliar with their neighbourhood or where they work.
- victims may be living in dirty, cramped or overcrowded accommodation, and / or living and working at the same address;
- Victims may have no identification documents, have few personal possessions and always wear the same clothes day-in day-out. What clothes they do wear may not be suitable for their work;
- victims may have little opportunity to move freely and may have had their travel documents retained, e.g. passports;
- victims may be dropped off or collected for work on a regular basis either very early or late at night;
- Victims may avoid eye contact, appear frightened or hesitant to talk to strangers and fear law enforcers for many reasons, such as not knowing who to trust or where to get help, fear of deportation, fear of violence to them or their family.

For further information see [GOV.UK](https://www.gov.uk). **Discriminatory abuse**

The principles of discriminatory abuse are embodied in legislation including the following:

- Human Rights Act 1998;
- Equality Act 2010.

Discriminatory Abuse exists when values, beliefs or culture result in a misuse of power that denies mainstream opportunities to some groups or individuals. It is the exploitation of a person's characteristics, which excludes them from opportunities in society, for example, education, health, justice, civic status and protection. It includes discrimination on the basis of age, disability, gender reassignment, marriage, civil partnership, pregnancy, maternity, race, religion or belief, sex or sexual orientation and includes hate crime incidents.

Discriminatory abuse includes: forms of harassment and slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation or religion. See also [GOV.UK](#).

Examples of behaviour: treating a person in a way that is inappropriate to their age and / or cultural background, unequal treatment, verbal abuse, inappropriate use of language, slurs, harassment and deliberate exclusion.

Possible indicators of discriminatory abuse

- lack of respect shown to an individual;
- signs of a sub-standard service offered to an individual;
- repeated exclusion from rights afforded to citizens such as health, education, employment, criminal justice and civic status;
- Failure to follow aspects of a person's agreed support or care plan that reflects their individual identity.

For further information see [GOV.UK](#). Organisational abuse

Repeated instances of poor or inappropriate care or support may be an indication of more serious problems and this is referred to as 'organisational abuse'.

Organisational abuse occurs when an organisation's systems and processes, and / or management of these, fails to safeguard a number of adults leaving them at risk of, or causing them, harm. Organisational abuse can also occur when the routines, systems and norms of an organisation override the needs of those it is there to support, or fail to provide those individuals with an appropriate quality of care. This can be the product of both ineffective and / or punitive management styles, creating an environment within which abuse can take place, intentional or otherwise.

Organisational abuse includes: neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or in relation to care provided in a person's own

home. This may range from one-off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Examples of behaviour: Managers or staff are failing to recognise that systems and processes, and / or the management of these, are failing to safeguard people or to provide them with adequate or appropriate support or care. This could include poor recording or communication processes and / or lack of effective risk assessments and / or care planning. Individual concerns identified may be being addressed, however, the wider, and / or cumulative impact, or potential impact, is not being identified or acted upon.

Possible indicators of organisational abuse

- inappropriate or poor care;
- misuse of medication;
- inappropriate restraint methods;
- sensory deprivation, e.g. denial of use of spectacles or hearing aid;
- lack of respect shown to the person;
- denial of visitors or phone calls;
- lack of appropriate access to toilet or bathing facilities;
- lack of appropriate access to medical or social care;
- failure to ensure appropriate privacy or personal dignity;
- lack of flexibility and choice, e.g. activities, lifestyle choices, mealtimes, bedtimes, choice of food;
- lack of personal clothing or possessions;
- lack of adequate procedures, e.g. for medication, financial management;
- controlling relationships between staff and clients;
- poor professional practice;
- poor communication and recording of essential care information;

- insufficient account taken of the views of individuals, carers or relatives; I
- lack of appropriate and / or robust management arrangements, staff supervision, and / or training;
- Significant numbers of 'low level' concerns.

Neglect and Acts of Omission

Neglect can take several forms and can be the result of an intentional or unintentional act(s) or omission(s).

Note: Under the Mental Capacity Act 2005 wilful neglect and ill-treatment of a person lacking capacity is a criminal offence and can result in a fine or imprisonment.

The offence can be committed by anyone responsible for that adult's care and support including paid staff, family carers and those with legal authority to act on that adult's behalf (i.e. persons with power of attorney or Court-Appointed Deputies).

Ill-treatment covers both deliberate acts of ill-treatment and also those acts which are reckless which results in ill treatment. Wilful neglect requires a serious departure from the required standards of treatment and usually means that a person has deliberately failed to carry out an act that they knew they were under a duty to perform.

Under ss20-25 Criminal Justice and Courts Act 2015 it is an offence for a care worker or care provider to ill-treat or wilfully neglect an individual in their care.

Neglect includes: ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Examples of behaviour: failure to provide food, shelter, clothing, heating, medical care or access to medical care, hygiene, personal care, under- or over- use of medication; failure to provide an adequate or reasonable standard of support that could reasonably be expected to be provided; failure to adhere to relevant standards of care and professional codes of conduct; Lasting Power of Attorney (relating to welfare or finance) not being used in the best interests of the person.

Possible indicators of neglect

- the person's physical condition is poor, e.g. bed sores, unwashed, ulcers;
- clothing in poor condition, e.g. unclean, wet, ragged;
- inadequate physical environment, inadequate protection from the sun or heat, inadequate heating;
- inadequate diet, insufficient fluid intake, malnutrition, dehydration;
- untreated injuries or medical problems;
- inconsistent or reluctant contact with health or social care agencies;
- failure to engage in social interaction;
- failure to give prescribed medication;

- poor personal hygiene;
- Avoidable and unnecessary deterioration of health or well-being of the individual.

Self-neglect

Self-neglect is 'the inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of people who self-neglect and perhaps even to their community' (Gibbons, 2006).

An individual may be considered as self-neglecting and therefore at risk of harm where they are:

- either unable or unwilling to provide adequate care for themselves;
- unable or unwilling to obtain necessary care to meet their needs; and/or
- Declining essential support without which their health and safety needs cannot be met.

Indicators of self-neglect

- living in a very unclean environment, for example, rodent infested or living with a toilet completely blocked with faeces;
- neglecting household maintenance and therefore creating hazards or fire risks, for example, rotten floorboards creating trip hazards or lack of boiler or electrical maintenance;
- having eccentric behaviour or lifestyles such as obsessive hoarding;
- poor diet and nutrition, for example, there is little or no fresh food in the fridge or food is mouldy and very out-of-date;
- refusing necessary help from health and / or social care staff in relation to personal hygiene and care;
- Having poor personal hygiene, poor health, sores or long toe nails.

The Directors of QTSD are fully committed to this policy.

June 2018/QTSD LTD (incorporating QTSD South East/QTSD South West/QTSD London)