

1.0 Introduction

Safeguarding is protecting a 'persons right to live in safety, free from abuse and neglect'. The patients that may be safeguarded are those who are felt to be vulnerable due to being unable to protect themselves from harm or neglect, are or may be unable to take care of themselves or need community care services for reasons such as age, illness or disability.

If there is known or suspected abuse, a safeguarding concern should be raised through the local authority.

As set out in the Care Act 2014, information can be shared without consent if it is in the public interest, in order to prevent a crime or protect others from harm. Whether consent has been gained or a rationale to why information has been shared without consent should be documented in the event of raising a safeguarding concern.

This audit sets out to examine the Hospice's compliance with CLIN14 Safeguarding Adults and, in particular, the documentation that supports consent.

2.0 Aims

1. To assess compliance against the standards.
2. To inform discussion and required actions on Safeguarding practice.
3. To inform discussion and required actions on the suitability and use of the EPR.

3.0 Methodology

Retrospective audit of all 9 safeguarding cases raised in 2024. Data collection criteria is based on local criteria. Excel data capture tool designed for data population via the EPR and clinical review of the EPR.

4.0 Standards

Standards are extracted from local policy [CLIN14 Safeguarding Adults](#):-

1. 100% safeguarding events raised to the LA are notified to the CQC
2. 100% safeguarding events have documented whether or not consent was gained from the patient before raising a safeguarding concern to the local authority.
3. 100% of safeguarding events for which consent is not gained have a clear documented rationale to why not or whether it is being raised in best interests.

RESULTS

Introduction

Data reflects upon 8 community patients and 1 inpatient under St Raphael's Hospice who had safeguarding concerns raised in 2024.

Demographics

	Safeguarding raised
Male	4
Female	5

Local Authority

	Safeguarding raised
Sutton	7
Merton	2

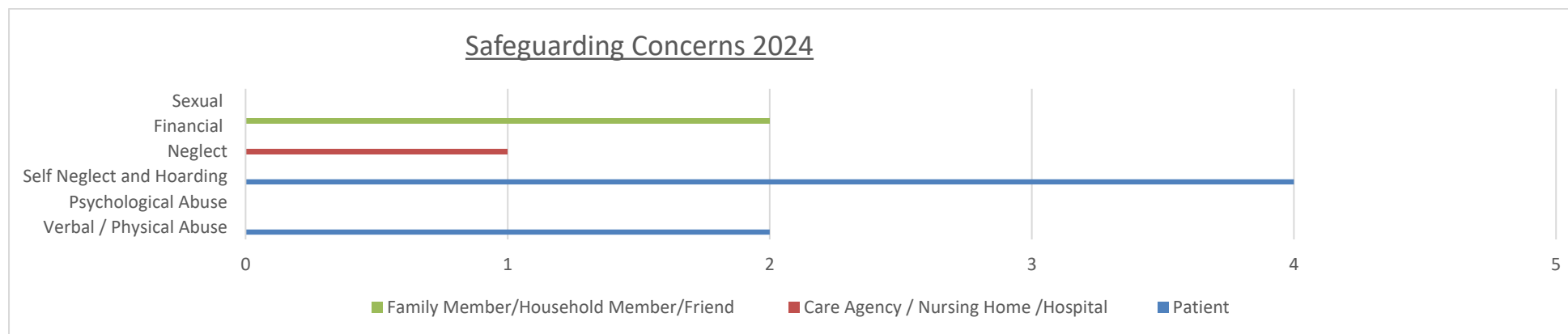
Notification to CQC

	Yes -Safeguarding notified to CQC	Compliance with Standard
Sutton	6	89% Compliance
Merton	2	

89% (8/9) of safeguarding notifications were raised to CQC, a drop on 2023's 100% and 2022's 94%.

Safeguarding Concern

Safeguarding Concerns	Patient	Care Agency / Nursing Home /Hospital	Family Member/Household Member/Friend	2024 %	2023 %
Verbal / Physical Abuse	2			22%	39%
Psychological Abuse				0%	15%
Self Neglect and Hoarding	4(*just self-neglect)			44%	8%
Neglect		1		11%	8%
Financial			2	22%	23%
Sexual				0%	8%
TOTALS	6	1	2	100%	100%



In comparison to previous years, self-neglect has increased to 44% of safeguarding referrals (c.f. 15% in 2023 and 28% in 2022)

Safeguarding Concerns Followed Up

All referrals were followed up; 67% by the Hospice Social Worker and Safeguarding Lead, 22% by the Community Team and 11% by the IPU Ward Manager and Safeguarding link.

Documentation

Documentation	Numbers		Compliance		
	Yes	No	2024	2023	2022
Consent documented or reason for consent not obtained recorded	9	0	100%	92%	100%
Referrals to safeguarding followed up	9	0	100%	85%	

All of the 9 patients (100%) had documentation regarding consent and/or capacity in 2024 c.f.92% in 2023.

All 9 patients had their safeguarding referral followed up either by the staff member or the safeguarding leads in 2024 c.f. 85% in 2023.

5.0 Conclusions

1. Maximum compliance with CQC notification has slipped to 89% c.f. 100% in 2023 and 94% in 2022. Note that the Social worker and Safeguarding Lead safety nets the appropriate reporting as much as possible, but one CQC notification slipped through without notification.
2. 100% of patients had documentation about consent, an increase from 92% in 2023.
3. For all cases, those who did not consent to the referral or did not have capacity had a reason documented about why consent hadn't been given.
4. Social Worker and Safeguarding Lead continues to be very proactive in supporting the staff with the safeguarding process and it is discussed on a regular basis in the MDT.

6.0 Areas for Improvement / Actions

1. Educational reminder regarding consent for a safeguarding referral to be documented.
2. Educational reminder of the value in recording LA action taken through follow-up.
3. Educational reminder regarding ALL safeguarding referrals to LAs being notifiable to alexrudkin@straphaels.org.uk who in turn will notify the CQC.

7.0 Auditor Comments / Discussion

- The results continue to be positive. It remains important that in the face to face training we continue to highlight the importance of documenting whether consent has been gained and if not, the reasons around this.

It was very interesting to see the increase in self-neglect referrals – this is a national trend and expect it to increase.