

CLIN14 Safeguarding Adults Policy

STATEMENT OF INTENT

St. Raphael's Hospice is committed to providing and maintaining a safe and healthy working environment for all its employees and other persons who may be affected by our activities.

The Care Act 2014 imposes a statutory duty on Hospices to make enquiries to protect adults who have care and support needs and are at risk of abuse or neglect. This is achieved by fostering a culture of safety where vulnerable patients and those important to them are protected from abuse, neglect and exploitation.

Regulatory bodies including The Care Quality Commission and the Charity Commission require the Hospice to have robust systems, policies and training in place to prevent, detect and respond to abuse. Employees too have a duty to co-operate with the management of the Hospice to allow them to fulfil their statutory duties.

To enable these duties to be carried out, it is this organisation's intent to ensure that responsibilities for safeguarding matters are effectively assigned, accepted and fulfilled at all levels within the organisational structure. These duties are laid out in the responsibility and accountability section of this policy.

This Safeguarding policy will be reviewed every three years as default and amended as necessary. When such amendments take place, staff will be notified of them through the normal communication channels.

Signed



Name **Ms Rebecca Trower**

Position **Chief Executive Officer (CEO)**

Date

1.0 Aim

1.1 This policy aims to clarify the purpose and principles of adult protection and encourages staff and volunteers to be aware of the signs of adult abuse and the appropriate steps to take once concerns are raised.

1.2 This policy offers operational guidance to staff and volunteers to ensure best practice.

2.0 Introduction

2.1 St Raphael's Hospice is an independent charity delivering specialist palliative care and is committed to safeguarding all adults who come into contact with all or any of our services.

2.2 The Department of Health refers to a vulnerable adult, defined as a person over 18 years of age who "is or may be in need of community care services by reason of mental or other disability, age or illness and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or serious exploitation". (Please note the term "Vulnerable Adult" has now been replaced by "adult at risk")

2.3 An adult at risk of abuse may be from the following list although the list is not exhaustive:

- Elderly and frail due to ill health, physical disability or cognitive impairment
- Person with a learning disability
- Person with a physical disability and/or a sensory impairment
- Person with mental health needs including dementia or a personality disorder
- Person with a long-term illness/condition
- Person who misuses substances or alcohol
- Person who is a carer such as a family member/friend who provides personal assistance and care to adults and is subject to abuse
- Person who is unable to demonstrate the capacity to make a decision and is in need of care and support
- Vulnerable people, including children, young people, and vulnerable adults can be exploited by people who seek to involve them in terrorism or activity in support of terrorism

This does not mean that persons on this list are inevitably at risk.

2.4 Abuse can be viewed in terms of the following categories:

- Modern slavery – including forced labour and human trafficking.
- Discriminatory abuse – including harassment and slurs driven by hatred of difference.
- Organisational abuse – sometimes called institutional abuse and including neglect and poor care within any setting, such as hospitals, care homes and day centres.
- Self-neglect – including neglect of selfcare and/or one's environment, often involving refusal of services and/or hoarding.
- Physical abuse – including assault, hitting, pushing, and misuse of medication and restraint.
- Domestic violence – including psychological, physical, sexual and emotional abuse.
- Sexual abuse – including rape, harassment, assault and indecent exposure.
- Psychological abuse – including emotional abuse, threats, humiliation, harassment, deprivation of contact and cyberbullying.
- Financial or material abuse – including theft and misuse or misappropriation of possessions.

2.5 Female Genital Mutilation (FGM)

- FGM is not an issue that can be decided on by personal preference – it is an illegal, extremely harmful practice and a form of violence against women and girls. If a vulnerable adult is identified as having had or being at risk of FGM, this should be responded to within the existing safeguarding processes to protect vulnerable adults.

2.6 Prevent

- Prevent is part of "CONTEST", the Government's Counter Terrorism Strategy. It concerns individuals who may be vulnerable to radicalisation and at risk of engaging, through grooming by a third party, acts which may harm themselves and/or others. Healthcare professionals may meet and treat people who are vulnerable to radicalisation.
- Prevent is now part of existing safeguarding responsibilities for the health sector. Identifying and supporting individuals at risk under the remit of Prevent, is therefore not an additional task.
- The key challenge for the health sector is to ensure that, where there are signs that someone has been or is being drawn into terrorism, healthcare workers can interpret those signs correctly, they are aware of the appropriate support that is available how to access it, and that they are confident in referring the person for further support and protection whilst in the pre-criminal stage. Prevent follows an escalation process that will enable any practitioner with concerns, to raise them - if risk can be managed via case work it will not

progress to the multi-agency "Channel Panel", however if the risk is such that it warrants a multi-agency response the referral will progress to the panel who will assess the nature and the extent of the potential risk, and in a collaborative agreement will provide an appropriate support package tailored to the individual's needs.

2.7 The Care Act 2014

- The Care Act 2014 applies to England and replaces a host of out-of-date and often confusing care laws.
- The legislation sets out how people's care and support needs should be met and introduces the right to an assessment for anyone, including carers and self-funders, in need of support.
- The Care Act 2014 specifies 6 principles of safeguarding:
 - ✓ Empowerment
People being supported and encouraged to make their own decisions and informed consent.
 - ✓ Prevention
It is better to take action before harm occurs.
 - ✓ Proportionality
The least intrusive response appropriate to the risk presented.
 - ✓ Protection
Support and representation for those in greatest need.
 - ✓ Partnership
Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
 - ✓ Accountability
Accountability and transparency in safeguarding practice.
- Chapter 14 of the *Care Act* guidance (DH, 2016) gives details about the principles and practicalities of safeguarding adults. It explains that safeguarding means protecting an adult's right to live in safety, free from abuse and neglect, and should make sure that the individual's wellbeing is promoted. Any action taken in safeguarding should give regard to the individual's wishes, feelings, views and beliefs, drawing on the principles of Making Safeguarding Personal.
- Section 14.45 onwards outlines guidance around carers and safeguarding. It explains that carers may be involved in any of the following situations that require a safeguarding response:
 - Being a witness or speaking up about abuse or neglect
 - Experiencing intentional or unintentional harm from the adult they are trying to support, or from professionals or organisations they are in contact with
 - By intentionally or unintentionally harming or neglecting the adult they support.
 - Carers must be listened to if they raise a concern about abuse or neglect and, where appropriate, a safeguarding enquiry should be undertaken, involving other agencies if necessary.

- Assessments of people with care needs and carers must include consideration of the wellbeing of both people. Other key principles related to carers and safeguarding include:
 - Prevention should be a key priority; this may include providing support to carers to prevent the risk of (unintentional or intentional) harm to the person they care for.
 - Carers should be involved in safeguarding enquiries related to the person they care for, as appropriate
 - Consideration should be given to the appropriateness of joint assessments
 - Consideration should be given to risk factors or changes in circumstances which may make harm or abuse more likely, and how to mediate them.

The references below give further support and guidance on safeguarding where carers might be involved.

2.8 Mental Capacity Act 2005

2.8.1 The Mental Capacity Act (MCA) 2005 applies to everyone involved in the care, treatment and support of people aged 16 and over living in England and Wales who are unable to make all or some decisions for themselves.

2.8.2 There are 5 main principles of the mental capacity act:

- Presume Capacity
- Individuals must be supported to make their own decisions
- Right to make unwise decisions
- Best interests
- Less restrictive options

- **Assessing capacity:**

2.8.3 The MCA says that a person is unable to make their own decision if they cannot do one or more of the following four things:

- Understand information given to them
- Retain that information long enough to be able to make the decision
- Weigh up the information available to make the decision
- Communicate their decision – this could be by talking, using sign language or even simple muscle movements such as blinking an eye or squeezing a hand.

2.9 If a person does not have capacity to make a specific decision we must act in their best interests.

2.10 Information sharing:

2.10.1 Where there is a safeguarding concern, staff have a duty to share information. Lack of information sharing can be a significant contributor to when things go wrong.

2.10.2 Information should be shared with consent wherever possible.

- 2.10.3 Information can be shared without consent if it is in public interest, in order to prevent a crime or protect other from harm.
- 2.10.4 Information should be shared following these principles: necessary, proportionate, relevant, accurate, timely and secure.
- 2.10.5 All information shared with local authorities should be shared using NHS mail or secure link via local authority website.
- 2.10.6 Documentation should be clear about whether consent has been gained, or the rationale for why the safeguarding concern is being raised without consent.

3.0 Responsibility and Accountability

- 3.1 Under the 2014 Care Act, Safeguarding Adults Boards (SABs) are responsible for Safeguarding Adults Reviews (SARs).
- 3.2 Developing a safeguarding culture that focuses on the personalised outcomes desired by people with care and support needs who may have been abused is a key operational and strategic goal. SABs, therefore, may want to consider the role they can play in embedding the ‘Making Safeguarding Personal’ approach across agencies by establishing and developing:
 - a broader participation strategy
 - accessible information to support participation of people in safeguarding support
 - a focus on qualitative reporting on outcomes as well as quantitative measures
 - advocacy
 - person-centred approaches to working with risk
 - policies and procedures that are in line with a personalised safeguarding approach
 - strategies to enable practitioners to work in this way, by looking at the skills they need and the support they are getting to enable this shift in culture

(<http://www.scie.org.uk/care-act-2014/safeguarding-adults/reviews/index.asp>)
- 3.3 At St Raphael’s Hospice, the CEO, Ms Becca Trower, holds ultimate responsibility to ensure safeguarding procedures are followed.
- 3.4 The Clinical Director, Mrs Kathy Mardle-Aylett, assisted by the Safeguarding Leads (Mrs Elisa Lunn, Social Work Lead and Mrs H Dolling, IPU Clinical Lead) and the Palliative Care Education Team, are responsible for ensuring that all managers and staff are aware of and understand best practice in relation to safeguarding procedures.
- 3.5 A Safeguarding Trustee appointed by the Board, Mr P Holmes, will be responsible for having a clear oversight of how the organisation safeguards and protects people.
- 3.6 The Director of People Services, Mrs N Page, is responsible for ensuring recruitment procedures are robust and safe, with appropriate checks in place

- 3.7 Department heads are responsible for ensuring any concerns are listened to and escalated appropriately.
- 3.8 All employed staff members are responsible for attending/undertaking safeguarding training and should be familiar with the policy.
- 3.9 All staff members have a responsibility to raise any safeguarding concerns following the safeguarding flowchart.

4.0 Procedures

- 4.1 Necessary action should be taken in a timely manner following a professional discussion or MDT meeting, whichever can be held sooner. Such action will be supported by the Hospice Executive Team and will include:-
- Contacting police if there is immediate danger.
 - Reporting safeguarding concerns to relevant managers within the hospice.
 - Recording information factually maintaining confidentiality.
 - Contacting and referring to the relevant safeguarding team at Sutton, Merton or Wandsworth Links to the referral forms can be found at <S:\Hospice Hub\Safeguarding>.
 - Informing the Head of Quality & Governance of the safeguarding referral by internal e-mail (alexrudkin@straphaels.org.uk) in order that he may make due notification to the Care Quality Commission.
- 4.2 Staff members have a duty to report in a timely way any concerns or suspicions that an adult at risk is being or is at risk of being abused. All decisions taken by professionals should be timely, reasonable, justified, proportionate and ethical.
- 4.3 Refer to the safeguarding flow chart for further guidance.

5.0 Education

- 5.1 The policy is available to all staff electronically at **S:\Hospice Hub\Policy Manual\CLIN\CLIN14 Safeguarding Adults.pdf**
- 5.2 Safeguarding is part of mandatory training for all staff.
- 5.3 All staff employed at the Hospice and volunteers should have Safeguarding Level 1 training every 2 years.
- 5.4 All clinical staff should have Safeguarding Level 1 and Safeguarding Level 2 every 2 years,
- 5.5 Safeguarding Level 3 training for specific staff including Safeguarding Leads, Service Leads, Clinical Director, CEO and Safeguarding Trustee (board member) every 3 years.
- 5.6 Safeguarding Level 4 training to be completed by the Safeguarding Leads every 3 years.
- 5.7 Safeguarding concerns to be brought to a multidisciplinary meeting for further discussion and learning when needed.

5.8 Complex Mortality and Morbidities meetings will be held after death where safeguarding concerns have arisen to reflect and learn from practice.

6.0 **Monitoring**

6.1 Safeguarding reports are proactively monitored by the Safeguarding Leads (Social Worker and IPU Clinical Lead) at least once per month.

6.2 Annually, a safeguarding audit report is produced by the Safeguarding Leads & Head of Quality & Governance.

7.0 **Related policies and guidance**

- [CLIN12 Safeguarding Children Policy](#)
- [CLIN15 Deprivation of Liberty Guidelines](#)
- [HR03 Raising Concerns - Freedom to Speak Up Policy](#)
- [HR13 Recruitment & Selection of Staff Policy](#)
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8.0 **Further reading and references**

General:

- Department of Health 2000: No secrets: Guidance on developing and implementing multi-agency policies & procedures to protect vulnerable adults from abuse.
- The Mental Capacity Act 2005 Social Care Institute for Excellence with the Pan London Safeguarding Editorial Board 2011: Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse
- Department of Health: The Health and Social Care Act 2008
- Department of Health; Care Quality Commission (Registration) Regulations 2009
- Department of Health; Our safeguarding protocol; The Care Quality Commission responsibility and commitment to safeguarding 2013
- Prevent Strategy (2011) Department of Health
- Care Act (2014) Department of Health
- Guidance for Working with Children and Young People who are vulnerable to the messages of Radicalisation and Extremism (London Borough of Merton Safe Guarding Children's Board)
- Sutton Multi Agency Self Neglect and Hoarding Protocol (2015)
- DH (2016) [Care and support statutory guidance: Safeguarding, Chapter 14](#). Updated 9th May 2016.
- RiPFA [Leaders' briefing: Safeguarding in light of the Care Act](#)
- SCIE (2011) [Report 41: Prevention in adult safeguarding](#)
- Department of Health 2016: Female Genital Mutilation Risk and Safeguarding Guidance for professionals.

Safeguarding and carers:

- ADASS (2011) Carers and safeguarding adults – working together to improve outcomes <http://static.carers.org/files/carers-and-safeguarding-document-june-2011-5730.pdf> (please note – this guidance was produced before the implementation of the Care Act, and so refers to No Secrets, the previous policy guidance on safeguarding adults)
- SCIE (2014) Care Act: Sharing information with carers, family or friends – Adult safeguarding: sharing information <http://www.scie.org.uk/care-act-2014/safeguarding-adults/sharing-information/sharing-information.asp>

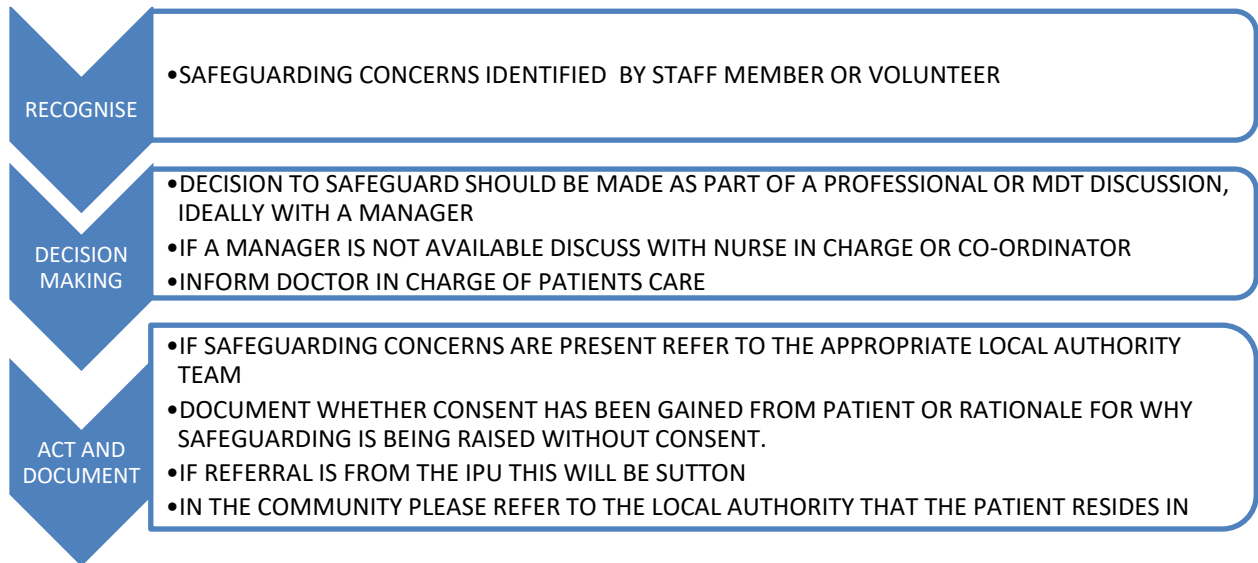
Making safeguarding personal:

- LGA Making Safeguarding Personal

Safeguarding and domestic abuse:

- LGA (2015) Adult safeguarding and domestic abuse: a guide to support practitioners and managers. 2nd edition.
http://www.local.gov.uk/publications/-/journal_content/56/10180/3973717/PUBLICATION
- NICE (2016) Quality standard: Domestic violence and abuse <https://www.nice.org.uk/guidance/qs116>
RiPfa (2015) Research and Policy Update: Safeguarding and domestic abuse
<https://www.ripfa.org.uk/resources/publications/policy-scopes/rpu-april-2015-safeguarding-and-domestic-abuse>

FLOW CHART FOR GUIDANCE/ACTION AROUND SAFEGUARDING CONCERNS



IF THERE IS AN IMMEDIATE THREAT OR DANGER TO ANY PARTY INVOLVED CALL THE POLICE

