CLINICAL POLICY

Document No: C. Pol. 2

TITLE	**Safeguarding Adults Policy**
SUMMARY	The purpose of this policy is to provide all staff and volunteers (henceforth staff) with a clear understanding of their statutory duties to enable them to support adults at risk of abuse by using relevant Safeguarding Adults procedures. All Departmental Managers throughout THCF are required to instigate action to ensure the successful implementation of the policy within their area(s) of control.
APPROVED VIA	Quality and Performance Committee
DISTRIBUTION	For distribution to all areas via THCF Workforce Development (WD) Department
RELATED DOCUMENTS	• HR Pol 6 Whistle-blowing policy • HR Pol 14 Disciplinary Policy • R Pro 6 Incident Reporting Policy • C Pol 11 Mental Capacity Policy
AUTHOR (S) / FURTHER INFORMATION	Director of Nursing and Quality (DNQ), Hospice Social Worker (Safeguarding Lead)
OTHER INFORMATION	All employees must be aware of, and adhere to the Teeswide Inter-Agency Safeguarding Adults Policy (2016-2017) and the Teeswide Inter-agency Safeguarding Adults Procedure (2017-2018). These documents are contained within the Safeguarding Adults Resource Files located within each Department of the Hospice

ISSUED BY: Chief Executive

Reviewed 18th June 2020
Next review 27th January 2023

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1. Introduction

The aim of this policy is to assist staff, to respond appropriately, to any suspicion or disclosure of abuse concerning individuals who are under the care of the Hospice. Teesside Hospice is compliant with the Teeswide Inter-Agency Safeguarding Adults Policy and Procedure, and will uphold the statutory duties with regard to safeguarding adults as outlined in the Care Act, 2014.

2. When do safeguarding duties apply?

This policy sets out the responsibilities of employees and volunteers within the hospice to protect adults from abuse or neglect. The Care Act, (2014) states that safeguarding duties apply to any 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.

The Teeswide Inter-Agency Safeguarding Adults Policy further identifies adults at greater risk of abuse or neglect as a result of the following:

- Individuals with physical, mental, sensory, learning or cognitive illnesses or disabilities; and substance misuse or brain injury
- Those who purchase their care through personal budgets
- Those whose care is funded by Local Authorities and/or Health services; and
- Those who fund their own care
- Informal carers', family and friends who provide care on an unpaid basis
- Adults who are in prison or living in approved premises on license
- Those aged between 18 and 25 years and in receipt of children's services.

3. Making Safeguarding Personal (MSP)

Under the guidance of the Care Act (2014) Making Safeguarding Personal (MSP) is a cultural shift from safeguarding activity being process driven to a process which is person-centred. MSP engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances their involvement, choice and control, focusing on the outcome desired by the person by involving them at every stage of the process

wherever possible. The MSP practice toolkit outlines an approach to the effective application of safeguarding, this is contained within the safeguarding resource files in each department.

4. What is abuse?

The Department of Health, Care and Support Statutory Guidance issued under the Care Act, 2014 identifies the different types and patterns of abuse and neglect, though stresses that the list is not exhaustive.

- **Physical Abuse**, including assault, hitting, slapping, pushing, kicking, misuse of medication, restraint, inappropriate sanctions, rough handling, pinching, punching, shaking, burning, forced feeding, the use of force which results in the pain, injury or change in the person's natural physical state.

- **Sexual Abuse**, including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting. Inappropriate touching or looking, indecent exposure, penetration (or attempted penetration) of vagina, anus or mouth by penis, fingers, or other objects. Sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts.

- **Psychological Abuse**, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks, withholding affection, shouting, depriving the person of the right to choice, information and privacy, cyber bullying. Behaviour that has a harmful effect on the vulnerable adult's emotional health and development.

- **Financial or Material Abuse**, including theft, fraud, internet scamming, coercion in relation to the adult's financial affairs or arrangements in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

- **Neglect and Acts of Omission**, including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

- **Discriminatory Abuse**, including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

- **Domestic Abuse**, any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 years or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can be, but not limited to: psychological, sexual, financial and emotional.

- **Organisational Abuse,** including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practices as a result of the structure, policies, processes and practices within an organisation.

- **Self-Neglect,** this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

- **Modern Slavery,** encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Any or all types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.

It is important to respond if someone is being abused, or at risk of being abused.

All employees must be aware of, and adhere to the Teeswide Inter-Agency Safeguarding Adults Policy (2016-2017) and the Teeswide Inter-agency Safeguarding Adults Procedure (2017-2018). These documents are contained within the Safeguarding Adults Resource Files located within each Department of the Hospice.

5. Roles and responsibilities

5.1 **Chair** – The chair is responsible for the effective operation of the Board with regard to adult safeguarding. The key responsibilities are outlined in the Intercollegiate Document 2018 page 25 (Appendix 2)

5.2 **All Board members** must have a level of knowledge equivalent to level 1. They must have access to safeguarding advice and expertise through dedicated designated or named professionals.

5.3 **Chief Executive Officer (CEO)** has overarching accountability for adult safeguarding strategies and policy development. The CEO must provide strategic leadership, promote a culture of supporting good practice with regard to adult safeguarding within the hospice and promote collaborative working with other agencies. The CEO must appoint an executive director or equivalent to lead on adult safeguarding, ensure there are effective safeguarding processes and resources to support the demands of adult safeguarding throughout the organisation, ensure there is access to a dedicated named professional for advice and ensure and promote appropriate, safe multiagency/interagency partnership working practices including information sharing protocols.

5.4 **The Director of Nursing and Quality (DNQ)** is the executive director at Board level with the lead responsibility for safeguarding and will ensure that there is understanding on the potential cause and consequences of gross negligence. The DNQ will be supported by a named professional for adult safeguarding within the hospice and will ensure that safeguarding is positioned as core business in strategic and operating plans and structures for the hospice. The DNQ will oversee, implement and monitor the ongoing assurance of adult safeguarding arrangements, ensure that practice, policy and strategy in relation to safeguarding is audited and ensure that there is a programme of safeguarding training and continuous professional development. The DNQ will ensure that there is partnership working with others and seek assurances that serious incidents relating to safeguarding are reported immediately and managed effectively including the sharing of lessons. The DNQ will ensure that any allegations against staff are appropriately investigated and managed.

5.5 **Named person / lead for safeguarding.**

This is the social worker within the hospice and will develop and deliver face to face training sessions on adult safeguarding. This role will develop and review the adult safeguarding policy and procedures and ensure that the resources are kept up to date and available within each department. This role will be available to provide specialist day to day advice, support and guidance to the Multidisciplinary Team (MDT) on best practice and knowledge in safeguarding. The named person will take the lead in safeguarding referrals and guide the MDT both actively and reactively, including clarity on policy and procedures, legal issues and

the effective management of adult safeguarding. The named person will ensure that any referral is completed and all legislative notifications are complete.

5.6 Head of department / Clinical leaders

It is the responsibility of the Head of Department (HOD) to ensure that all staff receive mandatory training and induction on adult safeguarding in accordance with the level outlined within this policy. The HOD will provide support and guidance to front line staff on the adult safeguarding policy and procedures and ensure that the named person/lead for safeguarding is informed and advice is sought. The HOD will ensure that an incident report form detailing the adult safeguarding referral and concerns are documented.

5.7 All staff

All staff must complete mandatory safeguarding training in accordance with the Intercollegiate Document 2018. All staff must ensure that any adult safeguarding concerns are reported in accordance with the hospice policy and procedures and the interagency procedures. All staff must ensure that they know how to access the resource folder within their department and know where to locate the procedures to follow when there are concerns about adult safeguarding. All staff must inform their line manager and/or the named person for safeguarding if they have adult safeguarding concerns.

6. Key Principles of Safeguarding

The Department of Health Care and Support Statutory Guidance issued under The Care Act 2014, describes **6 key principles** which underpin all safeguarding adult work which apply to all sectors and settings. These principles should always inform the ways in which professionals and other staff / volunteers work with adults.

i. **Empowerment** – people being supported and encouraged to make their own decisions and informed consent. *"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."*
ii. **Prevention** – It is better to take action before harm occurs. *"I receive clear and simple information about what abuse is, how to recognize the signs and what I can do to seek help."*
iii. **Proportionality** – The least intrusive response appropriate to the risk presented. *"I am sure that the professionals will work in my best interest, as I see them and they will only get involved as much as needed."*

iv. **Protection** – Support and representation for those in greatest need. *"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process."*

v. **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. *"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."*

vi. **Accountability** – Accountability and transparency in delivering safeguarding. *"I understand the role of everyone involved."*

7. Training, Information and Guidance

Acquiring knowledge, skills and experience in adult safeguarding should be seen as a continuum. The training requirements and competencies for staff in relation to adult safeguarding is outlined within the document entitled: *Adult Safeguarding: Roles and competencies for health care staff, first edition,* Intercollegiate Document 2018. The level of training required is set out below and is mandatory.

It is the responsibility of line managers for each department within the hospice to ensure that frontline staff and volunteers complete the appropriate level of training in relation to safeguarding adults.

Resource files are located within each department, containing safeguarding information/guidance, policy, procedures and alert forms.

All staff and volunteers working for Teesside Hospice are required to complete Mandatory Safeguarding Adults e-learning training on the level appropriate to their role within 6 weeks of joining the organisation. All staff are required to complete an update on Safeguarding Adults training once every three years.

Additionally, the hospice social worker will deliver face-to-face training on the hospice policy and procedure and all frontline staff must attend on a three yearly basis to meet their training requirements set out in the Intercollegiate Document 2018.

The level of training required is specified within the intercollegiate document 2019. The specific requirements are:

- **Level one** Safeguarding Adults training – all staff working in healthcare settings. All Trustees, Hospice staff and volunteers. All staff joining the hospice must receive a mandatory session of at least 30 minutes of level one adult safeguarding training.

Over a 3 year period staff at level 1 should receive a refresher training equivalent to a minimum of 2 hours.

- **Level two** Safeguarding Adults training – All practitioners who have regular contact with patients, their families or carers or the public. This includes allied health professionals, complimentary therapists and health care assistants.

- **Level three** Safeguarding Adults training – Registered health care staff working with adults who engage in assessing, planning, intervening and evaluating the needs of adults where there are safeguarding concerns. All clinical staff such as medical practitioners, registered nurses, bereavement and counselling practitioners.

- **Level four** Safeguarding Adults training – Director of Nursing and Quality and hospice social worker/Named person for safeguarding. Level 4 training cannot be accessed on Relias therefore, an external training course is recommended.

Training is accessed on Relias the Teesside Hospice online Learning Management System.
Online training includes:

- The meaning of safeguarding;
- Current legislation and guidance;
- The different categories of abuse;
- The signs to look for when it is suspected a person may be experiencing abuse;
- What to do when it is suspected a person is experiencing abuse.

Face to face training will include updates on adult safeguarding legislative requirements, information on the policy and procedures to follow and case studies relevant to the area of work.

8. Reporting Abuse

A flow chart within Appendix 1 will guide a practitioner.
When abuse has been disclosed, reported or observed, it is important that the alleged victim be treated with dignity, is involved as an equal in the investigation, and kept fully informed on a regular basis.

If there is an immediate risk of serious harm, the member of staff or volunteer must dial 999 and ask for police (and ambulance if needed) to attend.

When abuse has been disclosed patients / service users have the right:

- To be believed when they report abuse of themselves and / or others, unless there is direct and unequivocal evidence to the contrary.
- To appropriate education/information in order to identify behaviour which constitutes abuse
- If the vulnerable adult has capacity and does not wish for a referral to be made, and there is no public interest issues (e.g. where the perpetrator of abuse may have access to other vulnerable people at risk). Then no further action can be taken.
- Further action will only be taken if; the vulnerable adult has capacity and consents to a referral; or if the vulnerable adult lacks capacity and cannot properly decide what is in their best interests; or there are concerns which mean the vulnerable adults wishes should be overridden (e.g. others are at risk from the perpetrator or where a serious criminal offence has or is likely to take place.

Any suspicion, observation or reported incident of abuse, MUST be discussed with the line manager. An MDT discussion with clinicians involved in the care and the adult safeguarding lead for the hospice should take place as soon as possible. All written communication on SystmOne regarding a patient should be reviewed to clarify any action that has already taken place.
The Adult's Safeguarding Lead (Hospice Social Worker) should also be informed as they will liaise with the Local Authority Safeguarding Teams. In the absence of the Social worker advice can be sought from the duty social worker at JCUH.
Within Teesside Hospice, monthly meetings are held to discuss reported incidents, if there has been an Incident Reporting Form (IRF) submitted in relation to raising a safeguarding concern, the Adult Safeguarding Lead will attend this meeting and a discussion will take place with Heads of Departments to ensure that appropriate action has been taken. A reflective session could be arranged if it is felt that as an organisation we could learn from an incident and therefore improve our safeguarding policies and procedures.

8.1 Information sharing: Social Care Institute for Excellence (2019) guidance

Organisations need to share safeguarding information with the right people at the right time to:

- Prevent death or serious harm when the risk is imminent.
- Coordinate effective and efficient responses.
- Enable early interventions to prevent the escalation of risk.
- Prevent abuse and harm that may increase the need for care and support.
- Maintain and improve good practice in safeguarding adults.
- Reveal patterns of abuse that were previously undetected and that could identify others at risk of abuse.
- Identify low-level concerns that may reveal people at risk of abuse.
- Help people to access the right kind of support to reduce risk and promote wellbeing.
- Help identify people who may pose a risk to others and, where possible, work to reduce offending behaviour.
- Reduce organisational risk and protect reputation.

Principles of information sharing

- Information can be shared lawfully within the parameters of the Data Protection Act 2018 and the General Data Protection Regulation (GDPR).
- An individual employee cannot give a personal assurance of confidentiality.
- It is good practice to try to gain the person's consent to share information.
- As long as it does not increase risk, practitioners should inform the person if they need to share their information without consent.
- All staff, in all partner agencies, should understand the importance of sharing safeguarding information and the potential risks of not sharing it.
- All staff should understand who safeguarding applies to and how to report a safeguarding concern.
- Adults have a general right to independence, choice and self-determination including control over information about themselves. In the context of adult safeguarding these rights can be overridden in **certain circumstances**.
- Emergency or life-threatening situations may warrant the sharing of relevant information with the relevant emergency services without consent.
- The law does not prevent the sharing of sensitive, personal information **within** organisations. If the information is confidential, but there is a safeguarding concern, sharing it may be justified.
- The law does not prevent the sharing of sensitive, personal information **between** organisations where the public interest served outweighs the public interest served by protecting confidentiality – for example, where a serious crime may be prevented.
- The six safeguarding principles should underpin all safeguarding practice, including information-sharing.

Consideration must be given to the appropriateness of sharing your concerns and intended actions with the family/carers.

Sharing information without consent

If there is an immediate risk of serious harm, the member of staff or volunteer should dial 999 and ask for the Police (and ambulance if needed) to attend.

General principles to follow when a disclosure of abuse occurs

- Care should be taken to listen carefully and sensitively to gain a clear understanding of the situation, as accurate records need to be kept of any allegations/disclosures.
- All written communication on SystmOne regarding a patient should be reviewed to clarify any action that has already taken place.
- An incident report form should also be completed.
- The Senior Manager on call should be alerted in the event of any incidents occurring out of hours.
- When abuse is suspected, the Doctor, Senior Manager and Safeguarding Lead will meet to information share, discuss further action and consider the best interests of the patient. The views of the patient should remain central to any discussions.
- When someone is experiencing domestic abuse, it's vital to make an accurate and fast **assessment** of the danger they're in, so they can get the right help as quickly as possible. The **DASH** risk checklist is a tried and tested way to understand risk. **DASH** stands for domestic abuse, stalking and 'honour'-based violence. There is DASH risk assessment information within the resource file in each department and also on SystmOne.
- Advocacy support should be considered – Advocacy resource files are located in all departments and contain information leaflets and referral forms.
- Staff should advise the doctor on duty of their concerns, medical assessment/treatment may be appropriate.
- If it is decided to take further action, then the Safeguarding Lead will forward an 'alert' to the Access Team of the relevant Local Authority Social Services Department, this will trigger further assessment and investigation of the incident(s) via The Teeswide Inter-Agency Safeguarding Procedures.
- Safeguarding Alert Forms are located in the Safeguarding Resource Files in each department within the hospice. Electronic Safeguarding Adult Alert Forms are located on SystmOne.

- If staff or volunteers are unable to raise concerns via their Line Manger, or believe that their manger or Safeguarding Lead has not taken necessary action, staff should consult HR Policy 6 – Whistle-Blowing Policy.

Sharing information with the regulatory body

The Director of Nursing and Quality (DNQ) will be responsible for informing the Care Quality Commission (CQC) by completing the CQC notification at the time of the referral.

9. Allegations against staff/volunteers

- If an allegation of abuse is made against an employee or volunteer at the Hospice, the procedure for Safeguarding Adults should be instigated if it is suspected that abuse is, or has, taken place.
- Complete an incident form and ensure accurate records are documented at each stage.
- A meeting will be arranged with the Senior Manager, Head of Workforce Development and Safeguarding Lead to discuss concerns and allegations against a member of staff / volunteer.
- The Local Authority Designated Officer (LADO) should be informed of any suspected abuse by one of the employees of THCF.
- The Director of Nursing and Quality must be informed immediately to determine the appropriate action to be taken. These actions may include informing the Police as a criminal investigation may take priority over internal investigations including the hospice complaints and disciplinary procedure.
- The employee / volunteer may be suspended whilst the allegation is investigated in the interest of patient safety.
- Following the investigation, the DNQ may recommend that:
    a. Disciplinary action should be taken
    b. To refer to the NMC or other appropriate professional body
    c. To inform the Disclosure and Barring Service

10. Domestic Abuse - Multi-Agency Risk Assessment Conference (MARAC)

A new offence of coercive and controlling behaviour in intimate and familial relationships was introduced into the Serious Crime Act 2015. The role of MARAC is to provide a consistent approach to the risk of those individuals who have been identified at the highest risk of serious harm from domestic abuse in order to safeguard them and to enable appropriate actions to be taken to increase public safety. A DASH risk assessment will determine whether a referral to MARAC is required.

11. Multi Agency Public Protection Arrangements (MAPPA)

These arrangements manage the risk posed by the most serious sexual and violent offenders under the provisions of the Criminal Justice Act 2003. They bring together the Police, Probation and Prison Services into MAPPA responsible authorities. Other agencies involved in the care of the offender have a duty to co-operate with the responsible authority, including Social Services and Health Trusts.

12. PREVENT

The Counter-Terrorism and Security Act 2015, incorporates a duty to have due regard to the need to prevent people from being drawn into terrorism. The PREVENT agenda highlights the duty to raise concerns regarding vulnerable adults whom they believe have the potential to be influenced or radicalised. Prevent training is included within the e-learning programme.

Alert forms are located within the Safeguarding Resource files located in each department within the hospice, electronic copies are located on SystmOne. In the event of any alert raised, a 'Channel Panel' is convened, bringing together the appropriate partner agencies, Police and CCGs.

13. Safeguarding Alert Forms / Useful Contact numbers

- Local Authority Access Teams; Middlesbrough – 01642 726004, Redcar & Cleveland – 01642 771500

- Out of hours Emergency Duty Team – 01642 527835 (covering Middlesbrough, Redcar & Cleveland, Stockton and Hartlepool).

- All Safeguarding Alert forms are located in the safeguarding resource files within each department. The Inter-agency Safeguarding Adults Alert Form should be used for patients within the Teeswide locality (Middlesbrough, Redcar & Cleveland, Stockton and Hartlepool).

However, for patients outside of this area i.e. North Yorkshire, please use the Alert Form appropriate to this area.

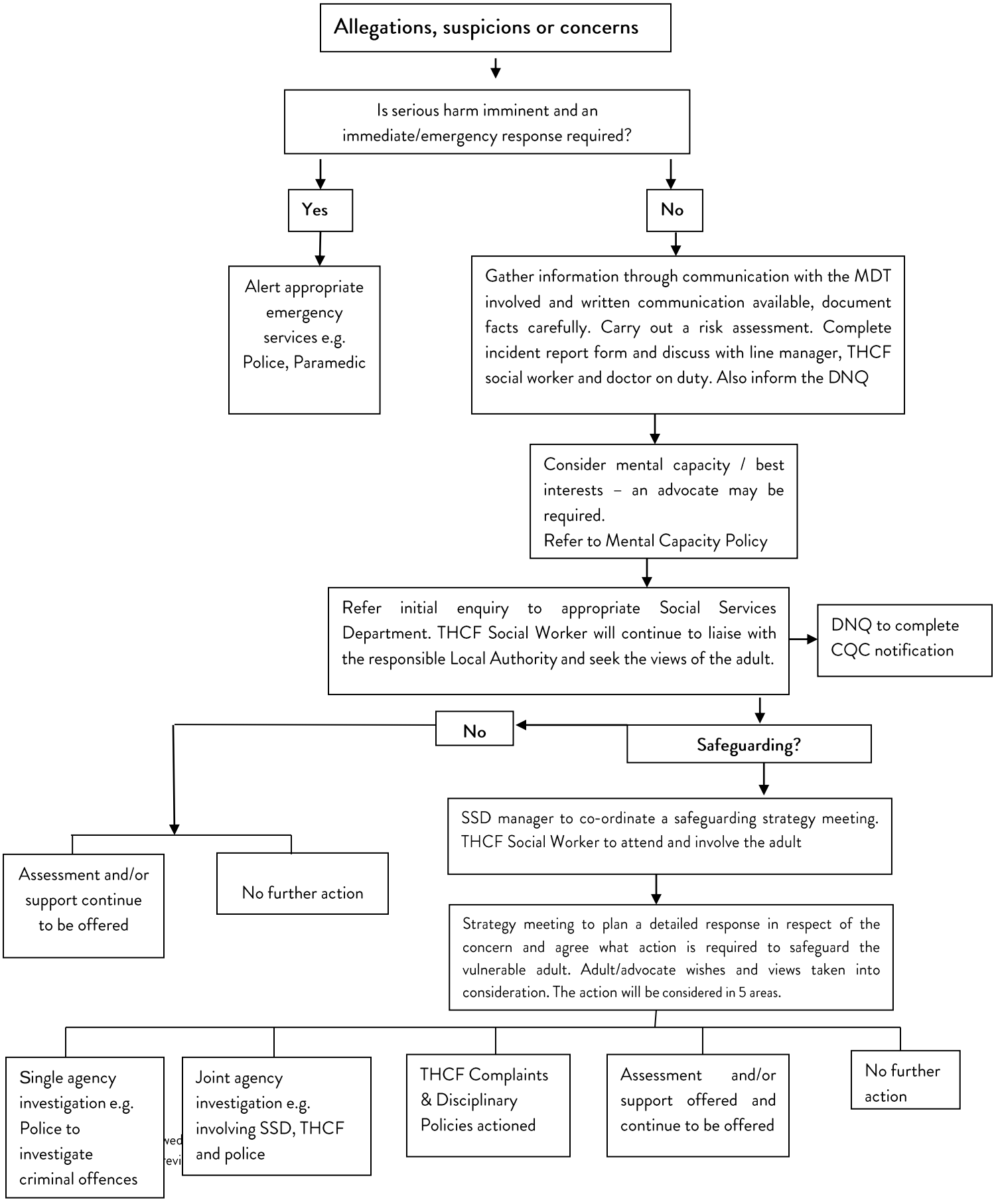
12. Legal Framework and Guidance

- Inter-Agency Safeguarding Adults Policy; Teeswide Safeguarding Adults Board, 2016-17

- Inter-Agency Safeguarding Adults Procedure; Teeswide Safeguarding Adults Board, 2017-18
- Making Safeguarding Personal https://local.gov.uk/msp-toolkit
- The Care Act, 2014
- Care Act 2015 Statutory Guidance – revised March 2016
- The Equality Act, 2010
- The Mental Capacity Act, 2005 (including Deprivation of Liberty Safeguards)
- The Mental Health Act, 1983 and the New Code of Practice 2015
- The Human Rights Act, 1998
- Counter-Terrorism and Security Act 2015
- Serious Crime Act, 2015
- Criminal Justice Act 2003

Appendix 1

Safeguarding Adults – Flow Chart



Appendix 2

*Key responsibilities for chairs

• To seek assurance that the role and responsibilities of the organisational board are properly discharged in relation to adult safeguarding.

• To understand the potential causes and consequences of gross negligence.

• To promote a positive culture of adult safeguarding across the board through assurance that there are appropriate policies and procedures for adult safeguarding and that these are being followed; and that staff and patients are aware that the organisation takes adult safeguarding seriously and will respond to concerns about the welfare and wellbeing of adults at risk.

• To seek assurance that there are robust governance processes in place to provide assurance on adult safeguarding.

• To ensure good information from and between the organisational board or board of directors, committees, council of governors where applicable, the membership and senior management on adult safeguarding.

• Boards should appoint a non-executive director (NED) board member to ensure the organisation discharges adult safeguarding responsibilities appropriately.

*Taken from

Inercollegiate Document: Adult Safeguarding: Roles and Competencies for Health Care Staff First edition: August 2018

Ratified By: Name: Michelle Larkin Signature:

Designation: Director of Nursing and Quality

Date: ….. / ….. / …….

(On behalf of the Quality and Performance Committee)

Name: Elaine Criddle Signature:

Designation: Chair

Date: ….. / ….. / …….

(On behalf of THCF Board of Trustees)