NORTH DEVON HOSPICE

Safeguarding Adults at Risk Policy

Introduction

"Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect' The Care Act 2014 Department of Health

Safeguarding Adults at Risk is everyone's responsibility and North Devon Hospice places each individual's well-being at the centre of everything we do. This policy sets out the ways in which we will act to prevent harm from happening and protect people who are at risk of harm or abuse. The policy provides a clear working framework for staff and volunteers to follow if concerns arise regarding the safety of adults.

This policy intends to help raise awareness and understanding in staff and volunteers of the issues relating to safeguarding and will guide staff through reporting processes. It supports our role within the wider multiagency team which, in line with local and national guidance, is in place to help protect those adults who are vulnerable to harm and abuse.

All allegations or suspicions of abuse against vulnerable adults must be documented using the North Devon Hospice Safeguarding Vulnerable Adults & Children Reporting Form (Including body charts, concerns list and communication sheet) (Appendix 3). The reporting process supports decision making and identifying actions, including onward referral to other agencies, organisations and regulatory bodies.

Purpose

This policy sets out the key principles that all staff and volunteers working at North Devon Hospice should comply with in their safeguarding of adults at risk of harm and abuse

For the purpose of this policy, Safeguarding duties apply to adults who:

- Have needs for care and support, whether or not the local authority is meeting any of those needs
- are experiencing or are at risk of abuse or neglect
- As a result of their care and support needs are unable to protect themselves from either the risk of or the experience of abuse or neglect (Care and support Statutory Guidance, Care Act 2014)
- Safeguarding duties apply equally to these adults with care and support needs regardless of whether those needs are being met, regardless of whether the adult lacks mental capacity or not, and regardless of setting (other than prisons).

In the context of this policy an adult is defined as a person who is 18 years old and over

We have this policy:

- Because it is best practice and good governance
- It supports and informs incident response, reporting and learning
- It is a legal and regulatory requirement
- It is part of our risk management process

Policy Statement

Safeguarding adults at risk of harm, abuse or neglect is an integral part of our commitment to deliver safe and high quality end of life and palliative care to those who need it.

This policy:

- Outlines current legislation, responsibilities and obligations
- Includes key definitions relevant to safeguarding adults
- Describes how the hospice manages safeguarding issues within its governance framework
- Clearly outlines what staff should do if they are concerned about the welfare of another person
- Describes the reporting process
- Defines the levels of training required

Scope

This policy applies to all employees of North Devon Hospice, including volunteers including Trustees, people seconded into and out of the organisation, students, honorary appointees, trainees, apprentices, contractors, temporary workers, locum doctors and bank staff.

In the context of this policy all employees and workers who fall under this list will be referred to as "staff".

Within our roles, staff have privileged access to patients, families, service users, customers and the general public. This position of privilege enables us to identify risk, harm and abuse where this exists and all employees have a responsibility within this context. Equally this position must never be abused and all employees must understand their role in reporting behaviour that raises concern even if this involves a colleague.

Objectives

North Devon Hospice recognises that we all have a role to play in protecting adults at risk. Effective collaboration and joint working between the hospice, the NHS, local authority and other key partners is essential and should draw on the different perspectives, roles and expertise available.

In order to support effective collaboration and joint working the hospice will ensure strong executive leadership and Board accountability with clear lines of accountability within the hospice and agreed processes for communication regarding concerns including how to escalate a concern.

Staff training will facilitate all staff to understand their role and be able to take appropriate action. Safe recruitment will take place as a matter of course

Designated Professionals and safeguarding leads will be assessed and vetted and have support to undertake their role effectively

Roles and responsibilities

All staff and volunteers are responsible for understanding the role they play in preventing harm and protecting people from harm and abuse including how to recognise and report such harm or abuse

The Chief Executive Officer is responsible for ensuring all policies have gone through the correct organisational procedure

The Board of Trustees are responsible for ensuring they meet their obligations in line with the Charity Commission and the care Quality Commission.

The Director of Care is the Designated Safeguarding Lead for North Devon Hospice.

The Senior Management Team are responsible for ensuring all staff are aware of and comply with this policy and any legal and regulatory obligations.

The Leadership Team are responsible for ensuring their teams read and understand the policy and work within its guidance

Staff and volunteers must be aware of and work within the remit of this policy

Learning and Development staff are responsible for developing and implementing training

Equality and Diversity

This policy has been reviewed to assess any likely impact relating to protected characteristics outlined in the Equality Act 2010. The potential impacts are all positive as the intention of this policy is to ensure adults at risk are protected from abuse and our staff are supported in their duties to undertake this protection.

Categories of Abuse

Abuse and harm takes many forms. Definitions of abuse can be found in Appendix 1. The following list covers the main categories of abuse.

- Physical Abuse
- Sexual Abuse
- Psychological Abuse
- Financial or Material Abuse
- Exploitation
- Mate Crime
- Modern slavery
- Discriminatory Abuse
- Organisational Abuse
- Domestic violence
- Female Genital Mutilation
- Neglect and Acts of Omission
- Self-neglect
- Neglect and Poor Professional Practice

Prevent

The Prevent Programme is designed to safeguard people in a similar way to safeguarding processes and procedures but specifically relates to the protection of people from gang activity, drug abuse, physical and sexual abuse and radicalisation and terrorism. The Counter Terrorism and Security Act 2015 introduced a duty on NHS organisations to have regard to the need to prevent people from being drawn into terrorism.

As a partner organisation in the local health and social care environment we too have a duty in this regard. As we may meet people who could be drawn into terrorism we must be aware of this issue and be able to identify early signs of an individual being drawn into radicalisation in line with the prevent framework.

Staff Competencies

Safeguarding is everyone's responsibility. Each group of staff will play a different role in identifying and protecting those at risk from or experiencing harm, abuse or neglect and reporting concerns appropriately. Staff are expected to demonstrate competency at the following levels:

Competency level	Staff Groups	NDH staff
Level 1	All staff working in healthcare settings	All staff (substantive and bank)
Level 2	All practitioners who have regular contact with patients, their families or carers, or the public	All clinical staff (substantive and bank) including Registered Nurses (all grades) and Healthcare Assistants, Multi-skilled Healthcare Assistants, AHPs, counsellors, Clinical Educator, Complimentary Therapy Coordinator Bank Medical Officers
Level 3	Registered health care staff working with adults and who engage in assessing, planning, intervening and evaluating the needs of adults where there are safeguarding concerns)as appropriate to role)	Head of Supportive Care Senior Counsellors Clinical Team Leads and Deputy Team Leads Medical Officers
Level 4	Specialist roles – named professionals	Director of Care (Safeguarding Lead) Quality Lead
Level 5	Specialist roles – designated professionals	This level relates to system-wide roles but the Director of Care as the organisations Designated Lead for Safeguarding should understand the competencies as they relate to the organisation within a health and social care system
Board Level	CEOs, board executives and non-executive directors / members.	Senior Management Team Board of Trustees

For a full list of the competencies required at each level see:

https://www.rcn.org.uk/professional-development/publications/pub-007069

For a list of the core competencies for each level see Safeguarding Competencies Levels (Appendix 4).

Safeguarding Adults at Risk

1. How does Harm and Abuse Manifest?

Who abuses and neglects adults:

- Anyone can carry out abuse or neglect, including
- Spouses/partners
- Other family members
- Neighbours
- Friends
- Acquaintances
- Local residents
- People who deliberately exploit adults they perceive as vulnerable to abuse
- Paid staff or professionals
- Volunteers and strangers

Vulnerable adults may be abused in a wide range of locations including:

- North Devon Hospice
- Patients own home
- Relatives home
- Care Homes
- Community Hospital
- North Devon District Hospital
- Any place a hospice member of staff or volunteer will come into contact with a vulnerable adult.

Areas other than the clinical / patient setting

We recognise that safeguarding issues may be identified in other areas of hospice activity because of the type of work we do and the level of engagement we have with volunteers, work experience placements and the general public. For example safeguarding concerns may be identified in our retail company, in office settings or at any public engagement event.

While this policies refers predominantly to safeguarding issues that may arise within clinical and patient care settings, it is appropriate that all staff understand safeguarding as it applies to their role within the hospice.

This policy is transferable to all settings and is applicable across the whole organisation regardless of the setting in which a concern or issue is identified.

2. Responding to Safeguarding Concerns

The seriousness or extent of abuse is often not clear when anxiety is first expressed and individual judgement is difficult. ALL CONCERNS must be passed to the Safeguarding Team (Care Direct) – see below.

Intervention

Any concerns MUST be reported directly to the Safeguarding Team (Care Direct) or the Police on 999 in an emergency.

Once a referral has been made, the Safeguarding Team will take overall responsibility for managing the referral. Intervention will partly be determined by the environment or the context in which the abuse has occurred.

Assessment of the environment, or context, is relevant, because exploitation, deception, misuse of authority, intimidation or coercion may render a vulnerable adult incapable of making his or her own decisions. Thus, it may be important for the vulnerable adult to be away from the sphere of influence of the abusive person or the setting in order to be able to make a free choice about how to proceed. An initial rejection of help should not always be taken at face value.

Support for Referrers - The Public Interest Disclosure Act 1998

People have in the past been put off from disclosing their concerns about possible neglect or abuse because of having worries about their duty of confidentiality and/or the consequences of speaking out. The Public Interest Disclosure Act 1998 seeks to protect genuine disclosures of such acts.

No confidentiality clause in an employment contract can be used to prevent anyone from disclosing genuine concerns about abuse or abusive practice to an appropriate person.

Additionally, any person being treated detrimentally at work because of making an appropriate disclosure may be able to claim compensation at an Employment Tribunal. Those who raise issues of alleged wrongdoing or malpractice in good faith will not be subject to reprisals, victimisation or any form of retribution as a result.

3. Sharing Information

Vulnerable adult enquiries, investigations and conferences can only be successful if professional staff share and exchange all relevant information, when asked as part of an investigation following a referral.

All information must be treated as confidential by hospice employees and volunteers some of whom are bound by professional and statutory codes of conduct that cover confidentiality and data protection. All breaches of confidentiality following a safeguarding referral may be considered a disciplinary matter.

4. Reporting Procedure – Normal Working Hours and Out of Hours

Follow the Adult Safeguarding Reporting Flowchart (Appendix 2) to complete the following steps:

Stage I - Identification and Reporting:

- ✓ Where there is a potential risk or discovery of abuse, the member of staff or volunteer must inform the Safeguarding Team (Care Direct) immediately. Follow the flow chart to see how to contact the correct team for normal working hours and for events out of hours.
- ✓ All vulnerable adults being referred to the Safeguarding Team should be in agreement of the intention to report this information, where it is safe and appropriate to do so, unless there is a mental capacity issue. However guarantees should not be given to a vulnerable adult that a referral will not be made if it is deemed in their best interests to do so
- ✓ If there is actual or significant injury/incident staff or volunteers must call 999 and alert the relevant emergency services immediately
- ✓ The incident must be reported to the Director of Care (Responsible Person for Safeguarding & Registered Manager), or a member of the SMT in their absence. Out of hours, the on-call manager must also be contacted in order to inform SMT
- ✓ All allegations or suspicions of abuse against vulnerable adults must be comprehensively documented using the North Devon Hospice reporting documentation and where possible should include details of the decision making process and any resulting actions taken.
- ✓ Documentation should be submitted to the Director of Care as the Safeguarding Lead, or the Quality Lead in her absence, one of whom will complete and submit CQC notifications. Where neither is on-site, a senior member of staff should take responsibility for completing the CQC notification.
- ✓ If the allegations relate to a member of staff or volunteer, the Director of HR must be advised of the incident immediately or in their absence another member of the SMT.
- ✓ Complete the North Devon Hospice incident documentation using anonymisation and send to service/Team Lead and Quality Lead
- ✓ Do not transcribed the safeguarding documentation onto the electronic patient record at this stage. However, relevant information should be shared within the clinical team where appropriate to continue to protect any potential victims of harm and staff who may be involved in their care.
- ✓ DO NOT INVESTIGATE an actual or potential incident of abuse yourself
- ✓ Once the initial incident report has been submitted to the Safeguarding Team (Care Direct), North Devon Hospice will be guided by the Safeguarding team as to next steps.

Stage II – Role of Director of Care

- ➢ The Director of Care will hold all hospice related safeguarding documentation and oversee any necessary meetings and appointments with external organisations.
- ➢ As directed by the Safeguarding team, North Devon Hospice staff must engage and fully cooperate with any investigations and act upon any recommendations made to us.
- ➢ Where police involvement is initiated, North Devon Staff must comply with requests for information and engage fully in legal processes.

5. Allegations Against Staff or Volunteers

If an allegation of abuse relates to a member of staff or volunteer, appropriate internal procedures and action must be followed.
The Director of HR and/or other members of the SMT in their absence must immediately be informed of all allegations against a member of staff or volunteer and before any action is taken, whenever possible, during normal working hours or out of hours. Appropriate advice and support can then be given.

If an allegation of abuse relating to a member of staff or volunteer occurs out of hours the On Call Manager must be informed immediately of the potential or actual incident of abuse. If necessary the On Call Manager must suspend the member of staff or volunteer using the pro forma included in the On Call Manager's Pack and must advise the Director of HR immediately or in their absence another member of the SMT.

In relation to a volunteer, the services of the volunteer may need to be suspended until an investigation and outcome of the allegation has been satisfactorily reached.

Allegations against a member of staff must be managed in line with the Disciplinary Procedure, which may require suspension from work whilst the allegation is being investigated. If in doubt, the member of staff or volunteer should be suspended from duty. Suspension itself is not a disciplinary action and the person can subsequently be reinstated, however the safety of the vulnerable adult is paramount.

Associated Documents

- Adult Safeguarding Reporting Flowchart (Appendix 2)
- Safeguarding Vulnerable Adults & Children Reporting Form (Appendix 3)
- Accessing and Receiving Patient Care Services Policy
- Consent to Care and Treatment Policy
- Information Governance and confidentiality
- Whistleblowing Policy
- Mental Capacity Act (2005)

Useful Resources:

www.devon.gov.uk/safeguarding-adults for all policy and guidance material and information

https://www.rcn.org.uk/professional-development/publications/pub-007069

References

The Care Act 2014 Department of Health

Document Control

Reason for changes	Author	Agreed at CliPR	Agreed at CQWG	Agreed at H&S	Ratified at Board	Review Date
New	Director of Care – Rachel McCarty				Feb 2012	Feb 2014
Review	Director of Care – Rachel McCarty				Dec 2014	Dec 2016
Review	Director of Care – Rachel McCarty				Nov 2016	Nov 2019
Review	Director of Care – Jo Dedes	Jan 2021	Jan 2021	Jan 2021	Jul 2021	Jul 2024

Categories of Abuse

Physical Abuse

Including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions. Domestic Violence including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.

Sexual Abuse

Including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented, or could not consent or was pressured into consenting.

Psychological Abuse

Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or unreasonable and unjustified withdrawal from services or supportive networks.

Financial or Material Abuse

Including theft, fraud, internet scamming, coercion in relation to an adults financial affairs or arrangement's including in connection with wills, property, inheritance or financial transactions or the misappropriation of property, possessions or benefits.

Exploitation

Adults at risk may be susceptible, directly or indirectly, to recruitment or knowledge of extremism by radicals. This or any other issue affecting human rights may be disclosed by an adult at risk (Prevent Strategy 2013)

Mate Crime

A form of exploitation where the perpetrator befriends a vulnerable adult with the intention of exploiting them

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.

Discriminatory Abuse

Including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion. This may include or be considered hate crime.

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 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.

Domestic violence

Violent or aggressive behaviour within the home typically involving the abuse of one spouse or partner by another

Female Genital Mutilation

The removal of parts are all of the female genitalia. The procedure is often carried out during puberty but can also be conducted on adult women. The procedures are illegal in the UK and it is illegal to remove a person from the UK to undergo the procedures elsewhere.

Neglect and Acts of Omission

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

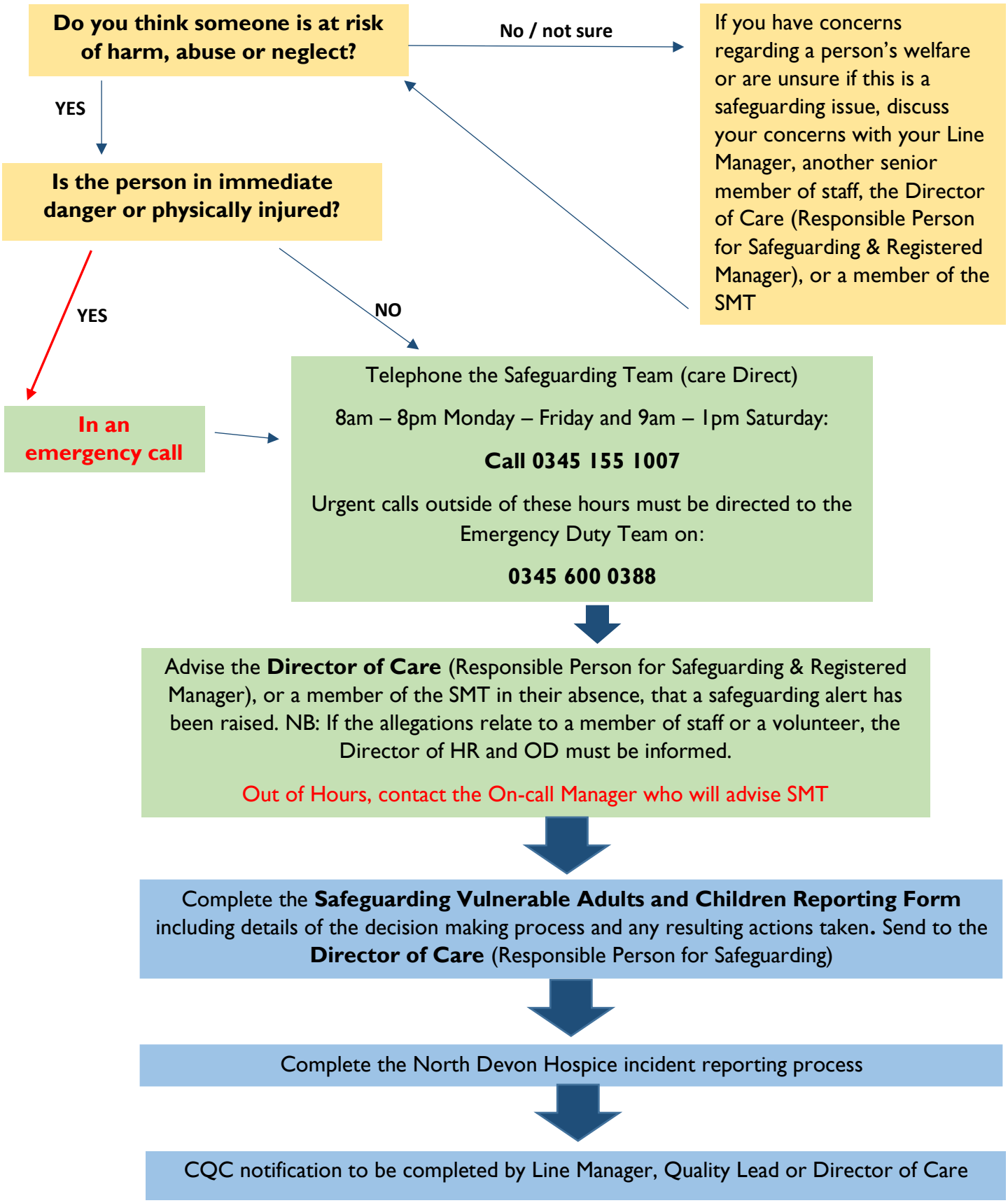
Self-neglect

This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings that includes behaviour such as hoarding.

Neglect and Poor Professional Practice

This may take the form of isolated incidents of poor or unsatisfactory professional practice, at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other. Repeated instances of poor care may be an indication of more serious problems and this is sometimes referred to as organisational abuse.

Adult Safeguarding Reporting Flowchart



NB: the Director of Care (Responsible Person) will log all safeguarding concerns and oversee any necessary meetings and appointments with external organisations.

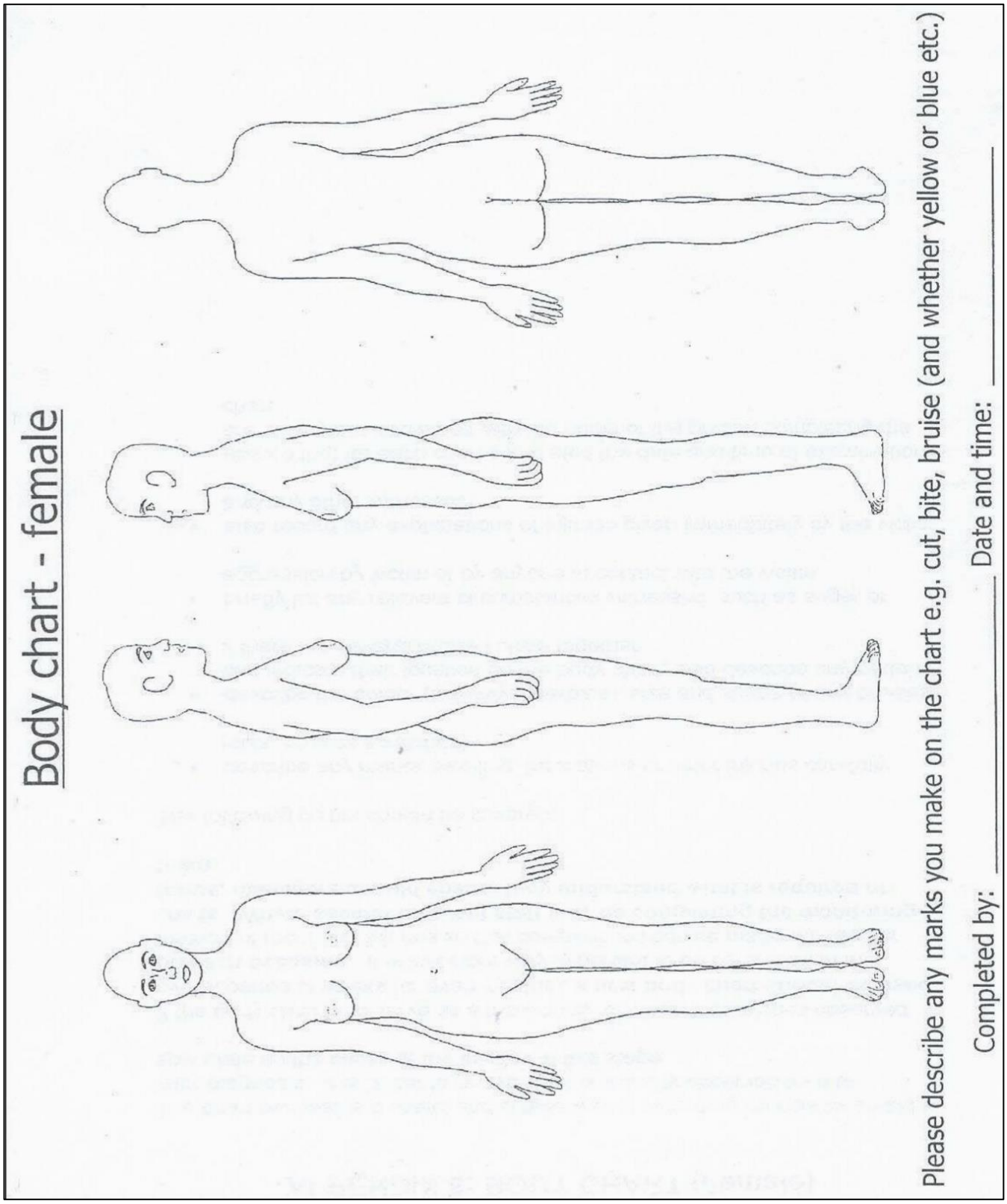
Safeguarding Vulnerable Adults & Children Reporting Form: Page 1

Name of Patient	**D.O.B**
NHS number.	
Address	
Key Agencies Involved (Please Specify)	
General Practitioner	
Social Worker	**Other (please state)**
Date Problem Occurred:	**Where problem occurred:**
Please outline the brief summary of the concern:	
Describe immediate action taken:	
Safe Guarding Team (Care Direct) / Emergency Duty Team informed **Name of Social Worker**	
Action taken following discussion with Safe Guarding Team, Line Manager, Director of Care	
Concerns Raised by: Name	**Position**
Base	**Tel No**
Any Further Action Taken **Safe Guarding Concerns Closure Date …… Signature……**	

Safeguarding Vulnerable Adults & Children Reporting Form: Page 2

FEMALE BODY CHART - For Adult Patients Known to the Hospice Only

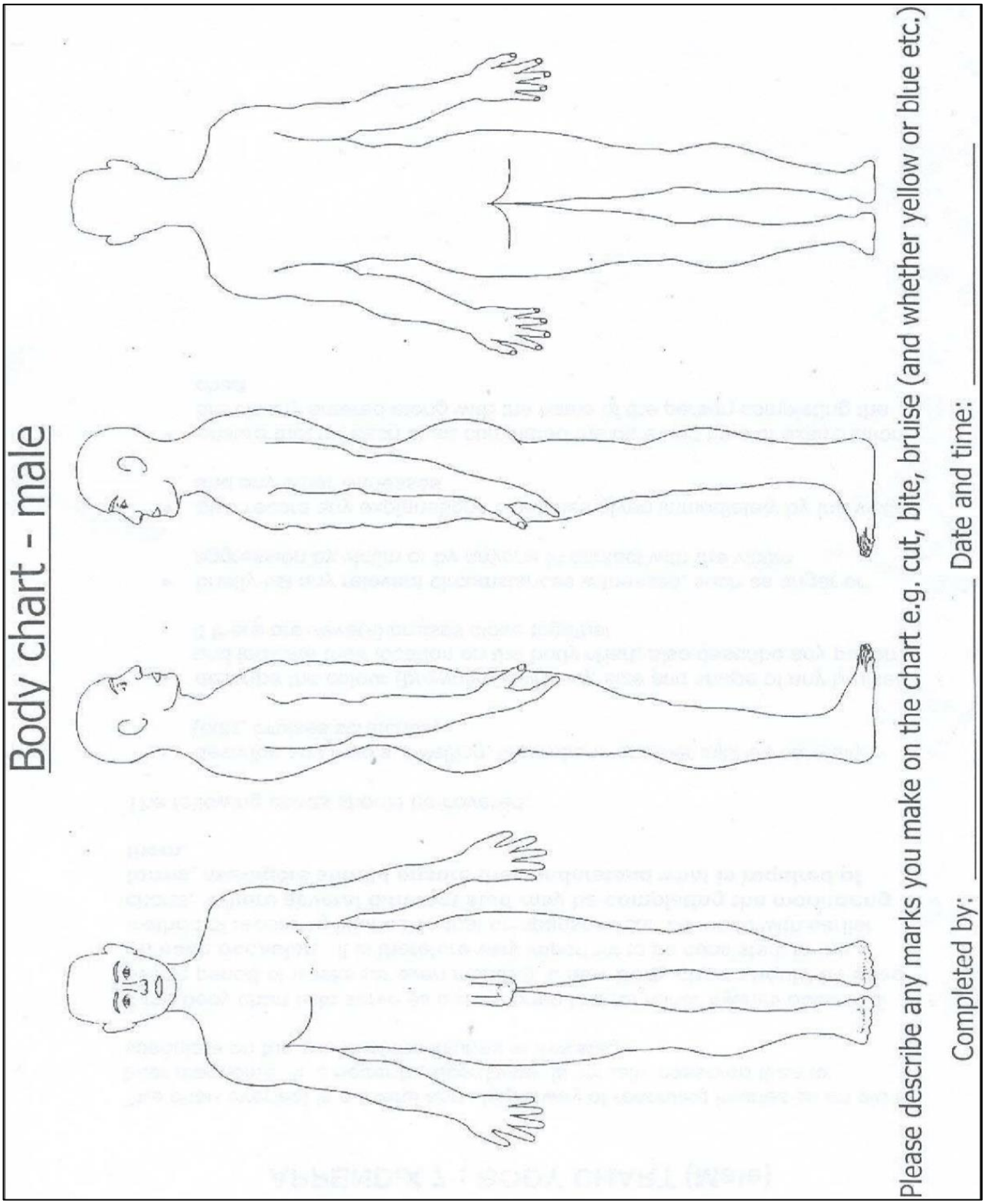
Patients Name:	
DoB:	**NHS No:**



Safeguarding Vulnerable Adults & Children Reporting Form: Page 3

MALE BODY CHART - For Adult Patients Known to the Hospice Only

Patients Name:	
DoB:	**NHS No:**



Safeguarding Vulnerable Adults & Children Reporting Form: Page 4

PATIENT INDEX OF INJURIES / CONCERNS

Patients Name:	
DoB:	**NHS No:**

Date	Injuries/Concerns	Action

Safeguarding Vulnerable Adults & Children Reporting Form: Page 5

COMMUNICATION SHEET

Safeguarding Competency Levels

The table below outlines the core competencies for each level. A full list of competencies can be found in the intercollegiate document:

https://www.rcn.org.uk/professional-development/publications/pub-007069

Level	Core Competencies
1	Recognise potential indicators of harm or neglect Awareness of the stresses of caring Awareness of an individual's rights and relevant legislation How to locate relevant policies and procedures and how to access support Awareness of appropriate actions including reporting and documenting concerns Building personal confidence, skill and knowledge to take immediate action when required Awareness of consent, information sharing and data protection
2	As level 1 plus: Able to address immediate safety of the person and ensure a protection plan is in place Identify and refer to appropriate services and agencies Practice in a manner that seeks to reduce the risk of abuse, harm or neglect Uses professional and clinical knowledge and understanding to be able to identify signs of abuse, harm or neglect Act as an effective advocate Able to arrange advocacy if required, communicating effectively with people including facilitating communication through interpreters etc Understand local safeguarding structures Understand Mental capacity legislation including liberty protection safeguards, IMCA, LPA etc Ability to document safeguarding concerns in order to be able to inform relevant staff and other agencies Understands how to support adults at risks who do not feel able to participate in service support Recognises obligation to act if they have a concern but are acting against the wishes of the person Understand colleagues roles and responsibilities Understands how to access local safeguarding supervision and support
3	As for 1 and 2 plus: Draws on professional and clinical knowledge and expertise to be able to support others in fulfilling their role in adult safeguarding duties Undertakes capacity assessments within the framework of relevant legislation Discusses situations with the person, documents and reports concerns, recording the wishes and views of the adult at risk. Undertakes and contributes to and supports inter-agency assessments or enquiries Understand the purpose and process of care reviews Contributes to and / or coordinates protection planning, resolution and recovery as appropriate to role Undertakes regular documented reviews of own and teams safeguarding practices as appropriate to role Attends relevant multidisciplinary meetings to present supporting evidence Contributes to case reviews Works with other professionals and agencies

	Applies lessons learnt from audit and case reviews to improve practice Advises others on appropriate information sharing Undertakes clinical supervision and provides support to other staff
4	As for 1, 2, 3 plus: Be able to align national guidance to local practice Collaborate with workforce partners to ensure regulated employment checks are undertaken Contribute as a member of the safeguarding team to the development of internal policy, guidelines and protocols Effectively communicate local safeguarding knowledge, research and findings from audits and challenge poor practice. Support and develop improvements Facilitates and contributes to organisational audit, multi-agency audit and statutory inspections Conduce training needs analysis, commission, plan, design, deliver and evaluate training Undertakes and contributes to case reviews Able to lead investigations on behalf of social care organisations when requested Undertake chronologies and develop actions plans as appropriate to role In conjunction with designated safeguarding lead, coordinate and contribute to implementation of action plans and learning from reviews Work effectively with colleagues from other organisations Provide advice and information to employing authority Provide specialist advice to practitioners Provide safeguarding supervision and ensure appropriate reflective practice is embedded within the organisation Leads / oversees safeguarding quality assurance and improvement processes Undertakes risk assessments Understand role and procedures of the coroners court, court of protection and other regulatory bodies
5	This competency level is relevant to external safeguarding professionals. See full document for details
Board	Competencies for the chair, CEO, executive board leads and board members are defined separately and can be found in the full intercollegiate document.