



Registered charity number 1092545

Safeguarding Adults Policy

SUMMARY	This policy has been issued to provide guidance on the safeguarding of adults It should be read and adhered to by all Zoe's Place clinical and non-clinical staff, including volunteers.
VERSION	2
DATE ISSUED	April 2022
REVIEW FREQUENCY	3 years
NEXT REVIEW DATE	April 2025
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CQC KLOE	Safe, effective, responsive, caring, Well Led
ISSUED BY	Clinical Governance committee
APPROVING GROUP(S) AND DATE	Clinical Governance Committee April 2022
STATUS	FINAL
APPLIES TO	All Zoë's Place clinical staff, non-clinical staff and volunteers
DISTRIBUTION	Clinical Policies on servers. All staff
THIS DOCUMENT REPLACES	Previous Policy
RELATED DOCUMENTS	Record keeping Policy Consent policy (clinical) Safeguarding Children Policy

This policy has been subject to a full equality impact assessment

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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. Zoë's Place 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:

- Over the age of 18 years old
- 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. Roles and responsibilities

These are outlined within table A

Table A

Hospice Trustee	Overall responsibility for all matters relating to Safeguarding Adult Policy
Clinical Governance Committee	Ensures compliance with legal requirements on Safeguarding Adults. Approval of policy. Providing the prime forum for governance of the policy. To provide a forum for sharing information on incidents/referrals relating to safeguarding so that lessons will be learned and cascaded across all sites.

Director of Care	Ensures that this policy is cascaded and implemented in all three hospice sites, clinical and non-clinical including volunteers. Ensures that an electronic updated copy is held on the server. Ensures a regular review of the policy is completed.
Head of Care Line managers	To be the designated person in each hospice for staff to consult regarding safeguarding concerns. Responsible for the ensuring adherence to the policy and procedures is maintained in each individual Hospice. Ensure that staff are aware of their professional accountability and responsibility in relation to safeguarding adults. Ensure that the information sharing process is in accordance with local partnership procedures. To ensure that mechanisms are in place to ensure nursing staff are aware of and comply with the requirements of the policy. To ensure that the policy is cascaded and understood by all staff. To ensure that the policy is updated in accordance with new legislation. To ensure that the appropriate Level training is available on safeguarding children and that all staff complete the mandatory training. To ensure that the team have access to safeguarding supervision/advice as required. Clinical staff must complete safeguarding training in accordance with the adult Intercollegiate document.
Deputy Head of Care	To be the designated person for staff to consult regarding safeguarding concerns in the absence of the HOC. Responsible for ensuring that procedures are followed correctly. To ensure that their staff feel competent in recognising and referring safeguarding issues.
Registered Nurses	Is accountable for his/he own conduct and practice according to the NMC Code of Professional Practice. To abide by the Local partnership procedures and guidelines and to bring to the attention of the Head of Care if there are any concerns about Safeguarding adults. To attend any training provided and/or complete the E learning modules in accordance with the intercollegiate document (2018). To be aware of and work within the confines of this policy.
All Staff and volunteers	Staff must operate within their agreed scope of practice and competence. Staff must complete the records as directed by the senior staff within the hospice. To abide by the policy and to bring to the attention of the line manager if there are any concerns about safeguarding adults. To attend any training provided, read the policy and associated documents and/or to complete the E learning training on safeguarding adults.

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 behavior neglecting to care for one's personal hygiene, health or surroundings and includes behavior 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.

5. 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.

- **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.”*
- **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.”*
- **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.”*
- **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.”*
- **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.”*
- **Accountability** – Accountability and transparency in delivering safeguarding. *“I understand the role of everyone involved.”*

6. Training, Information and Guidance

Safeguarding adults training undertaken within Zoë's Place Baby hospice is in line with the Adult safeguarding: role and responsibilities for healthcare staff: Intercollegiate

document, first edition (2018) which includes Level 1 annually and Level 2 and PREVENT training every 3 years

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

7. Reporting Abuse

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/adults 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.

The Head of Care should also be informed as they will liaise with the Local Authority Safeguarding Teams. In the absence of the Head of Care/line manager advice can be sought from the duty social worker at the relevant local authority

7.1 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.
- An incident report form should also be completed.
- The Head of Care/line manager should be alerted in the event of any incidents occurring out of hours.
- If it is decided to take further action, then the Head of Care/line manager will contact relevant Local Authority Social Services Department for further advice

Sharing information with the regulatory body

The Head of Care or deputy will be responsible for informing the Care Quality Commission (CQC) by completing the CQC notification at the time of the referral.

8. 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 Director of Care/ Director of Income Generation and Head of Care/line manager, 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 Zoë's Place
- The Director of Care/ Director of Income Generation 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,
 - a. Disciplinary action should be taken
 - b. To refer to the NMC or other appropriate professional body (If appropriate)
 - c. To inform the Disclosure and Barring Service

9. 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 (Domestic Abuse

Stalking and Honour Based Violence) risk assessment available on <https://www.dashriskchecklist.co.uk/> will determine whether a referral to MARAC is required.

10. 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.

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

12. Contact details for local authority areas

Middlesbrough

- Hartlepool -01429 523390 iSPA@hartlepool.gov.uk
- Middlesbrough – 01642 065070 adultaccessteam@middlesbrough.gov.uk
- Redcar and Cleveland – 01642 065070 AccessAdultsTeam@redcar-cleveland.gov.uk
- Stockton-on-tees 01642 527764 FirstContactAdults@stockton.gov.uk
- Out of Hours Emergency Duty Team – 01642 524552

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 please use the Alert Form appropriate to this area.

Coventry

- Coventry Adult Social Care – 02476 833003
- Multi Agency Safeguarding Hub – 02476 788555
- Out of Hours Emergency Duty Team – 02476 832222
- Warwickshire Adult Social Care – 01926 412080 (Out of hours this number will transfer to an on call system.)

Liverpool

- Liverpool Careline 0151 233 3800
- Merseyside police 0151 709 6010
- Knowsley <https://marf.knowsley.gov.uk/Home>
- Knowsley 0151 443 2600
- Sefton 0345 140 0845
- Wirral 0151 514 2222 mon-fri 9-5
- Wirral 0151 677 6557 all other times

12. Legal Framework and Guidance

- The Care Act, 2014
- Care Act 2015 Statutory Guidance – revised March 2016
- Adult safeguarding: roles and responsibilities for healthcare staff, Intercollegiate document, first edition (2018)
- 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
- Inter-Agency Safeguarding Adults Policy; Teeswide Safeguarding Adults Board, 2016-17
- Inter-Agency Safeguarding Adults Procedure; Teeswide Safeguarding Adults Board, 2017-18
- www.safeguardingwarwickshire.co.uk (Accessed 01/2020)
- coventry.gov.uk.coventry_safeguarding_adults_board (Accessed 01/2020)
- <https://liverpool.gov.uk/council/strategies-plans-and-policies/adult-services-and-health/safeguarding-adults-procedure/>