

Adult Safeguarding Policy

Document Control Table

Document Title:	Adult Safeguarding Policy
Document Ref:	POL 01
Author (name and job title):	Dr Amanda Gregory. Consultant and Safeguarding Lead.
SMT Sponsor	Carol Harris, Director of Care Services
Stakeholder group for current version of policy:	Kate Wells (Lead for Welfare Services and member of Safeguarding Team) Sam Farr (Lead for IPU and member of Safeguarding Team)
Target audience:	All staff and volunteers at St Catherine's Hospice
Key words:	N/A
Version Number:	5.2
Document Status:	Approved
Date this version approved:	29 September 2020
This version approved by:	Quality Committee
Effective Date:	October 2020
Date of last review:	September 2020
Date of Next Review:	September 2021

Amendment History

Version (& creation date)	Date of amendment	Author	Notes on revisions (inc reason)
POL 01 vs1 (June 2015)	June 2016	Dr A Gregory	Scheduled review
POL 01 vs2 (June 2016)	March 2017	Dr A Gregory	Phone numbers in appendix 1 flowchart updated
POL 01 vs 2.1 (March 2017)	July 2017	Dr A Gregory	Scheduled review. Updates: <ul style="list-style-type: none"> • Manager responsibilities • Reporting
POL 01 vs 3 (July 2017)	October 2017	Dr A Gregory	Phone numbers in appendix 1 flowchart updated Deputy Safeguarding lead updated
POL 01vs 3.1 (October 2017)	February 2018	Dr A Gregory	Surrey email in appendix 1 flowchart updated
POL 01vs 3.2 (Feb 2018)	July 2018	Dr A Gregory	Annual update <ul style="list-style-type: none"> • Referral to GDPR and Data Protection Act 2018 • Update to Trustee duties in line with Charities Commission guidance • Strengthen need to follow up outcomes of safeguarding concerns raised to LA • Addition of "Keep Safe mechanism" • Strengthen learning requirements
POL 01vs 4 (August 2018)	October 2018	Dr A Gregory	Keep Safe mechanism poster added to Appendix 5
POL 01vs 4.1 (October 2018)	April 2019	Dr A Gregory	Contact details for local safeguarding teams and referral method for Surrey updated
POL 01vs 4.2 (April 2019)	August 2019	Dr A Gregory	Reviewed and remains current
POL 01 vs4.3 (August 2019)	November 2019	Dr A Gregory	Referral pathway for West Sussex updated HR processes updated Paragraph added about safeguarding in relation to fundraising events.

			Covid 19 considerations
POL 01 v5 (Nov 2019)	Jan 2020	Dr A Gregory	Updated contact details for deputy safeguarding lead on App 1
POL 05 v5.1)	Sept 2020	K Wells	Updated with considerations around COVID (see Appendix 6)

Associated Documents

Deprivation of Liberty Safeguards Policy
Restraint Policy
Mental Capacity Act Policy
Raising Concerns at Work Policy
Duty of Candour Policy
Incident Management Policy
Safeguarding and Promoting the Welfare of Children Policy
Consent to examination, investigation, care and treatment policy
Information Governance Policy
Records management Policy
Data Protection Policy
Pressure Ulcer Prevention and Management Procedure
Integrated Governance Framework

References

1. CQC Guidance for providers on meeting the regulations: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) (as amended), Care Quality Commission (Registration) Regulations 2009 (Part 4) (as amended)
<http://www.cqc.org.uk/content/regulations-service-providers-and-managers> (accessed 22/09/20)
2. Care and Support Statutory Guidance. Department of Health. Updated February 12 2018. <https://www.gov.uk/guidance/care-and-support-statutory-guidance> (accessed 22/09/20)
3. Care Act 2014. HM Government.
<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted> (accessed 22/09/20)
4. Mental Capacity Act 2005. HM Government.
<http://www.legislation.gov.uk/ukpga/2005/9/contents> (accessed 22/09/20).
5. Mental Capacity Act Code of Practice 2007. HM Government
<https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice> (accessed 22/09/20).
6. Data Protection Act 2018. HM Government.
<http://www.legislation.gov.uk/ukpga/2018/12/contents/enacted> (accessed 22/09/20)
7. The Sexual Offences Act 2003. HM Government.
<http://www.legislation.gov.uk/ukpga/2003/42/contents> (accessed 22/09/20)
8. The Fraud Act 2006. HM Government.
<http://www.legislation.gov.uk/ukpga/2006/35/contents> (accessed 22/09/20)
9. Corporate Manslaughter and Homicide Act 2007. HM Government.
<http://www.legislation.gov.uk/ukpga/2007/19/contents> (accessed 22/09/20)
10. Vulnerable Groups Act 2006. HM Government.
<http://www.legislation.gov.uk/ukpga/2006/47/contents> (accessed 22/09/20)
11. Public Interest Disclosure Act 1998. HM Government.
<http://www.legislation.gov.uk/ukpga/1998/23/contents> (accessed 22/09/20)
12. The Criminal Courts and Justice Act 2015. HM Government.
<http://www.legislation.gov.uk/ukpga/2015/2/contents/enacted> (accessed 22/09/20)

13. Serious Crimes Act 2015. HM Government.
<http://www.legislation.gov.uk/ukpga/2015/9/contents/enacted> (accessed 22/09/20)
14. Health and Social Care Act 2012 HM Government.
<http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted> (accessed 22/09/20)
15. Human Rights Act 1998 HM Government
<http://www.legislation.gov.uk/ukpga/1998/42/contents> (accessed 22/09/20)
16. Crime and Disorders Act 1998 HM Government
<http://www.legislation.gov.uk/ukpga/1998/37/contents> (accessed 22/09/20)
17. Information and practice guidelines for professionals protecting, advising and supporting victims. (Foreign and Commonwealth Office and Home Office, 2016)
<https://www.gov.uk/guidance/forced-marriage> (accessed 22/09/20)
18. Caldicott review: information governance in the health and care system. National Data Guardian 2013 <https://www.gov.uk/government/publications/the-information-governance-review> (accessed 22/09/20)
19. Multi-Agency Practice Guidelines Handling Cases of Forced Marriage. Forced Marriage Unit 2009
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/70188/forced-marriage-guidelines_English.pdf (accessed 22/09/20)
20. Female Genital Mutilation Act 2003. HM Government.
<http://www.legislation.gov.uk/ukpga/2003/31/contents> (accessed 22/09/20)
21. Safety Net Project <http://www.safety-net.org.uk/> (accessed 22/09/20)
22. Children Act 1989. HM Government
<http://www.legislation.gov.uk/ukpga/1989/41/contents> (accessed 22/09/20)
23. Mandatory Reporting of Female Genital Mutilation – procedural information. Home Office. November 2016.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/573782/FGM_Mandatory_Reporting_-_procedural_information_nov16_FINAL.pdf (accessed 22/09/20)
24. Charity Commission for England and Wales.
<https://www.gov.uk/government/organisations/charity-commission> (accessed 22/09/20)
25. Strategy for dealing with safeguarding issues in charities
<https://www.gov.uk/government/publications/strategy-for-dealing-with-safeguarding-issues-in-charities> (accessed 22/09/20)
26. General Data Protection Regulations <https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/> (accessed 22/09/20)
27. Counter terrorism and Security Act 2015. HM Government
<http://www.legislation.gov.uk/ukpga/2015/6/contents/enacted> (accessed 22/09/20)
28. Barring referrals: Your guide to how and when to make one. Disclosure and Barring Service.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/782483/CCS0119367774-001_Barring_Referrals_Document_Flowchart_A5_Booklet_V3_DG-2.pdf (accessed 22/09/20)
29. West Sussex Safeguarding Adults Board. Safeguarding Thresholds: Guidance for Professionals. September 2019.
https://www.westsussex.gov.uk/media/13110/safeguarding_thresholds.pdf (accessed 22/09/20)
30. British Association of Social Workers. Professional practice guidance for Safeguarding Adults during Covid-19 <https://www.basw.co.uk/guidance-safeguarding-adults-during-covid-19> (accessed 9/09/20)

Helpful Contact Details

West Sussex Adult Safeguarding Board

<http://www.westsussexsab.org.uk/> (accessed 22/09/20)

Surrey Adults Safeguarding Board

<http://www.surreysab.org.uk/> (accessed 22/09/20)

Police

Emergency 999, less urgent 101

StCH Safeguarding Lead and Deputy

Lead - Dr Amanda Gregory, Consultant, amandagregory@stch.org.uk, 01293 447331
Deputy - Sam Farr, Lead for IPU, samfarr@stch.org.uk, 01293 44733 Ex 437

Action on Elder Abuse

<http://elderabuse.org.uk/> (accessed 22/09/20)

Phone: 080 8808 8141

Sussex Mental Healthline

Phone: 0300 5000 101 (available out of hours)

Surrey Mental Health Crisis Helpline

Phone 0300 456 83 42 (available out of hours)

Protect [*formerly Public Concern at Work*] (for staff concerned about malpractice in the workplace)

<https://protect-advice.org.uk/> (accessed 22/09/20)

Phone: 020 3117 2520

Carers UK

<http://www.carersuk.org/> (accessed 22/09/20)

Phone 020 7378 4999

National Domestic Violence (24-hour) Helpline

<http://www.nationaldomesticviolencehelpline.org.uk/> (accessed 22/09/20)

Phone 0808 2000 247

Care Quality Commission

<http://www.cqc.org.uk/> (accessed 22/09/20)

Phone 03000 616161

Office of the Public Guardian

<https://www.gov.uk/government/organisations/office-of-the-public-guardian> (accessed 22/09/20)

email opg.safeguardingunit@publicguardian.gsi.gov.uk Phone 03004560300

Department of Work and Pensions

<https://www.gov.uk/government/organisations/department-for-work-pensions>

(accessed 22/09/20)

Forced Marriage

www.fco.gov.uk/forcedmarriage (accessed 22/09/20)

There are a number of pieces of legislation that apply in the context of Safeguarding Adults. These are not exhaustive and include:

- The Care Act 2014³
- The Sexual Offences Act 2003⁷
- The Fraud Act 2006⁸
- Corporate Manslaughter and Homicide Act 2007⁹
- Vulnerable Groups Act 2006¹⁰
- Public Interest Disclosure Act 1998¹¹
- Mental Capacity Act 2005⁴
- The Criminal Courts and Justice Act 2015 (section 20 and 21)¹²
- Serious Crimes Act 2015¹³
- Health and Social Care Act 2012¹⁴

Section 44 of the Mental Capacity Act 2005⁴ makes it a criminal offence for care workers who ill-treat or wilfully neglect an adult at risk. This offence applies to adults who lack capacity and only the care worker can be liable.

The Criminal Justice and Courts Act 2015¹² (section 20 and section 21) makes it a criminal offence for a care worker to ill-treat or wilfully neglect someone in receipt of care irrespective of their mental capacity and applies to both the care worker and the care provider.

The Serious Crimes Act 2015¹³ creates a new offence of coercive and controlling behaviour in intimate and familial relationships. The offence will impose a maximum 5 years imprisonment, a fine or both.

Contents

1. Purpose .....	.....	.....	.....	.....	.....	.....	page 8
2. Scope of Policy ....	.....	.....	.....	.....	.....	.....	page 8
3. Definitions ....	.....	.....	.....	.....	.....	.....	page 10
4. Policy Statement and Aims ....	.....	.....	.....	.....	.....	.....	page 10
5. Accountability and Responsibility ....	.....	.....	.....	.....	.....	.....	page 11
6. Procedure ....	.....	.....	.....	.....	.....	.....	page 15
7. Dissemination ....	.....	.....	.....	.....	.....	.....	page 19
8. Monitoring and Review ....	.....	.....	.....	.....	.....	.....	page 19
9. Equality Impact Assessment ....	.....	.....	.....	.....	.....	.....	page 20
 Appendices							
Appendix 1 .....	.....	.....	.....	.....	.....	.....	page 21
Appendix 2.....	.....	.....	.....	.....	.....	.....	page 24
Appendix 3.....	.....	.....	.....	.....	.....	.....	page 25
Appendix 4.....	.....	.....	.....	.....	.....	.....	page 26
Appendix 5.....	.....	.....	.....	.....	.....	.....	page 27
Appendix 6.....	.....	.....	.....	.....	.....	.....	page 28

1. Purpose

Safeguarding adults is a statutory function under the Care Act³(sections 42-47). As an organisation, StCH has a legal duty to have regard to the Care and Support Statutory Guidance² which details how the Care Act should operate in practice.

Adults using the services of StCH must not suffer any form of abuse, neglect or improper treatment and in undertaking their duties, **all** staff and volunteers must prioritise promoting the wellbeing of adults using the services of StCH, whether they be patients, carers or supporters. This includes but, is not limited to:

- being clear about their roles and responsibilities regarding safeguarding procedures
- ensuring adults views and wishes are known and listened to
- preventing harm through person centred care planning, engaging with the incident and complaint reporting processes and keeping up to date with training and their own personal development
- reporting concerns or suspicions in a timely way

As an organisation StCH is committed to an open and transparent culture within which staff and volunteers are competent to recognise, share and respond promptly to concerns relating to the wellbeing and welfare of adults and where all adult safeguarding concerns raised are investigated and any actions arising from an enquiry acted upon. In addition, StCH will ensure appropriate support is provided to those individuals using the service or working for the service who either make allegations of abuse, or experience abuse.

This policy represents the commitment of all staff and volunteers working within StCH to work together with the Local Authority and other organisations to safeguard adults at risk.

2. Scope of policy

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect². It is about working together to support people to make decisions about the risks they face in their own lives and protecting those who lack the mental capacity to make those decisions²⁹.

Safeguarding duties apply to an adult² who:

- **is 18 years or over and has needs for care and support (whether or not the local authority is meeting any of those needs)**
- **is experiencing, or at risk of, abuse or neglect**
- **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 aims of adult safeguarding are to:

- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- Stop abuse or neglect where possible
- Safeguard adults in a way that supports them in making choices and having control in how they want to live
- Promote an approach that concentrates on improving life for the adults concerned
- Raise public awareness so that communities, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult

Making Safeguarding Personal

Making Safeguarding Personal is the approach taken to all safeguarding work. The principle of it is to support and empower each adult to make choices and have control about how they want to live their own life. Key aspects of Making Safeguarding Personal are:

- having conversations with people about how responses to safeguarding situations can be made in a way that enhances their involvement, choice and control as well as improving their quality of life, well-being and safety.
- seeing people as experts in their own lives and working alongside them to identify the outcomes they want.
- focusing on achieving meaningful improvements to people's lives to prevent abuse and neglect occurring in the future, including ways for them to protect themselves.
- safeguarding arrangements should not prescribe a process that must be followed whenever a concern is raised, but instead take a more personalised approach.

Safeguarding needs to recognise that the right to safety needs to be balanced with other rights, such as rights to liberty and autonomy, and rights to family life.

Six key principles underpin all adult safeguarding work²⁹

Principle	Description	Outcome for Adult at Risk	In practice this means
Empowerment	Presumption of person led decisions and informed consent	'I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens'	Having clear and accessible systems for adults' views to be heard and influence change. Giving people relevant information and support about safeguarding and the choices available to ensure their own safety
Prevention	It is better to take action before harm occurs	'I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help'	Raising public awareness about safeguarding, including how to recognise and report it All staff are clear on their roles and responsibilities in relation to safeguarding adults at risk
Proportionality	The least intrusive response appropriate to the risk presented	'I am sure that professionals will work in my interest as I see them, and they will only get involved as much as needed'	The adult is at the centre of all responses to the safeguarding concern and any action taken is based on their preferred outcomes or best interests. An approach of positive risk taking in which the adult at risk is fully involved.
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 to the extent to which I want and to which I am able'	Organisations having effective processes to be able to identify and respond to concerns or emerging risks. Consideration of mental capacity is part of the safeguarding process, and where people lack capacity decisions are always made in their best interests.

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'	Information is shared between organisations in a way that reflects its personal and sensitive nature. Ensuring local information sharing protocols are in place and staff understand and use them
Accountability	Accountability and transparency in delivering safeguarding	'I understand the role of everyone involved in my life and so do they'	The roles and responsibilities of the organisation are clear so that staff understand what is expected of them and others.

Interface with Child Safeguarding

Where someone is 18 years or over but is still receiving children's services and a safeguarding concern is raised, the concern should be dealt with through adult safeguarding arrangements. For example, this could occur when a person with substantial and complex needs continues to be supported in a residential educational setting until the age of 25. Where there are concerns about the welfare of adults, any risk to children in the environment must also be considered and the Safeguarding and Promoting the Welfare of Children Policy followed.

3. Definitions

StCH - St Catherine's Hospice
 SMT - Senior Management Team
 MCA – Mental Capacity Act
 DBS - Disclosure and Barring Service
 SAB - Safeguarding Adults Board
 SAR – Safeguarding Adults Review
 LA - Local Authority
 CQC - Care Quality Commission
 GMC - General Medical Council
 NMC - Nursing and Midwifery Council
 CAT – Clinical Administrative Team (at StCH)

4. Policy statement & aims

The aims of this policy are to ensure:

- effective preventative measures, including early identification and intervention, are in place to minimise circumstances that increase the risk abuse or neglect
- timely and individualised responses (which are proportionate, professional and ethical) to adult safeguarding concerns identified by and/or concerning StCH
- adults are involved in the decision-making process around adult safeguarding procedures and supported to have improved outcomes
- all staff and volunteers working at StCH receive appropriate training and support to identify and respond to adult safeguarding concerns
- StCH has the necessary policies and processes in place.

- the human rights of adults at risk are respected and upheld
- all decisions and actions are taken in line with the principles of the Mental Capacity Act 2005⁴
- the safeguarding clauses within the Care Act 2014³ are adhered to
- learning related to safeguarding is shared and embedded in practice

This policy:

- is based on the Sussex Safeguarding Adults Procedure²⁹
- draws on the guidance set out in the Department of Health document Statutory Guidance to support Local Authorities Implement the Care Act 2014² which is issued under the Care Act³ 2014 (implemented in April 2015 and amended March 2016).
- aligns itself with Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014¹ "Safeguarding service users from abuse and improper treatment" which states that: **"Service users must be protected from abuse and improper treatment in accordance with this regulation"**.
- aligns itself with the Safeguarding Strategy and guidance²⁵ issued by the Charity Commission for England and Wales²⁴
- applies to all adult safeguarding concerns raised in relation to adults using StCH services including allegations made against or incidents involving employees or volunteers of StCH.

5. Accountability and responsibility

Everyone must be clear about their roles and responsibilities with regard to adult safeguarding. For everyone this includes²:

- Knowing about different types of abuse and neglect and their signs;
- Supporting adults to keep safe;
- Knowing who to tell about suspected abuse or neglect; and
- Supporting adults to think and weigh up the risks and benefits of different options when exercising choice and concerns.

The above will be achieved by employees and volunteers of StCH attending compulsory training on safeguarding adults and understanding this policy and associated policies and procedures through educational initiatives and dissemination of learning. In addition, the StCH incident reporting and complaint processes will identify actions to be taken to prevent harm to those using the service and ensure these are implemented.

All Staff and Volunteers are responsible for:

- be vigilant in identifying and responding to allegations of abuse, neglect and or substandard practice
- know what to do if they identify an adult safeguarding concern or incident, where to report this and who to get advice from within StCH
- undertake the required training for adult safeguarding and engage in learning opportunities related to safeguarding procedures
- follow StCH policies and procedures.
- work within the requirements of the Mental Capacity Act 2005⁴
- make a referral directly to the local authority in the unlikely situation that the safeguarding lead or their deputy do not agree that a referral needs to be made to the local authority but the member of staff remains concerned.

In addition, staff and volunteers who hold positions listed below have the following responsibilities:

Managers, Supervisors* and Senior clinicians are responsible for:

- ensuring that adult safeguarding concerns raised by their staff, or staff they are responsible for as the senior person on duty, are acted upon appropriately and promptly.
- deciding with those raising concerns the action to be taken (seeking advice from the safeguarding lead/deputy if needed).
- ensuring high standards of practice among their staff and that their staff have the necessary resources and support to comply with adult safeguarding procedures.
- ensuring that engagement with safeguarding is included in the annual appraisal process.
- ensuring that their staff undertake adult safeguarding training as required, ensure the competencies of their staff are maintained through the appraisal process and facilitate access to regular supervision, training, support and advice
- ensuring staff are aware what to do when they encounter or suspect abuse or neglect.
- ensuring staff understand their contractual obligations with regard to adult safeguarding and know what to do when they encounter or suspect an adult is at risk of harm or has been harmed
- taking any allegation towards a member of staff seriously

*supervisor = those staff who are responsible for supervising a member of staff in clinical practice (eg doctors in training or nursing students)

Adult Safeguarding Lead and Deputy are responsible for:

- ensuring concerns raised about the welfare of an adult are acted on appropriately.
- co-ordinating the StCH response to safeguarding concerns or incidents including the StCH role in a safeguarding enquiry. This includes, but is not confined to ensuring concerns are reported and acted upon, collating statements and information about the concern or incident, working in partnership with other relevant bodies and ensuring where requested to do so that an enquiry is undertaken and that actions identified from enquiries are carried out.
- working alongside the HR department if allegations of abuse or neglect are made against StCH employees or volunteers.
- meeting with the Trustee Safeguarding lead on a regular basis

NB when the adult safeguarding lead/deputy are not available, eg out of hours, their responsibility for ensuring concerns raised about the welfare of an adult are acted on appropriately are delegated to the SMT member, consultant and senior nurse on call.

Safeguarding Governance Group are responsible for:

- ensuring that St Catherine's Hospice has a robust governance structure to meet its safeguarding duties as defined in prevailing legislation and guidance and assure the SMT and Board of this
- producing a quarterly report for SMT on safeguarding with exceptional reporting in between. This will include a summary of safeguarding concerns raised, enquiries undertaken and outcomes and assurance that learning has been disseminated and actions and recommendations appropriately implemented.
- sharing outcomes and themes sooner than planned reports where immediate remedial action is required.
- providing advice and guidance to staff or volunteers about adult safeguarding procedures. This includes providing timely updates on changes to local or national guidance and responsibility for disseminating learning from safeguarding concerns raised to maintain colleague knowledge and skills.

- reviewing all safeguarding concerns raised ensuring themes are identified and learning disseminated. This includes scrutiny and challenge of actions taken
- following up on the outcome of safeguarding referrals made by StCH
- working with local safeguarding teams in health and social care to benefit the safety and wellbeing of the local community
- overseeing the application of the Mental Capacity Act and Deprivation of Liberty Safeguards at St Catherine's Hospice and ensure this is in line with prevailing legislation and guidance
- reviewing the management of challenging behaviours at St Catherine's Hospice and support colleagues to identify and manage these in the least restrictive way
- having ownership of the following policies and procedures:
 - Adult Safeguarding Policy
 - Safeguarding and Promoting the Welfare of Children Policy
 - Challenging Behaviour and Restraint Policy
 - Consent to Examination, Investigation, Care and Treatment Policy
 - Deprivation of Liberty Safeguards Policy

Members of SMT are responsible for:

- ensuring all employees, including volunteers, have access to training in recognising the symptoms of abuse or neglect, how to respond if they suspect abuse or neglect and where to go for advice and assistance.
- holding managers accountable for ensuring their staff undertake adult safeguarding training as required and are confident in their safeguarding duties.
- ensuring safe employment practices are in place at StCH. This includes but is not confined to checking references and ensuring up to date DBS checks.
- ensuring conditions of appointment, job descriptions and employment contracts underpin individual responsibilities in relation to adult safeguarding
- ensuring disciplinary procedures are compatible with the responsibility to protect adults at risk of abuse or neglect
- taking action in relation to an employee if allegations of abuse or neglect are made against them.

Chief Executive (through delegation to the executive safeguarding lead) is responsible for:

- leading and promoting the development of initiatives to improve the prevention, identification and response to abuse and neglect.
- asking searching questions within StCH to be assured that adult safeguarding systems and practices are effective
- signing off any enquiries StCH is asked to make by the LA or another person or delegate this responsibility to a named person when StCH is asked to undertake an enquiry.
- signing off any contribution StCH may be asked to make to the SAB strategic plan or annual report
- ensuring serious incidents are reported to the Charity Commission

Trustees (led by the Board safeguarding lead) are responsible for:

- proactively safeguarding and promoting the well-being and welfare of those StCH supports and are supported by and taking reasonable steps to protect these individuals and others who come into contact with StCH from harm.
- Understanding their responsibilities with respect to safeguarding
- ensuring that StCH has a robust framework in place to support adult safeguarding procedures

- monitoring and scrutinising the effectiveness of this framework through regular feedback to them via the StCH governance structure. This will include number of adult safeguarding concerns or incidents raised and related outcomes
- signing off this policy when it is updated ensuring it reflects both the law and best practice and gain assurance that the associated procedures are effectively implemented

Local Authority (West Sussex, Surrey and East Sussex County Councils)

- Each Local Authority (LA) has a Safeguarding Adults Board (SAB) which has a strategic role overseeing and leading adult safeguarding across the locality. It has 3 core duties:
 - to publish a strategic plan for each financial year
 - to publish an annual report
 - to conduct safeguarding adults reviews in accordance with section 44 of the Care Act³
- In the StCH catchment area there are 2 local SABs Pan Sussex (West Sussex, East Sussex, Brighton and Hove) and Surrey.
- The LA is the lead agency for coordinating the adult safeguarding enquiries and should assure itself that any enquiry satisfies its duty under section 42 of the Care Act³.
- The LA must make enquires or cause others to do so, if they reasonably suspect an adult who meets the criteria is, or is at risk of, being abused or neglected.
- If the LA delegates an enquiry to StCH, it needs to be clear with StCH about timescales and set the terms of reference for the Enquiry. StCH are required to provide a written report for any Enquiry they lead.
- Where appropriate the LA is responsible for providing an independent advocate to support the adult in the process.
- StCH must cooperate with the LA. This includes the provision of requested information.
- The LA is responsible for providing feedback to StCH on referrals made to them under safeguarding procedures

CQC

- StCH is regulated by the CQC
- As part of the registration and inspection processes with and by the CQC, StCH must demonstrate it is meeting Regulation 13 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014¹
- A breach of some parts of this regulation will lead to StCH being prosecuted if the breach results in either avoidable harm to the adult using the service and/or the adult are exposed to a significant risk of harm.
- Failure to demonstrate compliance with this regulation will result in a refusal to register StCH under the CQC.

Charity Commission for England and Wales

- StCH is regulated by the Charity Commission who register and regulate charities in England and Wales, to ensure that the public can support charities with confidence
- In the context of safeguarding issues, it has a specific regulatory role which is focused on the conduct of trustees and the steps they take to protect beneficiaries and other persons who come into contact with the charity.

6. Procedure

Safeguarding is “Everyone’s Business” – do not assume someone else is taking action about a situation. Abuse can happen anywhere and can be caused by anyone.

What is abuse and neglect?

Patterns of abuse and neglect vary and may be serial, long term or opportunistic and may consist of a single or repeated act. Abuse or neglect may be carried out by anyone and can happen in any setting. Abuse can involve an intentional, reckless, deliberate or dishonest act by the perpetrator. The Police should always be consulted for advice where there is a concern that the abuse may be a criminal act. Appendix 1 details information on types of abuse and neglect. It is not exhaustive, and, in each case, the individual circumstances should be considered.

What to do if you have concerns that abuse or neglect may be happening?

Any employee or volunteer working for or within St Catherine’s Hospice who is concerned that an adult is experiencing and/or at risk of abuse or neglect is responsible for following the guidance laid out in the flow charts in Appendices 1 and 2. Appendix 3 outlines the information that will be required when a concern is reported to the LA.

It is everyone’s responsibility to act on any suspicion or evidence of abuse or neglect and to pass on their concerns to a responsible person or agency.

If after discussion with the adult at risk who has mental capacity, they refuse any intervention; their wishes will be respected unless:

- There is a public interest, for example, not acting will put other adults or children at risk
- There is a duty of care to intervene, for example, a crime has been or may be committed
- The person alleged to have caused harm is employed in a position of trust, such as a health or social care professional

Where the adult lacks the capacity to consent on issues about their own safety, an allegation of abuse or neglect must always be referred to the LA as a safeguarding concern.

If a safeguarding referral is being made to the LA, the NOK (or nominated individual) of the affected adult should be informed ensuring guidance around consent and information sharing and the MCA are followed. If the referral relates to care provided by another organisation, it is courtesy to make them aware that the safeguarding referral is being made.

Carers as well as patients using the services of StCH may be involved in a situation which requires a safeguarding response:

- they may witness or speak up about abuse or neglect,
- they may experience harm (intentional or unintentional) from the adult they are supporting or from professionals/organisations they are in contact with
- they may harm or neglect the adult they support (intentionally or unintentionally).

The wellbeing of the carer must also be considered in any assessment of safeguarding concerns or safeguarding enquiry.

No one should assume someone else will pass on information. If you are concerned it is your responsibility to share that information.

Points to consider:

- The MCA⁴ must be followed in relation to all decision making including those around safeguarding concerns.
- The circumstances surrounding actual or suspected abuse or neglect will inform the response
- When concerns of abuse or neglect are raised past incidents or patterns should be looked for.
- The police are responsible for leading any criminal investigation with support from the LA who have an ongoing duty to promote the wellbeing of adult.
- If financial abuse is by an individual(s) who has the authority to manage the adult's money the relevant body should be informed (eg Office of Public Guardian, DWP) – usually by the LA (who will advise if StCH need to do this)
- If there are concerns over the actions of an individual acting under a registered enduring/lasting power of attorney or a deputy appointed by the court of protection, the office of the public guardian should be contacted - usually by the LA (who will advise if StCH need to do this)

Impact of Covid 19

The Covid 19 pandemic has meant that vulnerable adults are now more at risk of abuse and neglect than before³⁰. There are fewer opportunities for their families and health care professionals to identify and respond to concerns and issues. Recognising when an adult may need extra support, and noticing signs of abuse can be more difficult as telephone and virtual consultations are more prevalent. It also poses new risks that vulnerable adults are exposed to. How we work to keep vulnerable adults safe during the pandemic is laid out in appendix 6.

Volunteers who are adults at risk and under 18 years

StCH supports adults at risk and young people to volunteer. It is important that this group of volunteers are appropriately supported and any risk to them minimised. As part of this, StCH has implemented a “Keep Safe mechanism” (detailed in Appendix 4) which is specifically highlighted in the volunteer recruitment process from application through to induction. Information is also provided to parents or guardians.

Documentation of Safeguarding Concerns

All safeguarding concerns must be recorded clearly and accurately as outlined below:

- The following details should be documented in the adult’s electronic notes using the significant new events box and the decisions and capacity window to guide decision making if there are concerns about mental capacity:
 - what the concerns are and when they were identified
 - when the concern occurred
 - what happened
 - whether the adult involved has given their consent to reporting concerns and their involvement in decision making about action to be taken including their views and wishes and capacity
 - the immediate action taken to identify and manage the risk/harm and to protect the adult involved and reasons for these actions
 - to whom the concerns have been reported and when
 - date/time concerns reported to LA and by whom (a copy of the reporting form must be kept for the StCH records)
 - further action required by StCH pending LA response.

- All documentation must be factual, objective and not include opinion or assumption. Current law and guidance on confidentiality and information sharing must be considered.

A log of all safeguarding concerns raised is held by the safeguarding governance group and only accessible to them. Concerns raised that, on discussion, are not referred through safeguarding procedures will be logged as well as those referred. The logs will be kept for 10 years.

If in investigating an incident or complaint/concern, the investigator identifies safeguarding concerns, this must be indicated on the datix form and managed as per this policy. There are circumstances where an event will be both an incident or complaint/concern and safeguarding concern. In these situations, a datix form should be completed and the safeguarding lead/deputy involved in managing the investigation (as it may need to be through a Section 42 Enquiry by the LA).

Concern, allegation or incident of abuse or neglect involving StCH and/or an employee or volunteer of StCH

- In this circumstance, StCH, as both employing organisation and provider of the service, has a first responsibility to act.
- It is the responsibility of StCH to act immediately upon the concern/allegation/incident and protect the adult(s) from harm.
- Following a referral to the LA, the LA will advise whether the concerns have met the Section 42 Enquiry criteria and if they have, the LA will advise whether they wish StCH to undertake the Enquiry or whether they (the LA) will undertake the Enquiry themselves.
- The LA will set the terms of reference for the Enquiry including timescales. The registered manager and safeguarding lead will decide who should lead the Enquiry within StCH (if StCH are to undertake the Enquiry). It must be ensured that any Enquiry will not impact on a potential criminal investigation.
- The LA, CQC and CCG must be informed of incidents or allegations of neglect/abuse originating from StCH and/or its employees or volunteers. This is the responsibility of the Safeguarding Lead and Director of Care Services. The LA which needs to be informed will depend on where the allegation took place - if it is in relation to the IPU it will be West Sussex, if in the community, either West Sussex or Surrey. The CCG needs to be informed if they are commissioning the StCH service within which the allegation/incident took place.
- The Charity Commission needs to be informed of serious incidents. This is the responsibility of the Chief Executive. See appendix 5 as to when consideration must be given to refer to the Charity Commission.
- A StCH employee against whom a complaint or allegation of abuse or neglect has been made should be treated in line with StCH policies and procedures. Codes of professional conduct and/or employment contracts should be followed.
- If a member of staff is removed from their role providing a regulatory activity following a safeguarding incident, where certain conditions are met, StCH has a legal duty to make a referral to the DBS (this is the responsibility of the People Director)²⁸.
- If criminal procedures are concluded without action being taken, this does not mean that regulatory or disciplinary procedures should cease or not be considered.
- If an agency provided the person against whom an allegation or complaint is made, it is the agency's responsibility to undertake the Enquiry and take action (as advised by the LA).

Safeguarding and Fundraising Events

Fundraising and events organised by the fundraising department will operate within the parameters of this policy. As part of each event management plan, specific procedures will be put in place to meet legal or licensing obligations (for example, the police may request a

lost and found children policy for large scale events) and/or to mitigate risks identified by event specific risk assessments. In working with other organisations to run the event, there will be appropriate safeguarding procedures with clear lines of accountability, responsibility, reporting and escalation. The Fundraising team will seek advice from the StCH safeguarding team in production of such procedures.

Outcomes of Safeguarding Referrals made

If the Local Authority does not feedback on the outcomes of a safeguarding referral made to them by StCH, the safeguarding lead or deputy will contact the relevant Local Authority to gain this information. Where the information from the Local Authority is still not forthcoming contact will be made with the Local Authority Safeguarding Lead.

For Sussex the contact would be Care Point 1 on 01243 642121 or via secure email socialcare@westsussex.gov.uk

For Surrey the contact would be via secure email ascmarsh@surreycc.gov.uk

Visitors

All visitors to StCH (any site), except friends and family members visiting patients, must always be accompanied by a member of staff . Visitors in this context include the following groups:

- people being shown around the hospice by members of staff
- official visitors/celebrities

It does not include staff on clinical placements who follow a clear procedure including StCH being assured of a valid and appropriate DBS check as part of being accepted on placement. Friends and family members visiting patients will sign a register to confirm who they are visiting.

Information Sharing

Sharing the right information, at the right time with the right people, is fundamental to good safeguarding practice. Sharing information between organisations as part of day-to-day safeguarding practice is already covered in the common law duty of confidentiality, GDPR²⁶, the Data Protection Act 2018⁶, the Human Rights Act 1998¹⁵, the Crime and Disorder Act 1998¹⁶ and the Caldicott principles¹⁸. Any sensitive and/or confidential information must be shared in accordance with prevailing law and guidance. Information must be shared using secure means such as nhs.net email or equivalent. If it is unclear you are not sure whether it is appropriate to share information, the safeguarding lead or deputy, or the Caldicott Guardian or their deputy can provide guidance.

To summarise:

- Information is only to be shared on a "need to know" basis when it is in the interests of the adult
- Confidentiality and secrecy are not the same
- Informed consent should be obtained for permission to share information. However, if this is not possible and others are at risk of abuse or neglect it may be necessary to override this requirement
- Where there are concerns about abuse, it is inappropriate to give assurances of complete confidentiality

- Where an adult has declined to consent to information being shared, it must be considered whether there is an overriding public interest that would justify information sharing (others are at risk of serious harm)

7. Dissemination

This policy will be disseminated to all staff by the author. The reason for the policy and any major changes will be highlighted in the issuing email. Managers will be contacted by the author reiterating the purpose of the policy and any significant changes and to remind them of their responsibility in ensuring their staff are aware of the policy and where to find it. The policy is also made publicly available on the StCH website

8. Monitoring and review

This policy will be updated annually or earlier if there are changes to the law and/or to incorporate learning from cases or safeguarding enquiries/adult reviews.

Equality Impact Assessment

The equality impact assessment is used to ensure we do not inadvertently discriminate as a service provider or as an employer.

To be completed and attached to all policies when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy affect one group more or less favourably than another on the basis of:		
	Race	No	
	Ethnic origins (including gypsies and travellers)	No	
	Nationality	No	
	Gender	No	
	Culture	No	
	Religion or belief	No	
	Sexual orientation including lesbian, gay and bisexual people	No	
	Age	No	
	Disability (e.g. physical, sensory or learning)	No	
	Mental Health	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If potential discrimination has been highlighted, are any exceptions valid, legal and/or justifiable?	N/A	
4.	Is the impact of the policy likely to be negative?	No	
5.	If so, can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the aims of the policy without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

End
Appendices follow

Appendix 1

StCH must promote wellbeing when carrying out any care and support. The wellbeing principle should apply to all agencies involved in safeguarding adults



The following link to the Social Care Institute for Excellence details the ten types of abuse identified in the care and support statutory guidance

<https://www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse#:~:text=SCIE%20discusses%20types%20of%20abuse%20in%20adults%2C%20including,or%20acts%20of%20omission%2C%20discriminatory%20and%20institutional%20abuse>

They are:

- Physical Abuse
- Domestic violence or abuse
- Sexual abuse
- Psychological or emotional abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational or institutional abuse
- Neglects or acts of omission
- Self-neglect

In addition to that outlined above other associated types of abuse are:

Professional Abuse

- misuse of therapeutic power and abuse of trust by professionals
- failure to act on suspected abuse/crimes, poor care practice or neglect, resource shortfalls or service pressures that lead to service failure
- Signs include failure to refer disclosure of abuse, poor, ill-informed or outmoded care practices, denying an adult at risk access to professional support and services such as

advocacy, punitive responses to challenging behaviours, failure to whistle blow on issues when internal procedures to highlight issues have been exhausted.

Honour Based Violence (HBV)

- when family members feel that dishonour has been brought to their family.
- abuse is often committed with a degree of collusion from family members and/or the community.
- Many victims are so isolated and controlled that they are unable to contact the police or other organisations.
- Safeguarding concerns that may indicate 'honour'-based abuse include domestic abuse, concerns about forced marriage or enforced house arrest and missing person reports.
- If there is a suspicion that the adult is the victim of 'honour'-based abuse, a referral to the police should always be considered

Forced Marriage

- a marriage in which one or both of the parties is married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of their parents or a third party in identifying a spouse.
- a criminal offence.

Female Genital Mutilation (FGM)

- procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons.
- FGM constitutes a form of child abuse and violence against women and girls, and has severe physical and psychological consequences.
- In England, Wales and Northern Ireland, the practice is illegal under the Female Genital Mutilation Act 2003²⁰. Section 5B of the 2003 Act introduces a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report 'known' cases of FGM in under 18s which they identify in the course of their professional work to the police.

Disability Hate Crime

- any criminal offence, which is perceived, by the victim or any other person, to be motivated by hostility or prejudice based on a person's disability or perceived disability.
- this definition is based on the perception of the victim or anyone else and is not reliant on evidence
- abusers may also control their victims, threatening to 'out' them to friends, family or support agencies.

Mate Crime

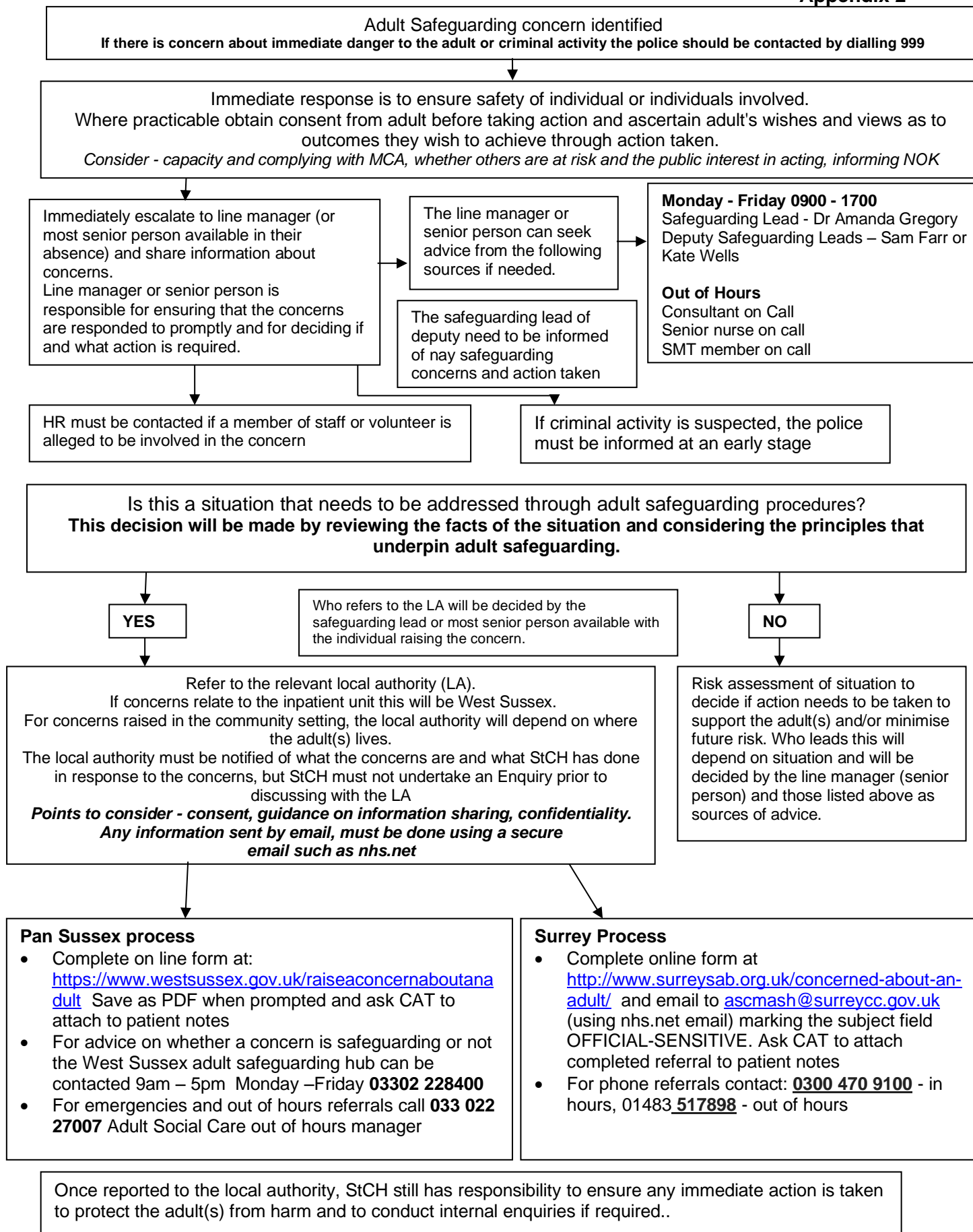
- 'when vulnerable people are befriended by members of the community who go on to exploit and take advantage of them.
- carried out by someone the adult knows and often happens in private.

Radicalisation

- Radicalisation is comparable to other forms of exploitation, such as grooming and Child Sexual Exploitation.
- 'Prevent' is a key part of the Government's Counter Terrorist Strategy. Its aim is to stop people becoming terrorists or supporting terrorism. It is the preventative strand of the government's counter-terrorism strategy, CONTEST. Early intervention to divert people away from being drawn into terrorist activity is at the heart of Prevent.
- Safeguarding adults from radicalisation is no different from safeguarding them from other forms of harm.

- There are several factors that may make the individual susceptible to exploitation by violent extremists. None of these factors should be considered in isolation but in conjunction with the circumstances of the individual:
 - Family tensions
 - Sense of isolation
 - Migration
 - Distance from cultural heritage
 - Experience of racism or discrimination.
 - Feeling of failure
- Individuals may be susceptible to exploitation into violent extremism by radicalisers. Violent extremists often use a persuasive rationale and charismatic individuals to attract people to their cause. The aim is to attract people to their reasoning, inspire new recruits and embed their extremist views and persuade vulnerable individuals of the legitimacy of their cause.
- All of these may contribute to alienation from UK values and a decision to cause harm to symbols of the community or the state. Section 26 of the Counter-Terrorism and Security Act 2015²⁷ places a duty on certain bodies (“specified authorities” listed in Schedule 6 to the Act), in the exercise of their functions, to have “due regard to the need to prevent people from being drawn into terrorism”. StCH is included in this and “Prevent” training is included at orientation and in compulsory e learning.

Appendix 2



Appendix 3

Quick Guide for staff/volunteers to responding and reporting	
Responding to an adult who discloses a concern of abuse:	
<ul style="list-style-type: none"> • In an emergency ring 999 • Do ensure the safety of the individual and others if in immediate danger, contact the relevant emergency service e.g. GP. • Do not be judgemental or jump to conclusions • Do listen carefully • Do provide support and information to meet their specific communication needs • Do use open questions • Do tell the adult that they did a good/right thing in telling you • Do tell the adult you are treating the information seriously • Do tell the adult it was not their fault • Do ask the adult what they need to keep themselves safe do not make promises you cannot keep • Do not promise to keep secrets • Do seek consent of the adult to share the information with your manager, however lack of consent should not prevent you from reporting your concerns 	<ul style="list-style-type: none"> • Do explain that you have a duty to tell your Manager or other designated person • Do provide support and information to meet their specific communication needs do not confront the person alleged to have caused the harm as this could place you at risk, or provide an opportunity to destroy evidence, or intimidate the person alleged to have been harmed or witnesses • Do explain that you will try to take steps to protect them from further abuse or neglect. • Do support and reassure the person. • Do preserve any forensic or other evidence.
Action after the concern of abuse has been recognised (to be taken as soon as possible or within 4 hours):	
<ul style="list-style-type: none"> • Report concerns to a designated safeguarding manager or other designated person • Record your concerns and how they came to light, any information given by the adult, information about any witnesses, the wishes of the adult, actions taken, who was present at the time, dates and times of incident(s) • Records details of the adult alleged to have caused harm • Do record any concerns about the adults capacity to make any decisions and the reasons for the concerns • Do record whether the adult is aware that the concerns have been reported 	<ul style="list-style-type: none"> • Do record the perspective of the adult • Do record any previous concerns about the adult • Do not breach confidentiality for example by telling friends, other work colleagues • Do use Whistleblowing Procedures if you feel that you will not be believed, taken seriously or believe that your manager may be causing the risks of abuse to the adult.
Ongoing action:	
<ul style="list-style-type: none"> • Ensure that you receive support from your employer/organisation • You may be required to give evidence to the Police • You may be required to give evidence in a Coroner's Inquest • You may be required to be interviewed as part of a disciplinary investigation 	<ul style="list-style-type: none"> • You may be required to participate in a section 42 enquiry • You may be required to attend safeguarding meetings.

The West Sussex Adult Safeguarding Board has developed a document to support decision making about whether a scenario falls under adult safeguarding procedures

https://www.westsussex.gov.uk/media/13110/safeguarding_thresholds.pdf

Appendix 4

Keep safe mechanism

At St Catherine's Hospice we have a keep safe mechanism in place for adults at risk and young people under 18yrs old in a volunteer role. If when engaged in your volunteering role with St Catherine's you feel unsafe you are encouraged to 'walk out' – to leave your role and to go home or somewhere that you feel safe. If this needs to happen we ask that, you or your parent/guardian/next of kin contacts the Volunteering Team immediately and advise us of what has happened. If it is a weekend, or after 5pm, please contact St Catherine's on 01293 447333 and ask to be put through to our triage desk and advise them of what has happened. If you volunteer in one of our retail shops, each shop has a physical manual that has a copy of our safeguarding policies. We encourage you, and your parent or guardian to read the policy and procedure.

**ST CATHERINE'S
HOSPICE**

VOLUNTEERS – HOW TO STAY SAFE

No one should ever say or make you do things that make you feel embarrassed or uncomfortable.

If you feel unsafe, please walk out, speak to someone you trust and call St Catherine's: 01293 447333.



Registered charity number 281362 and as a Company in England no. 1525404.

To ensure you are using the current version of this document, please access it directly via StCH intranet; other versions cannot be guaranteed as current

Appendix 5

Charity Commission for England and Wales – guidance on what to report

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/577284/rsi_consultation.pdf (accessed 18/6/18)

Appendix 6

The Impact of Covid 19

Day-to-day working arrangements due to Covid 19 include the introduction of virtual consultations with patients in their own homes and increased contact via telephone with face to face contacts happening when necessary. There are also restricted visiting arrangements on the inpatient unit.

Vulnerable adults are more at risk of abuse and neglect than before. Patients and their carers may need additional support during the pandemic. Issues being faced by vulnerable adults include income loss, mental health difficulties, family conflict and difficulty getting food. Vulnerable adults may be exposed to new risks as the pandemic continues such as:

- New risks to physical and mental health from the pandemic and risk of infection from key workers providing support to people at risk
- Difficulties of shielding or self-isolating and managing infection risk within shared homes
- Increase of physical, mental and emotional needs
- Isolation of individuals who are not easily able to manage their own essential needs
- Isolation of families or networks where abuse or neglect can increase due to proximity
- Lack of community and social oversight leading to criminal or other exploitation
- Fraud and scams based on Covid-19 themes
- Increased rationing of support leading to biased or discriminatory decisions
- Difficulties upholding human rights in mental health due to lack of resources including access to doctors, to appropriate placements and to tribunals
- The inequality of impact of the pandemic due to pre-existing inequalities around all areas of life including physical and mental health, housing, income, social capital, community resources and voice

If staff and volunteers are communicating with patients via video or telephone calls this should be done safely by planning with the patient who will be in the home when the consultation is taking place. Practitioners should aim to speak directly with the patient in the first instance before gaining information about their needs from care providers or family members.

Safeguarding adults during the pandemic remains as important as ever, especially as the usual adult social care and health systems are under increased pressure. If any staff member or volunteer has a concern about an adult, they should act immediately following the procedures in this document.