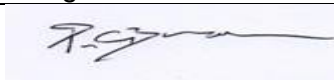


Adult Safeguarding Policy

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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
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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

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

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<http://www.cqc.org.uk/content/regulations-service-providers-and-managers> (accessed 05/06/18))
2. Care and Support Statutory Guidance. Department of Health. Updated February 12 2018. <https://www.gov.uk/guidance/care-and-support-statutory-guidance> (accessed 05/06/18)
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<https://www.gov.uk/government/organisations/charity-commission> (accessed 06/06/18)
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<http://www.legislation.gov.uk/ukpga/2015/6/contents/enacted> (accessed 13/06/18)

Helpful Contact Details (All websites accessed 7/6/18 unless indicated)

West Sussex Adult Safeguarding Board

<http://www.westsussexsab.org.uk/> (accessed 06/06/18)

Surrey Adults Safeguarding Board

<https://www.surreycc.gov.uk/social-care-and-health/contacting-social-care/surrey-safeguarding-adults-board> (accessed 06/06/18)

Police

Emergency 999, less urgent 101

StCH Safeguarding Lead and Deputy

Lead - Dr Amanda Gregory, Consultant, amandagregory@stch.org.uk, 01293 447331

Deputy – Cathy Sosoli, Lead for Patient and Family Support Services,

cathysosoli@stch.org.uk, 01293 447327

Action on Elder Abuse

<http://elderabuse.org.uk/> 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)

Public Concern at Work (for staff concerned about malpractice in the workplace)

<http://www.pcaw.org.uk/> Phone: 020 7404 6609

Carers UK

<http://www.carersuk.org/> Phone 020 7378 4999

National Domestic Violence (24-hour) Helpline

<http://www.nationaldomesticviolencehelpline.org.uk/> Phone 0808 2000 247

Care Quality Commission

<http://www.cqc.org.uk/> Phone 03000 616161

Office Of the Public Guardian

<https://www.gov.uk/government/organisations/office-of-the-public-guardian>

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

Department of Work and Pensions

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

Forced Marriage

www.fco.gov.uk/forcedmarriage

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.

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1. Purpose

StCH recognises the legal standing and importance of adult safeguarding duties and has a zero tolerance approach to abuse, unlawful discrimination and restraint¹.

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 or carers. This includes but, is not limited to:

- ensuring adults views and wishes are known and listened to
- preventing harm through person centred assessments and responses and acting on outcomes of incident and complaint reporting processes
- responding effectively to concerns when they are raised by anyone about patients, carers, staff, volunteers either being harmed, at risk of harm or causing harm.

As an organisation StCH is committed to ensuring a culture that promotes openness and transparency 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 actually 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.

The above will be achieved through:

- application of this policy and associated procedures,
- staff participating in compulsory adult safeguarding training
- a programme of learning and development aligned to safeguarding outcomes

2. Scope of policy

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect². It must be person led and outcome focused to ensure adult safeguarding is personal, i.e the views and wishes of the adult are listened to and demonstrated in the outcomes of any response to a safeguarding concern.

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) 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

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.

Safeguarding adults is a statutory function under the Care Act³ and StCH has a legal obligation as an organisation to abide by the safeguarding duties outlined in this document.

These duties apply regardless of whether the adults care and support needs are being met, regardless of whether the adult lacks mental capacity or not and regardless of setting².

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.

The aims of adult safeguarding are to²:

- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- Safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives
- Promote an approach that concentrates on improving life for the adult concerned
- Raise public awareness so that communities as a whole, 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
- Address what has caused the abuse or neglect

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.

Six key principles underpin all adult safeguarding work:

- **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 recognise the signs and what I can do to seek help'
- **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'
- **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'
- **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 in my life and so do they’**

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.

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

4. Policy statement & aims

The aims of this policy are to:

- Minimise circumstances that make adults vulnerable to abuse or neglect and, therefore, minimise and prevent harm for adults using the services of StCH ensuring the needs, wellbeing and interests of adults at risk are always respected and upheld;
- Ensure early identification and intervention to prevent a situation escalating and requiring intervention under adult safeguarding procedures;
- Ensure a timely, effective and individualised response to adult safeguarding concerns or incidents identified by and/or concerning StCH which is proportionate, professional and ethical;
- Ensure adults are involved in the decision making process around adult safeguarding procedures;
- Ensure support to protect the adult, to help them recover and develop resilience;
- Improve outcomes for adults involved in safeguarding procedures;
- Ensure all staff and volunteers working at StCH receive appropriate training and support to identify and respond to adult safeguarding concerns and incidents;
- Ensure StCH has the necessary policies and processes in place.
- Ensure the human rights of adults at risk are respected and upheld
- Ensure all decisions and actions are taken in line with the principles of the Mental Capacity Act 2005⁴
- Ensure the Safeguarding Clauses within the Care Act 2014³ are adhered to
- Ensure learning related to safeguarding is shared and embedded in practice

This policy:

- 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

This policy 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. Any employee or volunteer who expresses an adult safeguarding concern will be treated seriously and will receive a positive response from managers. Equally any patient or carer who expresses an adult safeguarding concern will be treated seriously and have their concerns responded to promptly and effectively.

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.

Training will be undertaken in accordance with the framework laid out in Appendix 4.

All Staff and Volunteers must:

- Be responsible for identifying and responding immediately to allegations of abuse, neglect and or substandard practice
- Be vigilant about adult safeguarding concerns and incidents
- Know what to do about an adult safeguarding concern or incident, where to report this and who to get advice from about adult safeguarding concerns/incidents within StCH
- Undertake the required training for adult safeguarding and engage in learning opportunities related to safeguarding procedures
- Understand and follow StCH policies and procedures.
- Understand and 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:

Adult Safeguarding Lead and Deputy Responsibilities:

The adult safeguarding lead and their deputy are responsible for ensuring concerns raised about the welfare of an adult are acted on appropriately. If an adult

safeguarding concern is identified, they must be notified. They will consult with those raising concerns and the decision will be made by the adult safeguarding lead or deputy as to the action to be taken. The adult safeguarding lead/deputy are responsible for making referrals to the local authority, they may, however, delegate this responsibility to the person raising the concern (but are still responsible for ensuring it happens). If there is immediate risk of harm to the adult and/or delay in being able to contact the adult safeguarding lead/deputy when action needs to be taken immediately, the concerned staff member/volunteer is responsible for making an urgent referral to the police and/or local authority in conjunction with their line manager.

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.

They must:

- Be responsible for ensuring adult safeguarding policies and procedures at StCH are kept current and operated effectively.
- Provide 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.
- Co-ordinate 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.
- Be responsible for following up on the outcome of safeguarding referrals made by StCH
- Work alongside the HR department if allegations of abuse or neglect are made against StCH employees or volunteers.
- Produce a biannual 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.
- Produce an annual report for the Board on safeguarding with additional quarterly updates.
- Share outcomes and themes sooner than planned reports where immediate remedial action is required.
- Meet with the Trustee Safeguarding lead on a regular basis

Managers, Supervisors* and Senior clinicians must:

- Be 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. If the adult safeguarding lead/deputy is unavailable, they are responsible for deciding with those raising concerns the action to be taken (with support from SMT and/or medical consultant).
- Be responsible for ensuring high standards of practice among their staff and that their staff have the necessary resources and support to comply with adult safeguarding procedures.
- Ensure that knowledge of adult safeguarding procedures, recognising and responding to abuse or neglect and involvement in raising safeguarding concerns are included in the annual appraisal process.

- Be responsible for 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
- Ensure staff are aware what to do when they encounter or suspect abuse or neglect.
- Ensure 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
- Take 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)*

Members of SMT must:

- Ensure 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.
- Ensure employees are aware what to do when they encounter or suspect abuse or neglect.
- Hold managers accountable for ensuring their staff undertake adult safeguarding training as required.
- Ensure safe employment practices are in place at StCH. This includes, but is not confined to checking references and ensuring up to date DBS checks.
- Ensure conditions of appointment, job descriptions and employment contracts underpin individual responsibilities in relation to adult safeguarding
- Ensure disciplinary procedures are compatible with the responsibility to protect adults at risk of abuse or neglect
- Be responsible for taking action in relation to an employee if allegations of abuse or neglect are made against them.

Chief Executive must:

- Lead and promote the development of initiatives to improve the prevention, identification and response to abuse and neglect.
- Ask searching questions within StCH to be assured that adult safeguarding systems and practices are effective
- Sign 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.
- Sign off any contribution StCH may be asked to make to the SAB strategic plan or annual report
- Ensure serious incidents are reported to the Charity Commission

Trustees must:

- Proactively safeguard and promote the well-being and welfare of those StCH supports and are supported by and take reasonable steps to protect these individuals and others who come into contact with StCH from harm.
- Know their responsibilities with respect to safeguarding
- Be accountable for ensuring that StCH has a robust framework in place to support adult safeguarding procedures
- Monitor and scrutinise 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
- Sign 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) must set up a Safeguarding Adults Board (SAB). The SAB has a strategic role which oversees and leads 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 also 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 the adult to support them 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.

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 risk minimised. StCH has employed a "Keep Safe mechanism". This process and the StCH Safeguarding procedures are specifically highlighted in the volunteer recruitment process from application through to induction. Information is also provided to parents or guardians. See Appendix 5 and refer to the Safeguarding and promoting the Welfare of Children Policy for those under 18 years.

Information Sharing

Sharing the right information, at the right time with the right people, is fundamental to good safeguarding practice. The Care Act 2014³ Section 45 'supply of information' duty covers the responsibilities of others to comply with requests for information. 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 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 summarise²:

- 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)

6. Procedure

Adult safeguarding duties require collaborative working between organisations and promotion of wellbeing as well as ensuring the views, wishes, feelings and beliefs of an adult are taken into account when deciding on any action in response to a safeguarding concern being raised. Safeguarding must be person led and outcome-focused. There is a need to look beyond single incidents to identify patterns of harm or emerging themes. It is important that concerns raised are rectified and learnt from and that the learning is reflected back into policies, procedures and training. The responsibility for this lies with the safeguarding lead and deputy and will be actioned through the patient safety group or SMT as appropriate.

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 acts. 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. The following list detailing examples of abuse and neglect is not exhaustive. In each case, the individual circumstances should be considered.

Physical abuse

This may be defined as 'the use of force, or any action, or inaction which results in pain or injury or a change in the person's natural physical state' or the 'non-accidental infliction of physical force that results in bodily injury, pain or impairment'. Examples of physical abuse include: hitting, slapping, pushing, pinching, shaking, scalding, misuse of medication, restraint or inappropriate physical sanctions

Restraint

Unlawful or inappropriate use of restraint or physical interventions and/or deprivation of liberty are physical abuse. There is a distinction to be drawn between restraint, restriction and deprivation of liberty. In extreme circumstances unlawful or inappropriate use of restraint may constitute a criminal offence. Someone is using restraint if they use force, or threaten to use force, to make someone do something they are resisting, or where a person's freedom of movement is restricted, whether they are resisting or not.

Restraint covers a wide range of actions. It includes the use of active or passive means to ensure that the person concerned does something, or does not do something they want to do, for example, the use of key pads to prevent people from going where they want from a closed environment. Appropriate use of restraint can be justified to prevent harm to a person who lacks capacity as long as it is a proportionate response to the likelihood and seriousness of the harm.

Domestic violence

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. It includes psychological, physical, sexual, financial, emotional abuse and so called "honour" based violence.

Sexual abuse

Examples of sexual abuse/sexual assault include: rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual innuendo, sexual photography, subjection to pornography or witnessing sexual acts, or sexual acts to which the adult has not consented or was pressured into consenting. Rape and other sexual assaults are among the most serious offences investigated by the Police. The trauma that victims suffer presents unique challenges to any investigation. It is the responsibility of all staff to ensure that they are aware of their individual roles and responsibilities to maximise all evidential opportunities to assist any investigation of a sexual nature and the minimum standards required regarding immediate response, recording and reporting

Psychological abuse

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

Financial or material abuse

This is the main form of abuse recorded by the Office of the Public Guardian both amongst adults and children at risk. Financial abuse can occur in isolation but it is also likely to be connected to some other forms of abuse. Although this is not always the case, everyone should be aware of this possibility. **Financial abuse is a crime.**

Examples may include: change in living conditions; lack of heating, clothing or food; inability to pay bills/unexplained shortage of money; unexplained withdrawals from an account; unexplained loss/misplacement of financial documents; the recent addition of authorised signers on a client or donor's signature card; sudden or unexplained changes in a will or other financial documents; theft; fraud; internet scamming, postal scams and doorstep crimes; coercion in relation to an adult's financial affairs or arrangements; the misuse or misappropriation of property, possessions or benefits.

Modern slavery

Modern Slavery exists in the UK and can be perpetrated against men, women and children, UK nationals, and those from abroad. Modern slavery includes slavery, human trafficking, exploitation in the sex industry, forced labour, domestic servitude in the home and forced criminal activity. It can include victims that have been brought from overseas and vulnerable people in the UK being forced to work illegally against their will in many different sectors, including brothels, cannabis farms, nail bars and agriculture. 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.

There are many different characteristics that distinguish slavery from other human rights violations, however only one needs to be present for slavery to exist. Someone is in slavery if they are:

- Forced to work - through mental or physical threat;
- Owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse;
- Dehumanised, treated as a commodity or bought and sold as 'property';
- Physically constrained or has restrictions placed on his/her freedom of movement.

Contemporary slavery takes various forms and affects people of all ages, gender and races.

Discriminatory abuse

This exists when values, beliefs or culture result in a misuse of power that denies mainstream opportunities to some groups or individuals. It is the exploitation of a person's characteristics, which excludes them from opportunities in society, for example, education, health, justice, civic status and protection. It includes discrimination on the basis of age, disability, gender reassignment, marriage, civil partnership, pregnancy, maternity, race, religion or belief, sex or sexual orientation and includes hate crime incidents. Discriminatory abuse includes forms of harassment and slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation or religion.

Organisational abuse

Repeated instances of poor or inappropriate care or support may be an indication of more serious problems and this is referred to as 'organisational abuse'. Organisational abuse occurs when an organisation's systems and processes, and/or management of these, fails to safeguard a number of adults leaving them at risk of, or causing them harm. Organisational abuse can also occur when the routines, systems and norms of an organisation override the needs of those it is there to support, or fail to provide those individuals with an appropriate quality of care. This can be the product of both ineffective and/or punitive management styles, creating an environment within which abuse can take place, intentional or otherwise.

Organisational abuse includes, neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or in relation to care provided in a person's own home. This may range from one-off incidents to 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.

Neglect and acts of omission

This can take several forms and can be the result of an intentional or unintentional act(s) or omission(s). Neglect includes, ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition or heating.

The Police have the powers to investigate allegations of neglect under the Mental Capacity Act 2005⁴, Section 44 and also under the Criminal Justice and Courts Act¹² 2015 Section 20 and 21.

Self-neglect

This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case by case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.

Related Issues

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

Professional Abuse

The misuse of therapeutic power and abuse of trust by professionals, the failure of professionals to act on suspected abuse/crimes, poor care practice or neglect in services, resource shortfalls or service pressures that lead to service failure and culpability as a result of poor management systems/structures. Signs of possible professional abuse 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, service design where groups of users living together are incompatible, punitive responses to challenging behaviours, failure to whistle blow on issues when internal procedures to highlight issues have been exhausted.

Honour Based Violence (HBV)

HBV may be committed when family members feel that dishonour has been brought to their family. Women are predominantly (but not exclusively) the victims and the 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 a concern is raised and there is a suspicion that the adult is the victim of 'honour'-based abuse, a referral to the police should always be considered as they have the necessary expertise to manage the risk.

Forced Marriage

Forced marriage is a term used to describe 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. Multi-agency practice guidelines¹⁹ recommend that cases involving forced marriage are best dealt with by child protection or 'adult protection' specialists. In a situation where there is concern that an adult is being forced into a marriage they do not or cannot consent to, there may be an overlap between action taken under the forced marriage provisions and the adult safeguarding process. In this case action will be co-ordinated with the police and other relevant organisations, such as the Forced Marriage Unit. **Forced marriage is a criminal offence.**

Female Genital Mutilation (FGM)

This involves procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is new born, during childhood or adolescence, just before marriage or during the first pregnancy. 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 2003*²⁰. 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. **The duty came into force on 31 October 2015²³.**

Disability Hate Crime

The Criminal Justice System defines a disability hate crime as 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. The Police monitor five strands of hate crime Disability, Race, Religion, Sexual orientation and Transgender. It should be noted that this definition is based on the perception of the victim or anyone else and is not reliant on evidence. Individuals may be concerned that they would not be recognised as victims or be believed and taken seriously. Abusers may also control their victims, threatening to 'out' them to friends, family or support agencies.

Mate Crime

A 'mate crime' as defined by the Safety Net Project²¹ is 'when vulnerable people are befriended by members of the community who go on to exploit and take advantage of them. It may not be an illegal act but still has a negative effect on the individual.' Mate crime is often difficult for police to investigate, due to its sometimes ambiguous nature, but should be reported to the police who will make a decision about whether or not a criminal offence has been committed. Mate Crime is 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. The aim of radicalisation is to attract people to their reasoning, inspire new recruits and embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause. This may be direct through a relationship, or through social media. '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. Indicators for vulnerability to radicalisation include:

- 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. There are a number of 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 particular circumstances of the individual: identity or personal crisis, particular personal circumstances, unemployment or underemployment and criminality. 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.

Child Protection

The Children Act 1989²² provides the legislative framework for agencies to take decisions on behalf of children and to take action to protect them from abuse and neglect. All staff and volunteers working for StCH must be aware that in situations where there is a concern that an adult at risk is or could be being abused or neglected and there are children in the same household, they too could be at risk. In this situation a referral **must** be made to Children's services. See Safeguarding and promoting the Welfare of Children Policy.

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

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.

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. The adult safeguarding lead or deputy must be informed of **all** safeguarding concerns raised. Appendix 3 outlines the information which will be required when a concern is reported to the LA. If an employee or volunteer is not sure whether their concerns constitute safeguarding, they must discuss their concerns with their manager or senior person on duty.

If any employee or volunteer feels their concerns are not being listened to they should escalate them in the following order - to their line manager, to the safeguarding lead/deputy, to a member of SMT, to the Chief Executive.

The first priority is to ensure any immediate risk is managed and that the person is safe. Where criminal activity is suspected, the police should be involved at an early stage.

Consent must always be sought from the individual before taking any action or sharing personal information. However, there may be circumstances when consent cannot be obtained because the adult lacks the capacity to give it, but the best interests of the individual or others at risk, demand action and an allegation of abuse or neglect of an adult at risk who does not have capacity to consent on issues about their own safety must always be referred to the LA as a safeguarding concern.

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

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)

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.
- The safeguarding lead (or deputy) will coordinate any subsequent request for StCH to undertake an enquiry following a discussion with the LA at the point of referral. This will include collating information (including outcomes) to report to SMT and writing a final report when any Enquiry is closed - these will provide the basis for learning within the organisation.
- The collated information will be stored securely by the safeguarding lead during the period of the Enquiry. At the end of the Enquiry, clinical information will be stored in the adult's clinical record.
- The final report (which will be anonymous) will be held centrally and be available to relevant parties e,g the CQC.

The safeguarding lead and deputy will maintain a log of all safeguarding concerns raised. This log is only accessible to them and to the Medical Director and Director of Care Services. 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.

Safeguarding concerns are not required to be logged on Datix. However, 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 6 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 made aware of their rights under employment legislation and internal disciplinary procedures. Codes of professional conduct and/or employment contracts should be followed and should determine the action that can be taken including the need to report the employee to statutory and other bodies responsible for professional regulation eg NMC/GMC/DBS.
- If a member of staff is removed from their role providing a regulatory activity following a safeguarding incident, StCH has a legal duty to refer them to the DBS (this is the responsibility of the People Director). This legal duty also applies if the employee is dismissed, redeployed to a non regulated activity or leaves their role to avoid a disciplinary hearing (if organisation feels would have dismissed based on information they hold) following a safeguarding concern.
- 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 Enquires

When requested by the LA to undertake a Section 42 Enquiry StCH must comply and notify the LA of the outcomes of any enquiry it conducts by the submission of a written report.

The objectives of a safeguarding enquiry are to:

- establish the facts;
- ascertain the adult's views and wishes;
- assess the needs of the adult for protection, support and redress and how they might be met;
- protect from the abuse and neglect, in accordance with the wishes of the adult;
- make decisions as to what follow-up action should be taken with regard to the person or organisation responsible for the abuse or neglect; and
- enable the adult to achieve resolution and recovery.
- decide whether something should be done to help and protect the adult.

A safeguarding enquiry should be transparent, open minded, timely, fair and effective and always involve the adult, starting with establishing the adults views and wishes i.e what outcome(s) do they want from the enquiry. Who leads an enquiry and the nature of it will depend on the circumstances and will be decided by the LA- those involved must work together to improve the adult's well-being reflecting their wishes and taking the MCA into consideration.

The action after an enquiry will again depend on the circumstances, but may be:

- Disciplinary, complaints or criminal investigation
- Work to improve care standards
- Focussed safeguarding planning
- Fuller assessments with health and social care agencies
- Protection plan

Safeguarding Adults Reviews (SAR)

- An SAR will be arranged by the SAB if an adult dies as a result of abuse or neglect and/or if the SAB suspects the adult has suffered serious abuse or neglect (but not died due to intervention)

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.qcsx.gov.uk

Visitors

All visitors to StCH (any site), except friends and family members visiting patients, must be accompanied by a member of staff at all times. 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.

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. This policy will also be highlighted in the annual managers face to face compulsory adult safeguarding update. The policy is also made publically 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.

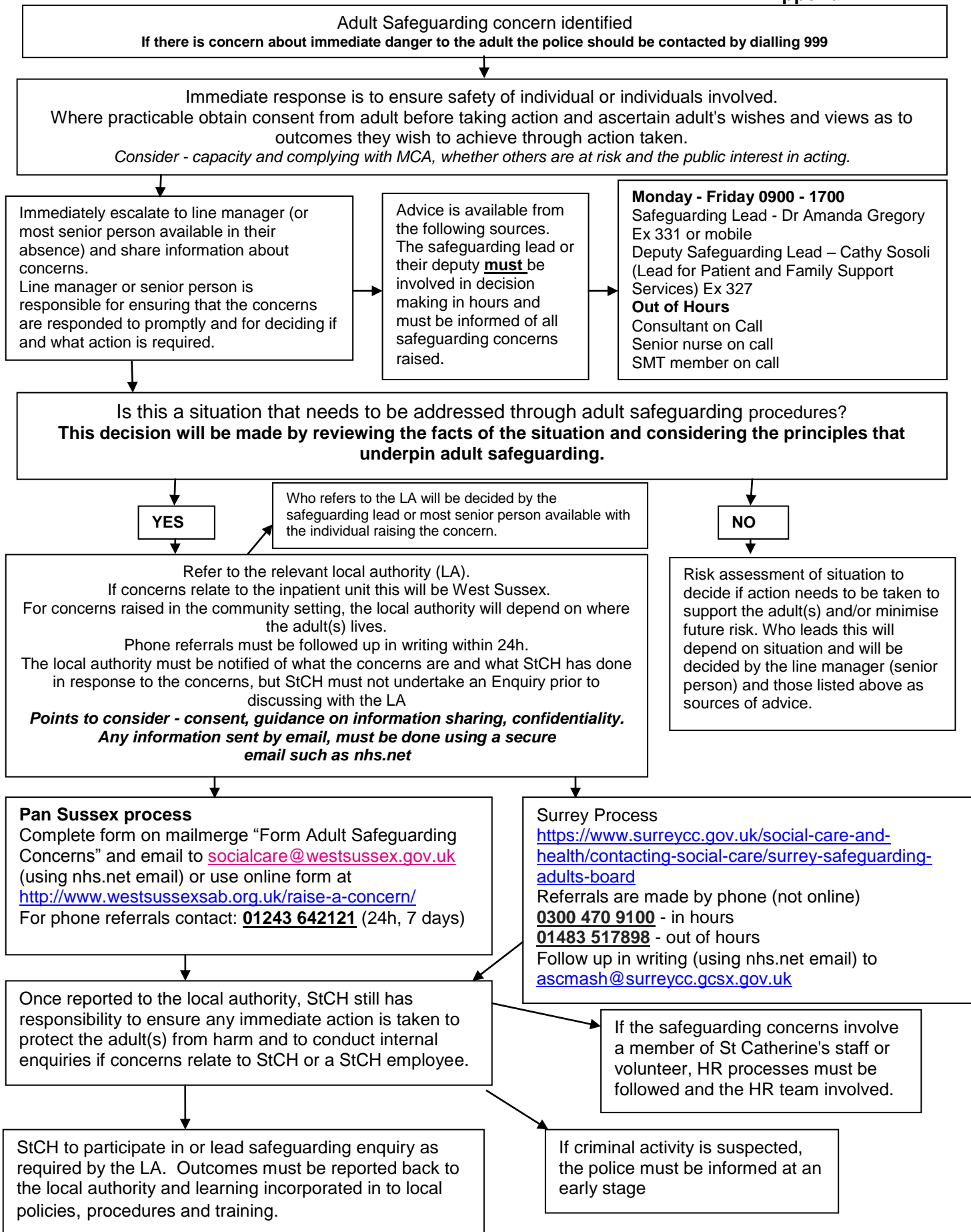
To be completed and attached to all policies when submitted to the appropriate committee for consideration and approval.

		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	

If you have identified a potential discriminatory impact of this policy, please refer it to the Information Governance Group, together with any suggestions as to the action required to avoid/reduce this impact.

End
Appendices follow

Appendix 1



Appendix 2

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.

Appendix 3

1. Adult at risk basic details:

Surname:
Name(s):
Gender:
Date of Birth:
Ethnicity:
First Language:
Communication needs:
Address:

2. Details of the allegation/incident

When did the incident happen? Date/time

Where did the incident happen? – Location/setting of alleged abuse

What is alleged to have happened? – Give summary of the alleged abuse

3. Alleged type of abuse

- Financial or material
- Sexual
- Neglect and acts of omission
- Physical
- Psychological
- Domestic Violence
- Organisational
- Self -Neglect
- Modern Slavery
- Discriminatory

Do you think a crime has been committed?

If YES, have you contacted the Police?

If YES please state outcome and the Police reference number

If NO please state reasons why the Police have not been contacted

4. Details of the person alleged to have caused harm (if known)

e.g. Name, address, age, telephone number, gender

Relationship to the Adult at Risk

Are they a Carer for the Adult at Risk?

Are they an Adult at Risk themselves? – if yes, please give details

Is the person employed in a position of trust; e.g. care worker, social worker, etc.?

5. Does the adult at risk live with the person alleged to have caused harm?

- If yes, please give details

6. Adult at Risk's Capacity

- Does the Adult at Risk have the mental capacity to consent to the Safeguarding concern being reported?
- If no, please detail why you think they may lack capacity and why you think it is in their best interest to raise the safeguarding concern on their behalf
- If yes, have they consented to the safeguarding concern being reported?
- If no, on what basis/best interest decision have you raised the safeguarding concern?

7. What action has already been taken?

Give description of any immediate actions taken to protect the Adult at Risk i.e. was an ambulance called, were the Police called, risk assessment undertaken,etc

8. Has the adult at risk been the victim of a safeguarding concern previously?

If yes please give details if known

9. Who is the Adult at Risk known to?i.e. (funding authority) Surrey Adult Social Care (state Locality Team), Continuing Health Care, other Local Authority, Self- funding

10. If the incident occurred in a regulated service, has a notification been sent to CQC

If No, please state who and when this will be done by

Appendix 4

Training for Adult Safeguarding St Catherine's Hospice

Who	What
All staff (clinical and non clinical) including trading	Face to face adult safeguarding training as part of induction (within 6 weeks of starting). Annual adult safeguarding update using e learning module on Virtual College Meeting with Caldicott Guardian as part of induction Supervision and reflective practice around safeguarding procedures (preventing, recognising, reporting) is incorporated into team meetings, incident/complaint management and PDPs – including feedback from incidents/complaints Staff are able to demonstrate their ability to recognise and respond to safeguarding concerns and to keep people safe by meeting their individual expected competencies and through the appraisal process.
Managers including trading	In addition to the above, Managers' will receive an annual update on their roles and responsibilities with regards to safeguarding as part of the manager's update schedule.
Trustees	Face to face adult safeguarding training as part of induction (within 6 weeks of starting). Annual adult safeguarding update using e learning module on Virtual College
Patient facing volunteers	Face to face adult safeguarding training as part of induction (within 6 weeks of starting). Annual face to face adult safeguarding update
Non patient facing volunteers	Face to face adult safeguarding training as part of induction (within 6 weeks of starting). 3-5 yearly face to face adult safeguarding update
Shop volunteers	Information on how to raise a safeguarding concern available in each shop and part of induction.

Appendix 5

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.

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.



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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 6

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)