Title: Safeguarding Adults and Children From Risk of Abuse	Policy

Applicable Setting	All Hospiscare Settings
Responsible Director	Director of Care
Originator/Author	Director of Care and Safeguarding Lead
Legislative Requirement/ Best Practice Reference	Mental Capacity Act 2005; Charities Commission in the December 2017 policy document "Strategy for dealing with Safeguarding issues in charities"; NHS England Safeguarding Policy 2015. Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff 2019 (Jan)
Strategic Map Link	Directly deliver high quality end of life care Values link, work with integrity
Cross Reference/other policy link	Please note this replaces the Child Protection Policy and correlates to; Recruitment Policy; Volunteer Recruitment Policy; Speaking up raising a concern and whistle blowing; Mental Capacity Act guidance and procedural document; Consent Policy; Clinical Record Keeping Policy
Equality Impact Assessment completed	Yes, this policy is designed to advantage all groups, especially those at risk of abuse
Abbreviations used	No
Appendices	1) Safeguarding Adults Referral Flowchart 2) Explanation
REVIEW	
Date to be reviewed	June 2019
By Whom	Director of Care and Safeguarding Lead
Date Reviewed	June 2019
Author	Director of Clinical Services
Approved By	Senior Management Team and Board
Status	Final
Next Review due	June 2020

Hospiscare Safeguarding Policy and Procedure

Reason for the policy

All the areas listed here apply:

- Best practice
- Incident response, reporting and training
- Legal compliance
- Regulatory compliance
- Good governance
- Risk mitigation.

In light of recent issues within other charities, Hospiscare has reviewed its safeguarding arrangements and this policy now includes best practice, as outlined by the Charities Commission (CC) in the December 2017 policy document "Strategy for dealing with safeguarding issues in Charities" and the NHS England Safeguarding Policy 2015. To comply with this guidance the CC recommends that charities review the suitability, robustness and effectiveness of their processes and policies in relation to safeguarding but also in relation to staff safety and staff conduct more broadly.

Definitions

Abuse is defined as:

- A violation of individuals' human and civil rights by others' (*No Secrets* (2000)).

Safeguarding is defined as the:

- Prevention of harm and abuse through provision of high quality care
- Effective response to allegations of harm and abuse, in line with the local multi-agency procedures (see page pages 9 and 10: Alerting others to safeguarding concerns).

Adults and children at risk

The term 'adult at risk' has been used in this policy to replace 'vulnerable adult'. This is because the term 'vulnerable adult' may wrongly imply that

some of the fault for the abuse lies with the abused adult. Children at risk is also the new terminology to describe an 'at risk child'.
An adult at risk under the Care Act 2014 applies to an adult, aged 18 or over, who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and

- is experiencing, or at risk of, abuse or neglect and

- as a result of those care and support needs, is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

The person's need for additional support to protect themselves may be increased when complicated by additional factors, such as physical frailty brought on by old age or other circumstances, such as acute and / or chronic illness, impaired mental capacity and physical or learning disabilities.

Statement of Policy

Hospiscare aims to provide the best possible service to patients, their carers and relatives, by operating in line with our values:

- Because we value dying as an important part of living and believe that every day matters to people approaching the end of their life, we: Put the needs of patients and those close to them at the centre of what we do

- Provide timely and accessible services and help others to do so

- Make the best use of our resources

- Act fairly according to the needs of patients and our staff, both paid and voluntary

- Are sensitive, honest and clear in all our communications

- Respect everyone's contribution to our service and work co-operatively in teams.

Safeguarding adults and children at risk of abuse is underpinned by these values and is integral to Hospiscare's service delivery.

To support effective safeguarding it is Hospiscare's policy to have a clear and robust approach to safeguarding in four key areas:

- Leadership, culture and values
- Law, regulation and the statutory framework
- Capacity and capability in Hospiscare to implement safeguarding procedures
- Clarity about responsibilities and reporting, accountability and transparency.

Safeguarding adults at risk at Hospiscare is everyone's responsibility and therefore, awareness and training for everyone, appropriate to their job role will be provided.

Adults and children at risk may include service users, their carers and families, Hospiscare staff, volunteers, supporters and customers. This list is not exhaustive.

This policy:

- Clarifies safeguarding legislation and the charity's responsibilities and obligations
- Covers definitions about safeguarding: What is Safeguarding and when it applies
- Describes how safeguarding is monitored and governed within the charity
- Describes what to do if a staff member or volunteer has a concern, or a concern is reported by another interested party
- Describes how safeguarding incidents should be recorded and reported
- Describes what training is required.

Scope:

This policy covers all Hospiscare employed staff and / or volunteers working in all areas of the charity and its subsidiaries. If actions are required by specific teams, this is referred to in the policy.

1. Linked Policies:

- Recruitment Policy

- Volunteer Recruitment Policy
- Speaking Up Policy (Whistle Blowing)
- Mental Capacity Act Guidance and Procedure
- Clinical Consent Policy
- Clinical Record Keeping Policy.

2. Responsibilities

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

Board and Trustees are responsible for ensuring they meet their obligations, as laid out by the CC and the Care Quality Commission (CQC). Trustees must report to the CQC any safeguarding issues, serious incidents, complaints or allegations as they occur and any which have not previously been disclosed. Failure to do so may be considered misconduct and / or mismanagement and may be a breach of trustees' duties (CC Guidance 2018).

The Board has nominated a lead trustee for safeguarding, who is the Chair of the Quality Assurance and Improvement Committee (QAIC). This trustee will work with the Director of Care, who is Hospiscare's Safeguarding Lead, to review all alerts.

Staff or volunteers who have concerns about safeguarding should, in the first instance, contact their line manager, Director of Care, an Assistant Director of Care or the Chair of the QAIC. If they still have concerns they can contact the Chief Executive, Chair of Trustees or any Trustee.

Directors: The Director of Clinical Services is responsible for ensuring the revised policy is communicated to staff/ volunteers who work with patients, families and carers. The Director of Clinical Services has executive responsibility for safeguarding reporting to the Quality Assurance and Improvement Committee and the Board.

The Directors of Finance & IT, Estates & Facilities, Income Generation and Workforce Development are responsible for ensuring that their staff are aware of, and comply with, this policy and any regulatory obligations as set out in it.

Line Managers are responsible for ensuring that their staff are signposted to the policy and that they work within the guidance it contains.

Staff and volunteers: it is the responsibility of all staff to be aware of the content of this policy and work to the policy.

Learning and Development Team is responsible for developing and implementing training modules to support this policy.

3. Equality Assessment Statement:

This policy has been screened to assess the likely impact on any of the protected characteristics in the Equality Act 2010 and the potential impacts are identified as being positive. The intention of the policy is to ensure service users, staff, volunteers, supporters and customers are protected from abuse.

4. Mental Capacity

The assessment of mental capacity is primarily applicable to clinical services but should be borne in mind in respect to any potential adults at risk, for example when accepting a donation.

The presumption is that adults have the mental capacity to assess their own safety, how they live their lives and the risks they want to take. This should be honoured and respected.

Issues of mental capacity and ability to give informed consent are central to actions and decisions made by Hospiscare in relation to safeguarding adults at risk.

Circumstances may result in the person lacking mental capacity to make a specific decision at the time it needs to be made.

In relation to clinical services a Mental Capacity Assessment will be made by the Clinician and where appropriate, an IMCA (Independent Mental Capacity Advocate) provided (The Mental Capacity Act 2005).

A 'best interest' decision should be made by the multi-disciplinary team with a patient representative or IMCA view taken into consideration. The ultimate decision and responsibility about a patient's safety lies with the Medical Clinician in charge of their care. See the Mental Capacity Act (MCA) guidance for additional information.

In relation to non-clinical services, advice may be sought from the Medical Director who is the MCA Lead or from the Director of Care who is the Safeguarding Lead.

5. Categories of Abuse

Abuse can be:

Physical: Slapping, pushing, kicking, rough handling, misuse of medication or restraint.

Sexual: Rape, sexual assault or sexual acts to which the adult at risk has not consented to, could not consent to, or was put under pressure into consenting.

Psychological: Verbal assault or intimidation, emotional abuse, threats of harm or abandonment, denying choices or wishes.

Financial: Theft, fraud, exploitation and pressure in connection with wills, property, possessions or benefits.

Neglect and acts of omission: Ignoring medical or physical care needs, failure to provide access to appropriate health or social care, withholding necessities of life, such as medication, food, fluids or heating.

Discriminatory: Motivated by discriminatory and oppressive attitudes towards race, gender, cultural backgrounds, religion, sexual orientation and age.

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

Organisational: Within a healthcare environment by carers, either by an isolated incident of poor or unsatisfactory care being given, persuasive ill treatment or gross misconduct.

Modern slavery: Including forced labour and human trafficking.

Mate crime: When a perpetrator befriends a vulnerable person with the intention of then exploiting them.

Hate crime: A crime motivated by racial, sexual, or other prejudice, typically one involving violence.

Domestic violence: Violent or aggressive behaviour within the home, typically involving violent abuse of a spouse or partner.

Self-neglect: Now a category of abuse under the Care Act Statutory Guidance 2014. The Care Act includes duties on health and care services and service commissioners to promote well-being. People who neglect themselves can often be at risk of other forms of abuse and exploitation.

Categories of Abuse for Children at Risk are similar and are described here:

Physical Abuse: Actual or likely physical injury to a child, or young person, under the age 18, or failure to prevent physical injury.

Sexual Abuse: This may involve forcing or enticing a child to take part in sexual activity, resulting in actual or likely sexual exploitation of a child or young person. The child may be dependent or developmentally immature.

Female Genital Mutilation: If there is any awareness of a risk of female genital mutilation in a child, staff have a legal obligation to report it and should be discussed with a senior manager or clinician. This relates to the Female Genital Mutilation Act of 2003.

Emotional Abuse: Severe or persistent emotional maltreatment or rejection, likely to cause severe and persistent adverse effect on the emotional and behavioural development of a child.

Neglect: The persistent or severe failure to meet a child's basic physical and / or psychological needs, or the failure to protect a child from exposure to danger or neglect, resulting in impairment of the child's health or development.

Historical Abuse: There may be occasions when an adult will disclose abuse (either sexual or physical) which occurred in the past, during their childhood. This information needs to be treated in exactly the same way as a disclosure or suspicion of current child abuse. The reason for this is that the abuser may still represent a current risk to children.

Staff and volunteers will be made aware of the potential signs of child abuse; common indicators include:

- Physical signs such as hand-slap marks, bruising in unusual areas, bruised eyes or bite marks.

- Poor physical care and inadequate hygiene, inappropriate dress or failure to seek appropriate healthcare.

- A child's behaviour may also indicate that they have been abused, eg fear of adults or of a certain adult when they approach them, a display of aggressive behaviour or deliberate self-harm.

There is no one definite sign, symptom or injury. A series of minor events can be just as damaging as any one event.

5.1 The Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff

This intercollegiate document was updated in January 2019 and as a result, clarifies that organisations who care for children should ensure their staff and volunteers have appropriate training. Different staff groups require different levels of competence depending on their role, their level of contact with children and young people, the nature of their work and their level of responsibility. All staff working at Hospiscare should know what to do if there is a safeguarding/child protection concern involving a child or family, know the referral procedure, which includes knowing whom to contact within their organisation to communicate their concerns or seek safeguarding advice.

The following Competency Framework reflects our risk assessment outcome, proportionate to the exposure children have to our staff and volunteers. This policy notes the CQC expectation that organisations should be working towards the implementation of this framework in a timely manner.

Levels	What the guidance says	Our assessment
Level one	All staff working in healthcare services	All staff and volunteers with face-to-face patient contact
Level two	All non-clinical and clinical staff who have any contact (however small) with children, young people and/or parents/carers or any adult who may pose a risk to children.	All staff and volunteers with face-to-face patient contact
Level three	Clinical staff working with children, young people and/or parents/carers or any adult who may pose a risk to children and who could potentially contribute to assessing , planning, intervening and/or evaluating the needs of a child or young person and/or parenting capacity (regardless of whether there have been	All medical staff, all Care Navigators, Bereavement volunteers, chaplaincy volunteers and clinical roles (Band 6 and above)

	previously identified child protection/safeguarding concerns or not)	
Level four	Specialist roles named professionals Drs and named nurses	All medical staff, all Care Navigators, Bereavement volunteers, chaplaincy volunteers and clinical roles (Band 6 and above)
Level five	Specialist roles- designated professional's paediatricians and children's nurses.	Not applicable to us
Board	The CEO, Trust and Health Board executive and non-executive directors/members commissioning bodies	An assessment of the governance framework and assurance that level 1 is held by all the Board. The CEO and Safeguarding Lead will assess the need and impact.

Responding to safeguarding concerns

Staff and volunteers will be trained to understand the importance of alerting and reporting safeguarding concerns. If, at any stage, staff and volunteers require support, they may discuss their concerns with a line manager and / or email the organisation's Safeguarding Lead on safeguarding@hospiscare.co.uk

When being told about someone who feels they are being abused, listen carefully to what you are being told and only ask questions for clarification, not probing. Do not promise confidentiality but reassure them that they will be kept safe.

If abuse is observed, then make a record as soon as possible of the facts and report as described in the policy.

In clinical teams, a written record should be made in the medical or nursing notes, including a body map if required. This needs to be done as close to the disclosure as is feasible, in order to have the details as factual as possible. It should be signed and dated and a Hospiscare Incident Form completed. This information should then be shared with a senior colleague (and doctor on the Inpatient Unit).

Alerting others to safeguarding concerns raised at Hospiscare

What to do if the threat is urgent

The severity of threat to the individual should be assessed and immediate measures put in place to reduce risk. If potential threat is of a criminal offence and risk is high, then the police should be alerted via (9) 999; the police have a safeguarding team. If this is for an IPU patient and is out of hours, inform the doctor on call and SMT person on call. If the concern relates to a non-clinical area alert the relevant director in working hours or the SMT person on call out of working hours.

What to do if the threat is not urgent

If the alleged abuse is not an imminent threat, it should be reported to the Line Manager and they will decide whether to alert the relevant authorities in consultation with Hospiscare's Safeguarding Lead or, in their absence, the Chief Executive Officer or another member of the SMT.

With reference to alerts relating to patients; if it is about a patient in IPU the doctor in charge should be informed. If the alert relates to a patient in the community or in Day Hospice, the GP will be informed of our concerns the next working day.
If it is decided that the incident or allegation falls within this Safeguarding Policy, Hospiscare will contact Care Direct, the Adult Safeguarding Team at Devon County Council (DCC) on **0345 155 1007** or email customerservicecentrecaredirectteam-mailbox@devon.gov.uk (to raise a safeguarding alert. If it is professional advice that is required, this can be accessed from the Duty Officer on **0345 155 1007**.

Some categories of abuse may be regarded as a criminal offence and in these cases DCC will inform the police.

Hospiscare will discuss next steps with DCC and a lead person at DCC and at Hospiscare will be identified. Hospiscare will then be guided by DCC.

It is important to ensure that all the facts are documented at the time of the telephone call and that this record can be accessed by the lead person identified by Hospiscare within 24 hours.

When reporting concerns about at risk children, call the Devon Safeguarding Children's number on **0345 155 1071** or email mashsecure@devon.gov.uk.

All safeguarding issues should be reported to Hospiscare's Safeguarding Lead via safeguarding@hospiscare.co.uk. Allegations of abuse by staff or volunteers at Hospiscare will independently trigger an internal investigation.

The person raising the allegation of abuse should be kept informed of the process of events, as assessed appropriate for them, by the above Hospiscare personnel.

In addition to being reported to DCC, the CQC should be alerted. Raising a safeguarding concern is a statutory notification required by the CQC under 'abuse or allegations of abuse concerning a person who uses the service'. This notification should be completed via their website, by the Safeguarding Lead. The Director of Workforce Development should be informed if the allegation is against an employee.

The alert should be reported to Hospiscare's Board of Trustees via the QAIC. If the Trustees consider it to be a significant incident it should be reported to the Charity Commission in accordance with the December 2017 guidance.

6. Staff Support:

Raising a safeguarding concern can affect the staff and volunteers involved. Managerial support should be given throughout and beyond the event and an appropriate referral for external support can be made if it is assessed that this would be beneficial. If a whole team are involved a facilitated debrief can be offered. Open and regular communication with the manager and staff involved should continue for as long as is necessary.

7. Governance of Safeguarding Issues

Hospiscare's Safeguarding Lead will log all issues and report them to the Patient Experience and Safety Group, including those outside clinical areas. The log and action plans associated with incidents will be reviewed monthly. All incidents will be reported to the QAIC and, via that committee, to the Board of Trustees. The Safeguarding Lead will report to Hospiscare's regulators.

8. Safeguarding Training

All staff and volunteers, in all areas and in all roles within the organisation, will require some safeguarding training as a statutory obligation under the Charity Commission's guidance.

Within Hospiscare, there are three levels of safeguarding training, which will enable all staff to have the requisite skills and knowledge to work within this policy.

- *Level One* is relevant for all staff and volunteers to have an awareness of what actions they should take if they have a safeguarding concern.

- *Level Two* equips managers and team leaders to act appropriately to assess the need for escalation or further support that may be required.

- *Level Three* training is required by Hospiscare's Safeguarding Lead and the Medical Director.

All staff and volunteers are required to complete the Training Tracker Safeguarding module within 3 months of appointment. Some staff are required to undertake an annual update. A record of who is required to do so and who has completed the module is held by the Learning and Development Team. This information will be shared periodically with line managers.

9. Deprivation of Liberty Safeguarding (DoLS):

The Mental Capacity Act ensures that people who lack mental capacity are only deprived of their liberty if:

- it is in their best interest
- there is no other way to keep them safe, to give them care or treatment they need.

DoLS provides protection to people in a healthcare setting who have a mental disability and do not have the capacity to decide whether or not they wish to remain there, to receive treatment or care.

An application to Devon District Council (DDC) must be made by Hospiscare IPU senior staff for authorisation from the local authority (Devon County Council) to deprive someone of their liberty, if they believe it is in their best interest.

Depriving a person of their liberty is a **statutory notification requirement of the CQC** and full details of the application and its outcome must be completed, via their website, by the most senior nurse involved.

Depriving someone of their liberty includes:

- Use of restraint, including sedating a person or sending them to somewhere they do not wish to go to

- Staff taking complete and effective control over the care and movement of a person for a significant length of time

- Staff refusing to discharge someone when relatives or friends have requested it

- Restrictions that lead a person to lose relationships with relatives or friends

- Continuous supervision and control of a person that results in them not being able to do what they want or go where they want to.

Full documentation is available on the Hospiscare Intranet which aids the decision making process and advice and support can be sought from the DDC Deprivation of Liberty Safeguarding Team (DoLS) directly via 01392 381676 or by emailing dols@devon.gov.uk

Full documentation regarding this decision (or discussion that resulted in the decision not to report, with rationale) should be made in the Hospiscare medical notes.

10. Prevention of Abuse

- Recruitment of employees will follow the Hospice Recruitment and Selection Policy and Procedure.

- Recruitment of volunteers will follow the Volunteer Recruitment Policy and Procedure.

- All staff in patient-facing roles will be subject to an Enhanced Disclosure and Barring Service check.

- All staff in roles that include a regulated activity will be subject to an Enhanced Disclosure and Barring Service check, including barred lists.

- Any external staff or official visitors will not be allowed any contact with the patients, without the continued presence of a member of Hospice staff. Visiting professionals such as opticians and chiropodists can see patients without a chaperone when they have signed in and confirmed their professional registration.

- Staff are encouraged to use the Speaking-up Policy (Whistle Blowing) to raise concerns.

11. Monitoring compliance with and the effectiveness of the Policy

Key performance indicators comprise:

- An annual documentation audit. The results of clinical audits of safeguarding activity and any resulting action plans, will be used to develop best practice and require improvement, where necessary
- Number of questions and referrals to safeguarding@hospiscare.co.uk
- Measures are taken to improve practice
- 90% completion of the safeguarding training tracker
- Complaints and incident reports will be examined to highlight any issues and actions to modify and reduce risk.

The monitoring compliance will be through reporting to the QAIC.

References and Information resource:

Charities Commission December 2017 Strategy for Dealing With Safeguarding Issues in Charities:
https://www.gov.uk/government/publications/strategy-for-dealing-with-safeguarding-issues-in-charities/strategy-for-dealing-with-safeguarding-issues-in-charities

Domestic violence:
https://www.rcn.org.uk/professional-development/publications/pub-005985

NHS England Safeguarding Policy 2015:
https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguard-policy.pdf

Devon Safeguarding Board 2018:
https://new.devon.gov.uk/devonsafeguardingadultsboard/
https:new.devon.gov.uk/devonsafeguarding/

Department of Health Mental Capacity Act 2005 and Code of Practice 2017:

https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice

Department of Health No Secrets 2000:

https://www.gov.uk/government/publications/no-secrets-guidance-on-protecting-vulnerable-adults-in-care

Safeguarding Children Information for Devon:

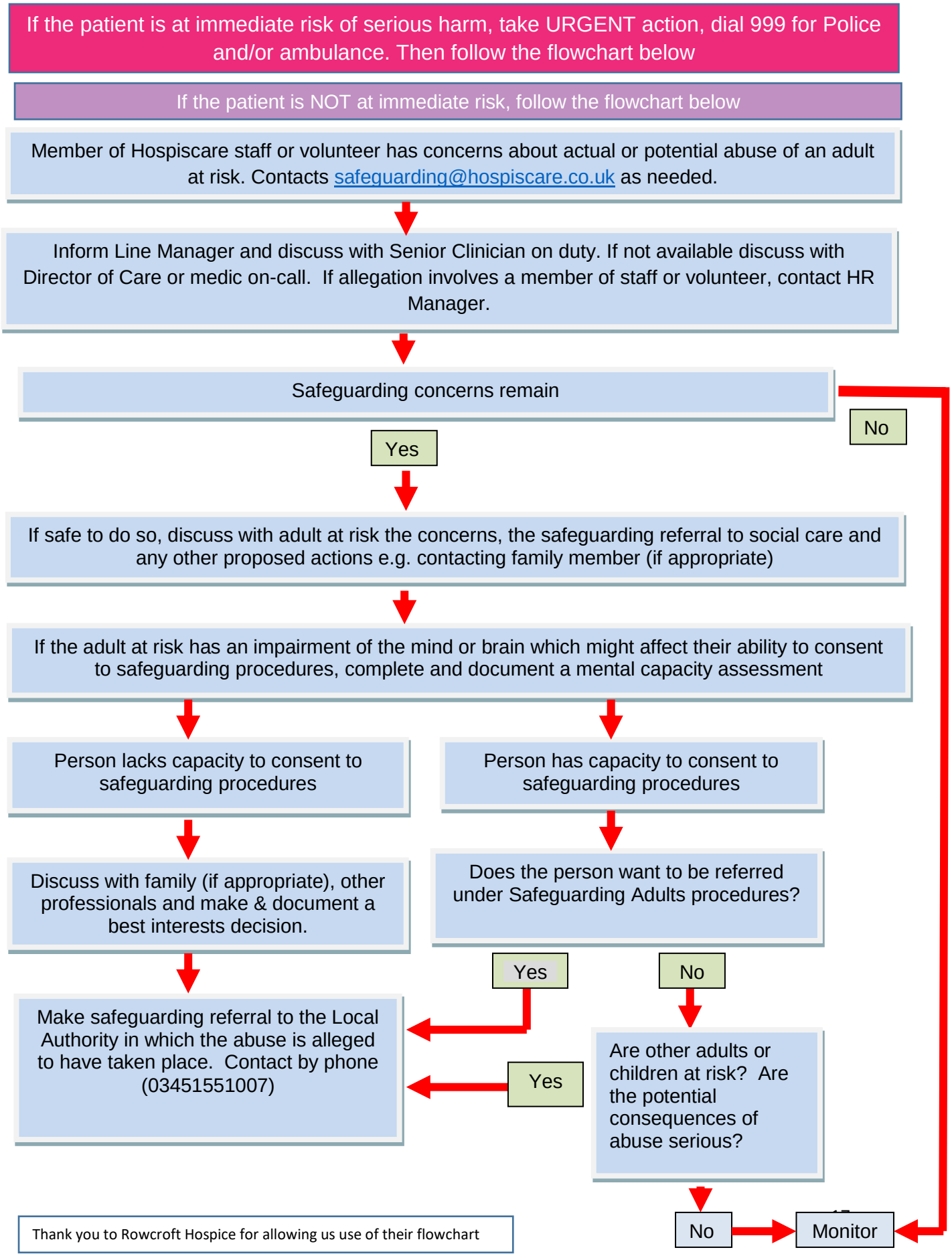
https://www.devonchildrenandfamiliespartnership.org.uk/

Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (Jan 2019)

www.safeguardingassociatesforexcellence.co.uk/wp-content/uploads/2019/01/2019-Intercollegiate-document.pdf

Appendix 1

SAFEGUARDING ADULTS REFERRAL FLOWCHART



Thank you to Rowcroft Hospice for allowing us use of their flowchart

Hospiscare Clinical Documentation Flow Chart