



Policy: Safeguarding adults at risk from harm, abuse or neglect
Policy number: 6.01

1. Policy Statement

Adult safeguarding means to work with an individual to protect their right to live in safety, free from abuse, harm and neglect. This can include both proactive and reactive interventions to support health and wellbeing with the engagement of the individual and their wider community. The aim is to enable the individual to live free from fear and harm and have their rights and choices respected.

Hospice in the Weald is committed to supporting patients, carers and their families, as well as respecting and valuing all staff members, trustees and volunteers. Every member of staff and volunteer (the workforce), as well as the trustees, has a duty to protect any adult at risk from harm, abuse or neglect who comes in contact with the organisation and who is, or could become a victim of abuse of any kind.

This policy provides guidance on how to act if you think an adult at risk from harm, abuse or neglect may be at risk. Any and all of our patients are considered vulnerable adults, and they and those they say are important to them can be seen as an adult at risk from harm, abuse or neglect.

2. Related policies, guidelines and procedures

Policies

Risk Management incorporating incident and near miss reporting (9.08)
Safeguarding Children (6.02)
Adverse Comments and Complaints (6.04)
Health and Safety (9.01)
Health Records – Management of Patient Records (4.02)
Restraint and Deprivation of Liberty Safeguards (6.07)
Health Records – Data Sharing (4.09)
Recruitment and Selection (8.23)
Confidentiality (8.19)
Whistleblowing (6.3)

Legal framework

Data Protection Act 1998
Sexual Offences Act 2003
Protection of Freedoms Act 2012
Mental Capacity 2005
Modern Slavery 2015
Human Rights 1998
Care Act 2014
Adult Safeguarding: Roles and Competencies for Healthcare Staff – intercollegiate document (2018)

3. **Responsibility and Accountability**

Policy formulation:	Michelle Ford, (Care Director)
Policy Review 2022:	Paul Madden (Care Director)
Approval:	CEO (via HLT)
Compliance:	All Staff and volunteers. Managers have a responsibility to ensure volunteers in their service or department are aware of the detail in this policy and have the necessary information and understanding to carry out their roles in line with this.

4. **Relevant Dates**

Policy originated:	December 2003
Last Review Date:	May 2022
Previous Review Dates:	August 2016, August 2019
This Review Date:	April 2023
Policy Review by:	Jane Pantony
Next Review Date:	April 2026

5. **Aim of the policy**

The aim of the policy is to ensure a coherent and consistent approach to the prevention, identification, response to and management of potential and actual incidents which involve adult safeguarding.

The policy further aims to secure the safety of adults at risk from harm, abuse or neglect by ensuring:

- a. all staff are subject to rigorous recruitment procedures including DBS checks at the prevailing legally required level
- b. all staff are given appropriate support and training in identifying and understanding the correct response to be taken to care for adults at risk from harm, abuse or neglect
- c. clear guidance on action to be taken if an allegation (or if otherwise suspected) of harm, abuse or neglect is made against a member of staff or a volunteer or if the behaviour of anyone gives cause for concern.

This will ensure that we are

- **Empowering:**

people to be confident in making their own decisions and giving informed consent. The proper support has to be in place for individuals to have a choice and control over the decisions that they make.

- **Protecting:**

to help stop any abuse from taking place and offer help and support to those who are already at risk.

- **Preventing:**

neglect, harm or abuse.

- **Proportional:**

any issue that comes up should be dealt with in the least intrusive manner. This ensures that services take each person into account when dealing with abuse. They will respect each individual and assess any risks presented.

- **Working in Partnership:**

allow organisations to work together with each other, as well as with the local community.

- **Accountable:**
this ensures that everyone contributes to their role when it comes to safeguarding adults at risk from harm, abuse or neglect. Everyone is accountable for their actions as individuals, services and organisations.

These are the 6 Key Principles of Safeguarding

6. Definitions

a. Definition of Abuse

Abuse is a violation of an individual's human and civil rights by any other person or persons.

Abuse of an adult at risk from harm, abuse or neglect may consist of a single act or repeated acts. It may occur as a result of a failure to undertake action or appropriate care tasks. It may be an act of neglect or an omission to act, or it may occur where an adult at risk from harm, abuse or neglect person is persuaded to enter into a financial or sexual transaction to which they have not, or cannot, consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the individual.

b. Definition of Adult at Risk

An adult at risk is any person who is aged 18 years or over and at risk of abuse, harm or neglect because of their needs for care and/or support and are unable to safeguard themselves.

7. Recognising abuse

All staff and volunteers have a responsibility to familiarise themselves with the different types of abuse that adults can be subjected to. It may not always be obvious that someone is being abused and everyone must remain vigilant (see section 10. Professional Curiosity). The most commonly recognised types of abuse are as follows:

Physical abuse – such as hitting, slapping, pushing, kicking, shaking, throwing, poisoning, the misuse of medication, the misuse of restraint or inappropriate sanctions, burning or scalding, suffocating, or otherwise causing physical harm to an adult.

Psychological abuse – such as verbal abuse, threats, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, isolation or withdrawal from services or supportive networks, telling or making an adult feel worthless, unloved, or inadequate.

Sexual abuse – such as rape and sexual assault, or sexual acts to which the adult has not consented, or could not consent, or where pressure was applied to secure their consent through force or enticement.

Neglect (including acts of omission) – such as ignoring medical or physical care needs, failing to provide access to appropriate health, social care or educational services. Plus, withholding the necessities of life, such as medication, food and drink and heating and clothing and shelter.

Self-Neglect - is a behavioural condition that leads to a person not being able to look after their own basic needs. These include not looking after their living environment, not seeking advice for medical issues, hoarding animals or items and the inability to maintain their own personal hygiene.

Domestic violence or abuse – such as psychological, physical, sexual, financial or emotional abuse between adults who are or have been intimate partners or family members. It is also worth noting that there is

increasing evidence of children and adolescents behaving in an abusive and violent way towards parents and family members.

This also includes Honour based violence and Female Genital Mutilation (FGM).

Financial or Material Abuse – such as theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Discriminatory abuse - Discrimination on any grounds including sex, race, colour, language, culture, religion, politics, sexual orientation or disability.

Online Abuse – Online abuse is any type of abuse that happens on the internet, for example through social media, or mobile phones. Online abuse covers a wide range of behaviours and technologies and can include trolling, stealing someone else’s identity, cyber-exploitation, cyber-stalking and cyberbullying.

County Lines - where illegal drugs are transported from one area to another, often across police and local authority boundaries (although not exclusively), usually by children or adults at risk from harm, abuse or neglect who are coerced into it by gangs.

Cuckooing – is a form of crime in which drug dealers take over the home of an adult at risk from harm, abuse or neglect in order to use it as a base for drug dealing, storing firearms, and other criminal activity. The crime is named for the Cuckoo’s practice of taking over other birds’ nest for its young.

Radicalisation – refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.

Modern slavery - is defined as the recruitment, movement, harbouring or receiving of children, women or men through the use of force, coercion, abuse of vulnerability, deception or other means for the purpose of exploitation.

8. What is safeguarding and why is it important

Safeguarding means protecting someone’s health, wellbeing and human rights; enabling them to live free from harm, abuse and neglect. It is an integral part of providing high-quality health care. Safeguarding children, young people and adults is a collective responsibility.

Safeguarding is everyone’s business, and in the case of suspected harm, abuse or neglect, anyone involved is required to take immediate action and ensure the Designated Safeguarding Lead is informed immediately.

9. Safeguarding Leads at Hospice in the Weald

The Designated Safeguarding Lead for adults at Hospice in the Weald is:

Paul Madden, Care Director

The Deputy Designated Safeguarding lead for adults at Hospice in the Weald is:

Jan Thirkettle, Clinical Director

The Designated Safeguarding Lead, Deputy, CEO or Directors can discuss concerns with senior people in other agencies to help clarify whether further action is necessary. In some cases, no further action will be needed; in others, for example where a crime may have been committed, a police investigation may take place.

10. Professional Curiosity

People affected by abuse or neglect rarely tell us so directly – they may be frightened or ashamed, and often they don't realise that their lives are different to anyone else's. This makes it difficult for professionals to identify people who are experiencing or at risk of abuse – to do so we need to be curious about their lives, observant of their behaviour and to really listen to what they are saying to us.

Professional curiosity means exploring every possible indicator of abuse or neglect and trying to understand what the life of that adult is like on a day-to-day basis – their routines, thoughts, feelings and relationships with family members/carers.

A professional may have the opportunity to identify abuse and neglect even if they come into contact with a family for an unrelated reason. In order to be truly curious about an adult's life professionals also need to maintain an attitude of respectful uncertainty. This means applying a critical eye to the information given by family members or carers rather than just accepting things on face value:

- Does the explanation given make sense?
- Is there other information which sheds doubt on their account?
- Is it possible to independently verify the information given?

It is important to acknowledge that we all work in an environment of uncertainty. Nobody can see into the future or know what happens behind closed doors and therefore practitioners need to adjust their understanding of the person's situation in order to take into account changing information and different perspectives.

11. What to do if someone discloses abuse

For incidents concerning an adult at risk where there is immediate danger to life, risk of injury or a crime being committed dial 999.

While people have the right to expect that information shared with a member of staff/volunteer should be treated as confidential, it should be made clear that where the staff member/volunteer has a reason to be concerned for the welfare of a person and/or others, they will share the information with someone who is in a position to take action or responsibility.

The adult should be told with whom the information will be shared, and that their views and wishes will be taken into account. Any views or wishes expressed by the adult should be recorded and reported with their concerns by the staff member. Concerns should be reported at the earliest possible opportunity.

Ensuring the safety of the adult and any other people at risk is the primary responsibility of workforce when they become aware of a serious incident. All concerns must be documented use the [Hospices' Safeguarding Alert Form](#).

If someone discloses to you, then:

- 11.1. Stay Calm
- 11.2. Speak to the adult in a private and safe place. Use the [Hospices' SAFEGUARDING ALERT FORM](#) (a template is at the end of this policy) to structure and document your conversation
- 11.3. Show empathy when listening. Let them speak – do not interrupt them. Do not question except to clarify and ensure that you understand what is being said
- 11.4. Reassure the person e.g. tell them that they have done the right thing in speaking to you and that you believe them
- 11.5. Ascertain the wishes of the alleged victim/witness about what they want to do or what they would like to happen

- 11.6. Do not make promises that you cannot keep
- 11.7. Do not promise confidentiality, as you cannot keep the information to yourself
- 11.8. The safeguarding concern must not be discussed with the person alleged to have caused harm.
- 11.9. Explain that you will need to pass this information on to your Safeguarding Lead/s.

(Please see a step-by-step guide on the next page)

	<p>For incidents concerning an adult at risk where there is immediate danger to life, risk of injury or a crime being committed dial 999.</p> <p>For incidents taking place against an adult at risk where there is NO immediate risk to life or property, but a police response is required as soon as practicable due to the seriousness of the incident and/or potential loss of evidence, dial 101.</p>	
STEP 1	<p>Share your concerns with the Designated Safeguarding Lead: Paul Madden, Care Director</p> <p>In his absence, contact, the Deputy Safeguarding Lead, Jan Thirkettle, Clinical Director (and in their absence, the CEO or any Director)</p> <p>If none of these people are available, advance to STEP 3, under “CONCERNS OVER ADULT PROTECTION ISSUES”</p>	
STEP 2	<p>A discussion with workforce member and one of the above.</p> <p>Decision made as to next steps</p>	
	NO FURTHER ADULT PROTECTION ISSUES	CONCERNS OVER ADULT PROTECTION ISSUES
STEP 3	<p>Record carefully in EMIS, using the persons own language.</p>	<p>Contact Kent Adult Safeguarding either by</p> <ul style="list-style-type: none"> • Phone (03000 41 61 61) <p>Or</p> <ul style="list-style-type: none"> • Online Form <p>(Record carefully using the persons own language)</p> <p>Cottage Hospice Patients should contact:</p> <ul style="list-style-type: none"> • Adult Social Services Phone - 0345 6080191 • HSCC@eastsussex.gov.uk • Online Form
STEP 4	No further Social Services involvement at this stage, although other action may be necessary	Social Worker/Manager acknowledge receipt of referral and decide on next course of action within one working day
STEP 5		Feedback to referrer on next course of action
STEP 6		Assessment by Social Services
STEP 7		Record all action and outcomes carefully on EMIS
STEP 8		Present patient at your teams MDT.

Contact details of relevant organisations are as follows:

Kent:

Kent Adult Social Services - 03000 41 61 61 in office hours

Kent Adult Social Services – 03000 41 91 91 out of office hours social.services@kent.gov.uk

<http://www.kent.gov.uk/social-care-and-health/how-to-get-help/report-abuse>

East Sussex:

Adult Social Services Phone - 0345 6080191

HSCC@eastsussex.gov.uk

<https://adultsocialcare.eastsussex.gov.uk/web/portal/pages/presafeguardingpage>

12. Keeping Records

12.1 Please use the [Hospices' SAFEGUARDING ALERT FORM](#):

- a) As an aide-mémoire in structuring your conversation
- b) To upload to EMIS

12.2 Make a record all discussions and keep a detailed account (that is signed and dated) in a secure place

12.3 Use the person's own language as much as possible.

12.4 Try not to elaborate by interpreting events or colouring them with your own views.

12.5 Documentation regarding HitW patients will be kept on EMIS. The Hospice SAFEGUARDING ALERT FORM should also be uploaded to EMIS and these will be kept for 10 years.

13. Sharing records

The principles that should govern the sharing of information include:

13.1. Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately.

13.2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

13.3. Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.

13.4. Consider safety and well-being: base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.

13.5. Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely.

13.6. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose

If a request for notes is made by an external agency, this request should be passed to the Caldicott Guardian (Jan Thirkettle, Clinical Director) copied to the CEO who will assure themselves of the need for sharing of notes prior to releasing any confidential information and attempt to contact the patient or next of kin.

14. What will happen next

Where it is within control of the Hospice, the alleged person causing harm, abuse or neglect will be separated from the person who uses our services and others who may be at risk, or the Hospice will manage the risk by removing the opportunity for abuse to occur.

If the case is referred to Social Services or the Police, they will consider the concerns as a matter of urgency and decide together what action to take, taking account of the adult at risk from harm, abuse or neglect's wishes.

All the organisations involved (which could be the Police, health professionals, Adult Social Care services or a voluntary organisation) will consider what they will do to prevent the abuse happening again and investigate the situation to see what caused it.

15. Safe Recruitment

All of our staff and volunteers who will be working with patients or their families or friends in any capacity will have a Disclosure and Barring Service (DBS) check and a rigorous application process is followed including obtaining references from previous employers. [There is a table below that outlines these levels clearly.](#) (Section 16)

Even the most careful selection process, however, cannot identify everyone who may pose a risk to adults at risk from harm, abuse or neglect and it is therefore vital that staff and volunteers talk to their manager or their Director immediately if they have concerns about the practice of others.

If any member of staff or volunteer has a conviction or a warning after the DBS check has been carried out, he/she must report this to the manager in writing within 7 days of the conviction or warning being given. Failure to notify the manager will result in Disciplinary Procedures being followed which may result in dismissal.

We require a percentage of our workforce to undergo a further DBS check 3 years after they have started working for us.

16. If your concerns include a member of staff or volunteer (inc. a member of the workforce as victim or perpetrator)

16.1. Report your concerns directly to the [Designated Safeguarding Lead, or deputy](#), or the CEO or any Director.

16.2. The safety of the adult at risk from harm, abuse or neglect must come first as in all other cases.

We recognise that any allegation of harm, abuse or neglect against or involving a member of staff or volunteer is distressing and difficult to handle. However, it is crucial that, if you have any concerns about the behaviour of another member of staff or volunteer, you raise this immediately with your manager or your Director or the Head of Personnel who will make sure that this is investigated appropriately, and that confidentiality is maintained.

17. Training

All Workforce must undertake mandatory safeguarding training as per their role (see table below). Training is available online and can be accessed via the tab entitled “Safeguarding (Adults)” (found in MY PROFILE, under Training & Development).

Line managers must ensure that via 1-to-1’s and annual appraisals that their workforces safeguard training is up to date.

The table below has been devised with the help of the [Adult Safeguarding: Roles and Competencies for Health Care Staff](#).

Hospice in the Weald Safeguarding/DBS Levels

Job/Role Title	Safeguarding Training Level	Training Frequency
All Workforce Members (including Trustees)	Level 1 – Adults & Level 1 - Children’s	Yearly
Workforce who work in Pembury building (including Hospice Outreach Service) or Cottage Hospice (including Retail Managers)	Level 2 – Adults & Level 2 – Children’s	Yearly
Doctors, ANPs, CNS, ACNS, Registered Nurse, Hospice Paramedic, Nursing Associate	Level 3 – Adults & Level 3 - Children	Every 3 Years
Heads of: <ul style="list-style-type: none"> - Hospice Outreach Service - Cottage Hospice - In-Patient Ward - Counselling & Support Service - Living Well Service - Children’s Service Directors: <ul style="list-style-type: none"> - Care - Clinical - Development and Communications 	Level 3 – Adults & Level 3 - Children	Every 3 Years
All registered staff in Children’s Service.	Level 3 – Adults & Level 3 - Children	Every 3 Years
Register Managers (CQC)	Level 4 training	Every 3 Years

Job/Role Title	DBS Level
Workforce (staff, volunteers & Trustees) who work in Pembury building or Cottage Hospice & Retail Managers, who are not responsible for delivering hands on patient care.	Standard check – Child and Adult Workforce
All Workforce delivering hands on patient care, (excluding Children’s Service)	Enhanced check - Adult Workforce
Heads of: <ul style="list-style-type: none"> - Hospice Outreach Service - Cottage Hospice - In-Patient Ward - Counselling & Support Service - Living Well Service 	Enhanced check - Adult Workforce
Directors: <ul style="list-style-type: none"> - Care - Clinical - Development and Communications 	Enhanced check - Child and Adult Workforce
All workforce within the Children’s Service who are delivering hands on care	Enhanced check – Child and Adult Workforce
Register Managers (CQC)	Enhanced check - Adult & Child Workforce

HOSPICE IN THE WEALD

SAFEGUARDING ALERT FORM

This form should be used to report concerns where a person is believed to have suffered abuse or neglect or is at risk of abuse or neglect by the actions or omissions of another person(s). This form should also be used to report self-neglect concerns.

Once completed, please upload to patients records on EMIS and email Lead and Deputy

1. INITIAL DETAILS		
Adult of risk Surname		
Adult at risk First Name(s)		
Any Alternative Name		
1a. Next of Kin, Nearest Relative or Significant Other Details		
Name		
Home Address		
Post Code		
Telephone Numbers		
Relationship to Adult At Risk		
1.b FORM COMPLETED BY		
Name:		
Role:		
Date:		
Contact Details:		
2. INCIDENT DETAILS		
Date and Time of Incident		
Location Abuse Occurred		
2a. Details of the allegation, incident of concern or information about self-neglect		
<i>Factual account of allegation (who/where/when/what). Details of witnesses. Details of alleged abuse or risk, or potential for it. Any other support information:</i>		
2b. Are there any concerns of immediate risk to the individual or any other adults or children	YES:	NO:
<i>If yes, further details and action taken:</i>		
2c. Do you have reason to believe a crime has been committed? If yes, in emergencies, consult with the Police on 101 or 999. If not an emergency, please await direction from KCC (Ensure you complete the online form also).	YES:	NO:
<i>Outcome of Consultation with Police (if applicable) – Crime Reference No. (if available):</i>		
2d. Is the adult at risk aware of the referral	YES:	NO:
2e. Have you spoken to the adult at risk or their representative about making this referral	YES:	NO:
<i>If NO, provide reasons:</i>		

3. Essential information about the adult at risk's current social situation which is relevant to these concerns			
4. Is there anything that you know of that would affect the adults ability to make decisions in respect of this concern? (either temporary or permanent)			
<i>Details of any involvements such as MCA, DoLS, IMCA, LPA:</i>			
5. Has a Mental Capacity Assessment been completed?	YES	NO	DO NOT KNOW
6. Other significant Family Members? Adults/Children you are aware of			
Name	Relationship	Date of Birth / Approx Age	Contact Details
7. Professionals known to the adult, for example, District Nurse, Mental Health Worker			
Name	Role	Address	Telephone Numbers
8. Details of any medical attention sought			
9. PERSON ALLEGED TO BE RESPONSIBLE (if identified)			
Name of person or service believed to have cause alleged abuse			
Is the person alleged to be responsible also considered at risk?		YES	NO
Does person have capacity in relation to the allegations	Yes	No	Do Not Know
Date of Birth / Approx Age		Gender	
Address & Post Code		Telephone / Email	
Is the adult at risk dependent on the person alleged to be responsible to support them		Yes	No
If yes, in what capacity:			
Does the person alleged to be responsible care for others?	YES	NO	
Details:			

12. Signature of person completing this form (Accepted as signed when sent electronically/uploaded to EMIS)

Signature	Date: Time:
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