Safeguarding Adults at Risk (Vulnerable Adults) Policy

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1. Policy Statement and Scope

1.1 Shakespeare Hospice is committed to safeguarding the health and safety of all adults within the Hospice, which includes patients; relatives of patients, staff members and volunteers.

1.2 This policy is applicable to all employees, Bank/Casual Workers, volunteers (including the Board of Trustees), agency staff, students on placement or anyone working on behalf of The Shakespeare Hospice irrespective of grade, role or experience. Every member of the workforce has a duty to protect any adult at risk (vulnerable adult) who comes into contact with the organisation and who does or could suffer abuse of any kind.

1.3 The purposes of this policy are:

1.3.1 to provide guidance covering how to recognise and what to do when you think an "adult with care and support needs is experiencing, or is at risk of, abuse and neglect, and who, because of their care and support needs, is unable to protect themselves from abuse or neglect"; and

1.3.2 to safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives "Making Safeguarding Personal".

1.4 This policy is based on the Warwickshire Safeguarding Adults Board:

1.4.1 Adult Safeguarding in Warwickshire: A guide to recognising and responding to the abuse or neglect of adults with care and support needs. 2015; and

1.4.2 Adult Safeguarding: Multi-agency policy & procedures for the protection of adults with care & support needs in the West Midlands (2016) is a living document which will be updated regularly as both practice and policies develop, or to reflect any major changes introduced through legislation.

1.4.3 This policy will be reviewed and revised as and when it becomes necessary and at least every two years.

2. Principles

The Shakespeare Hospice agrees to work to the following six principles as laid out in The Department of Health Care Act 2014 and accompanying 'Care and Support Statutory Guidance:

2.1 Empowerment – People being supported and encouraged to make their own decisions and informed consent without coercion, by helping them to choose the care and support that best enables them to meet their goals.

2.2 Prevention – It is better to take action before harm occurs, The Shakespeare Hospice is committed to making the prevention of abuse one of the key priorities in all of its services, ensuring all sites have robust procedures in place for dealing with incidents of abuse where the prevention strategy has not been effective.

2.3 Proportionality – The least intrusive response appropriate to the risk presented. While remembering that adults have the right to have their decisions respected, even if this involves taking risks, assessment of the individuals capacity in relation to making decisions about a specific issue is essential to protect these rights.

2.4 Protection – Support and representation for those in greatest need. Immediately any concerns of possible abuse are raised the safety of the individual or group must be the primary consideration. Staff and volunteers should be alert to indications of possible abuse and understand how to raise any concerns appropriately.

2.5 Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and

2.6 Abuse. The Shakespeare Hospice will work closely with the relevant Local Authority (ies) to provide an effective multi-agency approach to the prevention, detection and investigation of abuse.

2.7 Accountability – Accountability and transparency in delivering safeguarding. All staff must work within the framework of the law and Safeguarding procedures should be seen as an integral part of working practices in all services.

3. Duty of Candour

The Shakespeare Hospice also acknowledges and works in line with the Duty of Candour under regulation 20 of the Health & Social Care Act 2014, whereby we agree to work in an open and transparent way providing information where it has been identified that someone's safety has been affected whilst in receipt of The Shakespeare Hospice's services.

4. Responsibility/Accountability

4.1 Trustees

The Board of Trustees has a proactive duty and responsibility to safeguard and promote the welfare patients and protect their rights to receive the Hospice's services in safety, free from abuse and neglect.

The Board of Trustees is responsible for determining the governance arrangements of The Shakespeare Hospice including effective risk management processes. It is responsible for ensuring that the necessary policies, procedure and guidelines are in place to safeguard patients and reduce risk. In addition, it will require assurance that clinical policies, procedures and guidelines are being implemented and monitored for effectiveness and compliance.

Trustees have oversight of ensuring that there is an organisational culture where safeguarding is a priority and those affected are able to come forward knowing concerns will be handled sensitively and there is clarity over how incidents should be handled (including reporting to the Charity Commission and other agencies) and the need for clear lines of accountability, including where third parties are involved.

The Clinical Governance Committee is the assuring committee of the Board of Trustees. It has responsibility to ensure that The Shakespeare Hospice is complying with local and national standards. It will ensure that the safeguarding and related policies are up to date and will support the Chief Executive Officer in ensuring that they are adhered to.

4.2 Chief Executive Officer (CEO)

Accountability for adults at risk (vulnerable adults) protection issues within the organisation lies with the Chief Executive. These responsibilities are delegated to the Safeguarding Lead.

The Chief Executive Officer has overall responsibility for patient safety and ensuring that there are effective risk management processes within The Shakespeare Hospice, which meet all statutory requirements. The CEO is responsible for ensuring that safeguarding procedures are followed.

4.3 Head of Clinical Services

The Safeguarding Lead is the Head of Clinical Services. The Safeguarding Lead is responsible for ensuring that adults at risk (vulnerable adults) protection policies and procedures are in place and that delivery of services in line with these and statutory requirements, and clinical staff know how to access and implement the guidance. They are also responsible for leading on all issues related to safeguarding.

4.4 Clinical Staff and Volunteers in patient facing roles

Clinical staff and volunteers are responsible for completing the mandatory training related to Adult Safeguarding. They have a responsibility to be aware of the policy and understand how to implement the guidance if they have concerns. It is expected that they would discuss their concerns with their line manager or the Safeguarding Lead.

Detailed advice and information is contained through the following link – and should always be accessed by Shakespeare Hospice staff when a concern about Adult Safeguarding is raised. https://www.safeguardingwarwickshire.co.uk/safeguarding-adults/i-work-with- adults

4.5 Fundraisers

The Head of Income Generation is responsible for ensuring that Fundraising & Marketing team, staff and volunteers, operate in line with good practice and the guidance laid out in the IOF document: “Treating Donors Fairly – Guidance for Fundraisers: Responding to the Needs of People in Vulnerable Circumstances and Helping Donors make Informed Decisions”.

The Shakespeare Hospice takes all reasonable steps to treat a donor fairly and enables fundraisers to make informed decisions about any donation. This includes taking into account the needs of any potential donor who may be in a vulnerable circumstance or require additional care and support to make an informed decision. Fundraisers must not exploit the credulity, lack of knowledge, apparent need for care and support or the vulnerable circumstance of any donor, at any time.

Fundraisers must use their discretion and judgment to act appropriately in the best interests of the potential donor. If it is apparent to the fundraiser that the potential donor is not able to make a decision regarding a donation and that they lack capacity, then the donation should not be taken. Or if the donation has already been made and at the time of donating the individual lacked capacity and the charity has evidence of this, the charity will return that donation1.

Staff and volunteers involved in fundraising activities for the Hospice must comply with the Vulnerable Person Policy (Fundraising).

4.6 All other staff

All other staff must be aware of their duty to report and act on concerns about adults at risk (vulnerable adults) and complete the designated level of mandatory Safeguarding training, appropriate to their roles.

1. www.institute-of-fundraising.org.uk/treatingdonorsfairly

5. Definition of Adults with Care and Support Needs

5.1 This relates to adults aged 18 years or over who require extra help to manage their lives and be independent. This may include:

- People with a learning disability or a physical disability
- People with mental health needs
- People with sensory needs
- People with cognitive needs e.g. acquired brain injury
- People who are experiencing short or long-term illness

However, it is important to note that inclusion in one of the above groups does not necessarily mean that a person is implicitly unable to protect themselves from abuse or neglect.

5.2 The Care Act 2014 describes 'care and support' as: The mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent – including older people, people with a disability or long-term illness, people with mental health problems and carers. Care and support includes assessment of people's needs, provision of services and the allocation of funds to enable a person to purchase their own care and support.

It could include care home, home care, personal assistants, day services or the provision of aid or adaptions.

6. Types of Abuse or Neglect

- Defining abuse or neglect is complex and rests on many factors. The term 'abuse' can be subject to wide interpretation. It may be physical, verbal, psychological, an act of neglect, or occur where an adult at risk (vulnerable person) is persuaded to enter into a financial or sexual transaction to which they have not or cannot consent.
- Abuse or neglect may be the result of deliberate intent, negligence or ignorance. Exploitation can be a common theme in the experience of abuse or neglect. Whilst it is acknowledged that abuse or neglect can take different forms the Care Act 2014 (The National Archives 2014) identifies the following types of abuse or neglect (please note this list is not exhaustive):

    - **Physical Abuse**
      Including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
    - **Domestic Violence**
      Including psychological, physical, sexual, financial, and emotional abuse, as well as so-called 'honour' based violence.
    - **Sexual Abuse**
      Including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, sexual assault or any sexual act that the adult has not consented to or was pressured into consenting.
    - **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**
  Including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance, or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- **Modern Slavery**
  Encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive, and force individuals in to a life of abuse, servitude and inhumane treatment.
- **Radicalisation**
  Involves an adult at risk (vulnerable adult) being specifically targeted, groomed or radicalised to take part in, assist with or promote potential terrorist or extremist activities
- **Discriminatory Abuse**
  Including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
- **Hate & Mate Crime**
  Involves an adult at risk (vulnerable adult) being specifically targeted, befriended and exploited by a perpetrator, usually for (but not solely for) financial gain for the perpetrator.
- **Organisational Abuse**
  Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to ongoing 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**
  Including 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 and heating.
- **Self-Neglect**
  This covers a wide range of behaviours neglecting to care for one's personal hygiene, health or surroundings, and includes behaviour such as hoarding.

7. Who Abuses and Where Does It Happen?

7.1 Anyone can carry out abuse or neglect, including:

- Spouses/partners
- Other family members
- Neighbours
- Friends
- Acquaintances
- Local residents
- People who deliberately exploit adults they perceive as at risk or vulnerable to abuse
- Paid staff or professionals

7.2 It is more likely that the person responsible for abuse is known to the adult and is in a position of trust and power.

7.3 Abuse can happen anywhere, for example: in someone's own home, in a public place, in hospital, in a care home or in college. It can take place when an adult lives alone or with others.

8. Disclosures of abuse

The possibility of abuse can come to light in various ways, for example:

- An active disclosure of abuse by the adult.
- A passive disclosure of abuse where someone's attention is drawn to the symptoms of the abuse.
- A growing awareness that "something is not right".
- An allegation of abuse by a third party.
- A complaint or concern raised by an adult or a third party who does not perceive that is abuse.

9. What to do if someone discloses abuse or if you think someone is being abused

- Refer to flow charts within Appendices 1 and 21 (Appendix 1 - Internal Reporting Procedure flowchart and Appendix 2 - Warwickshire County Council, Warwickshire Safeguarding Adults Board 2015) as per guidance available at https://www.safeguardingwarwickshire.co.uk/images/downloads/AdultSafeguardinginWarwickshireRecognisingandreportingguide.pdf
- Listen to the individual but do not try to investigate the incident further through interviewing them - gather the basic facts and inform them that you are taking them seriously. DO NOT discuss any allegations with family/friends if they are implicated in any way as this may invalidate any police enquiry.
- Explain to the individual that it will not be possible to keep what they disclose to you confidential as you will need to access advice and guidance from other appropriately qualified healthcare professional and allied services.
- Share your concerns with your line manager immediately, who will discuss these further if needed with the Hospice Safeguarding Lead (Head of Clinical Services), whose job it is to ensure that referrals are made as appropriate. In their absence, discuss the concerns with the Chief Executive Officer.
- Decisions by staff regarding whether or not to report concerns of abuse or mistreatment are not a matter of individual conscience, but a professional duty.
- All abuse or neglect concerns relating to adults with care and support needs should be reported to Warwickshire County Council Safeguarding Adults Team via the following telephone numbers:

During normal working hours	To the Adult Safeguarding Single Point	01926 412080
	of Referral number.	
During Out of Hours	Emergency Duty Service Team	01926 886922
Serious or criminal offence	If the abuse is very serious or a criminal offence has occurred or may occur, contact the police	01926 415000 Or 999

- Please see the appendices for further details.
- An accurate written record of what you have been told or witness to should be made on:
    - A Shakespeare Hospice Incident Form (see Appendix 3) and forwarded to your Line Manager/Safeguarding Lead; and, in respect of Day and Hospice at Home staff and patient facing volunteers
    - the patient's clinical records as soon as possible – preferably during the same working day. If there are other members of the Hospice team who were involved in the disclosure then they must also make a separate written record.
- The written record must be dated, timed and signed. It should include the time and date that the disclosure was made, or when the incident was witnessed. If there were any other witnesses to the disclosure their names and job roles should be documented within the account. It is advised that you document the event using as much as the patient's own words as is feasible to keep it factual and avoiding interpreting what you saw or were told. The clinical records are confidential and must be stored in the lockable clinical record filing system as per Hospice policy and legislative requirements. The completed Incident Form must be given/forwarded to the Line Manager/Safeguarding Lead in a secure manner, complying with confidentiality and Data Protection legislation
- In an instance where an allegation has been made against a member of staff (employee or casual worker) or volunteer, reference should be made to the "Procedure for Managing Allegations against staff" and "Procedure for Managing Allegations against volunteers", accessible in the G Drive/Policies & Procedures/HR folder.
- Where a member of staff or volunteer, having followed due procedure in reporting safeguarding concerns, does not feel listened to, they should refer to and follow the Speaking Up (Whistleblowing) Policy and Procedure

10. Responding to Abuse or Neglect – Addressing immediate safety and protection needs – refer to Appendices 1 and 2.

10.1 If there is a medical emergency, danger to life, risk of imminent injury, or if a crime is in progress contact 999 for the emergency services.

10.2 If there is a concern about the adult's medical condition seek help from an appropriately qualified healthcare professional e.g. the patient's GP or NHS 111 service.

10.3 If a crime may have been committed take steps to preserve any physical evidence.

11. Safer Recruitment and Training

11.1 All staff and volunteers to undertake CQC accredited safeguarding training to a level appropriate to their role.

11.2 The training should be completed as a minimum every 3 years

11.3 The Hospice has a responsibility to recruit Trustees, other volunteers, casual workers and employees in line with the organisation's Safer Recruitment Policy and Procedure, including assessing their suitability to work with vulnerable adults (adults at risk), young people and children.

11.4 Must check that the individuals are legally able to act in the position they are engaged for (The Charity Commission 2018) accessible at: https://www.gov.uk/government/publications/strategy-for-dealing-with- safeguarding-issues-in-charities/annex-1-trustee-safeguarding-duties-explained

11.5 There are additional legal requirements under charity law or who can be a trustee which are explained in the following guidance

11.6 Finding new trustees (The Charity Commission 2018) accessible at: https://www.gov.uk/government/publications/finding-new-trustees-cc30

11.7 Automatic disqualification rules (The Charity Commission 2018) accessible at: https://www.gov.uk/government/publications/finding-new-trustees-cc30

APPENDIX 1

INTERNAL REPORTING PROCEDURE – SAFEGUARDING FLOWCHART

Procedure to be followed by all staff and volunteers for reporting serious concerns about an adult at risk (vulnerable adult)

On receipt of a safeguarding concern or allegation; if the person disclosing to you is at risk of immediate danger or harm, call 999. Then inform your line manager and designated Safeguarding Lead (Head of Clinical Services).

Where there is no immediate danger to an individual, inform them of the procedure that will be followed. Complete an Incident Form.

Inform your line manager, accompanied by the completed Incident Form. In your line manager's absence, go to your senior manager, or to the Safeguarding Lead, Head of Clinical Services

Line Manager or reportee to discuss with Safeguarding Lead next course of action and whether referral should be made to the Adult Safeguarding Team, Warwickshire Local Authority. Follow up action on Incident Form to be completed.

If decision to refer is to be made – Safeguarding Lead or delegated person with sufficient expertise and knowledge to complete the referral form to complete and submit to Warwickshire Safeguarding Adults team as in Appendix 2.

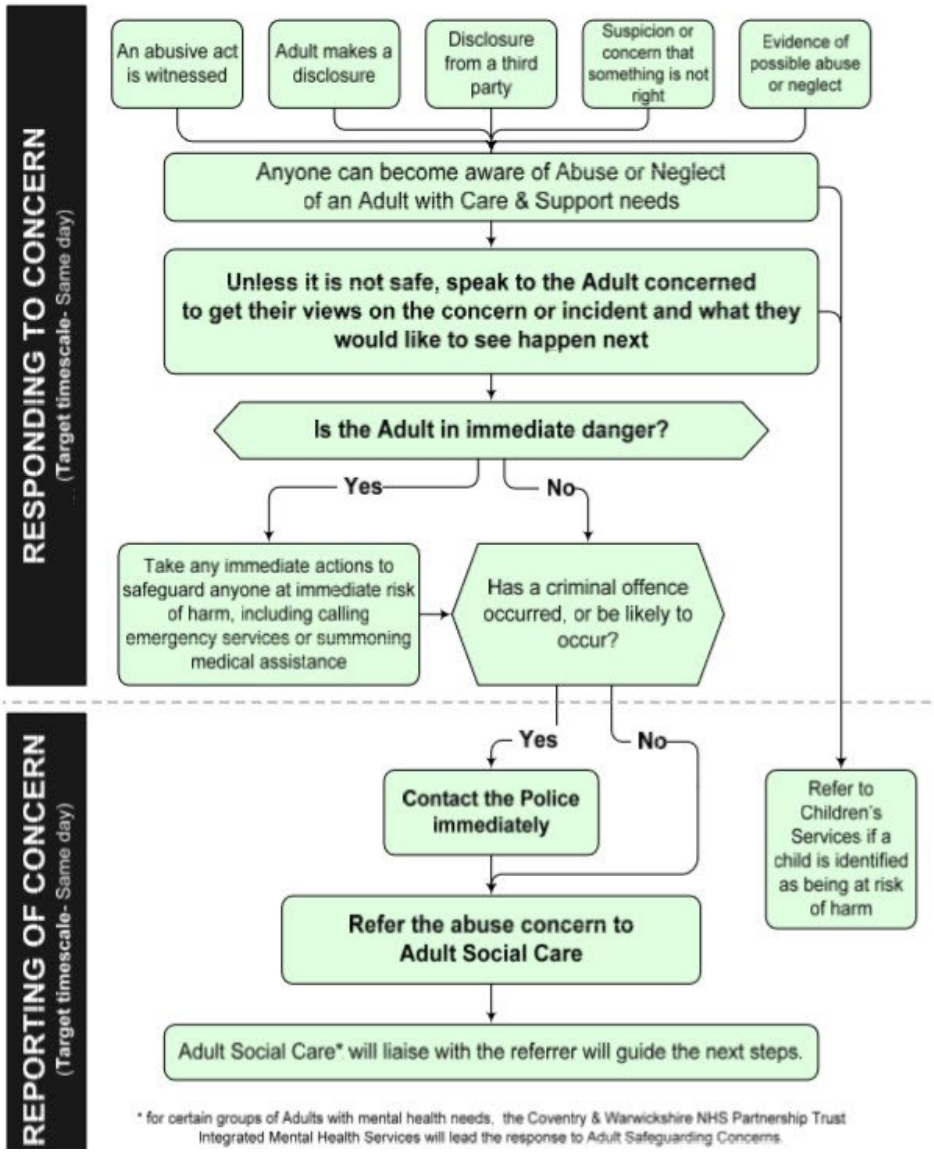
Appendix 2
WARWICKSHIRE COUNTY COUNCIL SAFEGUARDING ADULTS BOARD GUIDANCE EXTRACT

Adult Safeguarding Concerns

- *Recognising* Abuse or Neglect
- *Responding* to Abuse or Neglect
- *Reporting* Abuse or Neglect

3.6. **Flowchart - Referral Pathways for the Safeguarding Alert**

This flowchart gives an overview summary of referral pathways.
Please note it does not include other responsibilities which need to be considered through this process, such as preserving evidence and providing appropriate support to victims.



* for certain groups of Adults with mental health needs, the Coventry & Warwickshire NHS Partnership Trust Integrated Mental Health Services will lead the response to Adult Safeguarding Concerns.

APPENDIX 3
REFER TO INCIDENT REPORTING PROCEDURE & FORMS INCIDENT REPORT FORM

Incident Reference No: Clinical SH/_____ Non Clinical SH/_____

INCIDENT REPORT FORM
(Please read guidance notes overleaf and complete as appropriate)

Type of Incident:

Clinical ☐ **Non Clinical** ☐ **Accident** ☐ **Fire** ☐ **Security** ☐ **Near Miss** ☐

Safeguarding ☐ **Data** ☐

Date of Incident: ..... **Time of Incident** (24 hr) .....

Individual(s) involved in incident:

Surname: First Name(s) + Date of Birth:

Address:

Post Code: Telephone No:

Employee* ☐ Volunteer* ☐ Patient ☐ Public ☐ Contractor ☐ SHL/Payroll No:

* please attach Accident Book Record Sheet (if applicable) YES / NO

Location: Hospice: ☐ Hospice at Home: ☐ Shop: ☐ Other (please state:) ☐

Exact location of accident/incident: _____

Account & Consequences of Incident and Immediate Action Taken:

1. Give details - state facts - not opinions.
2. State the effect on the individual.
3. Clearly state any equipment/drug name and asset/batch numbers etc, where applicable
4. Injuries sustained and any treatment given: (First Aid, A&E etc.), where applicable
5. Was next of kin informed? (please state name, date and time) where applicable
6. Witness details (name(s) and contact details) - (please attach statement on separate form).
7. Is there the potential for the accident/incident to occur again? If so, what action has been taken?

Noted in Medical Record / Care Plan: Y / N + Signed: _ _____ Date: _____

Equipment removed from service: Y / N+ Signed: _____ Date: _____

Consumables retained for inspection: Y / N+ Signed: _____ Date: _____

Current condition of individual : *(please attach additional sheets if necessary)*

Person reporting Incident Name:	Designation:	Date: 23rd May 2019
Person(s) involved in incident:		
Name:		
Name:		

GUIDANCE NOTES: The Incident form is to be used in the following circumstances:

- **Where an incident or omission has arisen during clinical care and has caused physical or psychological injury to a patient.**
- **In the event of a clinical near miss where an event or omission did not develop further, but where potential physical or psychological injury to a patient could have been caused.**
- In addition, the form is to be used for any other incident including: **accidents, fires, security concerns, safeguarding concerns or near misses.**
- Reporting of incidents will **not** lead to disciplinary action except where acts or omissions are malicious, criminal, or constitute gross or repeated misconduct.
- Reporting of Incidents is extremely important, therefore failure to report such an Incident by an individual may constitute a disciplinary offence.
- **On completion:** Send the report to your **Line Manager** on the day of the Incident, who will forward to the appropriate Senior Manager. Incidents involving (or potentially involving) **death or serious injury** must be reported to the Chief Executive / Head of Clinical Services **immediately**.

Severity Grading of Incident: **High** ☐ **Medium** ☐ **Low** ☐

Action taken by relevant manager(s) to prevent recurrence:

Please state period of absence (employees only):

ICC Reference No:

Reported to HSE Incident Contact Centre (ICC): YES/NO+ ; Date:
Reported to MHRA/Care Quality Commission: YES/NO+ : Date:
Reported to Line Manager: YES/ NO+ ; Date:
Reported to Safeguarding Lead (HoCS) YES/NO+ ; Date
Reported to WCC Adult Safeguarding or Multi Agency Safeguarding Hub (children): YES/NO+ ; Date

Head of Department (please sign) : Date:

Head of Clinical Services / Chief Executive (please sign): Date:

+*please delete as appropriate or leave blank if not applicable*

Signature of the person completing the form: Signed: _____ Date:_____

In addition, the form is to be used for any other incident including: accidents, fires, security concerns, safeguarding concerns or near misses.

Reporting of incidents will not lead to disciplinary action except where acts or omissions are malicious, criminal, or constitute gross or repeated misconduct.

Reporting of Incidents is extremely important, therefore failure to report such an Incident by an individual may constitute a disciplinary offence.

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Severity Grading of Incident: **High** ☐ **Medium** ☐ **Low** ☐

Action taken by relevant manager(s) to prevent recurrence:

Please state period of absence (employees only):

Reported to HSE Incident Contact Centre (ICC):	YES/NO+ ; Date:	ICC Reference No:
Reported to MHRA/Care Quality Commission:	YES/NO+ : Date:	
Reported to Line Manager:	YES/NO+ ; Date:	
Reported to Safeguarding Lead (HoCS)	YES/NO+ ; Date	
Reported to WCC Adult Safeguarding or Multi Agency Safeguarding Hub (children):	YES/NO+ ; Date	
Head of Department (please sign) :	Date:	
Head of Clinical Services / Chief Executive (please sign):	Date:	

+please delete as appropriate or leave blank if not applicable

Signature of the person completing the form: Signed: Date:

References

Vulnerable Person Policy (Fundraising) is accessible via The Shakespeare Hospice website's Privacy Policy page and via the G Drive/Policies & Procedures/Fundraising folder

Incident Reporting Policy & Procedure is accessible via The Shakespeare Hospice G Drive/Policies and Procedures/HR folder

Procedure for Managing Allegations against staff" and "Procedure for Managing Allegations against volunteers", accessible in the Hospice G Drive/Policies & Procedures/HR folder

Speaking Up (Whistleblowing)Policy and Procedure accessible in the Hospice G Drive/Policies and Procedures/HR folder

Safer Recruitment Policy accessible in the Hospice G Drive/Policies and Procedures/HR folder.

The Charity Commission. 2018. Charities: how to protect children and adults at risk [ONLINE] Available at: https://www.gov.uk/guidance/charities-how-to-protect-vulnerable-groups-including-children [Accessed 8 June 2018]

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