Safeguarding Vulnerable Adults Policy and Procedure

Approved by: CSD Sub-Committee
Lead Director(s): Chair of the CSD Sub-Committee
Originator(s): Head of Clinical Services/ Clinical Nurse Lead
Date of Approval: July 2021
Version: Updated original version – 3 year review – final
Review Interval: Every three years
Review due by: July 2024
Appended Documents: one
Responsibility for Dissemination and Implementation: Clinical Nurse Lead
Implementation date: July 2021

POLICY STATEMENT

Abuse is the misuse of power, trust, respect, control and/or authority; it violates a person's human and civil rights. This policy sets out the requirements for all BHHC workforce including staff and volunteers to safeguard adults from abuse.

Version Control	Amendments Made	Amended by	Date
Version 1	Put into new template, with revised job titles, dates etc. added	AW	25.4.21
Version 2	Content updated	KB	27.5.21
Version 3	Formatting ready to send to sub-comm for input	AW	04.06.21
Final For Approval		AW	01.07.21

CONTENTS

1. Introduction

Beaumond House recognises that our priority is to ensure the safety, wellbeing and protection of adults and children accessing and coming into contact with our organization who may be at risk. It is the responsibility of all staff working with patients, families and carers to act promptly on any suspicion or evidence of abuse or neglect whilst considering their wishes feelings and beliefs when deciding on what actions to take.

The aims of this policy and procedure are to:

- prevent harm and reduce the risk of abuse or neglect to adults, children and young people with care and support needs
- safeguard adults in a way that supports them in making choices and having control about how they want to live
- work proactively with those involved in the persons care to effectively address safeguarding concerns
- ensure staff and volunteers are empowered to speak up and act when they see or suspect safeguarding issues by providing training and encouraging a culture where safeguarding is embedded in everyday care
- 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
- meet all key and relevant legislative requirements

Statutory Requirements

The two key areas of regulations to comply with are:

1. Health and Social Care act 2018 (Regulated Activities) Regulations 2014 (Part 3)
2. Care Quality Commission (Registration) Regulations 2009 (Part 4)

The above regulations introduce the Fundamental Standards (2015) and reflect the recommendations made by Sir Robert Francis following the inquiry at Mid Staffordshire NHS Trust to assure safe and quality care for patients and families.

Safeguarding children - the action we take to promote the welfare of children and protect them from harm is everyone's responsibility and we have a separate policy for this.

Beaumond House Hospice Care has a responsibility to ensure that patients and their families and carers, using the services provided by the Hospice, are protected from abuse or the risk of abuse and their human rights are respected and upheld and have a responsibility to work within local safeguarding structures. All staff and volunteers have a duty to ensure that patients and their families and carers (where possible) are safeguarded from the risk of abuse.

Local authorities must:

- **lead a multi-agency local adult safeguarding system** that seeks to prevent abuse and neglect and stop it quickly when it happens
- **make enquiries, or request others to make them,** when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed
- **establish Safeguarding Adults Boards**, including the local authority, NHS and police, which will develop, share and implement a joint safeguarding strategy
- **carry out Safeguarding Adults Reviews** when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them
- **arrange for an independent advocate** to represent and support a person who is the subject of a safeguarding enquiry or review, if required.

Any relevant person or organisation must provide information to Safeguarding Adults Boards as requested.

This policy provides information about preventing and identifying possible risk or abuse, procedures to be adopted to ensure patients and their families and carers are safeguarded from any potential risk of abuse and clear guidance on actions to be taken if there are concerns or allegations of risk of or abuse.

2. Policy and Procedure Drafting and Approval

Drafted by Head of Clinical Services and Clinical Nurse Lead and reviewed and approved by Care Services Development (CSD) Sub-Committee.

Document Control

Approved policies and procedures are centrally indexed. One full copy of the policy manual will be kept in the office of the Head of Clinical Services, with a manual of the Care policies in the same office and a manual of the Health & Safety policies in the office of the Catering and Housekeeping Supervisor's office. All other versions will be electronic and kept on the shared drive to avoid out of date copies being used.

Revised versions of all policies and procedures are kept electronically and are accessible by all staff on the U drive. Staff will be made aware of the relevant revisions or new editions via email and via the staff bulletin.

3. Associated Policies, Procedures and Guidance

The government has identified six guiding principles which this policy will include:

- Empowerment – a person-centred approach with informed consent working towards outcomes that the person wants, to help them manage the risk of abuse or neglect
- Protection – support and representation for those in greatest need
- Prevention – being better prepared to take action before harm occurs
- Proportionality – a proportionate and least intrusive response appropriate to the risk presented, providing tools to help practitioners decide on the best approach and response
- Partnership – local solutions through services working with their communities
- Accountability – accountability and transparency in delivering safeguarding

This policy reflects and will follow the guidance and procedures set out in:

1. Nottinghamshire Safeguarding Adults policies and Procedures

http://www.nottinghamshire.gov.uk/caring/adultsocialcare/backgroundsupport/safeguardingadults/procedure-and-guidance/

2. Nottinghamshire safeguarding children and young people
www.workingtogetheronline.co.uk

3. Lincolnshire Safeguarding Adults Board and Children's Board:
www.lincolnshire.gov.uk

4. Beaumond House Policies for:
   - Mental Capacity Act 2005 Policy and Procedures
   - Deprivation of Liberty Safeguards Policy and Procedures

- Supervision Policy
- Whistleblowing Policy
- Complaints Policy
- Duty of Candour Policy
- Consent to Care and Treatment Policy

4. Aims and Objectives

To ensure all patients, families and carers who access services through Beaumond House are safeguarded from the risk of or actual abuse.

To ensure prompt, correct action is taken if abuse is suspected.

For every staff member and volunteer to be trained and know the actions to take if they have concerns about the safety of a vulnerable adult or child.

5. Scope of the policy

The policy covers safeguarding issues for any vulnerable adult or child who receives care or support through Beaumond House. The policy applies to all staff, volunteers, students and people on secondment, placement and contractors.

6. Accountabilities and Responsibilities

The Board of Directors through the work of the CSD Sub-Committee will provide governance for the policy.

Head of Clinical Services responsible for implementing and upholding the policy throughout Beaumond House.

Head of Clinical services and Clinical Nurse Lead are the safeguarding leads for the organisation.

The Head of HR is responsible for ensuring all staff and volunteers receive induction and then regular training in Mental Capacity Act, Safeguarding and Deprivation of Liberty Safeguards.

Staff and Volunteers are responsible to attend training provided, follow the procedures outlined below and become familiar with location and content of resources provided to support this policy e.g. raising concern flowchart.

All staff and volunteers

All staff and volunteers have a responsibility to -:

- Undertake identified safeguarding training and maintaining current working knowledge relevant to their role
- Act in a timely manner on any concern or suspicion that an adult/child who is at risk and potentially at risk of being abused, neglected or exploited and ensure that the situation is assessed
- Discuss any concern about the health and well-being of an adult/child at risk with their line manager. If the concern involves a line manager contact a Safeguarding Advisor
- Work with their line manager if appropriate to address concerns raised
- Be aware that the patient/ others must be involved from the outset and clear and open communication must be maintained unless it will this poses a risk to the individual/s or compromises safety
- Establish the patient/other wishes regarding how they view the risk and see the desired outcome
- To report and record accurately all actions and interventions
- Working collaboratively with other agencies to safeguard and protect the health and well-being of people who use services
- Remaining vigilant at all times to the possibility of abuse or neglect
- Recognise the impact of diversity, beliefs and values of people
- May be required to participate in Adult Safeguarding review/Investigations

Prevention and Minimisation of Abuse

Beaumond House Hospice Care is committed to a zero tolerance for abuse or neglect of any sort within this organisation.

The culture within Beaumond House will be one where human rights are respected and upheld.

Staff and volunteers employed by Beaumond House will be selected for their commitment to the principles of person-centred care and will have been through the correct procedures such as references and DBS to ensure they are suitable persons for employment in this setting.

The job description for care staff will include the responsibility for safeguarding adults and children, with the level and scope to be set according to their job role.

All staff and volunteers will work with patients, families and carers in a way that empowers individuals to make their own choices.

Through training, assessment and vigilance staff and volunteers in Beaumond House will recognise when individuals are unable to take their own decisions or protect themselves. (Mental Capacity Act 2005 – Policy and procedures)

Information about prevention of abuse and what to do if people have a concern will be freely available to people accessing Beaumond House services, through providing up-to date leaflet in public areas and areas where patient care is delivered.

(Appendix A - 1 Adult abuse leaflet)

Care and support will be provided to patients and carers using a person-centred approach. Assessment will identify any vulnerability or risk and will put in place measures to empower the person and ensure they are protected from harm.

Care plans will be developed with the direct involvement of patients and carers and this will be agreed by the patient.

When a person has been identified as being vulnerable to risk of abuse good communication must take place with any other agencies involved, to ensure supportive measures are in place.

An open culture will be fostered by promoting feedback from patients, carers, staff, volunteers, other organisations and individuals working with Beaumond House. This information will be recorded, considered, actioned as required and communicated. (See complaints policy).

Head of Clinical Services is responsible for ensuring information gathering and feedback exercises take place at regular intervals, such as patient satisfaction surveys and audits.

Information from incidents, audits, complaints, comments, user surveys will then be reviewed by the CSD Sub-Committee and appropriate action taken to address any risks or potential risks to patient/carer safety identified. The actions will have clearly identified goals and timescales.

Training, supervision and resources

Training will be provided on Safeguarding, Mental Capacity Act and Deprivation of Liberty Safeguards:

- At induction
- As part of mandatory training annually
- And if any significant change in policy takes place

to ensure staff and volunteers continue to uphold the principles of protecting vulnerable adults and children.

This training will ensure that each person employed, or volunteering knows the factors that can determine a persons' vulnerability to abuse, how to promote a safe environment of care, is able to recognise possible abuse and knows the actions to be taken to raise a concern. This will focus more specifically on vulnerable adults but will also ensure staff know their responsibilities to any children to which Beaumond House has a duty of care.

Staff and volunteers' individual awareness of risk of abuse, duty to report and how to raise a concern will be maintained and monitored through the process of supervision and appraisal by their immediate line manager.

Head of Clinical Services and Clinical Nurse Lead as the designated referrer's, and any other staff member who may have to act as a referrer, will attend training to equip them to

deliver this responsibility competently. This will be accessed through the Nottinghamshire County Council to ensure it includes local working practice.

Involvement of staff in safeguarding concerns can be a challenging area of practice and support will be provided through supervision and counselling will also be offered.

Hard copies of local safeguarding guidance and information will be kept in the care office in a clearly marked folder to ensure all staff can refer to them and will be updated by Head of Clinical Services when any changes take place.

Head of Clinical Services will access Nottinghamshire Safeguarding Adults Board website www.safeguardingadultsnotts.org on a monthly basis to maintain current knowledge and note any changes. If significant changes are announced the policy and procedures will be amended accordingly and training and communication plan put in place to ensure all staff and volunteers are informed.

Awareness of factors that can determine vulnerability

An individual's vulnerability is determined by a range of interconnected factors including personal characteristics, factors associated with their situation or environment, and social factors.

Personal characteristics of the adult at risk that increase vulnerability may include

Not having mental capacity to make decisions about their own safety including fluctuating mental capacity associated with mental illness and other conditions
- Communication difficulties
- Physical dependency – being dependent on others for personal care and activities of daily life
- Low self-esteem
- Experience of abuse
- Childhood experience of abuse

Personal characteristics of the adult at risk that decrease vulnerability may include

- Having mental capacity to make decisions about their own safety
- Good physical and mental health
- Having no communication difficulties or if so, having the right equipment/support
- No physical dependency or, if needing help, able to self-direct care
- Positive former life experiences
- Self-confidence and high self-esteem

Social/situational factors that increase the risk of abuse may include	Social/situational factors that decrease the risk of abuse may include
• Being cared for in a care setting, i.e. more or less dependent on others • Not receiving the right amount or the right kind of care • Isolation and social exclusion • Stigma and discrimination • Lack of access to information and support • Being the focus of anti-social behaviour	• Good family relationships • Active social life and a circle of friends • Able to participate in the wider community • Good knowledge and access to a range of community facilities • Remaining independent and active • Access to sources of relevant information

Types of abuse

Abuse is a violation of an individual's human and civil rights by any other person or persons and can take place in any context. It may occur when an adult at risk lives alone or with a relative; it may occur within care homes or day care settings, in hospital, hospice, custodial situations, support services into people's own homes and other places previously assumed safe or in public places.

Abuse in relation to an adult at risk includes: Sexual abuse, physical ill-treatment, psychological ill-treatment, discriminatory abuse, financial abuse, neglect and acts of omission which cause harm or place at risk of harm / negligence, self-neglect and high risk of abuse / neglect.

<u>Categories of abuse for adults:</u>

Sexual abuse

The involvement of individuals in sexual activities to which they may not have given informed consent, may not fully comprehend or with which they do not wish to continue or that violate the social taboos of family roles. Sexual abuse usually involves acts performed by the abuser on the person who is abused but it might sometimes involve situations where the perpetrator forces or persuades the other person to do things to the abuser or to others.

Examples of sexual abuse:

- Inappropriate touching/indecent exposure
- Non-contact abuse- e.g. pornography
- Rape or attempted rape
- Sexual harassment
- Sexual assault
- Causing or inciting a person to engage in sexual activity without their consent
- Adults at risk involved in sexual exploitation
- Inappropriate photographing

Signs of possible abuse

- significant change in sexual behaviour or attitude
- pregnancy
- wetting or soiling
- poor concentration
- adult at risk appearing withdrawn depressed stressed
- torn, stained or bloody underclothing
- Bruises bleeding pain or itching in genital area.

Physical abuse

Physical abuse is the physical ill treatment of an adult which may or may not cause physical injury or death.

Examples of physical abuse:

- Assault and battery
- Hitting, slapping, scratching
- Pinching and shaking
- Misuse of medication and treatments
- Pushing or rough handling
- Unwarranted or inappropriate restraint, forced isolation or confinement, or
- Unauthorised deprivation of a person's liberty
- False imprisonment or abduction

Could be suspected because of:

- injuries not fully explained
- bruises or welts on face or body
- clusters of injuries forming regular patterns
- burns
- friction burns
- multiple fractures
- injuries at different stages of healing
- medication misuse

Psychological abuse

Psychological abuse results from being repeatedly made to feel unhappy, anxious, afraid, humiliated or devalued by the actions or inactions and/or attitudes of others. This may result in the person self-harming or attempting or committing suicide.

Psychological abuse may include:

- Emotional abuse
- Humiliation, ridicule and cruelty
- Abuse of izzat (honour/shame)
- Forced marriage
- Threats of punishment
- Intimidation, for example, name calling, threats, shouting, verbal abuse
- Forced withdrawal from critical services or denying service access to vulnerable adult
- Significant community pressure such as anti-social behaviour.

Signs of possible abuse:

- change in appetite,
- low self-esteem, deference, passivity and resignation
- unexplained fear, defensiveness ambivalence
- emotional withdrawal
- sleep disturbance

Discriminatory abuse

Discriminatory abuse is any type of abuse including psychological abuse and harassment that is racist, sexist or linked to a person's age disability, sexual orientation, cultural background or religion.

Discriminatory abuse includes:

- Racial harassment
- Harassment based on gender or sexual orientation
- Insults or harassment based on disability
- Denial of cultural or religious needs
- Hate crimes

Signs could be:

- lack of respect shown to individual
- sub-standard service offered to individual
- repeated exclusion from rights other citizens enjoy – health, education, employment, criminal justice.

Financial or material abuse

Financial or material abuse is the misappropriation of an individual's funds, benefits, savings etc or any other action that is against the person's best interests including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Signs of this could be:

- Change in living conditions
- Lack of heating, clothing or food
- Unexplained sudden inability to pay bills or maintain lifestyle
- Unusual or inappropriate bank account activity
- Withholding money
- Unexplained loss/misplacement of financial documents
- Recent change of deeds or title of property
- Sudden or unexpected changes in a will or other financial documents
- Unusual interest shown by family or other in the person's assets
- Person managing financial affairs is evasive or uncooperative
- Misappropriation of benefits and / or use of the person's money by other members of the household
- Fraud or intimidation in connection with wills property or other assets

Modern Slavery

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 into a life of abuse, servitude and inhumane treatment. People who have been trafficked may:

Show signs of consistent abuse or have untreated health issues.

- Have no identification documents in their personal possession, and little or no finances of their own.
- Be unwilling to talk without a more 'senior', controlling person around who may act as their translator.
- Sleep in a cramped, unhygienic room in a building that they are unable to freely leave.
- Be unable to leave their place of work to find different employment, and fear that bad things may happen if they do.
- Be charged for accommodation or transport by their employers as a condition of their employment, at an unrealistic and inflated cost which is deducted from their wages.

They may be forced to work in certain types of industries or activities, such as:

- Factories, farms or fast food restaurants.
- Domestic service, such as a cleaner or nanny.
- Street crime, such as pick pocketing or robbery.
- Services of a sexual nature

Neglect and Acts of Omission

Neglect and acts of omission including ignoring medical or physical care needs, the deliberate withholding OR unintentional failure to provide access to appropriate and adequate health and social care and support and the withholding of the necessities of life such as adequate nutrition, heating, medication. Neglect manifests itself in the extent to which a person's physical and/or mental well-being is seriously impaired or results in death

Examples of neglect include:

- Failure to keep the person clean, warm and in good health
- Failure to provide reasonable care
- Failure to give prescribed medication
- Failure to give privacy and dignity
- Failure to provide supervision for behaviour which could be dangerous
- Failure to access medical care or technical aids
- Failure to provide nourishment
- Failure to manage tissue viability

May be indicated by:

- Poor physical condition e.g. bed sores, unwashed, pressure ulcers (see below)
- Clothing in poor condition e.g. unclean, wet, ragged
- Inadequate physical environment
- Inadequate diet
- Untreated injuries or medical problems
- Inconsistent or reluctant contact with health or social care agencies
- Failure to engage in social interaction
- Malnutrition when not living alone
- Inadequate heating
- Failure to give prescribed medication
- Poor personal hygiene
- Failure to provide access to key services such as health care, dentistry

Neglect can also lead to pressure ulcers. If you suspect a pressure ulcer is as a result of neglect please follow Beaumond House procedures for pressure ulcers which detail circumstances referral to safeguarding is required.

Self-neglect

Self- neglect covers a wide range of behaviour - neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Regard needs to be given to situations where an adult at risk may be neglecting him/herself. This may include alcohol dependency, self-neglect of health or poor living conditions.

Procedures apply where individuals or agencies have not provided access to reasonable levels of information, advice or support to the person concerned. These procedures do not apply where there is no perpetrator or system of care implicated.

Self-harm does not come under the scope of these procedures. However, Beaumond House has a duty of care in such cases and if an adult at risk is suspected of self-harming appropriate action must be taken to provide help and support. For more information on self-harm visit **www.nice.org.uk.**

Organisational abuse (previously known as Institutional abuse)

Neglect and poor professional practice in care settings also need to be taken into account. It may take the form of isolated incidents of poor practice at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other.

It can occur when the routines, systems, communications and norms of an organisation compel individuals to sacrifice their preferred lifestyle and cultural diversity to the needs of that organisation. Repeated instances of poor care may be an indication of more serious problems.

Organisational abuse **may** be indicated by:

- Inappropriate or poor care;
- Misuse of medication;
- Restraint;
- Sensory deprivation e.g. denial of use of spectacles, hearing aid etc;
- Lack of respect shown to personal dignity;
- Lack of flexibility and choice: e.g. mealtimes and bedtimes, choice of food;
- Lack of personal clothing or possessions;
- Lack of privacy;
- Lack of adequate procedures e.g. for medication, financial management;
- Controlling relationships between staff and service users;
- Poor professional practice.

Domestic abuse

Domestic violence or abuse can be characterised by any of the indicators of abuse outlined in this policy relating to:

- psychological
- physical
- sexual
- financial
- emotional.

Domestic violence and abuse includes 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 also includes so called 'honour' -based violence, female genital mutilation and forced marriage.

Coercive or controlling behaviour is a core part of domestic violence. Coercive behaviour can include:

- acts of assault, threats, humiliation and intimidation
- harming, punishing, or frightening the person
- isolating the person from sources of support
- exploitation of resources or money
- preventing the person from escaping abuse
- regulating everyday behaviour.

Possible indicators of domestic violence or abuse:

- Low self-esteem
- Feeling that the abuse is their fault when it is not
- Physical evidence of violence such as bruising, cuts, broken bones
- Verbal abuse and humiliation in front of others
- Fear of outside intervention
- Damage to home or property
- Isolation – not seeing friends and family
- Limited access to money

Categories of abuse for children are detailed in our separate Safeguarding Children Policy.

Risk of abuse/neglect

An alert or referral may be made where:

- Systems of care provided to an adult at risk are highly likely and imminently to result in the abuse/neglect of a known vulnerable person/s
- An individual is assessed as being at imminent risk of harming a known adult or child at risk.

7. Method

Procedure for raising a concern about significant harm, abuse or neglect.

All staff and volunteers within Beaumond House have a duty to inform either their line manager or a Head of Clinical Services immediately if they have any concerns that a vulnerable adult or child:

- **Has** been significantly harmed abused or neglected
- **Is** being significantly harmed abused or neglected
- **Is at risk** of being significantly harmed, abused or neglected.

The concern may be as a result of direct observation, communication with the vulnerable person or other person/s, health or social care professionals, family or friends.

The copy of the flowchart for actions to take when 'What to do if you have a safeguarding concern' should be given to all staff and volunteers as part of training and a copy displayed in the in-patient office for reference. (Appendix A - 2).

Emergency action

Immediate steps to safeguard the individual will be taken.

If necessary the relevant emergency services (police, ambulance, and fire and rescue service) should be contacted by dialling **999** before following this procedure.

The most senior RN on duty or if out of hours, the Head of Clinical services or Clinical Nurse Lead should be contacted.

Staff should ensure that all actions are accurately documented.

Guidance on response

The guidance to staff for how to respond if someone, vulnerable adult or carer raises a concern is as follows:

- Assure them you are taking them seriously
- Listen carefully and get a clear picture
- Avoid asking too many questions at this stage
- DO NOT give promises of complete confidentiality
- Explain that you have a duty to tell your manager and they may need to share the information with other people to help safeguard them
- Reassure them they will be involved in any decision making about what will happen
- Explain that you will try and take steps to protect them from abuse or neglect
- Provide appropriate communication support if necessary
- DO NOT be judgemental or jump to conclusions
- DO NOT discuss the concern with anyone else unless the immediate welfare of the vulnerable adult make this necessary or you are whistle blowing.

Any actions to ensure the immediate safety of the person concerned must be taken and recorded.

If English is not the first language, interpreter services can be accessed via:

Nottingham City Care Referrals are direct to the service via telephone on 0115 883 1533.

www.nottinghamcitycare.nhs.uk

8.00am to 6.00pm Monday to Friday (not including Bank Holidays). **Interpreters can be booked from 7.00am - 7.00pm.**

The concern should **only** be discussed with the line manager or 'referrer' unless necessary to secure the persons safety.

Record Keeping

Using the Safeguarding concern form (Appendix A - 3) make a record to include:

- Date, time and place of incident
- Notes, preferably taken during the conversation, explaining to the person reasons for writing things down or writing everything down immediately afterwards.
- Exactly what the vulnerable adult said, using their own words (their account) about the abuse and how it occurred or exactly what has been reported
- Clearly separate factual information from expression of opinion.
- Appearance and behaviour of the vulnerable adult
- Any injuries observed
- Name and signature of the person making the record
- If the incident was witnessed, write down exactly what was seen by the witness.

The line manager will discuss with the member of staff or volunteer their concerns and ensure that all details are recorded on the form and also in the patients' notes if applicable.

Deciding on the appropriate course of action

Once the concern has been raised with the referrer, the referrer(s) must them make a decision of the most appropriate course of action.

The referrer(s) should use the Referral flow chart to guide actions and ensure correct procedures are followed.

(Appendix A - 4)

- Ensure the immediate safety and welfare of the vulnerable adult, and also the perpetrator if they are a vulnerable adult.
- In an emergency contact the relevant emergency services (police, fire, ambulance and rescue services), bearing in mind the need to preserve evidence.
- Consideration should also be given to the health and safety of others in Beaumond House
- See below for actions if the concern relates to a member of BH staff or volunteer.
- If relevant, gather further information to help consider if abuse has occurred.

Mental Capacity

The mental capacity of an adult at risk to make decisions about their own safety should be considered.

Capacity can be undermined by the experience of abuse and where the person is being exploited, coerced, groomed or subjected to undue influence or duress.
The persons' capacity should be assessed in accordance with legislation and policy and should the individual lack capacity for the decisions that need to be made at the time actions must be taken in the persons best interests.

Deprivation of Liberty Safeguards

Actions taken in a persons' best interest to protect them from harm may result in a deprivation of their liberty and therefore actions taken must comply with the Deprivation of Liberty Safeguards legislation and policy.

Factors to consider

- How vulnerable is the adult at risk?
- What personal, environmental and social factors contribute to this?
- What is the nature and extent of the abuse?
- Is the abuse a real or potential crime?
- How long has it been happening? Is it a one-off incident or a pattern of repeated actions?
- What impact is this having on the individual? What physical and/or psychological harm is being caused? What are the immediate and likely longer-term effects of the abuse on their independence and wellbeing?
- What impact is the abuse having on others?
- What is the risk of repeated or increasingly serious acts involving the person causing the harm?
- Is a child (under 18 years) at risk?

Decide whether a referral is required to the MASH team is required or whether a different pathway of action would provide a better outcome for the individual.

The guidance provided in the 'Nottinghamshire Safeguarding Vulnerable Adults Thresholds and Pathways Guidance for Referrers' provides advice to help with the decision. (Appendix A - 8)

Information gathering

When carrying out initial information gathering the following should be considered:

- Could the event(s) have happened as alleged? You should not start the interview/investigation process; however it may be necessary to ask the alleged victim some clarification questions to gain an understanding of the allegation (see below)
- · The information gathering should take place as soon as possible (e.g. bruising will fade if left too long before logging/photographing)
- Discuss with the relevant manager(s) on duty at the time. For example, what was said, seen, responded to? How was the information recorded?
- Checking written records – care plans, files, communication books, rotas etc. Could the alleged perpetrator and victim have been together/alone?
- At times it may be necessary to discuss the incident with other members of staff, but this should be done sensitively and only when appropriate to manage risk to the vulnerable adult or others. When this is necessary, you should remind staff about your organisation's approach to confidentiality.
- Gathering information about the patient, alleged perpetrator and members of staff
- Checking files to see if previous records support the claims
- Would a 'body map' be useful? Where a body map is completed, you should inform the relevant local authority that you have done this.

It will sometimes be necessary to speak to the vulnerable adult about the incident to clarify what has been alleged (and will usually be necessary to get their consent and see what they would like to happen – see below).

The following pointers may be helpful when having such conversations:

- Do NOT begin an interview/investigation process as this could jeopardise any further work
- Consider the most appropriate way of communicating with the vulnerable adult, which may not always be verbal
- Communicate with them in a private and safe place and inform them of any concerns
- Use 'common language', for example talk about 'hitting or 'slapping' instead of 'physical abuse' or about 'theft' instead of 'financial abuse'
- Discuss what immediate actions can be taken to help keep them safe
- Get their views on what happened and what they want done about it
- Provide them with information about the safeguarding adults process and how this can help make them safer
- Support them to ask questions about issues of confidentiality and agree who will be told about any concerns
- Explain how they will be kept informed
- Identify any communication needs and personal care arrangements.

If a safeguarding referral is not required:

- Consider any possible alternative actions and ensure they are carried out
- Record any subsequent actions
- Monitor the risk of repeat incidents
- The governance body of Beaumond House, the CSD Sub-Committee, will review all reported incidents, and these will include concerns raised.

If a safeguarding referral is required:

The person responsible for 'referring to the local authority' is the nominated person who receives information from the person 'raising the concern'. This member of staff is the 'referrer'.

The nominated person responsible for referring safeguarding concerns to the Local Authority is the Head of Clinical Services.

In certain circumstances it may be the responsibility of the Clinical Nurse lead or an RN to refer a concern, for example, if senior nurses are unavailable within the required time frame i.e. within ONE working day.

Referrals must be made within one working day of the concern being raised.

Referring with consent

If the adult at risk **has** mental capacity to make decisions about their safety, consideration must be given to:

- find out from them what is happening
- talk to them about their concerns
- carry out a risk assessment with them to find out if they understand the risk and what help they may need to support them to reduce the risk if that is what they want
- being satisfied that their ability to make an informed decision is not being undermined by the harm they are experiencing and is not affected by intimidation, misuse of authority or undue influence, pressure or exploitation if they decline assistance
- reassure them that they will be involved and supported in all relevant decisions and actions that are taken to protect them and inform them that in certain circumstances action will have to be taken even if they disagree (e.g. if a child or another adult at risk is also at risk of harm).

Referring without consent

If there is an overriding public interest or vital interest, or if gaining consent would put the adult at further risk, a referral *must* be made. This includes situations where:

- other people or children could be at risk from the person causing harm

- it is necessary to prevent crime or if a serious crime may have been committed
- there is a high risk to the health and safety of the adult at risk
- the person lacks capacity to consent.

The adult at risk would normally be informed of the decision to refer and the reasons for this, unless telling them would jeopardise their safety or the safety of others.

If the adult at risk is assessed as not having mental capacity to make decisions about their own safety and to consent to a referral being made, the referring manager must make a decision in their best interests in accordance with the provisions set out in the MCA 2005.

The key issue in deciding whether to make a referral is the harm or risk of harm to the adult at risk and any other adults who may have contact with the person causing harm or with the same organisation, service or care setting.

Information required when making a safeguarding referral

The Safeguarding Referral Form should be completed prior to making the referral to ensure all relevant details and information can be given.

(Appendix A - 5)

Or submit the information on-line using the following link

http://www.nottinghamshire.gov.uk/caring/childrenstrust/pathway-to-provision/mash

Explain to the call taker that you wish to make a Safeguarding adults referral.

Contact details should be given so that the relevant local authority can gain any further details and will be able to provide an update about the referral.

Where to make the referral

The referral should be made to the 'relevant local authority'. The term 'relevant local authority' refers to the place where the alleged abuse has occurred.

For Nottinghamshire County Council - The MASH is the **single point of contact for all professionals** to report safeguarding concerns.

- **Telephone:** 0300 500 80 90
- **Email:** mash.safeguarding@nottscc.gcsx.gov.uk
- **Online form** for adults
  http://www.nottinghamshire.gov.uk/care/safeguarding/reporting-abuse

MASH, Mercury House, Little Oak Drive, Sherwood Business Park, Annesley, Notts NG15 0DR
Opening hours: Monday to Thursday - 8.30am to 5.00pm / Friday - 8.30am to 4.30pm

In an emergency outside of these hours, contact the Emergency Duty Team (EDT) on 0300 456 4546.

For Nottingham City Council - Health and Care Point – 0300 300 33 33
(Opening times; Monday - Thursday 8.30am – 5.00pm, Friday 8.30am – 4.30pm)

Nottinghamshire Customer Service Centre – 0300 500 80 80 (members of public)
(Opening times; Monday – Friday 8.00am – 8.00pm, Saturday 8.00am - 12.00pm)

For Lincolnshire County Council - For concerns re. adults call - Customer Service Centre (CSC) on **01522 782155**.Out of hours Emergency Duty Team on **01522 782333**.

For concerns re. children call - Children Services CSC on **01522 782111**. Out of hours - Emergency Duty Team on **01522 782333**.

If the alleged abuse has happened in another county council area details of contact points will need to be obtained either from local council or Internet and contact as directed.

Where any form of control or constraint is used when caring for patients this must be appropriate, reasonable, proportionate and justifiable to the patient and it must not be unlawful or excessive.

Deprivation of Liberty Safeguards may be applicable when it is in the best interests of the patient and in accordance with the Mental Capacity Act 2005.

In all cases the Care Quality Commission must be notified in accordance with Regulation 18, Care Quality Commission (Registration) Regulations 2009.

Allegation of abuse of patient/s where the alleged perpetrator is a member of staff or volunteer

The CEO or Head of Clinical Services is responsible for initially coordinating information gathering into the allegations. During this time it may be appropriate to suspend the member of staff from duty, to ensure that the patient is safe and that the alleged perpetrator is not subject to harassment or discrimination. Advice should be sought from the Head of HR.

Depending on the circumstances and outcome of the information gathering, hospice disciplinary procedures may be put into operation. Referral to Notts. MASH and to the appropriate professional body and reporting of the allegation to the police may be also necessary.

The CEO and Head of HR will be kept informed of proceedings. Detailed comprehensive confidential notes must be kept of all communications.

Safeguarding children (persons under the age of 18)

Whilst Beaumond House Hospice Care is primarily a provider of care to adults a child/children may be:

- Member/s of a family accessing Hospice services.
- Attending a Beaumond House event
- Participating in Beaumond House fund raising event

We have a separate child safeguarding policy which should be followed if there are child safeguarding concerns.

8. Equality Impact Assessment

No adverse impact detected. This policy should have a positive impact on diverse groups as it seeks to actively promote inclusive and anti-discriminatory practices.

	Name of Policy/Procedure	Yes/No/NA	Comments
1	Does the policy or guidance affect one group less or more favourably than another based on:		
	• Race	No	
	• Ethnic Origin	No	
	• Nationality	No	
	• Gender (Male/Female/Transgender)	No	
	• Culture	No	
	• Religion or Belief	No	
	• Sexual Orientation (Lesbian/Gay/Bisexual)	No	
	• Age	No	
	• Disability (learning disabilities, physical disability, sensory impairment and mental health problems etc)	No	
	Employment status (full/part/bank/retired)	No	
	Marital Status/Civil Partnership	No	
	Trade union membership/non-membership	No	
2	Is there any evident that some groups are affected differently?	No	
3	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	
4	Is the impact of the policy/guidance likely to be negative?	No	
5	If so, can the impact be avoided?	N/A	
6	What alternatives are there to achieving the policy / guidance without the impact?	N/A	
7	Can we reduce the impact by taking different action?	N/A	
	Name of Assessor		**Signed**
	Head of Clinical Services/ Clinical Nurse Lead		

9. Training Needs Analysis -Staff Training requirements

All staff and volunteers within Beaumond House will receive training on Safeguarding Adults and Children to the appropriate level for their role and responsibilities. This will happen on induction and an annual update will be provided for all staff.

10. Monitoring Compliance with the policy / procedure

Training records will be maintained and reviewed annually to ensure training and supervision has met the standard set.

An audit will be carried out 6-monthly to ensure the requirements of this policy have been met.

The CSD Sub-Committee will review any safeguarding issues as part of their governance remit.

Cases of raised concerns and safeguarding referrals will be reported to the CSD Sub-Committee to ensure policy and procedure has been followed and to provide governance.

11. References

- Safeguarding Adults - The Role of Health Service Managers and Their Boards. DOH (March 2011)
- Working together to Safeguard Children: March 2010
- Mental Capacity Act (2005)/Mental Capacity Act Amendment (2007)/ Deprivation of Liberty Safeguards (2009)
- *Care Quality Commission – Fundamental Standards* www.cqc.org.uk/what-we-do/how-we-do-our-job/fundamental-standards
- Safeguarding Children and young people: Roles and Competencies for Health Care Staff - September 2010
- Care Act: Care and Support Statutory Guidance (2014)
- DoH (Department of Health) (2008) *Mental capacity act 2005: deprivation of liberty safeguards code of practice to supplement the main mental capacity act 2005 code of practice*, London: DH.
- DoH (2005) The Mental Capacity Act 2005
- Nottinghamshire Safeguarding Adults policies and Procedures

  http://www.nottinghamshire.gov.uk/caring/adultsocialcare/backgroundsupport/safeguardingadults/procedure-and-guidance/
- Nottinghamshire safeguarding children and young people

  www.workingtogetheronline.co.uk

- Lincolnshire Safeguarding policy http://www.lincolnshire.gov.uk/residents/adult-social-care/adult-safeguarding/multi-agency-policy-and-procedure
- Children's safeguarding http://www.nottinghamshire.gov.uk/caring/childrenstrust/pathway-to-provision/pathway-to-provision-documents
- St Barnabas Hospice SAFEGUARDING ADULTS AND CHILDREN AT RISK POLICY & PROCEDURES October 2017 (with consent)

12. Policy Review

This policy will be reviewed every 3 years or sooner in the light of changes in the law or following investigations of incidents that indicate a change is required.

13. Sign off sheet regarding dissemination of procedural documents

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

Title of document:	**Complete and sign**
Lead Director:	Chair of CSD Sub Committee
Sub Committee:	CSD
Date Approved:	July 2021
Ratified by Board:	Delegate to sub committee
Dissemination Lead:	Clinical Nurse Lead
All relevant staff informed of changes, training plan in place to allow for full implementation.	Separately recorded
Date placed in policy files:	July 2021
Review Date:	July 2024

Appendix A

1. Adult Abuse Leaflet –
   http://www.nottinghamshire.gov.uk/caring/adultsocialcare/backgroundsupport/social-care-publications/?char=S

2. 'What to do if you have a safeguarding concern' – flow chart of actions for Beaumond House. Copy in in-patient office.
   Raising a concern flowchart – for Nottinghamshire
   http://www.nottinghamshire.gov.uk/caring/adultsocialcare/backgroundsupport/safeguardingadults/procedure-and-guidance

3. Safeguarding Concern Record – U drive – A Patient Care – Safeguarding Concern Record

4. Referral flow chart
   http://www.nottinghamshire.gov.uk/caring/adultsocialcare/backgroundsupport/safeguardingadults/procedure-and-guidance

5. 'Information required when making a safeguarding referral' – to be used to ensure information gathered before telephone call to MASH.
   Kept in Safeguarding file in in-patient office and u-drive

6. Online form for concerns regarding an adult
   http://www.nottinghamshire.gov.uk/caring/childrenstrust/pathway-to-provision/mash

7. Online form for concerns regarding a child
   http://www.nottinghamshire.gov.uk/caring/childrenstrust/pathway-to-provision/mash

8. Thresholds and Pathways for Referrers

   http://www.nottinghamshire.gov.uk/caring/adultsocialcare/backgroundsupport/safeguardingadults/procedure-and-guidance