

## POLICY DOCUMENT

Policy Title:	Protecting and safeguarding adults at risk
Policy Group:	Clinical
Policy Owner:	Director of Clinical Services
Issue Date:	10 Febraury 2021
Review Period:	24 months
Next Review Due	10 February 2023
Author:	Rasheed Meeran
Cross References:	<p>Policies: Accounting for Patients' Money  Anti-harassment and victimisation  Complaint  Consent  Disciplinary  Equal Opportunities and Diversity  Grievance Procedure  Notification of Events  Public Disclosures  Recruitment  Recruitment of sex offenders  Restraint  Risk Management  Visiting</p> <p>Also: Safeguarding – Code of Conduct - All staff  Safeguarding – Code of Conduct – Volunteers  Safeguarding adult at risks and children – a quick guide</p>
Evidence:	Surrey safeguarding adults board. Multi-agency procedures, Information and guidance (2016) No Secrets Dept of Health Safeguarding Vulnerable Groups Act 2006 Health and Social Care Act 2008
How implementation will be monitored:	Pre-planned audit Clinical governance, MDT meetings and Consultant's ward rounds Ward based hand over meetings and therapy team meetings
Sanctions to apply for breach:	Disciplinary procedures
Computer File Ref.	O: risk management/ policies/ whole organisation
Policy Accepted by MT	10/02/2021
Sign-off by CEO	

## **1. STATEMENT OF PURPOSE**

This policy provides information on different types of abuse and sets out the standards and practices, which aim to ensure patients at Holy Cross, are protected. It also defines the procedure to follow if case of abuse is suspected.

## **2. POLICY STATEMENT**

Holy Cross Hospital is strongly committed to defining and implementing practices that protect adults at risk, whether patients or visitors, from abuse, neglect or significant harm or distress. Staff recognise and accept their responsibility to develop an awareness of the risks and issues involved in safeguarding. The hospital also recognises that it has a responsibility to protect staff from unfounded allegations of abuse. The hospital is committed to working with local safeguarding agencies to ensure the safeguarding of adults at risk using or visiting the service.

Holy Cross Hospital operates a zero tolerance policy with regards to abuse. Any allegations or cases of suspected abuse will be fully investigated without prejudice. Whenever appropriate the Multi Agency Safeguarding Hub will be contacted via the call centre on 0300 470 9100. If the case is considered to be an emergency the police will be contacted by dialling 999.

## **3. INTRODUCTION**

An adult at risk is defined as a person over the age of 18 years who is in need or may be in need of care services by reason of mental or other disability, age or illness and who is unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation. Adults at risk may be victims or perpetrators of abuse.

The term abuse can be open to wide interpretation. It is defined in the Department of Health guidance document No Secrets as 'A violation of an individual's human and civil rights by any other person or persons'. There are other factors to consider:

- Abuse may be a single act or a number of repeated acts
- It may be an act of neglect or an omission to act
- It may occur when an adult at risk is persuaded to enter into a financial or sexual relationship to which he or she has not consented or cannot consent
- Abuse can occur in any relationship
- It may result in significant harm to or exploitation of the person subjected to it

The main forms of abuse are:

- Physical
- Sexual
- Psychological
- Financial or material
- Neglect or acts of omission
- Discriminatory
- Self-Neglect
- Domestic violence or abuse
- Modern slavery
- Organisational or institutional abuse

Patterns of abuse may include:

- Poor care standards including rigid inflexible routines
- Some treatment programmes e.g. behaviour management programmes, which apply sanctions
- Failure to access services e.g. dentistry
- Fraud or intimidation with respect to wills, property or assets

#### **4. ACCOUNTABILITY AND RESPONSIBILITY**

The CEO, Director of Clinical Services, Director of Nursing and the Night Sister are the designated Safeguarding Officers at Holy Cross. Incidents or concerns are reported in the first instance to the senior nurse on duty who will report to one of the Safeguarding Officers.

Holy Cross Hospital will work cooperatively and in collaboration with other relevant agencies such as the Multi Agency Safeguarding Hub, the Police and Independent Mental Capacity Advocates (IMCAs). The Safeguarding Officers are responsible for monitoring and managing incidents or concerns and liaising with safeguarding agencies.

The responsibilities of the Safeguarding Officers include:

- Ensuring the safeguarding policy is implemented
- Conducting audits, reporting results and acting on recommendations
- Ensuring all staff receive appropriate training in the protection and safeguarding of adults at risk
- Maintaining own training to ensure awareness of best practice and access to up to date guidance
- Making the decision to notify external agencies i.e. Multi-Agency Safeguarding Hub (MASH) or the Police when an allegation is made or a concern raised
- Liaising with external agencies as above
- Notification of any safeguarding issues to Care Quality Commission and funding authorities
- Ensuring records are factual and accurate
- Reporting any safeguarding issues to the Advisory Committee
- Providing information about Safeguarding to patients and relatives

#### **5. CONFIDENTIALITY**

All staff members will respect rules of confidentiality and not divulge information given in confidence unless justified by assessed risk to the adult at risk.

#### **6. RECORDING**

Staff must ensure that recording of facts, incidents, assessments, referrals and case discussions are accurate, concise, up-to-date, legible, dated and factual. Records must be stored in an individual file and stored securely in a manner that safeguards the right to privacy and security of all individuals concerned. An MDT discussion form (Appendix 1) will be used as a discussion tool when staff are unsure if an issue needs to be discussed with MASH.

#### **7. STAFF SUPPORT AND TRAINING**

Holy Cross Hospital has a duty to promote safeguarding issues and measures to staff and volunteers to ensure that they:

- Reflect on their own practice and assess risk to ensure their practice would be likely to protect them from false allegations
- Recognise their responsibilities and report any concerns (Code of Conduct)

- Follow guidelines for staff and volunteers (Safeguarding adult at risks and children – a quick guide)
- Undertake training every 3 years with an annual update to raise awareness of current issues and legislation
- RNs and registered Therapists and managers will attend Enhanced safeguarding training every 2 years
- Various safeguarding information sessions and problem solving sessions (opportunistic) will be organised as needed.

Any staff member involved in dealing with instances of abuse will be provided with an appropriate level of support. Staff will be dealt with in a fair and equitable manner. The Public Interest Disclosures policy sets out the measures in place to protect staff who report an allegation of abuse or raise a concern. The Grievance Procedure provides a framework for staff to raise concerns about unfair treatment by a Manager or colleague.

Staff directly involved will be kept informed of action that has been taken and its outcome.

### **7.1 Staff experiencing domestic abuse at home**

Staff who are experiencing domestic abuse at home (abuse could be financial, physical, emotional, sexual) can speak in confidence to the Head of HR or to the Head of Department they work in. This will allow the staff member to speak to a senior colleague and provide the hospital with an awareness of their situation. The Hospital cannot intervene directly in these situations (unless they occur on hospital premises), but we will be able to direct you to organisations which can provide a range of advice, expertise, and help (we will make a file note of the 'sign-posting' information provided). Please note that staff can also contact police on 999 (emergency) or 101 (non-emergency call) or contact the Surrey domestic abuse helpline at 01483 776822

## **8. DISCLOSURE AND BARRING SERVICE (DBS)**

DBS checks are undertaken for all personnel who are required to have one prior to commencing employment. Those working in Regulated Activity will have an Enhanced disclosure including barred list checking (Vulnerable Adults & Children). Those whose work involves the individual having "access to patients in the course of their normal duties" (CQC DBS checks, 2013) will have a Standard disclosure undertaken. DBS checks are repeated 3 yearly unless the individual has signed up to the DBS Subscription update service, in which case an annual status check is done. This includes employees and those who are on Service Level Agreements with the Hospital. A risk assessment will be undertaken for bank staff if there is a gap of 3 months or more in their attendance at the hospital.

## **9. ASSESSMENT AND INTERVENTION**

Any allegation which could be interpreted as abuse will be taken seriously bearing in mind that the extent or seriousness of the abuse may not be clear initially. An objective assessment will be made taking into account the following factors:

- Vulnerability of the individual
- Nature and extent of alleged abuse
- Length of time it has been occurring - if known
- Impact on the individual
- Risk of repeated or increasingly serious acts involving the individual and/or any other adult at risk

## **10. PROCEDURE TO BE FOLLOWED IF ABUSE IS SUSPECTED**

- **Listen, Observe, Record and Report** – listen carefully and make observations; inform the nurse in charge immediately. The nurse in charge will inform the senior nurse in the hospital without delay. A written

report will be required which may be used in evidence later. Staff will not be penalised for reporting mistaken or misplaced concerns (but will be disciplined for making knowingly false accusations).

- **Ensure the adult at risk is safe and receiving appropriate care** -the adult at risk must be safeguarded as necessary from any possibility of further harm from the alleged perpetrator and should receive any immediate attention needed
- **Preserve evidence** - Instances of abuse will be investigated and may constitute a criminal act. Evidence of the abuse must be preserved to assist investigations

The decision to notify Multi Agency Safeguarding Hub will normally be taken by the lead Safeguarding Officer. However any individual can make a report. The Police should be contacted at once if there is evidence of a criminal offence. The Care Quality Commission and relevant Primary Care Trust will be informed by the Safeguarding Officer.

### Contact numbers

- In an emergency 999
- Multi-agency safeguarding hub (Adults and Children) 0300 470 9100 out of office hours 01483 517898

### How will we ensure if the staff is fit to resume work after a safeguarding allegation?

The results of the investigation will be used to ascertain if the staff member is fit to return to work and an appropriate risk assessment will be carried out. Advice will be sought from external agencies e.g. MASH.

## 11. RISK ASSESSMENT

It is recognised that anyone with prolonged, regular unsupervised access to adults at risk could pose a risk. The following table summarises individuals who may visit the hospital for any reason and the measures in place to minimise the risk:

A patients' own visitor/s	<ul style="list-style-type: none"> <li>• Information gathered from previous service provider at time of pre-admission assessment</li> <li>• Assessment of vulnerability of individual patient at time of admission and preparation of care plan</li> <li>• Visitor registration scheme for people visiting patients in low awareness states</li> <li>• Visitors to sign in and out</li> <li>• Patients' room doors left open during visits by irregular visitors allowing staff supervision</li> </ul>
Other patient's visitors	<ul style="list-style-type: none"> <li>• Visitors to sign in and out at Reception</li> <li>• Visitors informed they are not authorised to enter rooms of other patients</li> </ul>
Potential patients' relatives visiting prior to admission	<ul style="list-style-type: none"> <li>• Appointment made in advance of visit in agreement with Director of Clinical Services or Director of Nursing Services</li> <li>• Sign in and out at Reception</li> <li>• Accompanied at all times whilst on premises</li> </ul>
Staff	<ul style="list-style-type: none"> <li>• CRB checks every 3 years</li> </ul>

	<ul style="list-style-type: none"> <li>• Formal safeguarding training on induction and every 3 years with self-assessment questionnaires every year</li> <li>• Enhanced safeguarding training for staff with professional accountability</li> <li>• Code of conduct re safeguarding issued to all staff</li> <li>• Guidance issued to all staff on safeguarding</li> <li>• Staff are advised to carry out intimate care tasks in pairs for both male and female patients and for female patients at least one staff member should be female.</li> <li>• All staff sign to say they have read and understood policy re safeguarding</li> </ul>
Volunteers	<ul style="list-style-type: none"> <li>• CRB checks every 3 years</li> <li>• Safeguarding training on induction and every 3 years</li> <li>• Code of conduct re safeguarding</li> <li>• Guidance issued to all volunteers on safeguarding</li> </ul>
Contractors	<ul style="list-style-type: none"> <li>• CRB checks on regular contractors with unsupervised access</li> <li>• Other contractors must be escorted at all time when working in patient areas</li> <li>• Contractors to sign in and out at Reception</li> </ul>
People hiring the pool or other facilities	<ul style="list-style-type: none"> <li>• Issued with rules excluding access to inpatient areas</li> <li>• Supervised to ensure compliance</li> <li>• Noncompliance may lead to suspension of hiring agreement</li> </ul>
Sales representatives	<ul style="list-style-type: none"> <li>• Sales representatives seen by appointment only</li> <li>• Escorted at all times whilst on premises</li> </ul>
Outpatients and/or people accompanying them	<ul style="list-style-type: none"> <li>• Appointment booked in advance</li> <li>• No access to inpatient areas</li> <li>• Private clinicians treating outpatients responsible for ensuring they do not enter inpatient areas</li> </ul>
CCG or Social service representatives or other official visitors conducting patient reviews	<ul style="list-style-type: none"> <li>• Appointments must be made in writing in advance of reviews</li> <li>• Identification checked on arrival</li> <li>• Escorted at all times whilst on premises</li> </ul>
Visiting priests or Sisters providing pastoral care	<ul style="list-style-type: none"> <li>• Criminal Records Bureau disclosures every 3 years for all known persons acting in this capacity.</li> <li>• Visiting persons previously unknown to the Hospital and for whom no DBS disclosure has been obtained will either be continuously supervised during their visit or asked to rebook having submitted the relevant evidence.</li> </ul>

## 12. FILING SAFEGUARDING INCIDENTS

A brief summary of the incident will be kept with the Compliments and Complaints Register (irrespective of whether the incident was linked to a complaint or not). This will provide a quickly accessible reference for purposes such as CQC or CCG enquiry.

The documents compiled in the course of the investigation will be scanned and saved in the Safeguarding folder in the m: drive.

Hard copies of the documents will be retained with the patient's health record in the archive store. Documents should not be kept in the ward office with active healthcare records.

If in the event a section 42 enquiry is initiated for a patient residing at the Hospital, the lead Safeguarding Officer will be the liaison person between Holy Cross Hospital, the Multi agency Safeguarding Hub and other external agencies.

### **13. REVIEWS**

This policy has been reviewed for overt or implied discrimination within the scope of the Hospital's policies on equality and diversity and none was found.

## Appendix 1 – safeguarding decision making tool

### Safeguarding discussion form

Talk to a Safeguarding officer (Rasheed Meeran ext 1241, Gina Guo ext 1255, Marsada Myrie-Chambers Ext 1334) before completing this form to ascertain the urgency of the response from Holy Cross staff. In an emergency call 999 or Surrey Police 0845 125 2222. Multi agency safeguarding hub (Adults and Children) 0300 470 9100 out of office hours 01483 517898

If you have a concern (that you are unsure about) about an adult safeguarding issue, please describe it below. If you are certain there is abuse taking place, contact a Safeguarding officer ASAP or talk to your line manager.

**Describe the safeguarding issue you want to talk about:**

**Please answer the following questions**

- Does the adult have needs for care and support (whether or not the local authority is meeting any of those needs) **Yes/ No**
- Is the adult experiencing, or at risk of, abuse or neglect **Yes/ No**
- As a result of their care and support needs, is the adult unable to protect themselves from either the risk of, or the experience of abuse **Yes/ No**

**Has anything been done about this?**

Describe: Discussion held with MDT and Management team

**Does the patient have capacity? Was an assessment carried out:**



Principle	Tips to apply the principle	Patient's view	Comments by MDT members
Empowerment	Presumption of <b>person led decisions</b> and informed consent	"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."	
Prevention	It is better to take <b>action before harm occurs</b>	"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."	
Proportionality	Proportionate and <b>least intrusive responses</b> appropriate to the risk presented	"I am sure that the professionals will work for my best interests, as I see them and will only get involved as much as needed. I understand the role of everyone involved in my life."	
Protection	<b>Support and representation</b> for those in greatest need	"I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able"	
Partnerships	<b>Local solutions</b> through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse	"I know that staff will treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me."	
Accountability	<b>Accountability and transparency</b> in delivering safeguarding.	"I understand the role of everyone involved in my life and so do they."	

## Appendix 2 - Safeguarding contact details

### In an emergency

Dial **999** for the police.

### During office hours

- Telephone: 0300 470 9100
  - Email: [ascmash@surreycc.gov.uk](mailto:ascmash@surreycc.gov.uk)
  - Secure email: [ascmash@surreycc.gcsx.gov.uk](mailto:ascmash@surreycc.gcsx.gov.uk)
  - or completed the MASH referral form <http://www.surreysab.org.uk/concerned-about-an-adult/> and email to Adults MASH
- Out of hours: Call the Adult Social Care Emergency Duty Team on: 01483 517898

The MASH telephone number connects you to adult and child social care only. You can contact the police using the non-emergency number, 101, or in an emergency where the safety of a child, young person or adult is at immediate risk, dial 999.

The team of multi-agency staff will be based at Guildford Police Station, with the social care staff working 9am to 5pm Monday to Friday. The police staff in the MASH operate a 7-day service (excluding bank holidays), working 8am to 5pm Monday to Friday and 8am to 4pm Saturday and Sunday.

- MASH team MASH team, Surrey Police, PO Box 101, Guildford. GU1 9PE

### Out of hours

Outside these hours, if you would like to contact adult or child social care, please call the emergency duty team on 01483 517898. If you wish to report a concern to the police you can contact them directly by dialling 101 for non-urgent situations or 999 in an emergency.

