

# Safeguarding Adults with Care & Support Needs Policy

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## Scope of this Policy

The Care Act (2014) sets out statutory responsibility for the integration of care and support between health and local authorities. NHS England and Clinical Commissioning Groups are working in partnership with local and neighbouring social care services. Local Authorities have a statutory responsibility for safeguarding. In partnership with health they have a duty to promote wellbeing within local communities. The Care Act (2014) replaces outdated and complex legislation. It aims to transform the social care system to focus on prevention and the needs and goals of people requiring care. Its principles are to:

Promote individual wellbeing

Prevent, reduce and delay needs

Integration, cooperation and partnership

Embed and extend personalisation – individual's choice and control

Consistency, fairness and transparency

## Policy statement

HealthHarmonie is committed to working in partnership with all local CCG's in the areas we are operating our services in to uphold our responsibility to Safeguard all vulnerable adults with care and support needs that use our services including HealthHarmonie employees. All suspicions and allegations of abuse or inappropriate behaviour will be taken seriously by HealthHarmonie and responded to in line with the process for managing safeguarding allegations against staff in positions of trust and the disciplinary policy.

1.1 The key objectives of this policy are:

- To set out the principles and framework for safeguarding adults with care and support needs who may be at risk of abuse
- To ensure all staff are trained and understand their roles and responsibilities in connection with safeguarding adults with care and support needs, the actions they should take.
- To ensure HealthHarmonie's internal procedures link with the regional multi-agency procedures
- To ensure compliance with Legislation and Local, Regional and National Policy
- To raise awareness among staff, visitors and patients through information available via HealthHarmonie internet, staff newsletters, giving a clear message that it everyone's

responsibility to raise awareness, and take to action when abuse and neglect is suspected.

## 2. Safeguarding and why it matters

Safeguarding means protecting a person's right to live in safety, free from abuse and neglect.

The ability 'to consent' is the key difference that affects our responses between safeguarding adults and safeguarding children.

### 2.1 Who are we safeguarding?

Adults who are aged 18 years or over with care and support needs and at risk of abuse or neglect.

### 2.2 The importance of safeguarding

- It is the law
- To promote an outcomes approach that works for people resulting in best practice
- To learn from mistakes
- To protect ourselves and the organisation
- Prevent harm by acting on concerns, reducing the risk of abuse or neglect

### 2.3 Types of abuse

Abuse and neglect can take many forms. There should be no constraints in our views of what constitutes abuse or neglect; and should always consider the circumstances of the individual case.

|                     |   |
|---------------------|---|
| Physical abuse      | Including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.   |
| Sexual abuse        | Including rape and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting  |
| Psychological abuse | Including emotional abuse, threats from harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation |

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|   | or unreasonable and unjustified withdrawal of services or supportive networks.  |
| Modern slavery                                    |   |
| Financial or material abuse                       | Including theft, fraud, exploitation, the misuse or misappropriation of property, possessions or benefits, coercion in relation to financial affairs or arrangement, including wills, property, inheritance or financial transactions   |
| Neglect and acts of omission                      | Including ignoring medical or physical needs, failure to provide access to appropriate health, care and support or educational services, withholding of the necessities of life e.g. medication, adequate nutrition and heating   |
| Self-neglect                                      | This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surrounding and includes behaviour such as hoarding. It is important to consider capacity when self-neglect is suspected. Also consider how it may impact on other family members and whether this gives rise to a safeguarding concern. |
| Domestic violence                                 |   |
| Discriminatory abuse or Protected characteristics | Including discrimination on grounds of race, gender and gender identity, disability, sexual orientation, religion and other forms of harassment, slurs or similar treatment.  |
| Organisational abuse                              | Including neglect and poor care practice within an institution or specific care setting like a hospital or care home. This may range from isolated incidents to continuing ill-treatment  |

## 2.4 The 6 Safeguarding principles

2.4.1 Empowerment- people being supported and encouraged to make their own decision and informed consent

2.4.2 Prevention- it is better to act before harm occurs

2.4.3 Proportionality- the least intrusive response appropriate to the risk presented

2.4.4 Protection- support and representation for those in greatest need

2.4.5 Partnership- local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

2.4.6 Accountability- accountability and transparency in safeguarding practice.

### 3. Training

3.1 In line with HealthHarmonie Safeguarding Training Strategy, ensure that all staff, contracted and agency who have direct contact with adults are trained to recognise abuse and how to use the procedures/processes in place to support the person and to alert managers

3.2 To train managers who may be responsible for making decisions about allegations of potential abuse

### 4. Governance

4.1 HealthHarmonie recruitment has appropriate rigorous recruitment policies and practices for staff

4.2 The Safeguarding Adult Lead Pallavi Latthe ensures supervision and monitoring of staff working with 'adults at risk'

4.3 The Safeguarding team keep clear and accurate records of all incidents of abuse, or suspected abuse, and provide information as required

4.4 The Safeguarding lead Pallavi Latthe to contribute to Safeguarding Adults with care and support needs assessments/investigations through attendance at multi agency strategy meetings when required

4.5 The governance team identify and analyse the number of complaints and PALs contacts that include concerns of abuse or neglect to complete an annual safeguarding or complaints report which is then reviewed by directors and the board, following this any appropriate learning will be applied to ongoing delivery and practice.

4.6 Monthly audits to ensure programmes and safeguarding systems and processes are working and that staff are consistent.

4.7 HealthHarmonie will cooperate with any requests from the Safeguarding Boards, Trusts, CCG etc in order to ensure we contribute appropriately to any concerns, investigations, multi-agency audits, evaluations, where required.

4.8 HealthHarmonie, where and when required by the local safeguarding board, will devise and submit an action plan to the local responsible safeguarding board to ensure that any learning is implemented across the organisation when required.

HealthHarmonie will contact the LADO (Local Authority Designated Officer) within one working day in respect of all cases in which it is alleged that a person who works with children has:

- behaved in a way that has harmed, or may have harmed a child;
- possibly committed a criminal offence against or related to a child; or
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

There may be up to three strands in the consideration of an allegation:

- a police investigation of a possible criminal offence;
- enquiries and assessment by children's social care about whether a child is in need of protection or in need of services;
- consideration by an employer of disciplinary action in respect of the individual.

The LADO is responsible for:

- Providing advice, information and guidance to employers and voluntary organisations around allegations and concerns regarding paid and unpaid workers.
- Managing and overseeing individual cases from all partner agencies.
- Ensuring the child's voice is heard and that they are safeguarded.
- Ensuring there is a consistent, fair and thorough process for all adults working with children and young people against whom an allegation is made.
- Monitoring the progress of cases to ensure they are dealt with as quickly as possible.
- Recommending a referral and chairing the strategy meeting in cases where the allegation requires investigation by police and/or social care.

The LADO is involved from the initial phase of the allegation through to the conclusion of the case. The LADO is available to discuss any concerns and to assist you in deciding whether you need to make a referral and/or take any immediate management action to protect a child.

## 5. Duties

### 5.1 Managing Director

- sponsor the local safeguarding and control procedural documents
- be responsible to the board of directors
- provide an annual safeguarding report to the board of directors
- provide a safeguarding report to the CCG's as per contractual agreement

### 5.2 Safeguarding Adults Lead

- is responsible for staff training
- review safeguarding adults' policy
- audit compliance within the organisation
- maintain up-to-date contact links and relevant pathways to local safeguarding agencies
- inform directors of their responsibilities

- write quality reports
- working with other partner agencies
- referring to relevant safeguarding teams as per contract
- share learning
- lead and advise
- maintain awareness of legislation and policies nationally and locally
- ensure purpose data is collected
- work with Human Resources to ensure DBS checks are vigilant.
- Perform risk assessments
- Ensure that organisational representatives / practitioners make an effective contribution to safeguarding case conferences / strategy meetings, Early Help Assessments, Information Sharing and Fabricated Illness cases where required as part of multiagency procedures and sub-groups.
- Will ensure that all safeguarding concerns relating to a member of staff are effectively investigated (LADO and / or PIPOT), and that any disciplinary processes are concluded irrespective of a person's resignation, and that 'compromise agreements' are not be allowed in safeguarding cases.

### 5.3 Human Resources

- Ensure appropriate background checks on prospective staff are rigorous in line with current policy and procedures and HealthHarmonie Employment Checking Standards
- Provide support and advice to staff involved in adult safeguarding procedures where staff members may be personally involved.

### 5.4 Senior Managers and Clinical Leads

- Ensure staff managed by you have access to this policy and associated processes and procedural document.
- Ensure staff have the necessary training to enable them to implement this policy.

### 5.5 Frontline and agency staff

- Be vigilant to the possibility that adults with care and social needs may be victims of abuse
- Support people to keep safe
- Work in line of the six safeguarding principles
- Balance choice and control with safety
- Understand who might be vulnerable to abuse
- Adhere to the policy and associated processes and procedural documents
- Attend relevant training sessions and comply with safeguarding mandatory training

### 5.6 Local authority duties

- Must ensure Safeguarding Adults Boards (SAB) are set up. Members involved are local CCG's, Local authorities and the Police
- Conduct safeguarding reviews and serious case reviews (SCR)
- Lead or conduct Section 42 enquiries (when an adult with care and support needs in their area may be at risk of abuse or neglect)
- Arrange for independent advocacy when it is needed
- Cooperate with each of its relevant partners

## 6. Information sharing

All staff should understand their responsibilities in relation to sharing safeguarding information.

6.1 The duty of confidentiality: If a person refuses intervention or does not give consent to share their personal information and they have the mental capacity to do so, their wishes should be respected. Always try to gain consent and explain the advantages and what help might be available. Give reassurance that they will remain in control of decision making as far as possible. However; there are circumstances where the information could and should be shared within the legal parameters and explain to the person the reason why:

- A potential crime is being committed
- If it is in the public interest (risk to others)
- Risk to life (self or others)
- Lacks mental capacity
- Legal requirement/request

6.2 Key legislation that underpins our responsibilities:

- Adherence to Article 5 of the GDPR
- The Human Rights Act 1998
- The Mental Capacity Act 2005
- The Crime and Disorder Act 199

## 7. The Mental Capacity Act (2005) principles

- A person must be assumed to have capacity unless it is established that they lack capacity
- Unless all practicable steps have been taken to aid a person's, decision making, maximising capacity, they should not be treated as unable to decide.
- A person should not be treated as unable to decide merely because an unwise decision has been made.
- Best interest: an act done, or decision made, under the Act for or on behalf of a person who lacks capacity must be done, or made, in their best interests.

- Least restrictive option: regard to whether the purpose can be as effectively achieved in a way that is less restrictive of the person’s rights and freedoms.

In most cases staff should be able to assess whether a person has the mental capacity to make a specific decision (in safeguarding practice this may be about their safety or about sharing information).

### 8. The Mental Capacity (Amendment) Act 2019

Liberty Protection Safeguards (LPS) has been legislated to replace the Deprivation of Liberty Safeguards (DoLS), which comes into effect in Spring 2020. This is a new model to safeguard and protect individuals who lack capacity and may be deprived of their liberty during their care.

### 9. Advocacy

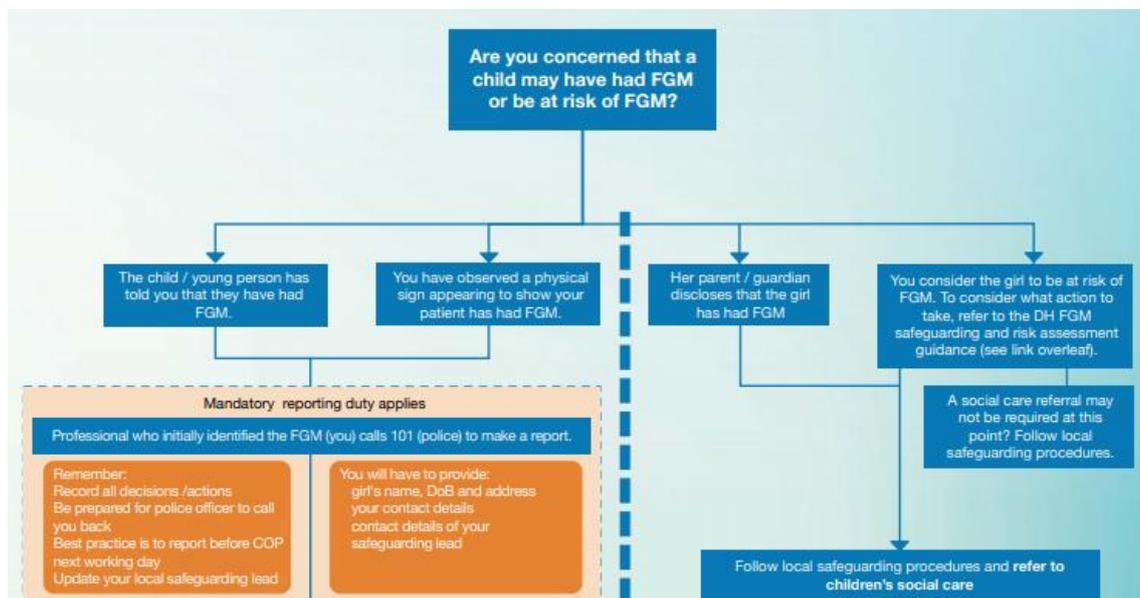
An advocate is someone that speaks up for an individual and ensures that their views and wishes are taken into account. An advocate will only have the best interests of the individual in mind and so should not have an existing relationship with the individual that could create a conflict of interest.

An advocate’s remit is to establish the needs, wishes and preferences of an individual by communicating with them and identifying what is important to them. They will then ensure that these views are expressed whenever the individual is unable to do it themselves as well as keeping the individual informed of what is happening.

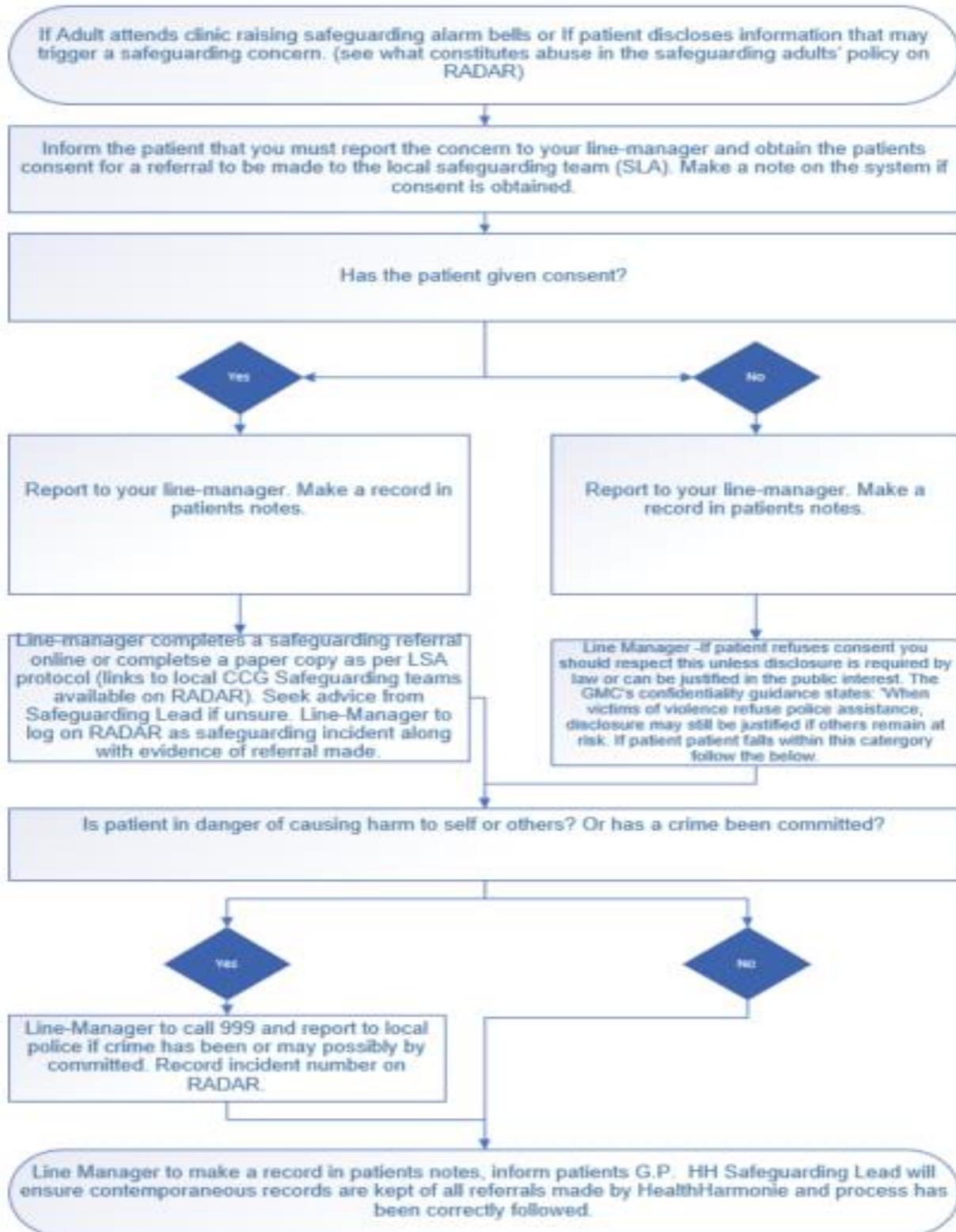
### 10. Restraints

We do not accept patients within the service that would require restraint. If any patient requires restraint, they should be onward referred to secondary care.

### 11. FGM



12. Raising a concern process



### 13. Implementation and monitoring

#### 13.1 Implementation:

This policy and its associated policies are available on the quality and assurance system (Radar) and is disseminated to staff through management and internal team structures within HealthHarmonie.

- Level 1 Training- Non-clinical staff will receive Children and Adult Safeguarding training during Corporate Induction.
- Level 2 Training- All clinical staff will undertake Safeguarding Adults and Children training
- Level 3 Training – All staff who frequently works with children and Safeguarding Leads
- Level 2 and 3 training will be delivered face-to-face at induction and 3 yearly. Yearly online refresher training will be delivered as part of mandatory training.

#### 13.2 Monitoring

Compliance to this policy will be monitored and audited against National and Local Quality Metrics. This will be recorded in line with HealthHarmonies' Strategic Dashboard for Safeguarding Adults with care and support needs.

### 14. Associated policies

Code of Conduct

Consent policy

Whistleblowing policy

Safeguarding Children policy

Prevent policy

Mental Capacity Act (including DoLS) policy

Complaints policy

Duty of Candour policy

Record Keeping policy

Risk Assessment policy

Data Protection, Confidentiality and Disclosure policy

15. Refences

Department of Health: Care and support statutory guidance

Sharing Information

<http://scie.org.uk/care-act-2014/safeguarding-adults/sharing-information/>

Mental Capacity (Amendment) Act 2019 – Legislation.gov.uk

<http://legislation.gov.uk/ukga/2019/18/contents/enacted>

The Care Act: Safeguarding adults

<http://scie.org.uk/care-act-2014/safeguarding-adults/>

Version Control

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|---------|------------|---------------|---|----------------|
| V8.0    | 24/10/2019 | Mariann Mckay | New version supersedes previous versions. | Nicole McQueen |
| V8.1    | Sep 2021   | Mariann McKay | Update to process                         | Natalie Shield |
| V8.2    |            |               |   |                |
| V8.3    |            |               |   |                |
| V9.0    |            |               |   |                |