



# **LINDSEY LODGE HOSPICE AND HEALTHCARE**

## **SAFEGUARDING ADULTS POLICY AND GUIDANCE**

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## 1. Introduction

1.1 The Care Act 2014 (The Act) introduces statutory requirements into safeguarding adults for the first time, i.e. Local Safeguarding Adults Boards (LSAB) become a statutory requirement.

1.2 The Act also changed terminology with for example “Vulnerable Adult” becoming “Adult at Risk” and a “Safeguarding Alert” becoming a “Safeguarding Concern”. The changes in terminology are reflected in the policy.

1.3 This policy and guidance should be read with acknowledgement and reference to the **NORTH LINCOLNSHIRE SAFEGUARDING ADULTS BOARD *Safeguarding Adults Policy and Procedures*** (2023). <https://www.northlincssab.co.uk/wp-content/uploads/2023/12/North-Lincolnshire-MA-PP-FINAL.pdf> This policy and procedures has been agreed and endorsed at a senior and executive level by all partner agencies at the North Lincolnshire Safeguarding Adults Board. It confirms the high priority given to Safeguarding Adults, in that partners agree to:

- Protect an adult’s right to live safely, free from abuse and neglect
- Always promote the adults well-being in their safeguarding arrangement
- Support **staff and volunteers** who raise concerns
- Commit to providing training and development opportunities for all staff to support them in their safeguarding responsibilities, as outlined in the interagency procedures.

This document and all appendices are published on the North Lincolnshire Council website, <https://www.northlincssab.co.uk/professionals/>

## 2.0 Purpose / Policy Statement

2.1 The purpose of this document is to ensure that there are robust arrangements in place for the safeguarding of adults at risk of abuse. The policy document is contained within the main body of the policy and the guidance for staff and volunteers is contained within Appendix A.

2.2 It will result in greater openness and transparency about clinical incidents, learning from safeguarding concerns that may arise in the hospice, clarity on when and how to report safeguarding concerns and encourage more positive partnership working.

## 3.0 Area

The document applies to all clinical areas within the hospice who may see or provide, treatment, and support to adult at risk either as inpatients, outpatients or those seen in the community.

## 4.0 Duties

### 4.1 Leadership Roles

4.1.1 The Registered Manager is the Executive Director with Board responsibility for safeguarding adults at the Hospice.

4.1.2 Safeguarding adults at risk of abuse is a shared responsibility between all agencies and staff. The Hospice can link to the Local LSAB and subgroups at both strategic and operational levels in the East Riding of Yorkshire, North and North East Lincolnshire as

required. The usual link is to the area board in which the provider is based i.e. North Lincolnshire; however there may be occasions where the link is to the LSAB of the postcode of the patient (North Lincolnshire LSAB would signpost as required).

## 4.2 Clinical Leaders Roles and Responsibilities

- 4.2.1 Clinical Leaders have a responsibility to ensure their staff and volunteers are aware of and comply with the local safeguarding adults' procedures and that they receive and maintain the level of training appropriate to their role
- 4.2.2 Managers may also play a role in the referral and information gathering process as outlined below.

## 4.3 Individual Staff Responsibilities

Hospice staff at all levels, have a part to play in the work of the local Safeguarding Adults Boards (LSAB) within North and North East Lincolnshire and East Riding of Yorkshire according to their role and location of work.

- 4.3.1 Staff should ensure they update their skills and awareness by attending safeguarding adults training on a three yearly basis in compliance with the Hospice's mandatory training policy. This is also a requirement of The Care Act (2014). Different levels of safeguarding training are defined and delivered in line with the RCN Intercollegiate document "Adult Safeguarding: Roles and Competencies for Healthcare Staff (2019)
- 4.3.2 Individual staff have a duty to follow local procedures when they have a concern about an adult. Further information for staff will be in appendix A of this policy and guidance document.
- 4.3.3 As part of our commitment to patients; all hospice staff should be mindful and act in accordance with the six principles of safeguarding whenever they are interacting with patients:
  - a) **Prevention** – Patients receive clear and simple information about what abuse is, how to recognise the signs and what they can do to seek help
  - b) **Proportionality** – Patients are assured that all staff will work for their best interests, as the patients see them and will only get involved as much as needed
  - c) **Empowerment** – Patients are asked what they want as the outcomes from the safeguarding process, and these directly inform what happens
  - d) **Protection** – Patients get help and support to report abuse. They get help to take part in the safeguarding process to the extent to which they want and to which they are able
  - e) **Partnership** – Patients know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. Patients are confident that professionals will work together to get the best result for them
  - f) **Accountability** – Patients understand the role of all Hospice staff involved in their life
- 4.3.4 Making Safeguarding Personal (MSP) – The adult at risk and/or their representative should be as involved as possible and to the extent to which they would like. MSP should be person-led and outcome focused. It engages the person in conversation about how best to respond to their safeguarding situation, in a way that enhances involvement,

choice and control as well as improving quality of life, wellbeing and safety. MSP is about seeing people as experts in their own lives and working alongside them.

4.4.4 Each clinical area has identified a 'safeguarding champion' some may have more than one person. This person has undertaken an advanced level of safeguarding training at level 3, offered by North Lincolnshire Council. These staff support an increased profile of safeguarding in the hospice and will support both staff and volunteers, in their roles and responsibilities with regards to safeguarding concerns or on training programmes.

4.4.5 As an organisation we are working closely with North Lincolnshire Council who have legal safeguarding responsibilities for local arrangements.

## **5.0 Actions**

### **5.1 Safeguarding Adults Procedures**

All staff working across all agencies within North Lincolnshire are expected to follow the **NORTH LINCOLNSHIRE SAFEGUARDING ADULTS BOARD *Safeguarding Adults Policy and Procedures*** (2023). <https://www.northlincssab.co.uk/wp-content/uploads/2023/12/North-Lincolnshire-MA-PP-FINAL.pdf> when concerns arise relating to the safety of adults at risk of abuse.

Access to North Lincolnshire Protection of Adult Policy, Procedures and Guidelines  
<https://www.northlincssab.co.uk/professionals/>

### **5.2 Safer Recruitment**

The hospice has a duty to ensure that a safe recruitment process is in place for all new staff expected to have contact with adults at risk. This involves (Disclosure and Barring Scheme) checks and uptake of references prior to appointment. The Hospice's recruitment procedures will reflect the requirements of the Safeguarding Vulnerable Groups Act (2006).

### **5.3 Partnership Working**

All hospice staff have a responsibility to work effectively in partnership with other key agencies including voluntary and statutory agencies to prevent adults from suffering harm and to promote their welfare. This will provide them with the services they require to address their identified needs and to safeguard those who are likely to be harmed.

When communicating with other agencies staff need to be mindful of the need to appropriately share information and take full account of the Mental Capacity Act (2005) and subsequent Mental Capacity Act Code of Practice (2007).

## **6.0 Monitoring Compliance and Effectiveness**

The use of this policy and guidance will be evaluated and reviewed at least every three years in terms of its effectiveness and updated wherever possible or when further guidance is received.

The hospice will be mindful of any safeguarding information secured through LSAB patient experience surveys.

## 7.0 Associated Documents

MCA and DoLS.

## 8.0 References

Safeguarding Adults: a national Framework of Standards for good practice and outcomes in Adult protection work (ADASS 2005).

Deprivation of Liberty Safeguards: A guide for hospitals and care homes (DH 2009).

Mental Health Act Code of Practice (DH 2008).

Mental Capacity Act Code of Practice (DH 2007).

Services for people with learning disabilities and challenging behaviour or mental health needs – Mansell report – revised edition (DH 2007).

Care Act 2015

**NORTH LINCOLNSHIRE SAFEGUARDING ADULTS BOARD *Safeguarding Adults Policy and Procedures*** (2023). <https://www.northlincssab.co.uk/wp-content/uploads/2023/12/North-Lincolnshire-MA-PP-FINAL.pdf>

<https://www.northlincssab.co.uk/professionals/>

RCN (2019) Adult Safeguarding: Roles and Competencies for Healthcare Staff

## 9.0 Definitions

All adults are potential victims of crime or abuse, but not all adults are adults at risk of abuse – the majority of adults are capable of protecting themselves, only a proportion would be considered as being in need of protection.

**9.1 Safeguarding** is defined as ‘protecting an adult’s right to live safely, free from abuse and neglect’. (Care and Support statutory guidance, chapter 14). Adult safeguarding is about preventing and responding to concerns of abuse, harm or neglect of adults.

**9.2 Adults at risk** is defined as a person 18 years or over who:

**9.3 Abuse** may be suspected or actual and can be in any of the following:

- Physical abuse
- Self-neglect
- Sexual abuse
- Financial or material
- Exploitation / Modern Slavery
- Psychological / Emotional
- Neglect and acts of omission
- Discriminatory
- Institutional / Organisational
- Domestic Abuse

## **10.0 Consultation**

Senior Clinical Leaders, Hospice Quality Assurance Subgroup of the Board and wider staff groups.

## **11.0 Dissemination**

The guidance will be presented in electronic and hard copy to the hospice Quality Assurance meeting and similarly for all staff groups. It will be placed on the Policy web page of the L drive.

## **12.0 Implementation**

All Leaders within the hospice will ensure that their staff members and volunteers are made aware of the guidance and it will be shared and referred to in training events.

## **13.0 Equality Act (2010)**

- 13.1** In accordance with the Equality Act (2010), the hospice will make reasonable adjustments to the workplace so that an employee with a disability, as covered under the Act, should not be at any substantial disadvantage. The hospice will endeavour to develop an environment within which individuals feel able to disclose any disability or condition which may have a long term and substantial effect on their ability to carry out their normal day to day activities.
- 13.2** The hospice will wherever practical make adjustments as deemed reasonable in light of an employee's specific circumstances and the hospice's available resources paying particular attention to the Disability Discrimination requirements and the Equality Act (2010).
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## Guidance for Staff

All health staff have a duty to follow Local Safeguarding Adult Board (LSAB) procedures for their area when they have a concern about an adult. In cases of uncertainty they MUST consult a senior or more experienced colleague and/or a member of the Local Authority Safeguarding Adults Team.

### 1.0 What to do if you have concerns about an Adult at risk.

If any member of staff or volunteer has reason to believe that abuse is or may be taking place they have a responsibility to act on this information. Doing nothing is not an option. If an adult discloses any experience of abuse or neglect, staff should:

- Assure the person that their concerns are taken seriously.
- Listen carefully to what the person is saying.
- Stay calm.
- Get as clear a picture as possible.
- Explain duty for staff to pass this information on to their supervisor/manager and/or Adult Safeguarding Lead.
- Reassure the person they will be involved in all decisions made about them.
- Ensure the adult has access to appropriate assistance e.g. translation services or an interpreter/intermediary where difficulties are experienced in communication, and/or the support of an advocate if required.

Staff's responsibilities are to:

- Act to keep the person safe if possible. If urgent police presence is needed to keep someone safe or if the person needs urgent medical assistance, call 999.
- Inform their line manager and consult with the Local Authority Safeguarding Adults Team.
- Clearly record what they have witnessed or been told and any responses or actions taken.
- Ensure that the individual is seen by appropriate medical staff who will if necessary, carry out a relevant examinations in respect of any physical signs/symptoms of abuse. Preserving evidence as necessary

Recent Safeguarding Adult Reviews have highlighted that failed attendance can be an indicator of neglect for adults who rely on others to take them to appointments. Always think . . . can this adult get here under their own steam? If not, then they are 'failure to be brought' rather than 'did not attend'. Also consider who they are relying upon. Do they need support? Is Coercion and control an issue?

Think family. Where the concerns lie within a family, staff must have regard for the safety of any children who may be at risk and make a referral to children's services as appropriate. Staff must 'think family' at all times and not limit their scope to only the adults that they may be working with.

### 2.0 Should I make a referral to the Local Authority Safeguarding Adults Team?

In all cases where it's suspected that an adult in need of care and support might be experiencing or at risk of experiencing abuse or neglect, this should be reported to the Local Authority Safeguarding Adults Team (and the police where it is believed or suspected that a crime has been committed – NB please remember to record police log number). It should never be assumed that someone else will pass on this information.



### **3.0 Referring an Adult Safeguarding Concern to the Local Authority**

This is also known as 'raising a safeguarding concern'. Anyone can raise a safeguarding concern. A safeguarding enquiry (previously known as a safeguarding investigation) will be made or caused to be made by the Local Authority. A concern must be raised if there is any reason to think a person:

- has needs for care and support (whether or not these are currently being met) and
- are experiencing, or are at risk of, abuse or neglect, and
- Because of those needs are unable to protect themselves against the abuse or neglect or the risk of it. Staff need to establish:
  - The current level of risk and what immediate steps are needed to ensure safety
  - The individual's wishes and views about the safeguarding issue including their views regarding sharing information with other agencies i.e. the local authority or the police
- Wherever possible, safeguarding concerns should be raised with the consent of the service user, however, where there are others at risk, a crime is suspected, or there are public interest issues – consent is not required to raise the concern, and it is your duty of care to continue
- Where there are issues of mental capacity, whether the patient has capacity to make specific decisions regarding their own protection and to understand the safeguarding process, action should be taken in line with The Mental Capacity Act 2005. Staff should also refer to the hospice's MCA guidance.

Where a referral has been made to the Local Authority or another agency, the responsible practitioner should follow this up, ensuring that this has been acted upon. The referrer will receive an indication of whether the case has progressed to an enquiry from triage.

### **4.0 Sharing information without consent**

The priority in safeguarding is to ensure the safety and well-being of the adult. However, there may be some occasions when the adult at risk does not want to pursue a referral to the Local Authority. If the decision is to act without the adult's consent, then unless it is unsafe to do so, the adult should be informed that this is being done and of the reasons why. For example, where you believe there is a threat to someone's life, and you believe the person is unable to protect themselves because of their physical or mental health vulnerabilities. Where such decisions have been taken, staff should keep a careful record of the decision-making process. There are only a limited number of circumstances where it would be acceptable to not share information pertinent to safeguarding with the Local Authority. These would be where the person involved has the mental capacity to make the decision about sharing information, does not want their information shared and:

- Nobody else is at risk
- No serious crime has been or may be committed
- The alleged abuser has no care and support needs
- No staff are implicated
- No coercion or duress is suspected
- The public interest served by disclosure does not outweigh the public interest served by protecting confidentiality
- The risk is not high enough to warrant a multi-agency risk assessment conference referral
- No other legal authority has requested the information

Further information can be found in the Social Care Institute for Excellence Adult Safeguarding: <https://www.scie.org.uk/safeguarding/adults/practice/sharing-information>

Staff should be vigilant of possible coercion and the emotional or psychological impact that the abuse may have had on the adult and should:

- Explore the reasons for the adult's objections (what are they worried about?)

- Explain the concern and why it might be important to share the information
- Tell the adult with whom information might be shared and why
- Discuss the benefits, to them or others, of sharing information (access to better help and support?)
- Discuss the consequences of not sharing the information (could someone come to harm?)
- Reassure them that the information will not be shared with anyone who does not need to know

## **5.0 Assessment of Capacity**

Healthcare professionals assessing capacity and making decisions on behalf of those who lack capacity must at all times take into account the following principles:

- A person must be presumed to have capacity unless it is established that they lack capacity
- A person is not to be treated as unable to make a decision unless all practicable steps to help them to do so have been taken without success
- A person is not to be treated as unable to make a decision merely because they make an unwise decision
- An act done, or decision made, under the MCA for or on behalf of a person who lacks capacity must be done, or made in their best interests
- Before the act is done or a decision made, regard must be had to whether the purpose for which it is needed can be effectively achieved in a way that is less restrictive of the person's rights and freedom of action
- More information and guidance is available in the MCA/DOLs Policy

It's important that the risk of sharing information is also considered. In some cases, such as domestic abuse or hate crime, it's possible that sharing information could increase the risk to the adult. Safeguarding partners need to work jointly to provide advice, support and protection to the adult to minimise the possibility of worsening the relationship or triggering retribution from the abuser.

## **6.0 After the referral**

The Local Authority will consider if the conditions set out in section 42 of the Care Act are met. These are that the person:

- Has needs for care and support (whether or not these are currently being met) and
- Is experiencing, or at risk of experiencing abuse or neglect and
- Because of those needs is unable to protect themselves against the abuse or neglect or the risk of it.

If these conditions are met, then there must be an adult safeguarding enquiry. The Local Authority will determine what actions are required, by whom, and when they need to happen.

Principles of Making Safeguarding Personal will apply and The Local Authority should engage the person in a conversation about how best to respond to their situation in a way that enhances their involvement, choice and control.

A section 42 enquiry will not necessarily lead to a full investigation - this will be decided by The Local Authority. In making this decision, The Local Authority will consult with the adult at risk about their wishes and may gain views of other relevant professionals (including involved Clinicians). In the event of an adult safeguarding enquiry, The Local Authority will ensure that where necessary, a protection plan is put in place. Sometimes a professionals meeting takes

place (this could be a series of conversations) so that information can be effectively shared and actions agreed.

An enquiry may be anything from a simple conversation with the adult at risk to full investigation of an adverse incident. In many cases existing Quality Governance processes (such as the RCAs process) within the Hospice will be used to meet the requirement of an enquiry. Staff must cooperate when asked to undertake or contribute to enquiries.

## **7.0 Managing allegations against Persons in a Position of Trust (PiPoT)**

When allegations are made against a member of hospice staff this must be reported immediately to the appropriate Hospice manager. There will be an immediate consideration of whether there has been a criminal offence and a duty to report the incident to the Police. The Registered Manager is the PiPoT lead and will need to be made aware of any allegations against a member of staff. When an allegation has been made the member of staff should be made aware of their rights under the Hospice disciplinary process and this will be investigated by a senior manager in consultation with a senior HR advisor/manager.

Disciplinary procedures should not be used in isolation and a safeguarding referral should be made in accordance with the relevant Local Authority's guidelines and procedures.

Staff must also be supported when allegations are made and the senior HR/ workforce manager and Senior Manager should lead this process. These cases are very sensitive, and confidentiality is key.

## **8.0 Supporting Staff**

All managers will be aware of this policy and guidance. They have a duty to respond positively to alerts brought to their attention and they will be expected to provide immediate advice and support to the person raising the alert.

Managers can also contact the Director of Clinical Services, Medical Director or Chief Executive for advice and support.

It must be acknowledged that for staff dealing with safeguarding adult cases it can be an exceptionally stressful time and hospice managers may consider referral to Occupational Health Service or the support from confidential advice line offered through Hospice staff support as necessary.

## **9.0 Discharge Planning**

Effective discharge planning is essential to promoting the health and wellbeing of adults with care and support needs who have spent some time in the care of the hospice. It is essential that discharge plans are clear and that accurate and timely arrangements are in place. This includes effective information sharing with those who will provide ongoing care for the individual.

## **10.0 Documentation**

Documentation should follow hospice policy and professional guidance. It should be written contemporaneously with clear actions and decisions made. Records should be factual, accurate, relevant, up to date and auditable. Always consider the following:

- Document clearly what you have been told, by whom, and what you have done and plan to do with the information.
- Record information factually. Where opinion must be stated, ensure it is clear that this is opinion.

- When consulting with an adult at risk, document whether they have come alone, or if accompanied, document who by (ask, don't presume...)
- Ensure that records can be used to prepare statements or reports for any safeguarding investigations
- See the adult at risk within the context of their family / carers. See the child and other family members behind the adult. Consult safeguarding children policy if needed.

## **11.0 Reporting to the Care Quality Commission (CQC)**

### **Care Quality Commission (Registration) Regulations 2009: Regulation 18**

The intention of this regulation is to specify a range of events or occurrences that must be notified to CQC so that, where needed, CQC can take follow-up action.

Providers must notify CQC of all incidents that affect the health, safety and welfare of people who use services. The full list of incidents is in the text of the regulation.

CQC can prosecute for a breach of this regulation or a breach of part of the regulation. This means that CQC can move directly to prosecution without first serving a warning notice. Additionally, CQC may also take any other [regulatory action](#). See the [offences section](#) for more detail.

Notification to the CQC must be overseen by the Registered Manager or a Clinical leader acting on behalf of the Registered Manager. All referral details will be kept in electronic format all on the Lindsey Lodge L Drive/CQC referrals/safeguarding.