NORTH HERTS HOSPICE CARE ASSOCIATION

Safeguarding Adults at Risk Policy

Approval

Date policy was formally approved: December 2015

Agreed by: Sue Plummer

Signature of Chairman of Trustees:

Signature of Chief Executive: 

Type of change: Minor changes

Policy history:
May 2017: minor changes to Dec 2015 version to reflect Herts Safeguarding Adults at Risk Policy January 2017.
2018: minor changes to reflect recommendations/alerts from the Charity Commission 2018. Addition of raising a concern in the community. Addition of staff training requirements.

Next review

Person responsible for next review: Director of Patient Services

Committee responsible for next review: Clinical Governance Committee

Next review date: June 2019

Policy Statement

Safeguarding adults at risk of abuse or neglect is everybody's business, and Garden House Hospice Care's policy is in line with the Hertfordshire Safeguarding Adults Board's multi-agency policy and procedure for working with adults at risk of abuse or neglect.

The Care Act 2014 and supporting statutory guidance describes safeguarding as protecting an adult's right to live safely, free from abuse and neglect.

When abuse or neglect occurs, or is suspected, it needs to be responded to swiftly, effectively and proportionately to enable the adult in need of safeguarding to remain in control of their life as much as possible. Safeguarding Adults at Risk Policy, procedure and practice guide will provide front-line staff, their managers and crucially, adults at risk themselves, with a framework within which to work together to reduce the incidence and impact of abuse and neglect across Hertfordshire (HCS 666 Safeguarding Procedure, Issue 10, January 2017).

This policy is in place in order that the human rights, needs and interests of adults at risk are always respected and upheld. It must be read in conjunction with the Hertfordshire inter-agency policy, Safeguarding Adults at Risk (HCS 666 Safeguarding Procedure, Issue 10, January 2017).

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1 Policy Statement

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This policy applies to all employees including temporary and short-term staff and volunteers who come in to direct or indirect contact with adults at risk and their families/carers.

This policy determines the standards required by Garden House Hospice Care to ensure that Garden House Hospice Care complies with its statutory and legal obligations and national/local best practice. This policy does not form part of contracts of employment and Garden House Hospice Care reserves the right to amend this at any time in line with best practice and regulatory change.

1.1 The purpose of this policy is to:

- Describe the characteristics that define an adult at risk
- Identify the principles of safeguarding adults at risk with whom Garden House Hospice Care may have contact
- Provide education on recognising the signs of possible abuse
- Provide staff and volunteers with guidance on procedures they must adopt in the event that they suspect an adult at risk may be experiencing, or be at risk of, harm.

1.2 The policy and procedures are based on The Six Principles of Safeguarding that underpin all adult safeguarding work.

Empowerment	Adults are encouraged to make their own decisions and are provided with support and information.	I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens
Prevention	Strategies are developed to prevent abuse and neglect that promotes resilience and self – determination.	I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help

Proportionate	A proportionate and lease intrusive response is made balanced with the level of risk.	I am confident that the professionals will work in my interest and only get involved as much as needed.
Protection	Adults are offered ways to protect themselves, and there is a co- ordinated response to adult safeguarding	I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able.
Partnerships	Local Solutions through services working together within their communities	I am confident that the information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation.
Accountability	Accountability and transparency in delivering a safeguarding response.	I am clear about the roles and responsibilities of all those involved in the solution to the problem

- Prevention - it is better to act before harm occurs
- Proportionality – proportionate and least intrusive response appropriate to the risk presented
- Patients have the right to make choices about their care and treatment. This includes making decisions about their safety, even where those decisions may seem to others to be unwise
- Patients are enabled to control decisions about their care to the extent they are able
- Any actions that do not have the patient's full and informed consent must have a clear justification, be permissible in law and be the least restrictive of the patient's rights to meet the justifiable outcome
- The welfare of the adult at risk is paramount
- The needs and interests of adults at risk are always respected and upheld
- The human rights of adults at risk are respected and upheld
- Promotion of anti-discriminatory practice
- All concerns and allegations will be taken seriously by staff and volunteers and where appropriate referred to the Herts Health & Community Services Safeguarding Adults Team
- Clear instruction as to how allegations and concerns should be dealt with
- A commitment to share information with other appropriate agencies in the best interests of the adult at risk and in line with national best practice requirements
- A commitment to safe recruitment, selection and vetting of all staff and volunteers.

Safeguarding Adults at Risk aims to ensure that organisations work together to prevent abuse occurring and when abuse does occur, adults at risk are protected from further harm. It makes sure that:

- The needs and interests of adults at risk are always respected and upheld
- The human rights of adults at risk are respected and upheld
- A proportionate, timely, professional and ethical response is made to any adult at risk who may be experiencing abuse
- All decisions and actions are taken in line with the Mental Capacity Act 2005

- Each adult at risk maintains:
    - Choice and control
    - Safety
    - Health
    - Quality of life
    - Dignity and respect.

The document represents the commitment of all organisations to:

- Work together to prevent abuse
- Protect adults at risk from abuse
- Empower and support people to make their own choices
- Conduct an enquiry into actual or suspected abuse and neglect
- Support adults and provide a service to adults at risk who are experiencing abuse, neglect and exploitation.

2 Related Hospice Policies/Procedures/Guidelines – see Appendix 1.

3 Adults at Risk

Definition of an Adult at Risk:

An "Adult at Risk" is defined as any person aged 18 years and over who is, or may be, in need of community care services by reason of mental health issues, learning or physical disability, sensory impairment, age or illness, and who is or may be unable to take care of him/herself or unable to protect him/herself against significant harm or serious exploitation.

3.1 Prevent duty

GHHC is also subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015 to have 'due regard to the need to prevent people from being drawn into terrorism'. This duty is known as the Prevent duty and it applies to 'specified authorities' that are described in Schedule 6 of the Act. The East and North Hertfordshire Care Commissioning Group places a contractual obligation on GHHC to comply with the duty.

All relevant staff will recognise vulnerability to being drawn into terrorism, which includes someone with extremist ideas that are used to legitimise terrorism and are shared by terrorist groups.

3.2 What is a Concern?

A concern (see Appendix 2: Definitions) may be any worry about an adult who has or appears to have care and support needs, who is subjected to, or may be at risk of, abuse or neglect and who may be unable to protect themselves from the abuse or neglect or risk of it.

A concern may be raised by anyone, and can be:

- A direct or passive disclosure by the adult at risk
- A concern raised by staff, volunteers, others using the service, a carer or a member of the public
- An observation of the behaviour of the adult at risk, of the behaviour of another person(s)

- Towards the adult at risk, or of one service user towards another
- Patterns of concerns or risks that emerge through reviews, audits and complaints or regulatory inspections or monitoring visits.

Members of staff and volunteers working with adults at risk are responsible to, firstly, ensure the immediate safety and well-being of the adult at risk. Make an immediate evaluation of the risk and take steps to ensure that the adult is not in immediate danger. If necessary, call the police and/or emergency services. Record all details. (See Appendix 3 Skin Integrity Form)

In situations where there has, or may have, been a crime and the police have been called it is important that forensic and other evidence is collected and preserved. Evidence may be present even if you cannot actually see anything. Try not to disturb the scene, clothing or adult at risk if at all possible.

3.3 Receiving/ Responding to a Disclosure

Good Practice Guidance – Disclosure:

- Speak to the adult in a private and safe place
- Assure them that you are taking them seriously
- Don't interview the person, but establish basic facts
- Listen carefully to what you are being told, stay calm, get as clear a picture as you can, but avoid asking too many questions at this stage
- Do not promise to keep a secret/keep information confidential; explain who you will tell and why
- Ask the adult what they would like to happen
- Explain how the adult will be kept informed
- Identify an immediate safeguarding plan with the adult at risk
- Where appropriate make a best interest decision about the risks and the immediate protection plan needed if the adult is unable to provide informed consent.

Key information to establish where possible:

- Basic facts such as what happened, when and by who
- What the immediate risks are
- Mental capacity of the adult to understand the risks and consent to safeguarding enquiry
- Do not be judgmental or jump to conclusions.

If not all the facts can be established initially this MUST NOT prevent you from raising a safeguarding concern.

3.4 Immediate Actions

Immediate action by person raising the concern:

- Make an immediate evaluation of the risk and take steps to ensure that the adult is in no immediate danger
- Ensure others are not in immediate danger
- If a crime has been committed or life is in danger or at risk, dial 999
- In situations where there has been or may have been a crime and the police have been called it is important that forensic and other evidence is collected and preserved.

Evidence may be present even if you cannot actually see anything. Try not to disturb the scene, clothing or adult at risk if at all possible
- Arrange any medical treatment (note if the allegation is of a sexual nature this will require expert advice from the police)
- In most cases unless the situation is urgent and an immediate referral to the police and/or the investigating team is needed, staff should follow safeguarding procedures, reporting immediately to their line manager
- Record the details of the concerns as soon as possible after the disclosure or suspicion, using incident recording procedures.

3.5 Making a record

It is vital that a written record of any incident or allegation is made as soon as possible after the information is obtained. This record must include the date and time of the incident, exactly what the adult at risk said, using their own words (their account) about the abuse and how it occurred or exactly what has been reported to you, appearance and behaviour of the adult at risk and any injuries observed.

The record must be factual. If the record does contain opinion or assessment, it should clearly say so and be backed up by factual evidence. Information from another person should be clearly attributed to them.

All decisions taken relating to the process must be recorded.

3.6 Factors to consider when raising a concern

The following should be considered:
- The mental capacity of an adult at risk to make decisions about their own safety- remember to assume capacity unless there is evidence to the contrary (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 vulnerability of the adult at risk
- The nature and extent of the abuse
- The impact on the individual
- The risk of repeated or increasingly serious acts involving the person causing the harm.

Inform the Garden House Hospice Care Safeguarding Adults Lead or Champion or your line manager or, outside of 9-5 hours, the Senior Manager on Call of any concerns and actions taken to date. Seek further guidance on next steps.

At the same time, an incident form must be completed and sent to the Quality Team. See Appendix 4 Garden House Hospice Care Procedure with Flowchart.

3.7 Speaking to the adult at risk

It may be appropriate for a manager, e.g. Safeguarding Lead or Champion or your line manager, to speak to the adult at risk. To do this, the manager should consider:

- Seeking their views on what has happened and what they want done about it
- Giving information about the safeguarding adults process and how that could help to make them safer
- Explaining how they will be kept informed
- Identifying communication needs, personal care arrangements and access requests.

3.8 Speaking to the person alleged to have caused harm

The safeguarding concern must not be discussed with the person alleged to have caused harm, unless the immediate welfare of the adult at risk makes this unavoidable.

However, if they are a member of staff and an immediate decision has to be made to suspend them, the person has a right to know in broad terms what allegations or concerns have been made about them.

3.9 Allegations against a member of staff

Where a concern indicates that a member of staff may have caused harm, referral to Garden House Hospice Care's disciplinary procedures should be considered. However, any interviews with the adult at risk, the person who may have caused harm or witnesses should be agreed as part of the strategy discussion led by the Herts Health & Community Services Safeguarding Adults Team, particularly where there may be a criminal investigation.

While the investigating team or the police may suggest a member of staff is removed from working with a suspected adult at risk of abuse, it is the responsibility of Garden House Hospice Care to address this and take any subsequent action. This also applies to an organisation using volunteers who work with adults at risk.

3.10 Responsibilities of the Manager

The Garden House Hospice Care person who has been informed of the concern must take the following actions:

- Evaluate the risk to the adult at risk
- Take reasonable and practical steps to safeguard the adult at risk as appropriate (if not already taken and if relevant)
- Refer to the police if the abuse suspected is a crime (unless already done)
- Arrange any necessary emergency medical treatment (note offences of a sexual nature will require expert advice from the police) (unless already done)
- If the person alleged to have caused the harm is also an adult at risk, arrange for a member of staff to attend to their needs
- If the person alleged to have caused the harm is a member of staff, decide whether any action is required under the organisation's disciplinary procedures
- Make sure that other patients are not at risk
- Decide whether a concern should be raised to the Herts Health & Community Services Safeguarding Adults Team
- Ensure that any staff or volunteer who has caused risk or harm is not in contact with patients and others who may be at risk, for example, the person who has reported the concern
- If the person causing harm is another patient, action taken could include removing them from contact with the adult at risk. In this situation, arrangements must be put in place to ensure that the needs of the person causing harm are also met
- An assessment of the risk posed by an adult at risk who has allegedly caused harm must be undertaken and must include an assessment of the nature of the risk
- In order to achieve the above, it may be necessary to speak with either the adult at risk or the alleged person who may cause harm or abuse or neglect.
- If the incident constitutes a notifiable event, complete and send notification to CQC.

4 Raising a Concern with the Adult Safeguarding Board

The manager who is advised of a concern may decide it does not fall under the Garden House Hospice Care Safeguarding Adults at Risk procedures but is more appropriately dealt with under a different procedure, such as a complaints or disciplinary procedure.

A concern should be raised when:

- The person is an adult at risk and there is a concern that they are being or are at risk of being abused or neglected, and are at risk of significant harm
- The adult at risk has capacity to make decisions about their own safety and wants this to happen
- The adult at risk has been assessed as not having capacity to make a decision about their own safety, but a decision has been made in their best interests to make a referral
- A crime has been or may have been committed against an adult at risk without mental capacity to report a crime and a 'best interests' decision is made
- The abuse or neglect has been caused by a member of staff or a volunteer
- Other people or children are at risk from the person causing the harm
- The concern is about organisational or systemic abuse
- The person causing the harm is also an adult at risk.

4.1 Making a Decision not to Raise a Concern

If the adult at risk has capacity and does not consent to a concern being raised and there are no public or vital interest considerations, they should be given information about where to get help if they change their mind or if the abuse or neglect continues and they subsequently want support to promote their safety. Inform them that Garden House Hospice Care will contact Herts Safeguarding Board to raise an alert, but the adult does not consent to referral. Garden House Hospice Care must be clear that the decision to withhold consent is not made under undue influence, coercion or intimidation.

A record must be made of the concern, the adult at risk's decision and of the decision not to refer, with reasons. A record should also be made of what information they were given.

4.2 Gaining the Consent of the Adult at Risk to Raise a Concern

The mental capacity of the adult at risk and their ability to give their informed consent to a concern being raised and action being taken under these procedures is a significant but not the only factor in deciding what action to take.

The test of capacity in this case is to find out if the adult at risk has the mental capacity to make informed decisions about:

- Actions which may be taken under safeguarding adults at risk
- Their own safety, including an understanding of longer-term harm as well as immediate effects
- Their ability to take action to protect themselves from future harm.

4.3 Making a Decision to Raise a Concern without Consent

Where an overriding public interest or vital interest or if gaining consent would put the adult at further risk, a concern must be raised but the lack of consent and the reason for it must be explicit.

This includes situations where:

- Other people or children could be at risk from the person causing harm
- It is necessary to prevent crime
- There is a high risk to the health and safety of the adult at risk
- The person lacks capacity to consent.

If on the information available, the following three criteria are met a referral MUST be made to the Local Authority:

1. A person has care and support needs
2. They may be experiencing or at risk of abuse and neglect
3. They are unable to protect themselves from neglect because of those care and support needs.

The adult at risk would normally be informed of the decision to refer and the reasons, unless telling them would jeopardise their safety or the safety of others. (See Appendix 5 Information about advocacy).

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 manager must make a decision in their best interests in accordance with the provisions set out in the Mental Capacity Act 2005.

If the manager who received the concern is unsure whether to raise a concern with Herts Health & Community Services Safeguarding Team, they must contact them for advice. Any advice given must be clearly documented on the patient's clinical record and promptly carried out.

A concern from a service should be made on the multi-agency referral form – see Appendix 6.

Once a concern is escalated to the Herts Health & Community Services Safeguarding Team, the strategic management becomes their responsibility. Garden House Hospice Care will comply fully with any investigations, including attending strategy meetings and case conferences (reconvened strategy meetings) and the management of the issue. The hospice must be fully prepared to immediately implement a safeguarding plan if it is agreed one is needed so must be clear during strategy meetings what resources are or can be available to ensure the protection plan is robustly implemented. Garden House Hospice Care must also be aware it may be made responsible for aspects of the investigation process.

When the Herts Health & Community Services Safeguarding Team have concluded their investigations and taken any actions, the person who raised the concern must be given feedback. Garden House Hospice Care should ensure a system is in place to seek the follow up information, if this has not automatically been done. The Hospice should be aware that information shared will be on a need to know basis and the principles of confidentiality respected so the depth of feedback may be limited if there is a need to protect confidentiality for any reason.

5 Raising a Concern within the Hospice

If you have reason to believe an adult may be at risk of suffering abuse or neglect you should contact Adult Care Services by calling:

Health & Social Care Access Service 0300 123 4042

Out of Hours your call be redirected to the Emergency Duty Team (EDT)

If the team advises a referral should be made, email the Safeguarding team via secure email to: Adult.Safeguarding@hertscc.gcsx.gov.uk (NB This e-mail account is only monitored during office hours: 9am – 5.30pm Mon –Thurs, 9am – 4.30pm Friday) and send a completed Hertfordshire safeguarding alert form v1. Note if the alert relates to pressure ulcers or other physical bodily concerns please also complete and send the Skin Integrity Form, Appendix 3.

If you have reason to believe an adult receiving mental health services in Hertfordshire may be at risk of suffering abuse or neglect, then a safeguarding referral can be made to HPFT on

0300 777 0707 (8am – 7pm)
01438 843322 (5pm – 9am)

If there is an immediate risk to life or a serious injury or a serious crime has been committed the police must be contacted direct as set out below:

5.1 Immediate response

For incidents concerning an adult at risk where there is immediate danger to life, risk of injury or a crime being committed dial 999.

For incidents taking place against an adult at risk where there is NO immediate risk to life or property but a police response is required as soon as practicable due to the seriousness of the incident and/or potential loss of evidence dial 101.

5.2 Routine

For incidents that have taken place against an adult at risk where that person wishes to report a crime please dial 101 and specify that a crime has been committed and that person wishes to make a complaint of crime.

5.3 Raising a Concern in the Community or Hawthorne Centre

The responsibility for reporting any safeguarding issues raised by GHHC services lies with the staff member who identifies the safeguarding concern.

If patient is in immediate danger then dial 999.

Escalate to the H@H/CHC Nurse in charge or Sister on call at weekends /out of hours. Nurse in charge or Sister on call to contact the key worker DN /GP to identify if concern already raised.

If the issue has not been raised, then H@H/CHC Nurse in charge or Sister on call at weekends /out of hours should contact Adult Care Services by calling Health & Social Care Access Service 0300 123 4042. If the team advises a referral should be made, email the Safeguarding team via secure email Adult.Safeguarding@hertscc.gcsx.gov.uk (NB This email account is only monitored during office hours: 9am – 5.30pm Mon –Thurs, 9am – 4.30pm Friday).

Advice, if required, may be obtained from Safeguarding lead or champions at GHHC and or the Adult Care Services.

All safeguarding incidents must be recorded on a GHHC incident form to highlight the safeguarding issue raised for information only as Safeguarding Lead at GHHC would not be the responsible person for community safeguarding issues.

All safeguarding incidents concerning community patients must be reported to the HCT Named Nurse for Safeguarding Adults and Prevent Lead (Jane Newcombe, mobile no: 07584 606980) along with a copy of the copy of the incident form sent via NHS email SAFA@hct.nhs.uk.

6 Channel Programme

Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. The programme uses a multi-agency approach to protect vulnerable people by:

- Identifying individuals at risk
- Assessing the nature and extent of that risk
- Developing the most appropriate support plan for the individuals concerned.

Sections 36 to 41 of the Counter-Terrorism and Security Act 2015 set out the duty on local authorities and partners of local panels to provide support for people vulnerable to being drawn into any form of terrorism.

This guidance has been issued under sections 36(7) and 38(6) of the act to support panel members and partners of local panels.

The document:

- Provides guidance for Channel panels
- Provides guidance for panel partners on Channel delivery (that is, those authorities listed in Schedule 7 to the Counter-Terrorism and Security Act 2015 who are required to co-operate with Channel panels and the police in carrying out their functions in Chapter 2 of Part 5 of the Counter-Terrorism and Security Act 2015)
- Explains why people may be vulnerable to being drawn into terrorism and describes signs to look for
- Provides guidance on the support that can be provided to safeguard those at risk of being drawn into terrorism.

Channel may be appropriate for anyone who is vulnerable to being drawn into any form of terrorism. Channel is about ensuring that vulnerable children and adults of any faith, ethnicity or background receive support before their vulnerabilities are exploited by those that would want them to embrace terrorism, and before they become involved in criminal terrorist activity.

Channel is part of the local Prevent strategy and is a multi-agency approach to identify and provide support to individuals who are at risk of being drawn into terrorism.

Success of the programme is very much dependent on the cooperation and coordinated activity of partners. It works best when the individuals and their families fully engage with the programme and are supported in a consistent manner.

Concerns about changes in the behaviour or attitudes of young people are most likely to be picked up by family members or schools/colleges in the first instance.

There is no single way of identifying who is likely to be vulnerable to being drawn into terrorism. Factors that may have a bearing on someone becoming vulnerable may include: peer pressure, influence from other people or via the internet, bullying, crime against them or their involvement in crime, anti-social behaviour, family tensions, race/hate crime, lack of self-esteem or identity and personal or political grievances.

In the first instance, it is likely that the most appropriate assessment should be via a CAF, with support from the Early Help CAF co-ordinators, to explore the issues of concern with the young person and their family.

Where risks of vulnerability to being drawn into terrorism are suspected or confirmed, practitioners should make a referral to the PREVENT team at prevent@herts.pnn.police.uk using the referral form in Appendix 7.

The Channel Police Practitioner (CPP) will review referrals received and consider whether a direct referral to the Channel Panel is appropriate, or whether a referral to Targeted Youth Support, in the case of a young person living with their family in the community or a referral to Children's Social Work Services where a young person is looked after should be considered. A multi-agency professionals meeting should be convened and a referral to the Targeted Youth Support risk management panel should also be considered.

Where an agency or the CPP receives a referral indicating that a parent or family may be intending to leave the UK with their children to travel to a war zone such as Syria, an immediate child protection referral should be made to the Customer Services Centre so that a legal planning meeting can be arranged and an application to the High Court be made to prevent the children being removed from the jurisdiction can be made where available evidence meets the threshold for such an application.

7 Supporting the Adult at Risk through the Safeguarding Process

The Herts Health & Social Care Safeguarding Team will lead on this issue once a concern has been raised. However, Garden House Hospice Care can assist with this where relevant, taking the following points in to consideration:

- Key issues of risk faced by the adult at risk
- Who will interview and record the account of the adult at risk
- Who will ensure the adult at risk is involved in the process to the maximum of their willingness and ability, and how this will be achieved
- Any communication needs of the adult at risk
- Who will keep the adult at risk informed and what information can be shared with them
- Clarify the mental capacity of the adult at risk to make decisions about their own safety
- Where the adult has capacity, ensure their wishes are respected as to sharing of information

- If the person does not have mental capacity, decide how they will be supported to be involved as much as they are able, who is a suitable person to act in the person's best interests and whether an IMCA should be instructed
- Who will ensure the adult at risk is involved in the process to the maximum of their willingness and ability, and how this will be achieved
- Who will interview and record the account of the adult at risk.

7.1 Attendance at Investigations and Meetings

It is important that Garden House Hospice Care fully cooperates with any investigations and meetings required including Serious Concerns meetings and Serious Case Reviews (if relevant). Garden House Hospice Care will ensure that the most appropriate manager attends with the right level of seniority.

7.2 Responsibilities to those who are Alleged to have Caused the Harm

Adults who are alleged to have abused an adult at risk have the right to be assumed innocent until the allegations against them are proved on the evidence. Whether they are a member of staff, a volunteer, a relative or a carer they also have the right to be treated fairly and their confidentiality respected.

Where the person alleged to have caused harm is a carer, consideration should be given to whether they are themselves in need of care and support.

What information is shared with them and when, should be decided at the strategy discussion or meeting. They have a right to know in broad terms what the allegations are that have been made against them, unless the police advise otherwise. They should be provided with appropriate support.

7.3 Adults at Risk or those Deemed to Cause Harm that are going on to other Services

Garden House Hospice Care must ensure that full relevant information must be given to the care provider(s) who are next going to look after a patient who has been abused or was an abuser. This is to ensure that the care provider has the opportunity to minimise any risks to other patients or staff in the next care setting.

7.4 If a Member of Staff has been Found to be the Abuser

If after investigation a member of staff was found to be the abuser, Garden House Hospice Care must ensure it informs any professional bodies e.g. GMC, NMC, and also ensure that a referral has been made to the Disclosure and Barring Service (DBS).

8 Record-keeping and Confidentiality

Garden House Hospice Care will ensure robust record keeping systems; keeping comprehensive records whenever a concern is made/arises/occurs, and of any work undertaken under the safeguarding adult's procedures, including all concerns received and all referrals made.

The Hospice will ensure compliance with its information governance and management policies.

Throughout the safeguarding adults process, detailed factual records must be kept. This includes the date and circumstances in which conversations and interviews are held and a record of all decisions taken relating to the process.

Records may be disclosed in court as part of the evidence in a criminal action/case or may be required if the CQC decides to take legal action against a provider.

Garden House Hospice Care will ensure consistency with the principle of fairness for making records available to those affected by, and subject to, investigation with due regard to confidentiality. Advice must be sought from the Director of Patient Services if receiving such a request.

Garden House Hospice Care will ensure it maintains a register of all safeguarding concerns, the actions taken and the outcomes. This information may be requested during inspection of the Hospice by the CQC.

Garden House Hospice Care will have a Safeguarding section in the patient's clinical records so that any information relating to safeguarding is held in the same place and all staff know where to find this information.

9 Information Sharing

Information sharing between organisations is essential to safeguard adults at risk. The Care Act sets out the duty of individuals and agencies to provide information under these procedures to enable adults at risk to be safeguarded. Information will be shared on a need to know basis and in line with the confidentiality and information sharing policies of the individual organisations.

The policy of the Hertfordshire Safeguarding Adults Board is that information to safeguard and promote the welfare of individuals will be shared between agencies on a need to know basis in line with the statutory guidance, Health and Social Care Information Sharing Agreement and Protocol for Hertfordshire.

It is important to identify any potentially abusive situation as early as possible so that the individual can be protected. Withholding information may lead to abuse not being dealt with in a timely manner. Confidentiality must never be confused with secrecy.

In seeking to share information for the purposes of protecting adults at risk, Garden House Hospice Care is committed to the following principles:

- Personal information will be shared in a manner that is compliant with the Hospice's statutory responsibilities
- Adults at risk will be fully informed about information that is recorded about them and, as a general rule, be asked for their permission before information about them is shared with colleagues or another organisation - however there may be justifications to override this requirement if others are at risk
- Staff will receive appropriate training around service users/patient confidentiality
- The principles of confidentiality designed to protect the management interests of an organisation must never be allowed to conflict with those designed to promote the interests of the adult at risk.

As part of the information sharing processes, the CQC must be notified of any incident that has been investigated by the police or any abuse or allegation of any abuse in relation to a service user has occurred. Please use the notification form available at: http://www.cqc.org.uk/content/notifications-non-nhs-trust-providers

10 Responsibilities/Accountabilities

10.1 Trustees

The Trustees are ultimately responsible for safeguarding and promoting the welfare of GHHC beneficiaries. The Trustees will identify a Trustee Safeguarding Lead and:

- Actively promote a safe culture and trusted environment
- Ensure adequate measures are in place to assess and address safeguarding risks
- Ensuring adequate safeguarding policies, procedures and measures to protect people are in place
- Ensure adequate systems are in place to handle incidents and allegations, including reporting to the relevant authorities, including the charity commission.
- Attend relevant training.

Some of these responsibilities may be delegated to the Chief Executive Officer.

Trustees approve this policy at the Board of Trustees meeting and ensure through quality reporting that the policy is robustly implemented across the organisation. The Chair of Trustees will be informed of all reports to the Safeguarding Adults and Safeguarding Children Board at the earliest opportunity. They will receive an annual report on the management of safeguarding adults at risk.

10.2 Chief Executive Officer (CEO)

The CEO has overall responsibility for ensuring a robust process is in place to support adults at risk, offering prompt protection when necessary and timely management of concerns. These responsibilities may be delegated to the Director of Patient Services.

The CEO has delegated responsibility to ensure that serious incidents are reported to the Commission in accordance with its guidance and that safeguarding allegations, complaints or incidents are reported to other agencies in accordance with the law and best practice.

10.3 Director of Patient Services

The Director of Patient Services (DoPS) is the designated Safeguarding Adults at Risk Lead. They will ensure sufficient time is given to developing robust procedures to ensure this policy is fully implemented and maintained.

This role is responsible for ensuring that there is a robust training programme in place for the various staff groups, that the DoPS is fully supported with ensuring robust practice is in place throughout the hospice and for providing expert guidance/support to staff.

The DoPS will present a six-monthly report on the management of safeguarding adults at risk to the Hospice Care and Clinical Governance Committee

10.4 Safeguarding Adults at Risk Champion

This role supports the Safeguarding Adults at Risk Lead. They need to be able to meet all the requirements of the Lead and provide cover for them during periods of absence. The Lead and Champion will not be absent at the same time, unless in extenuating circumstances.

10.5 All Managers

All Managers are required to ensure that staff and volunteers attend statutory/mandatory training as required and provide their full support with any adults at risk safeguarding issues, working closely with departments and other agencies as required. Managers will ensure that they and their staff follow the organisation's policies and procedures.

10.6 All other staff including volunteers

All staff and volunteers are required to attend statutory mandatory training, comply with policies and procedures and highlight/raise any concerns at the earliest opportunity.

11 Staff Training Requirements

Garden House Hospice Care expects all staff and volunteers to know how to:

- Recognise, record and report abuse
- Take any immediate action to protect further harm
- Access help and advice for the adult at risk.

Safeguarding Adults at Risk Lead and Champion must be trained to Level 3 national standards for Safeguarding Adults at Risk and at least one Continuing Professional Development (CPD) event each year must relate directly to Safeguarding Adults at Risk.

Front line staff patient facing staff and volunteers must be trained to level 2 national standards for Safeguarding Adults at Risk. They will receive mandatory training annually or as required in line with changes in legislation.

All non-clinical staff will be trained to level 1 national standards for Safeguarding Adults at Risk, including Prevent duty training, at induction and three-yearly mandatory e-learning training for staff and completion of volunteers' workbook.

11.1 Trustee Training Requirements

The Trustee Safeguarding Lead must be trained to level 2 national standards for Safeguarding Adults at Risk.

All Trustees will be trained to level 1 national standards for Safeguarding Adults at Risk, including Prevent duty training.

12 Policy Monitoring and Review

A yearly audit of compliance against this policy will be scheduled in to the Clinical Audit Programme. The report on the outcomes of the findings and the improvement plan for any improvements to be made will be reported to the Clinical Governance Group via the Audit Committee.

13 Incidents and Complaints

When incidents or complaints are highlighted, the leads for these areas and the department's manager where the concerns originate from must be alert to potential safeguarding concerns. For instance, if a patient is admitted with a grade 3 or 4 pressure ulcer, staff must be alert to other signs of abuse such as neglect. Where concerns are noted, these should be escalated in line with this policy and procedure.

All safeguarding incidents, as with all incidents will be logged. Any incident form received must be reviewed no later than 24 hours after receipt. However, there is no reason for delay as the Safeguarding Lead or Champion, or line manager, will have been made aware as soon as concerns are raised.

Serious incidents are reported to the Commission in accordance with its guidance and that safeguarding allegations, complaints or incidents are reported to other agencies in accordance with the law and best practice in line with the policy Incident Reporting and Management Policy (including Serious Incidents Requiring Investigation) RM20.

14 Whistleblowing

Any employee of GHHC who suspect serious wrongdoing within the organisation can speak out safely. The NHHCA is committed to developing a culture where it is safe and acceptable for all Hospice Team Members to raise concerns without fear of recrimination, to bring to the attention of the appropriate level of management any; deficiency in the provision of service, breach of procedure or impropriety. The NHHCA 'Freedom to Speak Up' Guardian will support any person who raises a concern under OM07 Raising Concerns about Poor Practice Policy (Whistleblowing).

15 Related legislation

This policy is informed by the following legislation/guidance:

- Safeguarding Vulnerable Groups Act 2006
- Guide to Consent for Examination or Treatment, Department of Health 2009
- Mental Capacity Act 2005
- Action on Elder Abuse 2006
- Mental Health Act 1983, amended 2007
- Care Act 2014
- Data Protection Act 1998
- Human Rights Act 1998
- Common Law duty of confidentiality
- The 2013 Caldicott Report 'Information: to share or not to share', also known as Caldicott 2
- Care and Support Statutory Guidance Crime and Disorder Act 1998 – Section 115
- Children and Families Act 2014
- www.gov.uk/government/publications/prevent-duty-guidance
- Section 26 of the Counter-Terrorism and Security Act 2015 to have 'due regard to the need to prevent people from being drawn into terrorism'.

16 References

- HCS666 Herts Safeguarding Adults at Risk. Issue 10, January 2017.
- Care and Support Statutory Guidance- https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance
- Help the Aged (2008) The Financial Abuse of Older People – A review of the literature
- Data Protection Act 1998, Schedule 2, interpreted by the Information Commissioner
- Report on the Review of Patient-identifiable Information from the Caldicott Committee
- Factsheet 6, The Draft Care and Support Bill: Protecting adults from abuse and neglect, Department of Health, July 2012
- http://www.scie.org.uk/adults/safeguarding/
- https://www.gov.uk/government/publications/strategy-for-dealing-with-safeguarding-issues-in-charities
- Adult Safeguarding: Roles and Competencies for Healthcare Staff https://www.rcn.org.uk/professional-development/publications/pub-007069
- Intercollegiate document 2018

Appendix 1. Related Policies, Procedures and Guidelines

CM02 Admissions Policy
CM04 Discharge Policy
CM06 Consent Policy
RM18 Mental Capacity Act & Deprivation of Liberty Safeguards Policy
RM20 Incident Reporting and Management Policy
(Including Serious Incidents Requiring Investigation)
OM06 Complaints Policy
OM07 Raising Concerns about Poor Practice Policy (Whistleblowing)
OM12 Confidentiality Policy
OM21 Privacy and Dignity Policy
OM31 Information Governance Policy
HR07 Education and Training Policy
HR21 Recruitment Policy

Abuse - includes physical, sexual, emotional, psychological, financial, material, neglect, acts of omission, discriminatory and organisational abuse

Abuser - adults at risk can experience abuse by a wide range of people both known and unknown to them. The person who caused (may have) caused harm is used to describe the individual who is alleged or known to have abused an adult at risk.

ADASS (Association of Directors of Adult Social Services) is the national leadership association for directors of local authority adult social care services

Adult at risk - means adults who need community care services because of mental or other disability, age or illness and who are, or may be unable, to take care of themselves against significant harm or exploitation. The term replaces 'vulnerable adult'.

Advocacy - is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need.

Concern - is a worry that an adult at risk is or may be a victim of abuse or neglect. A concern may be a result of a disclosure, an incident, or other signs or indicators.

Capacity - is the ability to make a decision about a particular matter at the time the decision needs to be made.

Care setting/services - includes health care, nursing care, social care, domiciliary care, social activities, support setting, emotional support, housing support, emergency housing, befriending and advice services and services provided in someone's own home.

Carer - refers to unpaid carers, for example, relatives or friends of the adult at risk. Paid workers, including personal assistants, whose job title may be 'carer', are called 'staff'.

Case conference - is a multi-agency meeting held to discuss the outcome of the investigation and to put in place a protection or safety plan.

Clinical governance - is the framework through which the National Health Service (NHS) improves the quality of its services and ensures high standards of care.

CMHTs - (community mental health teams) are made up of professionals and support staff that provide specialist mental health services to people within their community.

Consent - is the voluntary and continuing permission of the person to the intervention based on an adequate knowledge of the purpose, nature, likely effects and risks of that intervention,
including the likelihood of its success and any alternatives to it.

CPA (Care Programme Approach) - was introduced in England in the joint Health and Social Services Circular HC (90)23/LASSL (90)11, 'The Care Programme Approach for people with a mental illness, referred to specialist psychiatric services', published by the Department of Health in 1990. This requires health authorities, in collaboration with social services departments, to put in place specified arrangements for the care and treatment of people with mental ill health in the community.

CPS (Crown Prosecution Service) - is the government department responsible for prosecuting criminal cases investigated by the police in England and Wales.

CQC (Care Quality Commission) - is responsible for the registration and regulation of health and social care in England.

CQUIN – Commissioning for Innovation and Improvement. A payments framework introduced by the Department of Health so that a proportion of health and care provider's income is based on demonstrating improvements in patient care. Areas of action are set nationally by the Department of Health and by CCGs.

DASH (domestic abuse, stalking and harassment and honour-based violence) - risk identification checklist (RIC) is a tool used to help front-line practitioners identify high-risk cases of domestic abuse, stalking and harassment and honour-based violence.

DAISU (Domestic Abuse, Investigation and Safeguarding Unit) – Herts Police Team investigation allegations of domestic abuse where there is an intimate relationship.

DoLS (Deprivation of Liberty Safeguards) - are measures to protect people who lack the mental capacity to make certain decisions for themselves. They came into effect in April 2009 using the principles of the Mental Capacity Act 2005, and apply to people in care homes or hospitals where they may be deprived of their liberty.

DBS (Disclosure and Barring Service) - The Disclosure and Barring Service helps employers make safer recruitment decisions and prevent unsuitable people from working with at risk groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

Enquiry - establishes whether any action needs to be taken to stop or prevent abuse or neglect, and if so, what action and by whom the action is taken.

Enquiry Lead - is the agency who leads the enquiry described above.

Enquiry Officer - is the member of staff who undertakes and co-ordinates the actions under s42 enquiries.

HSE (Health and Safety Executive) - is a national independent regulator that aims to reduce work-related death and serious injury across workplaces in the UK.

Independent Domestic Violence Advisor - Adults who are the subject of domestic violence may be supported by an Independent Domestic Violence Advisor (IDVA). IDVA's provide practical and emotional support to people who are at the highest levels of risk. Practitioners should consult with the adult at risk to consider if the IDVA is the most appropriate person to support them and ensure their eligibility for the service.

IMCA (Independent Mental Capacity Advocate) - established by the Mental Capacity Act (MCA) 2005 IMCAs are mainly instructed to represent people where there is no one independent of services, such as family or friend, who is able to represent them. IMCAs are a legal safeguard for people who lack the mental capacity to make specific important decisions about where they live, serious medical treatment options, care reviews or adult safeguarding

concerns.

Independent Mental Health Advocate - under the Mental Health Act 1983 certain people known as 'qualifying patients' are entitled to the help and support from an Independent Mental Health Advocate. If there is a safeguarding matter whilst the IMHA is working with the adult at risk, consideration for that person to be supported by the same advocate should be given.

Independent Sexual Violence Advocate (ISVA) - is trained to provide support to people in rape or sexual assault cases. They help victims to understand how the criminal justice process works and explain processes, for example, what will happen following a report to the police and the importance of forensic DNA retrieval.

Intermediary - is someone appointed by the courts to help an at risk witness give their evidence either in a police interview or in court.

LGBT (lesbian, gay, bisexual and transgender) - is an acronym used to refer collectively to lesbian, gay, bisexual and transgender people.

MAPPA (Multi-agency Public Protection Arrangements) - are statutory arrangements for managing sexual and violent offenders.

MARAC (Multi-agency Risk Assessment Conference) - is the multi-agency forum of organisations that manage high-risk cases of domestic abuse, stalking and 'honour'- based violence.

Making Safeguarding Personal - is about person centred and outcome focussed practice. It is how professionals are assured by adults at risk that they have made a difference to people by taking action on what matters to people, and is personal and meaningful to them.

Mental Capacity - refers to whether someone has the mental capacity to make a decision or not.

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.

NHS (National Health Service) - is the publicly funded healthcare system in the UK.

OPG (Office of the Public Guardian) - established in October 2007, supports the Public Guardian in registering enduring powers of attorney, lasting powers of attorney and supervising Court of Protection appointed deputies.

PALS (Patient Advice and Liaison Service) - is an NHS body created to provide advice and support to NHS patients and their relatives and carers.

Person alleged to cause the harm - is the person or adult who is alleged to have caused the abuse or harm.

Public interest – a decision about what is in the public interest needs to be made by balancing the rights of the individual to privacy with the rights of others to protection.

Safeguarding adults - is used to describe all work to help adults at risk stay safe from significant harm. It replaces the term 'adult protection'.

Safeguarding adults lead - is the title given to the member of staff in an organisation who is given the lead for Safeguarding Adults. The role may be combined with that of manager, depending on the size of the organisation.

Safeguarding adult's process - refers to the decisions and subsequent actions taken on receipt of a referral. This process can include a strategy meeting or discussion, an investigation, a case conference, a care/protection/safety plan and monitoring and r review arrangements.

Safeguarding adults review - is undertaken by Hertfordshire Safeguarding Adult Board when a serious case of adult abuse takes place. This is a requirement of the Care Act 2014 and the aim is that agencies and individuals to learn lessons to improve the way in which they work.

SafeLives - is a national charity supporting a strong multi agency response to domestic violence. They were originally known as CADDA.

SI (Serious Incident) - is a term used by the National Patient Safety Agency (NPSA) in its national framework for serious incidents in the NHS requiring investigation. It is defined as an incident that occurred in relation to NHS-funded services resulting in serious harm or unexpected or avoidable death of one or more patients, staff, visitors or members of the public.

Significant harm - is not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health, and the impairment of physical, intellectual, emotional, social or behavioural development.

SOCA (Serious Organised Crime Agency) - is a non-departmental public body of the government and law enforcement agency with a remit to tackle serious organised crime.

Enquiry Planning/ Strategy/ Meeting or discussion is a multi-agency discussion between relevant organisations involved with the adult at risk to agree how to proceed with the referral. It can be face to face, by telephone or by email.

Vital interest - is a term used in the Data Protection Act (DPA) 1998 to permit sharing of information where it is critical to prevent serious harm or distress, or in life-threatening situations.

Wilful neglect - is an intentional or deliberate omission or failure to carry out an act of care by someone who has care of a person who lacks capacity to care for themselves.

Forms of abuse (Care Act 2014)

The list below of forms of abuse is not exhaustive but typical examples are:

Physical – including assault, hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.

Domestic violence - including psychological, physical, sexual, financial, emotional abuse; so-called 'honour' based violence.

Sexual - including rape and sexual assault or sexual acts to which the adult at risk has not consented, or could not consent or was pressured into consenting, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography, witnessing sexual acts or indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

Emotional/Psychological - including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber abuse, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Financial/material - including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Modern slavery – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Discriminatory abuse – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

Organisational abuse - including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Neglect and acts of omission - Including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

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

Recognising Abuse

Abuse does not always present as one incident, but more usually a growing concern about the welfare of an adult.

Adults at risk can be subject to abuse by a wide range of people including family members, staff, volunteers, other service users, friends and strangers. This may include people who deliberately exploit them.

Abuse may occur within the home, day services, residential and nursing homes, colleges, health services or in a public place. It can take place when an adult lives alone or with others.

Significant harm

To determine what action to take, consideration must be given not only to the immediate impact on and risk to the person, but also to the risk of future, longer-term harm.

Seriousness of harm or the extent of the abuse is not always clear. All reports of suspicions or concerns should be approached with an open mind and could give rise to action under Safeguarding Adults at Risk policy and procedures.

When determining whether to escalate concerns, the following factors must be taken into account when making an assessment of the seriousness of the risk to the person:

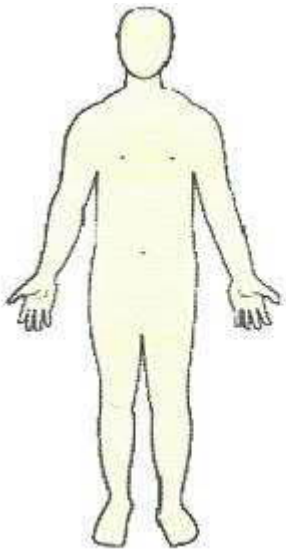
- Vulnerability of the person
- Nature and extent of the abuse or neglect, including how many others are affected
- Length of time the abuse or neglect has been occurring
- Impact of the alleged abuse on the adult at risk
- Risk of repeated or increasingly serious acts of abuse or neglect
- Risk that serious harm could result if no action was taken
- Illegality of the act or acts.

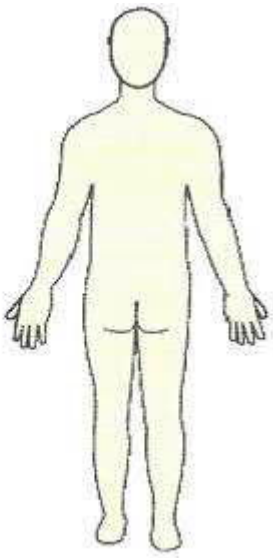
NORTH HERTS HOSPICE CARE ASSOCIATION

Appendix 3. Skin Integrity Form

Surname	
Forename	
Date of Birth	
Address	

On the figures below identify and number any marks or pressure ulcers present on the individual's body and describe in the table. Please also check for any warmth or hardness of tissue over bony prominences.





Pressure ulcer or marks Tissue warmth or hardness	Description/Dimensions EPUAP Category if a pressure ulcer	How and where mark or ulcer developed if known	Details of any current treatment
1.			
2.			
3.			
4.			
5.			
Please document here if the individual refuses assessment of any parts of the body:			
Please document any relevant information regarding mental capacity:			
Waterlow Score:			
Transfer form completed by: Name and contact number: Designation: Date:			

Appendix 4. GHHC Procedure with Flowchart (page 1 of 4)

If you have reason to believe that an adult is, or may be, at risk of suffering abuse, you have a duty to:

1) Inform your line manager or the senior staff member on duty. After 5pm weekdays and weekends/bank holidays, inform the Senior Manager on Call.

2) In normal office hours, inform the Garden House Hospice Care Adults at Risk Lead or Champion and seek guidance in terms of other documentation that may need to be completed – e.g. skin integrity form (body map), alert form, and photographic evidence. Further guidance after 5pm weekdays or weekends/bank holidays can be obtained from the Senior Manager on Call.

3) Complete a Garden House Hospice Care incident form. This form must be completed as soon as possible after the concern has been recognised but must be before the end of the shift. This form must be sent immediately to the Quality team. All written documentation must be treated with the strictest confidence and factual details only recorded. The incident form number must be documented in the patient records. It must also be confirmed that a Safeguarding alert has been made so that all staff are aware.

4) If your concern relates to care in another service, ring the care provider and ask to speak to the Manager on Call to inform them of the concerns, then:

5) On the day of the concern identified, notify and seek advice from Adult Care Services (HCS) Safeguarding Adults at Risk Team on:

Health & Social Care Access Service 0300 123 4042
Out of Hours your call be redirected to the Emergency Duty Team (EDT)

0r

0300 777 0707
Patients known to Mental Health Services

If the team advises a referral should be made, email the Safeguarding team via secure email to: adult.safeguarding@hertscc.gcsx.gov.uk and send a completed Hertfordshire safeguarding alert form v1. See Appendix 6. Note if the alert relates to pressure ulcers or other physical bodily concerns please also complete and send the Skin Integrity Form, Appendix 3.

(If you are unsure which number to contact or how to contact the safeguarding teams – please liaise with the Safeguarding Adults at Risk Lead, Champion or Senior Manager on Call).

If it is late at night and the case is not serious, the Adult Care Services (HCS) Safeguarding Adults at Risk Team can be contacted as soon as the offices open in the morning. However, if in doubt at all, escalate at the earliest opportunity, irrespective of the time of day.

A case is regarded as serious if the following criteria are present:

- An injury from suspected physical or sexual abuse that requires attention
- Any case of suspected neglect that requires immediate medical attention
- Any case where the alleged person causing harm is still having contact with the alleged victim, and/or there is a risk of abuse reoccurring
- Evidence of significant financial abuse
- Evidence of significant psychological or emotional abuse.

6) Complete a CQC notification form. Ensure that if the abuse has not occurred in Garden House Hospice Care, that it is clear that it did not occur in the Hospice but that it is being reported.

7) Document in the patient's record the date and time of the concern, incident form number, precise information about the concern and actions taken. Be precise, accurate and factual.

Where there is a serious injury or risk to life to others or yourself, or where a crime has been committed, the police should be notified first.

If the person requires urgent treatment, the appropriate emergency service should also be contacted. The Police and Emergency Services can be contacted by dialling 999, or for a prompt police response to a serious incident 08453 300222.

Supporting immediate needs

The alerting manager should take the following actions:

- Evaluate the risk to the adult at risk
- Take reasonable and practical steps to safeguard the adult at risk as appropriate
- Refer to the police if the abuse suspected is a crime
- Arrange any necessary emergency medical treatment (note offences of a sexual nature will require expert advice from the police)
- If the person alleged to have caused the harm is also an adult at risk, arrange for a member of staff to attend to their needs
- If the person alleged to have caused the harm is a member of staff, decide whether any action is required under the organisation's disciplinary procedures
- Make sure that other service users are not at risk
- Decide whether an alert should be raised under these procedures.

Ensure that any staff or volunteer who has caused risk or harm is not in contact with service users and others who may be at risk, for example, the person who has reported the concern.

If the person causing harm is another service user, action taken could include removing them from contact with the adult at risk. In this situation, arrangements must be put in place to ensure that the needs of the person causing harm are also met.

Appendix 4. GHHC Procedure with Flowchart (page 3 of 4)

Gaining consent of the adult at risk to raise the alert

The mental capacity of the adult at risk and their ability to give their informed consent to an alert being raised and action being taken under these procedures is significant but not the only factor in deciding what action to take.

The test of capacity in this case is to find out if the adult at risk has the mental capacity to make informed decisions about:

- Raising an alert
- Actions which may be taken under safeguarding adults at risk
- Their own safety, including an understanding of longer-term harm as well as immediate effects, and
- Their ability to take action to protect themselves from future harm

A decision not to seek further guidance may be based on:

- The adult at risk is not an adult who is covered by these procedures
- The situation does not involve abuse, neglect or exploitation
- Significant harm has not been caused, or
- The adult at risk has the mental capacity to make an informed choice about their own safety, they choose to live in a situation in which there is risk or potential risk and there are no public interest or vital interest considerations

If a person does not have capacity, a capacity assessment and best interest decision should be undertaken and documented prior to referral being made. Consideration should also be given about how to support the individual while the process is underway.

Where an overriding public interest or vital interest, or if gaining consent would put the adult at further risk, an alert must be raised but the lack of consent and the reason for it must be explicit and must be documented.

This includes situations where:

- Other people or children could be at risk from the person causing harm
- It is necessary to prevent crime
- There is a high risk to the health and safety of the adult at risk
- The person lacks capacity to consent.

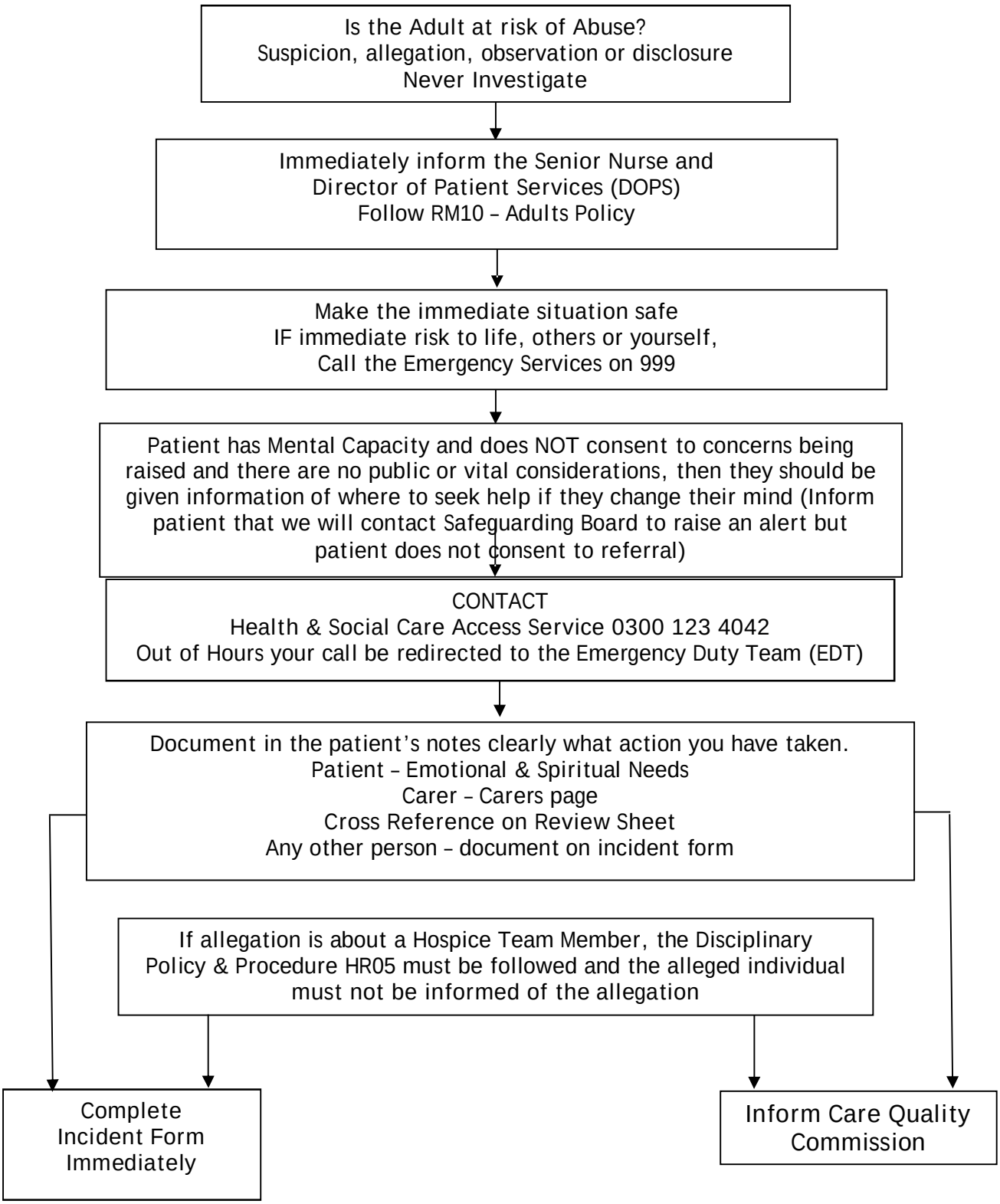
The adult at risk would normally be informed of the decision to refer and the reasons, unless telling them would jeopardise their safety or the safety of others.

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 alerting manager must make a decision in their best interests in accordance with the provisions set out in the Mental Capacity Act 2005.

Appendix 4. GHHC Procedure with Flowchart (page 4 of 4)

SAFEGUARDING OF ADULTS AT RISK OF ABUSE

Safeguarding Lead = Jayne Dingemans Safeguarding Champion = Alison Hasler



Appendix 5. Information about Advocacy

Advocacy

There are two distinct types of advocacy – instructed and non-instructed.
Instructed advocates take their instructions from the person they are representing. For example, they will only attend meetings or express views with the permission of that person.

Non-instructed advocates work with people who lack capacity to make decisions about how the advocate should represent them. Non-instructed advocates independently decide how best to represent the person.

Advocates should be invited to the strategy meeting or case conference, either accompanying the adult at risk, or attending on their behalf to represent the person's views and wishes. Instructed advocates would attend only with the permission of the adult at risk.

Independent mental capacity advocates (IMCAs)

IMCAs provide one type of non-instructed advocacy. Their role was established by the Mental Capacity Act 2005 to provide a statutory safeguard mainly for people who lack capacity to make important decisions and who do not have family or friends who can represent them to do so. IMCAs have a statutory role in the safeguarding adults process.

There is a legal requirement to make a decision about instructing an IMCA for an adult at risk who is the focus of safeguarding adults processes where they lack capacity to make decisions about their safety. IMCA instruction may be unnecessary if the adult at risk has adequate alternative independent representation. This could be from another advocate, or from family or friend.

Appendix 6. Hertfordshire Safeguarding Adult Alert Form (page 1 of 2)

Personal details of adult at risk			
Name:	Mr/Mrs/Ms	Dob:	Gender:

Current Address: Postcode: Tel no:	Home address *(if different):* Postcode: Tel no:	GP: Surgery: Tel no:

NHS no (if known): Police URN: Other ref no:	Ethnic origin: preferred language/communication needs?

Allegation	
Date alleged abuse took place:	Time (if known):
Where did the abuse happen:	

What type of abuse is suspected? Please check all appropriate			
Neglect/acts of omission		Sexual	
Physical		Discriminatory (including hate crime)	
Psychological/emotional		Institutional	
Financial			

Please provide a brief, factual summary of the concerns leading to the referral.
This should include what harm/injury or potential harm was caused?

Is anyone else at risk of harm?
Please state

Vulnerability of the adult at risk			
Physical disability		Dementia	
Learning disability		Sensory impairment	
Mental health		Older person, frailty, temp illness	
Substance misuse		Terminal illness	

Other

Confidentiality and consent	
Has this referral been discussed with the service user? Yes or No?	Has the service user given permission to share the concerns with appropriate others Yes or No?

If the answer either/both the above questions is No, please state the reasons for proceeding without consent?

What are the service user's views and what outcome do they expect?

Appendix 6. Hertfordshire Safeguarding Adult Alert Form (page 1 of 2)

Does the service user have mental capacity to be involved in the investigation and protection plan? Yes/no/unknown Or, has a diagnosis or presents in such a way that indicates that a capacity assessment is required? (*please state*)
Has a capacity assessment been arranged or taken place? *(please state)*

Details of the people involved in the incident	
Name:	DOB:
Address:	Occupation:
	Relationship to service user?

Immediate actions (Including any emergency medical treatment provided, evidence preserved, actions taken to prevent further abuse)

Protection plan

Please indicate other agencies alerted			
Health & Community Services		HPFT	
Police		CLDT	
Acute hospital		Hertfordshire Community NHS Trust	
GP		Other	

Details of person completing the referral	
Name:	Organisation:
Contact number:	Date referral form completed:

Appendix 7. Channel Referral Form

Please forward completed forms to the PREVENT team at prevent@herts.pnn.police.uk

NOT PROTECTIVELY MARKED when incomplete

CHANNEL REFERRAL FORM

Name of Subject:		DOB:
Guardian:		Relationship:
Ethnicity:	Place of Birth:	Religion:
Address Telephone number		Referral Date
Author	Organisation	
Contact Details		

This form is to help you refer concerns to CHANNEL, regarding an individual who may be vulnerable to being drawn into terrorism. On the reverse are questions which may assist in helping you quantify and structure your concerns in order to better record them below.

They are intended as a guide to help communicate your professional judgement about what has led you to make this referral. Completed forms should be sent to the Channel team.

What is the behaviour / occurrence that has led you to make this referral?	
Assessment	Comment / Evidence
Faith / Ideology	
Personal / emotional & Social	
Risk / Protective factors	
Desire for change	

From what you know of the referral:

Faith / ideology

Are they new to a faith / faith strand? What was the context of their conversion?

Do they seem to have naïve, narrow or limited religious / political knowledge?

Are there concerns about a highly inconsistent vocalisation / practicing of their faith?

Have there been sudden changes in their observance, behaviour, interaction or attendance at their place of worship / organised meeting?

Have there been specific examples or is there an undertone of "Them and Us" language or violent rhetoric being used or behaviour occurring?

Is there evidence of increasing association with a closed tight knit group of individuals / known recruiters / extremists / restricted events?

Are there particular grievances either personal or global that appear to be unresolved / festering?

Has there been an increase in unusual or sudden travel abroad without satisfactory explanation?

Personal / emotional / social issues

Are there concerns over conflict with their families regarding religious beliefs / lifestyle choices?

Is there evidence of cultural anxiety and / or isolation linked to insularity / lack of integration?

Is there evidence of increasing isolation from family, friends or groups towards a smaller group of individuals or a known location?

Is there history in petty criminality and / or unusual hedonistic behaviour (alcohol/drug use, casual sexual relationships, and addictive behaviours)?

Have they got / had extremist propaganda materials (DVDs, CDs, leaflets etc.) in their possession?

Do they associate with negative / criminal peers or known groups of concern?

Are there concerns regarding their emotional stability and or mental health?

Is there evidence of participation in survivalist / combat simulation activities, e.g. paint balling?

Risk / Protective Factors

What are the specific factors which are contributing towards making the referral more vulnerable to radicalisation by others or moving towards violent extremism? E.g.; mental health, language barriers, cultural anxiety, impressionability, criminality, specific grievance etc.

Is there any evidence of others targeting or exploiting these vulnerabilities or risks?

What factors are there already in place or could be developed to firm up support for the referral or help them increase their resilience to negative influences? E.g. positive family ties, employment, mentor / agency input etc.

Desire for change

Do they have the ability to change with / without support? Why / Why not?

How motivated are they to make steps towards changing their attitudes and behaviour?

How sustainable do you think their motivation / desire is?