



Farleigh Hospice

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Details of compliance to Legislation/Standards/Regulatory requirements

Legislative/Statutory/Regulatory Body	Applicable Legislation/Standard/Requirement
CQC	9 - Person Centered Care
CQC	10 - Dignity & Respect
CQC	11 - Consent
CQC	12 - Safe Care & Treatment
CQC	13 - Safeguarding
CQC	17 - Good Governance
CQC	19 – Fit and Proper Person Employed
CQC	20 - Duty of Candour
	Prevent Strategy 2011
	Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The historical record of policy updates/changes and version history are maintained on Vantage.

1 Introduction

This policy must be used in conjunction with the protocols and process guides held on the intranet in the Safeguarding Tile. The Safeguarding Tile holds the details of the Safeguarding Team and who currently occupies the roles mentioned in this policy.

Duty of Candour

Farleigh Hospice also acknowledges and works in line with Duty of Candour under Regulation 20 of the Health & Social Care Act 2014, whereby we agree to work in an open and transparent way, providing information where it has been identified that someone's safety has been affected whilst in receipt of Farleigh Hospice's services.

Farleigh Hospice is committed to promoting the health and welfare of all individuals who use our service, are employed by us and volunteer for us. Many adults receiving support through Farleigh Hospice can be regarded as an adult at risk on account of their physical, emotional or social circumstances.

All staff and volunteers have a responsibility, both to ensure that such individuals are protected from abuse and potential harm, and to ensure that all concerns and allegations are reported to Essex Safeguarding Adults Board appropriately. Support from a manager or a member of the Safeguarding Team can be requested to complete this.

This policy focuses on adult abuse, how to recognise it, minimise the risk of it happening, and how to respond when suspicions arise and disclosures are made.

2 Definitions

Adult

The definition of an adult is those aged 18 or over.

Adult at Risk

An adult at risk is defined as an individual aged 18 years or over who may require community care services due to mental or other disabilities, age, or illness, and who may be unable to care for themselves or protect themselves against significant harm or exploitation.

Young Adult/Child

For those under the age of 18 please refer to Policy 2.48: Safeguarding Children, including Looked After Children. For assistance, please contact the Children's Safeguarding Lead.

Safeguarding

Safeguarding is defined as "protecting an adult's right to live in safety, free from abuse and neglect" (Care and Support Statutory Guidance, Ch. 14). It is not intended to hold any individual or organisation accountable, as other processes exist for that purpose. The aims of adult safeguarding are to:

- Stop abuse or neglect wherever possible.

- Prevent harm and reduce the risk of abuse or neglect.
- Safeguard adults in a manner that supports their ability to make choices and have control over how they wish to live.
- Promote an approach that focuses on improving the quality of life for the adults concerned.
- Raise awareness so that communities can play their part in preventing, identifying, and responding to abuse and neglect.
- Provide information and support in accessible ways to help adults understand the different types of abuse, how to stay safe, and how to raise a concern.
- Address the underlying causes of abuse.

The purpose of adult safeguarding is to prevent harm and reduce the risk of abuse or neglect to adults with care and support needs. The statutory framework introduced under the Care Act applies to any person aged 18 or above who:

- Has a need for care and support (regardless of the level of need and whether or not the local authority is meeting any of those needs).
- Is experiencing, or is at risk of, abuse or neglect
- As a result of these needs, is unable to protect themselves against abuse, neglect, or the risk thereof (SET Safeguarding Adults Guidelines – see www.essexsab.org.uk). This may include:
 - Individuals with mental health conditions
 - Individuals with physical disabilities or illnesses (including dementia)
 - Individuals with sensory impairments
 - Individuals with learning disabilities
 - Individuals who are frail

Adult Safeguarding

As outlined in the Care Act 2014 sec 14.7, safeguarding involves protecting an adult's right to live safely, free from abuse and neglect. It requires collaboration between individuals and organisations to prevent and address both the risks and occurrences of abuse or neglect. Simultaneously, it is essential to promote the adult's wellbeing, considering their views, wishes, feelings and beliefs, when determining any course of action.

This approach must acknowledge that adults may have complex interpersonal relationships and may sometimes be ambivalent, unclear, or unrealistic about their personal circumstances.

Farleigh Hospice has established systems to safeguard the liberty of individuals who lack capacity, in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (MCA/DoLS), which were introduced in April 2009, to provide a legal framework for the deprivation of liberty. These measures offer protection for those who may need to be deprived of their liberty in their best interests, as well as for those making decisions regarding such deprivation.

The DoLS were specifically introduced to prevent violations of the European Convention on Human Rights (ECHR).

(Refer to sections 2.57 of the Mental Capacity Act (MCA) and 2.78 of the Deprivation of Liberty Safeguards (DoLS)).

Farleigh Hospice will also adhere to the principles outlined in 'Prevent' and the associated 'Prevent Guidance'. Prevent is one of the four pillars of CONTEST, the Government's counter-terrorism strategy.

To achieve these Farleigh Hospice will:

- Provide Guidance from the Safeguarding Team and/or Prevent Lead (Adult Safeguard Lead) for all those working with adults at risk in order to decrease opportunities for abuse or accidental injury. The Safeguarding Tile on the Intranet holds the details of the Safeguarding Team and who currently occupies the roles mentioned in this policy. Posters with this information are also displayed around hospice premises
- Provide support or training on recognising the signs of possible adult abuse, and on how best to respond to its discovery or disclosure, to ensure that individuals are protected from abuse
- Set out the Procedures to be followed where abuse is suspected or has been disclosed (see separate procedure/protocols to be followed – held in Intranet tile)
- Set out the Procedures to be followed when appointments are made for people working with adults at risk (see Lone Worker policy)
- Follow best practice in safer recruitment and ensure appropriate clearance checks are undertaken through the disclosure and barring service checks. For full guidance: www.essexsab.org.uk and the Recruitment Policy
- Ensure appropriate training/guidance for those who work with adults at risk to ensure individuals and staff are protected from abuse or potential allegations
- Ensure sufficient support for all adults under the care of Farleigh Hospice as, by definition, many would be classified as adults at risk for the purposes of this policy. This will include using chaperones (either a formal chaperone who is a healthcare professional or an informal chaperone who is chosen by the patient) during procedures and examinations when required or requested. (please refer to 2.50 Chaperones)
- Implement the Prevent Strategy to attempt to prevent vulnerable people from being radicalised.

3 Scope

While it is not Farleigh's role or responsibility to investigate allegations of harm or risk of harm, it is the duty of all staff to adhere to Farleigh's safeguarding policies for both adults and children.

Safeguarding is everyone's responsibility.

4 Roles and responsibilities

Also reference the Accountability Framework on the Safeguarding Tile.

Strategic Safeguarding Group

The Strategic Safeguarding Group will oversee the policy and its implementation. Other teams, such as the Operational Safeguarding Group and the Clinical Quality Group, will contribute to safeguarding practices.

The Strategic Safeguarding Group will convene monthly to review training compliance, needs, and alignment with professional requirements. Additionally, the team will assess and update practices, service needs, and policy and procedure amendments.

Updates will be communicated to staff via newsletters, intranet announcements, and other appropriate channels to enhance staff and volunteer awareness.

Feedback from practice reviews or incidents that support learning and improved practices will be disseminated by the team or a Senior Manager. The safeguarding team will also conduct audits and other compliance checks.

Farleigh Hospice Safeguarding team

The Safeguarding Team will advise and support staff who have any concerns regarding safeguarding issues. If it is felt necessary the Safeguarding Team will support staff to raise a safeguarding alert as detailed below.

The Adult Safeguarding Lead will also act as the 'Prevent' Lead to support the principles contained in 'Prevent' and 'Prevent Guidance'. In their absence the Line Manager, other members of the Safeguarding Team (including Director of Care) should be contacted.

The Safeguarding Tile on the Intranet holds the details of the Safeguarding Team and who currently occupies the roles mentioned in this policy. Posters with this information are also displayed around hospice premises. For non-urgent matters email safeguardingteam@farleighhospice.org for assistance.

All staff and volunteers are required to comply with safeguarding training for adults at risk, ensuring they hold a comprehensive understanding of adult safeguarding principles and the positive impact of their actions on vulnerable individuals.

Every adult at risk is entitled to protection.

Trustees, staff, and volunteers are obligated to recognise and act upon instances of abuse to protect vulnerable adults from harm and neglect. All suspicions and allegations of abuse will be taken seriously and addressed promptly in accordance with policy timelines. Trustees, staff, and volunteers at Farleigh Hospice are responsible for reporting any concerns.

The most effective approach to addressing abuse involves collaborative efforts among agencies. Farleigh Hospice is committed to working closely with relevant agencies to serve the best interests of individuals. In all cases involving adults at risk, the hospice will adhere to the SET Safeguarding Adults Guidelines, available at: www.essexsab.org.uk.

Clinical staff working directly with adults at risk are encouraged to participate in regular clinical supervision, which will include discussions on safeguarding matters. Make Safeguarding Personal (MSP)

Make Safeguarding Personal (MSP) is a person-centered approach that empowers adults to make their own decisions regarding their lives and safety. This approach emphasises the provision of support and information to enable individuals to exercise their rights to independence, choice, and self-determination, including control over their personal information.

Staff should aim to deliver effective safeguarding practices that align with these principles. Under MSP, the adult is best positioned to identify risks, assess their impact, and determine the acceptability of mitigation measures. Therefore, it is crucial to engage with the individual to understand their desired outcomes, ensuring these preferences remain central to all decisions made.

5 Safeguarding

Openness and accountability

Farleigh Hospice is committed to fostering an atmosphere of openness, where information and updates about its work are discussed and shared, while strictly maintaining confidentiality. If a worker has knowledge of or reasonable grounds to suspect misconduct or potential risk related to work with vulnerable adults, they are required to report it as set out in the procedure.

This should be done in accordance with the guidelines outlined in the process flowchart available in the safeguarding section on the intranet.

Safeguarding Principles

This policy is based on the Six Principles of Safeguarding that underpin all adult safeguarding work see below.

Farleigh Hospice agrees to work to the following six principles as laid out in The Department of Health Care Act 2014 and accompanying 'Care and Support Statutory Guidance':

Empowerment – People being supported and encouraged to make their own decisions and informed consent without coercion, by helping them to choose the care and support that best enables them to meet their goals.

Prevention – It is better to take action before harm occurs. Farleigh Hospice is committed to making the prevention of abuse one of the key priorities in all of its

services, ensuring all sites have robust procedures in place for dealing with incidents of abuse where the prevention strategy has not been effective.

Proportionality – The least intrusive response appropriate to the risk presented. While remembering that adults have the right to have their decisions respected, even if this involves taking risks, assessment of the individual’s capacity in relation to making decisions about a specific issue is essential to protect these rights.

Protection – Support and representation for those in greatest need. Any concerns of possible abuse are raised immediately. The safety of the individual or group must be the primary consideration. Staff and volunteers should be alert to indications of possible abuse and understand how to raise any concerns appropriately.

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

Accountability – Accountability and transparency in delivering safeguarding. All staff must work within the framework of the law and safeguarding procedures should be seen as an integral part of working practices in all services.

In all cases, it is our duty to ensure that significant others, such as family members, friends, or advocates, are involved in supporting the individual where appropriate. Professional advocacy may be necessary for individuals with mental capacity issues or if a lasting power of attorney is in place for health and welfare.

All actions must be taken with respect for and protection of the individual’s human rights, as outlined in the Human Rights Act of 1998.

The following articles are particularly relevant to safeguarding adults from abuse. Article 3 states: “No one shall be subjected to torture or to inhuman or degrading treatment or punishment.” Unlike Article 8 (the right to respect for your private and family life), this is an absolute right; inhuman or degrading treatment is unlawful under any circumstances.

Abuse and neglect can take many forms. They may occur as isolated incidents, a series of incidents, or a long-term pattern of behaviour, and can affect one or more individuals, whether in their home, in public, or in an institutional setting (including hospices). Abuse may be deliberate or result from negligence or ignorance. The degree of intent or lack thereof will inform the response process.

Consideration must be given to an individual’s mental capacity. There is a presumption that adults possess the mental capacity to make informed decisions about their lives. If an individual is assessed as lacking the mental capacity to make decisions regarding their safety, decisions will be made in their best interests, as outlined in the Mental Capacity Act of 2005. Please refer to Farleigh’s Mental Capacity Policy for further details.

When determining what constitutes abuse, the accepted definition is “a violation of an individual’s human or civil rights by any person or persons” (No Secrets, Department of Health, 2015; Care Act 2014).

Categories of Abuse (As defined by Essex Safeguarding Adult Board (ESAB))

Physical Abuse - Assault, hitting, slapping, pushing, misuse of medication, restraint, inappropriate physical sanctions

Possible indicators include multiple bruising inconsistent with explanation given, abrasions, unexplained burns, cowering and flinching, scalds (especially with a well-defined edge), malnutrition, ulcers, and pressure ulcers.

Domestic Violence Psychological, physical, sexual, financial, emotional abuse; so, called “honour” based violence and forced marriage

Possible indicators include the vulnerable person being prevented from attending appointments, prevented from leaving home, having finances withheld, being constantly followed and watched, deferring treatment and care decisions to others and seeming to be afraid of others

Sexual Abuse - Any sexual act carried out to which the adult at risk did not or could not consent, or was pressured into consenting.

Possible indicators include unexplained changes in behaviour, new tendency to withdraw, recent development of sexualised behaviour, unexplained soreness around the genital area, difficulty in walking, unexplained love bites.

Psychological Abuse – Threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber-bullying, isolation, unreasonable and unjustified withdrawal of services or supportive networks, leading to fear and/or loss of self-esteem.

Possible indicators include changes in eating behaviour, disturbed sleep, tendency to withdraw, anxiety or confusion, self-abuse, loss of confidence.

Financial/Material abuse - 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 welfare benefits or grants.

Possible indicators include unexplained or sudden inability to pay bills, personal possessions going missing without explanation, contrast between known income and living conditions, care services being refused under pressure from family or other potential beneficiaries.

Modern Slavery – slavery, human trafficking, forced labour and domestic servitude

Possible indicators include poor physical appearance, isolation, poor living conditions, few personal effects, restricted freedom of movement, reluctance to seek/accept help

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

Possible indicators include poor hygiene and cleanliness of a person requiring assistance with personal care, untreated physical conditions, pressure sores, continence issues not being addressed, failure to ensure appropriate privacy and dignity in personal living conditions.

Self-Neglect – a wide range of behaviour; neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. Self-neglect is not always a safeguarding issue; however, concerns must be assessed taking into consideration the individual's right to choose their lifestyle, balanced with a regard for their mental health and their capacity to understand the consequences of their actions both on themselves and others

Possible indicators include dehydration, malnutrition, poor personal hygiene, unsanitary living conditions, grossly inadequate clothing and homelessness.

Discriminatory Abuse - Harassment, slurs or verbal abuse because of age, race, gender, gender identity, disability, sexual orientation or religion

Possible indicators include care givers not respecting, understanding or meeting the cultural, social, or religious needs of an individual.

Organisational Abuse – Neglect and poor practice, including rigid and insensitive routines and intrusive or invasive interventions within an institution or specific care setting (including the hospice), or in relation to care provided by professional care-givers in a vulnerable adult's home

Possible indicators include lack of care plans, the atmosphere being oppressive or noisy and fractious, poor staff morale, frequent use of agency staff, staff lacking the appropriate skills and a lack of flexibility or responsiveness to the needs of users.

These categories of abuse and the indicators are not mutually exclusive; individuals may be subject to more than one form of abuse. Concerns about an individual may arise from an actual injury/injury or from comments or observations made by the adult or those around them.

Other forms of abuse include:

Honour-Based Abuse: This term is used internationally across many cultures to justify abuse and violence. It refers to crimes or incidents committed to protect or defend the family or community 'honour'. This may include forced marriages, honour crimes, and genital mutilation.

Female Genital Mutilation, Child Exploitation, and Child Sexual Exploitation: These issues may also arise. Additionally, county lines and gang-related activities may come to your attention. Please refer to the Safeguarding Children policy for further information.

Human Trafficking: This involves men, women, and children being exploited through violence, deception, or coercion, and being forced to work against their will.

Individuals can be trafficked for various forms of exploitation, such as forced prostitution, forced labour, forced begging, forced criminality, domestic servitude, forced marriage, and forced organ removal.

Further information for staff can be found in the NHS England pocket guide: NHS England Pocket Guide.

<https://www.england.nhs.uk/wp-content/uploads/2017/02/adult-pocket-guide.pdf>

Preventing Radicalisation

Please refer to the flowchart held in the Safeguarding Tile on the Intranet. This will guide you and help you to follow the correct reporting procedure.

The Prevent Strategy (2011) has highlighted that health care professionals may meet and provide treatment and services to people who are already, or vulnerable to, Radicalisation (the process by which a person comes to support terrorism and forms extremist views leading to terrorism). In which case recognising when someone has or is potentially being drawn into terrorism and actions expected to be taken, sits within this policy.

For more details visit the Essex Safeguarding Adults Board website: www.essexsab.org.uk and search Prevent. The national prevent helpline can be called if you believe the situation to be urgent or need advice – call 0800 011 3764.

The protocol/procedure for PREVENT is held in the Safeguarding tile on the intranet.

Confidentiality

Individuals under the care of the clinical team should be assured that staff will maintain the highest level of confidentiality and will not disclose confidences outside the clinical team.

In any confidential clinical working relationship, it must be communicated to individuals that confidentiality is maintained within the multi-disciplinary team (MDT). However, there are certain circumstances, such as when an adult is suffering or is likely to suffer harm, or where a crime may have been committed, where confidentiality cannot be guaranteed, and information must be shared to protect the individual and potentially others from harm.

If an allegation is made, it is crucial that as few people as possible are informed of the details to protect all parties involved.

Confidentiality should also be considered in relation to other applicable factors, such as Mental Capacity or Deprivation of Liberty. Please refer to the relevant policy for further guidance.

For non-clinical matters, confidentiality will be maintained and managed within the organisation in accordance with the relevant policies and procedures, such as the Conduct and Capability Policy.

Other considerations include the Caldicott Principles, Data Protection and Information Governance, GDPR regulations, and related policies. Please refer to Farleigh's Data Protection, Information Governance, Quality and Data Retention, and Health Records: Management of Records policies for further guidance and information.

Identifying Safeguarding Concerns:

When you are concerned or need advice. Please refer to the flowchart held in the Safeguarding Tile on the Intranet. This will guide you and help you to follow the correct reporting procedure.

If you are concerned or need guidance and advice whether an issue is safeguarding or what to do about it, firstly speak with your line manager or the Safeguarding Team. They will support and advise you how to proceed.

You can also speak with Essex Safeguarding Adults Board, Social Care Direct advice line on 0345 603 7630 (Out of hours: 0345 606 1212). They will guide, support you and advise if a SETSAF is needed or if not what action to take, if you are unable to speak with a line manager/safeguarding team member.

When abuse is disclosed or suspected

- Keep calm - this will help the vulnerable person
- Reassure the person disclosing abuse that they were right to tell you
- The first priority should always be to ensure the safety and wellbeing of the individual at risk. The adult should experience the safeguarding process as empowering and supportive, their views should be taken into consideration and recorded. The consent of the adult should, wherever practicable, be sought before action is taken
- If it is believed that the vulnerable person is not safe, or is in imminent risk of harm, or it is in the public interest to act, or you suspect that a crime has taken place, you must contact the police and other relevant emergency services immediately. Consent in such cases is not required, but any action should aim to minimise the risk of further harm to the adult or/and others
- Ensure the person disclosing abuse is listened to, but not directly questioned. It is important to let them tell their story in their own words. Do not prevent a person disclosing abuse who wants to talk about what has happened
- Check to ensure the person has appropriate care and support to prevent further concerns/harm

- All trustees, staff and volunteers must know that if a disclosure of abuse is made that this information has to be passed on
- Once the disclosure has been made to a staff member or volunteer, they must seek advice/support from their manager immediately, who will decide about the course of action or will seek further guidance from a member of the Safeguarding Team. In the absence of a Safeguarding Team member, a member of the Executive Team should be contacted to agree a course of action. If out of hours the On Call Manager should be contacted. It may be appropriate to seek advice from the Essex Safeguarding Adults Board as well (contact details above).
- The Line Manager and Safeguarding Team need to be informed by email (safeguardingteam@farleighhospice.org) when a safeguarding has been raised by a member of staff at Farleigh Hospice
- Where there is assessed complexity an emergency multi-professional meeting will be called, and an action plan and lead appointed
- A safeguarding adult report (SETSAF) will be made to ESAB if any investigation is deemed necessary, Farleigh Hospice staff and volunteers must never undertake the investigation
- Keep factual notes of all that happens, showing dates and times and what exactly was alleged, noting and describing any physical injury in detail as well as naming any people who witnessed the incident or allegation. These notes should be recorded on SystmOne (S1) in an appropriate manner. If any information is not directly patient related discuss recording with the safeguarding team.
- Continue to record subsequent events in the separate notes as detailed above
- Always record that a safeguarding concern or alert has been raised on S1 (see separate guidance on intranet). Also consider if an alert is needed to inform staff of any action they may need to take e.g. visits in twos.
- If appointments are missed this can be a sign that deliberate action is being taken to avoid a safeguarding intervention. Missed appointments should not halt a safeguarding matter being reported, however, action should be taken to gain a fuller picture of the situation e.g. if a patient is at end of life. Raise the matter with your line manager for advice or the safeguarding team for guidance. Contact with external agencies may be appropriate.
- Staff will be expected to take and follow advice and guidance from ESAB

Looked After Young Adults (Care Leavers) Aged 18-25

Looked After Children are individuals under the age of 18, with guidance provided in the Safeguarding Children Policy. However, young adults transitioning out of care and entering early adulthood (aged 18-25) are considered vulnerable and require continued support during this period. The Children and Social Work Act 2017 mandates that support must continue in various forms until the age of 25. The Local Authority (Essex Social Care) will appoint a Personal Adviser to serve as the young person's contact.

The following actions should be taken if you become aware of a young person in this situation, whether or not there is a safeguarding concern:

- Ages 18-20: The Local Authority has a duty to proactively maintain contact with the young person.
- Request the name and contact details of the Personal Adviser and record this information in the S1 patient/client record.
- Considering confidentiality, seek permission to contact the Personal Adviser if appropriate as part of the safeguarding reporting, for instance, if the individual is subject to significant harm. It may be necessary to break confidentiality if the situation warrants it.
- The Personal Adviser is responsible for offering support to the young person and may wish to participate in the safeguarding response and meetings.
- Ages 21-25: The young person can access support as needed or upon request. A Personal Adviser may be sought; request their details as mentioned above and agree with the young person on the required support.

Making a Safeguarding Adult Alert

To raise a safeguarding adult alert, discuss with your line manager and/or the Safeguarding Team and if advised complete a SETSAF form which is available via S1 clinical templates or on the ESAB website. Save the form in the patient/client record.

Please refer to the flowchart available in the Safeguarding Tile on the Intranet. This will guide you through the correct reporting procedure.

- Recording: Safeguarding concerns should be documented in the patient/client record.
- Timeliness: Action to report a concern must be taken within 24 hours of discovery.

Consent should be sought from the patient/client; however, if this is not possible or appropriate (e.g., in cases of domestic violence), it is permissible to make a report without consent. The patient/client must be kept informed of the actions taken whenever possible.

The referral form must be sent by the Navigators via a secure NHS email account to: Socialcaredirect@essex.gov.uk

Notify the Safeguarding Team via email to inform them of the report being raised, if they are not already aware and complete a Vantage.

Upon receiving an update from the Local Authority Safeguarding Board, record this information in the patient notes and email the Safeguarding Team to inform them of the outcome.

ALLEGATIONS AGAINST STAFF/VOLUNTEERS

Please refer to the flowchart held in the Safeguarding Tile on the Intranet. This will guide you and help you to follow the correct reporting procedure.

Farleigh Hospice is committed to fostering an atmosphere of openness where information and news about its work are discussed and shared, while maintaining patient confidentiality.

If a staff member or volunteer has knowledge of, or reasonable grounds to suspect poor practice or potential risk in relation to work with adults at risk within the hospice, they must report it to their line manager in accordance with the guidelines outlined in this policy (refer to the flowchart process for managing allegations against staff). All staff and volunteers have a duty to highlight poor practice in the workplace, including practices that may be abusive or neglectful.

It is the individual responsibility of all staff and volunteers to raise any concerns with their manager. Farleigh Hospice values good practice and encourages any staff member to 'whistle blow' if they are concerned about poor practice (refer to Policy 1.39 Whistleblowing).

All allegations of adult abuse or maltreatment by a Farleigh staff member or volunteer will be taken seriously and handled in accordance with established procedures. Any allegation will be addressed fairly, promptly, and consistently to provide effective protection for the adult at risk while supporting the staff member or volunteer who is the subject of the allegation.

Farleigh Hospice will always consult the Local Authority Designated Officer (LADO – 03330 139 797 or adult.LADO@essex.gov.uk) in the first instance where an allegation is made against a staff member or volunteer if appropriate. The case will be dealt with by a small group of relevant people plus the Farleigh Hospice Safeguarding Lead or Safeguarding Team member. Relevant people may include Line Manager, Director of Care, Chief Executive Officer and Human Resources.

Farleigh Hospice will consistently conduct a comprehensive and thorough investigation in accordance with the organisation's Disciplinary Procedure (reference policy 1.7 Conduct and Capability), guided by the recommendations provided in EVAPC (Booklet 3). Consideration will be given to the necessity of involving external agencies, such as Social Care and Essex Police.

Safeguarding Disputes or Disagreements

Occasionally, disputes or disagreements may arise concerning safeguarding issues.

- Internal Issues: If the issue is within Farleigh, it should be reported to the Safeguarding Team, who will provide guidance on the next steps, such as contacting Social Care for advice or guidance.
- External Issues: If the issue arises after the completion of the SETSAF and Farleigh disagrees with the outcome, it may be appropriate to challenge the decision. Refer to and follow the guidelines in the Southend, Essex, and Thurrock (SET) Safeguarding Adults Guidelines, available at www.essexsab.org.uk for the current version.

SAFEGUARDING SITUATIONS (not covered in above sections)

There may be instances where a safeguarding concern arises that does not directly pertain to a patient, carer, or client of Farleigh, nor is it connected to a staff member or volunteer. Although such cases are rare, they must be treated with the same level of importance as other safeguarding situations. The staff member or volunteer

should report the concern to their line manager, who will then consult with the safeguarding team if deemed appropriate. A plan of action will be determined on a case-by-case basis.

6 Training

Farleigh Hospice will keep under regular review the need and requirement for safeguarding training and the frequency for refresher training. FH maintains a detailed mandatory training matrix which sets out the training requirements for each role. All staff, volunteers and trustees must adhere to the mandatory training matrix. Performance is monitored monthly and reported to the appropriate bodies.

7 Monitoring / Audit

All safeguarding concerns are monitored through the Governance Structure and reported to the Clinical Quality Group and Clinical Governance Committee.

A safeguarding report is completed annually and presented to the Board.

8 References

- SET Safeguarding Adults Guidelines - The Southend, Essex & Thurrock (SET) Safeguarding Adults Guidelines See website www.essexsab.org.uk or latest version of the guidelines.
- The health sector contribution to HM Government's Prevent strategy: guidance for healthcare organisations, DoH 2011
<https://www.gov.uk/government/news/guidance-and-toolkit-for-vulnerable-adult-interventions>
- The Association of Directors of Social Services "Safeguarding Adults" national framework (2005).
<http://lx.iriss.org.uk/sites/default/files/resources/Safeguarding%20Adults%20Framework2-1.pdf>
- Department of Health "No Secrets" Guidance (2015).
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/194272/No_secrets_guidance_on_developing_and_implementing_multi-agency_policies_and_procedures_to_protect_vulnerable_adults_from_abuse.pdf
- The Mental Capacity Act 2005
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224660/Mental_Capacity_Act_code_of_practice.pdf
- The Call to End Violence Against Women and Girls Home Office 2011
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97901/action-plan-new-chapter.pdf
- Think Family: improving the life chances of families at risk (2008)

http://webarchive.nationalarchives.gov.uk/+http://www.cabinetoffice.gov.uk/media/cabinetoffice/social_exclusion_task_force/assets/think_families/think_family_life_chances_report.pdf

- Safeguarding Vulnerable groups Act 2006
<http://www.legislation.gov.uk/ukpga/2006/47/contents>
- Extending Personal Adviser Support to all care leavers to age 25 (2018)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/683701/Extending_Personal_Adviser_support_to_all_care_leavers_to_age_25.pdf
- NHS Healthcare staff pocket guide 2017
<https://www.england.nhs.uk/wp-content/uploads/2017/02/adult-pocket-guide.pdf>
- Royal College of Nursing Adult Safeguarding: Roles and Competencies for Health Care Staff Adult Safeguarding: Roles and Competencies for Health Care Staff | Publications | Royal College of Nursing (rcn.org.uk)

9. Related Policies

- 1.1 Recruitment
- 1.39 Whistleblowing
- 1.69 Data Protection
- 1.7 Conduct and Capability
Clinical Supervision
- 1.72 Information Governance, Quality and Data Retention
- 2.27 Health Records: Management of Records
- 2.48 Safeguarding Children
- 2.50 Chaperones/Relationships with patients, family and carers
- 2.57 Mental Capacity
- 2.78 Deprivation of Liberty Safeguards (DoLS)
- 4.7 Lone Worker

10. Appendices

Safeguarding contacts:

Essex Safeguarding (Social Care Direct) referrals/enquiries: 0345-603-7630

Out of hours: 0345-606-1212

SETSAF reports should be sent from a secure Email NHS account to:

Socialcaredirect@essex.gov.uk

Safeguarding Team includes:

Farleigh Hospice, Safeguarding Adult Lead - 01245 457353

Farleigh Hospice, Organisational Safeguarding Lead - 01245 457309

Farleigh Hospice, Director of Care - 01245 457413

Farleigh Hospice, MCA & DoLS Lead - 01245 933712

Email: safeguardingteam@farleighhospice.org

11. Equality Impact Assessment

Completed EIA's are stored in Vantage

During the development of this policy the hospice has carried out a full Equality Impact Assessment to consider the impact on each of the protected characteristics as outlined in the Equality Act (2010) with the aim of minimising and where possible removing any disproportionate impact on staff/volunteers/service users (delete as applicable). No detriment was identified.