group policies and procedures

# Safeguarding adults at risk policy

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| Category | Corporate Governance  |
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| Date of issue | February 2017  |
| Next review date | September 2025 |
| Document ref & version | Safeguarding Adults at Risk Policy V4 |

**Related policies and guidance**

**Document revision and approval history**

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| --- | --- | --- | --- | --- |
| Version | Date | Author | Approved by | Comments |
| V1 |  Sep 2016 | FC | DH | Reviewed minor edits made  |
| V2 | Jan 2017 | FC | CCG | Following review edits made re terminology and additional references  |
| V3 | Feb 2017 | FC | CCG | Additional review by V Cooper – changes made to reflect feedback  |
| V4 | Apr 2017 | SR |  | Additional info added re training  |
|  | Aug 2019 |  |  | Reviewed JL  |
|  | Sept 2021 |  |  | Reviewed DH |
|  | Sep 2023 |  |  | Reviewed DH |

# Policy Summary

The purpose of this document is to ensure that Castleman Healthcare Ltd meets nationally recognised and regionally agreed best practice for safeguarding adults at risk. The lead agency for Adult Safeguarding is the Local Authority, however effective safeguarding is based on a multi-agency approach.

This policy has been developed in line with local Dorset, Bournemouth and Poole Adult Safeguarding Policy and procedures to ensure it is Care Act (2014) compliant.[[1]](#footnote-1) This includes: the role of NHS commissioners, health service managers and practitioners in preventing and responding to neglect and abuse, focusing on patients in the most vulnerable situations. The documents include good practice principles and examples which have been incorporated in to this policy.

Using the Clinical Governance and Care Act guidance [[2]](#footnote-2), this policy also aims focus on improved outcomes for patient, by creating an atmosphere of openness and transparency regarding clinical incidents and opportunities to learn from safeguarding concerns. This will also include robust defensible documentation enhanced positive partnership working.

1. The policy applies to all Castleman Healthcare Ltd staff. Implementation of this policy will ensure that:
2. Using the six adult safeguarding principles all staff will be aware of how to recognise and report issues of abuse and neglect to those adults at risk as defined by the Care Act 2014
3. Service Users/Patients are able to contribute and are involved in Safeguarding enquiries *(Dorset, Bournemouth and Poole Adult Safeguarding policy and procedures)*.
4. Staff work in a preventative manner to protect adults at risk from being abused.
5. There is consistency of reporting and procedures across health, social care and other partner agencies locally.
6. There will be an increase in staff awareness of adults at risk issues.
7. Castleman Healthcare Ltd is compliant with the CQC essential standards relating to Safeguarding Adults.

# Policy Statements

This document sets out the Castleman Healthcare Ltd system for safeguarding adults at risk from abuse and neglect. It provides a robust framework to ensure a consistent approach across the whole organisation, and supports our statutory duties as set out in the Care Act and the NHS Constitution.

Castleman Healthcare Ltd is committed to improving the quality of health and social care, developing accountability to patients and strengthening the choice and control they have over their care.

The Government has agreed six principles for safeguarding adults that can provide a foundation for achieving good outcomes for patients.

**Principle 1: Empowerment – Presumption of person-led decisions and consent**

Adults should be in control of their care and their consent is needed for decisions and actions designed to protect them. There must be clear justification where action is taken without consent such as lack of capacity or other legal or public interest justification. Where a person is not able to control the decision, they will still be included in decisions to the extent that they are able. Decisions made must respect the person’s age, culture, beliefs and lifestyle.

**Principle 2: Protection – Support and representation for those in greatest need**

There is a duty to support all patients to protect themselves. There is a positive obligation to take additional measures for patients who may be less able to protect themselves.

**Principle 3: Prevention**

Prevention of harm or abuse is a primary goal. Prevention involves helping the person to reduce risks of harm and abuse that are unacceptable to them. Prevention also involves reducing risks of neglect and abuse occurring within health services.

**Principle 4: Proportionality – Proportionality and Least Intrusive Response Appropriate to the Risk Presented**

Responses to harm and abuse should reflect the nature and seriousness of the concern.

Responses must be the least restrictive of the person’s rights and take account of the person’s age, culture, wishes, lifestyle and beliefs. Proportionality also relates to managing concerns in the most effective and efficient way.

**Principle 5: Partnerships – Working in a multi-disciplinary approach**

Safeguarding adults will be most effective where services work collaboratively to prevent, identify and respond to harm and abuse.

**Principle 6: Accountability – Accountability and transparency in delivering safeguarding**

Services are accountable to patients, public and to their governing bodies. Working in partnerships also entails being open and transparent with partner agencies about how safeguarding responsibilities are being met.

# Definitions of Terms Used

**Adults at risk**

The broad definition of a “adults at risk’ is taken from the Care Act 2014.

A person who is over 18 years old who has care and support needs (whether or not the LA is meeting any of these needs), is experience or at risk of abuse and neglect and due to their care and support needs are unable to protect themselves (Care Act 2014).

**Types of Abuse from the Care Act 2014**

The following definitions are covered by this policy:

1. **Physical abuse** - including hitting, slapping, pushing, kicking, misuse of medication or inappropriate physical sanctions or restraint.
2. **Domestic violence** – including psychological, physical, sexual, financial, emotional abuse, so called ‘honour’ based violence.
3. **Sexual abuse** - including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure, sexual assault, sexual acts to which the adult has not consented or was pressured into consenting.
4. **Psychological abuse** - including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation or blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation and unreasonable and unjustified withdrawal of services or supportive networks.
5. **Financial or material abuse** - including theft, fraud, exploitation, internet scamming, coercion in relation to an adult’s financial affairs or arrangements including in connection with will, property, inheritance or financial transactions, misuse or misappropriation of property, possessions or benefits.
6. **Modern slavery encompasses** – slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment. See [Modern slavery: how the UK is leading the fight](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/328096/Modern_slavery_booklet_v12_WEB__2_.pdf) for further information.
7. **Neglect and acts of omission** - including ignoring medical or physical care needs, failure to provide access to appropriate health, social care, or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
8. **Discriminatory abuse** – harassment, slurs or similar treatment because of race, gender and gender identity, cultural background, religion, physical and/or sensory impairment, sexual orientation and age. Read [Discrimination: your rights](https://www.gov.uk/discrimination-your-rights/types-of-discrimination) for further information.
9. **Organisational abuse** Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, 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.
10. **Self–neglect and hoarding:** This includes a broad spectrum of behaviour. The Care Act 2014 statutory guidance defines self-neglect as: “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 recognised as the failure or unwillingness by an individual to meet their own basic care needs required to maintain health. It should be noted that self-neglect or hoarding may well not prompt a Section 42 Enquiry. An assessment should be made on a case-by-case basis. A decision on whether a response is required under Safeguarding will depend on an adult’s ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.

For more information and guidance about supporting a person who is self-neglecting or hoarding see <https://www.bcpsafeguardingadultsboard.com/uploads/7/4/8/9/74891967/self_neglect_toolkit.pdf>

# ROLES and Responsibilities

**Corporate Governance Director**

The Designated Director for responsibility is the Corporate Governance Director who has ultimate responsibility for safeguarding at Castleman Healthcare Ltd.

**Designated Safeguarding Doctor**

The current Designated Doctor for Castleman Healthcare Ltd is Dr Christina Hawkins.

The designated professions are responsible for ensuring that this policy is implemented in each area and that all staff are fully conversant and compliant with the requirement of any other policies, procedures and guidance relating to the protection of children.

**All staff**

All staff have a responsibility to report any actual or suspected case of adult abuse to the LA safeguarding team and to the most senior person on duty in their area.

# life free from harm and abuse

Living a life that is free from harm and abuse is a fundamental human right of every person and an essential requirement for health and well-being. Healthcare staff are often working with patients who, for a range of reasons, may be less able to protect themselves from neglect, harm or abuse (the Mental Capacity Act). Safeguarding adult’s concerns vary according to the nature of harm, the circumstances it arose in and the people concerned.

**Type of harm and abuse**

Harm or abuse can take place in a wide range of settings such as within regulated services and within people’s own homes. The cause of harm and abuse may similarly be wide ranging e.g. harm caused unintentionally by an unsupported carer; neglect caused by staff or a service; abuse which is caused through recklessness or is intentional.

# Process for reporting abuse

**What to do when abuse is suspected**

Everyone with a duty of care to an adult at risk should be aware of the procedures to follow in line with the Local Dorset, Bournemouth and Poole multi agency adult safeguarding policy and procedures:

1. Act to protect the adult at risk of abuse or harm
2. Deal with immediate needs and ensure the person is, as far as possible, central to the decision-making process
3. Report the abuse to an appropriate person or service (line manager and LA safeguarding – see below)
4. If a crime has or may have been committed, contact the police to discuss or report it and preserve evidence
5. Make a clear record of the events[[3]](#footnote-3).

A concern may be a direct disclosure by the adult at risk, or an indirect concern raised by staff, volunteers, carer’s or member of the public.

1. **How to make a report of suspected abuse**
2. For Bournemouth and Poole: Adult Social Care Contact Centre: 01202 123 654, email asc.contactcentre@bcpcouncil.gov.uk, <https://www.bcpcouncil.gov.uk/ASC-and-health/Safeguarding-adults/How-to-spot-and-report-abuse.aspx> Out of hours 01202 657279
3. For Dorset County Council Area: Dorset Safeguarding Adults Board: tel 01305 221016, email DSAB@dorsetcouncil.gov.uk , Out of hours 01305 858250
4. Or Dorset Police: tel 101 or in an emergency call 999. The Police should be contacted only if you believe a criminal offence has been committed or is likely to be so. They should also be contacted as the first port of call if you believe that some was has been significantly harmed or is likely to be in the near future. If you have contacted the police directly, please also notify the relevant authority as listed above.

Do not worry if you contact the wrong authority, they will sign-post you to the correct agency/team. Please have as much information to hand in order to provide sufficient information for the Police and Social Services to make an assessment of risk.

# Consent

The Mental Capacity Act 2005[[4]](#footnote-4) is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. It is a law that applies to individuals aged 16 and overprovides a statutory framework to empower and protect people who are not able to make their own decisions and is underpinned by five key principles:

1. A presumption of capacity - every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise.
2. The right for individuals to be supported to make their own decisions - people must be given all appropriate help before anyone concludes that they cannot make their own decisions.
3. Individuals must retain the right to make what might be seen as eccentric or unwise decisions.
4. Best interests – anything done for or on behalf of people without capacity must be in their best interests.
5. Least restrictive intervention - anything done for or on behalf of people without capacity should be the least restrictive of their basic rights and freedoms.

The Act sets out a single clear test for assessing whether a person lacks capacity to take a particular decision at a particular time. It is a “decision specific” test. No one can be labelled “incapable” as a result of a particular medical condition or diagnosis. The Act makes it clear that a lack of capacity cannot be established merely by reference to a person’s age, appearance, or any other condition or aspect of a person’s behaviour which might lead others to make unjustified assumptions about capacity.

Anyone assessing someone’s capacity to make a decision for themselves should use the two-stage capacity test:

1. Does the person have a dysfunction or impairment of the brain or mind, or is there some sort of disturbance that is affecting their ability to make a decision (it does not matter if the impairment is temporary or permanent). If so, does that dysfunction or impairment mean the person is unable to make the decision in question at the time it needs to be made?
2. If the individual has an impairment or dysfunction of the brain or mind, are they able to:
3. Understand the information relevant to make the decision.
4. Retain the information.
5. Use or weigh that information as part of the process of making the decision.
6. Communicate their decision, whether by talking, using sign language or any other means.

**Capacity and consent, and the sharing of information**

Patients have a fundamental legal and ethical right to determine what happens to their own bodies. Valid consent to treatment is therefore absolutely central in all forms of healthcare, from providing personal care to undertaking major surgery, including decisions around the sharing of information. Consent must be documented in patient notes [[5]](#footnote-5)

**Consent to refuse support/intervention**

Some adults at risk may refuse intervention and support from professionals; one of the starting points is to understand whether the patient has the mental capacity to make the particular decision at that time.

**Situations where the adult at risk does have capacity**

If it is decided that a person does have capacity and has taken an informed choice to live in a situation that puts them at risk, then the person, their carer, their community support and any other relevant agency or individual should be consulted in order to ensure that the person is offered all possible choices. He or she may still choose to stay in the situation and live with that risk.

Consideration by all involved in the adult’s situation will need to determine whether the adult at risk is making the decision of their own free will or whether they are being subjected to coercion or intimidation. If it is believed that the adult at risk is exposed to intimidation or coercion, efforts should be made to offer the adult ‘distance’ from the situation in order to facilitate decision making.

# Training

Castleman Healthcare Ltd is responsible for ensuring all their staff receive Safeguarding training covering children and vulnerable adults commensurate with the role that they are employed to do.

Risk assessment will be undertaken annually to assess the level of training required for roles/staff as they become available.

Level 1 information is provided at initial contract stage by way of attachment of the ‘Level 1 workbook’ with employment particulars, again visiting this at the induction sessions and followed by further on-line training within the first month of employment to Level 3. Training is currently provided through ‘Blue Stream Academy’ training database but may well be subject to change of any other bespoke online training.

Any clinical staff will undertake online training but attend a bespoke training session every other year. All training is managed by the Director of Personnel who documents the training available and timings of refresher training and is the person who should be contacted.

# Appendix 1 – Examples of when the Safeguarding Adults at risk Procedure May OR May Not be Needed

The difference between poor practice and neglect is much contested. If a person is totally dependent on others’ assistance to meet basic needs, continual “poor practice” can lead to serious harm or death.

Useful elements in deciding if poor practice has occurred which does not require a safeguarding adult’s response are to ascertain if the concern:

1. Is a “one off” incident to one individual and will depend on severity
2. Resulted in no harm
3. Indicated a need for a defined action

Examples of the difference between poor practice and neglect can be seen below. The left hand column provides examples of poor practice which would still require addressing internally; the right hand column provides examples of when that poor practice crosses the threshold to become a possible safeguarding adult’s issue.

With all the examples on the right, if they are a common occurrence in the setting, or there are no policies/protocols in place or not just being perpetrated by one member of staff, this will potentially pass the threshold for whole service investigation.

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| **Allegations which may NOT pass the threshold** | **Allegations which WILL pass the threshold for** |
| **for use of the Safeguarding Adults procedure** | **use of the Safeguarding Adults procedure** |
| **Poor practice:** | **Possible abuse:** |  |
| Person does not have within their care | Failure to specify in a persons’ plan how a |
| plan/service delivery plan/treatment plan a | significant need must be met. | Inappropriate |
| section that addresses a significant assessed | action or inaction related to this results in harm |
| need such as management of behavior to protect self or others  |  |
| **Poor practice:** | **Possible abuse:** |  |
| Person’s needs are specified in treatment or care | Recurring event, or is happening to more than |
| plan. Plan not followed, needs not met as | one adult. |  |
| specified but no harm occurs. | Harm: weight loss, hunger, thirst, dehydration, |
|  | malnutrition. |  |

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| **Poor practice:** | **Possible abuse:** |  |
| Person is spoken to once in a rude, insulting and | Recurring event, or is happening to more than |
| belittling or other inappropriate way by a | one person. Insults contain discriminatory, e.g. |
| member of staff. Respect for them and their | racist, homophobic abuse. |  |
| dignity is not maintained but they are not distressed | Harm: distress, demoralization, may be occurring as rights and dignity are not respected. |
| **Poor practice:** | **Possible abuse:** |
| Person does not receive a scheduled domiciliary | Person does not receive scheduled domiciliary |
| care visit and no other contact is made to check | care visit(s) and no other contact is made to |
| on their well-being, but no harm occurs. | check on their well-being or calls are being |
|  | missed to more than one adult at risk. |
|  | Harm: missed medication and meals, they are |
|  | put at risk of significant harm including neglect. |

# Appendix 2 – References

1. NHS Dorset Safeguarding Adults Policy
2. Dorset Safeguarding Adults Board https://www.dorsetcouncil.gov.uk/care-and-support-for-adults/dorset-safeguarding-adults-board/dorset-safeguarding-adults-board
3. Care Act 2014
4. <https://nhsdorset.nhs.uk/about/policies/> Multi Agency Safeguarding Adults Policy
5. Care Quality Commissions, Essential Standards http://www.cqc.org.uk/content/essential-standards
6. Clinical governance and adult safeguarding: an integrated process, Department of Health, Guidance for Healthcare https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/215713/dh\_12503 5.pdf
7. NHS and Community Care Act, 1990 http://www.legislation.gov.uk/ukpga/1990/19/contents
8. No Secrets, DH 2000 & No Secrets Guidance, DH 2009 https://www.gov.uk/government/publications/no-secrets-guidance-on-protecting-vulnerable- adults-in-care
9. SCIE Adult Safeguarding: Policy and procedure http://www.scie.org.uk/publications/reports/report39.pdf
10. Who Decides, Lord Chancellor’s Department 1997 http://webarchive.nationalarchives.gov.uk/+/http:/www.dca.gov.uk/menincap/meninfr.htm
11. Mental Capacity Act 2005 <http://www.legislation.gov.uk/ukpga/2005/9/contents>
12. Deprivation of Liberty Safeguards https://www.gov.uk/government/publications/mental- capacity-act-deprivation-of-liberty-safeguards
1. <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#safeguarding-1> [↑](#footnote-ref-1)
2. <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#safeguarding-1> [↑](#footnote-ref-2)
3. <http://www.bpsafeguardingadultsboard.com> <https://www.dorsetforyou.gov.uk/dorsetsafeguardingadultsboard> [↑](#footnote-ref-3)
4. <http://www.nhs.uk/Conditions/social-care-and-support-guide/Pages/mental-capacity.aspx> [↑](#footnote-ref-4)
5. <http://www.nhs.uk/Conditions/social-care-and-support-guide/Pages/mental-capacity.aspx> [↑](#footnote-ref-5)