

Thames hospice

Policy and Procedure: SAFEGUARDING ADULTS AT RISK FROM ABUSE

Date	Author/ Reviewer	Approved by	Doc name	Comment	Responsible Committee	Next Review
August 2017	Andrea Wilson - Thames Hospice Social Worker Jacquie Batchford - Director of Patient and Family Services	PCQC	IPU-P-0030	<u>August 2017</u> Policy reviewed. Minor changes to text and layout only. <u>June 2015</u> Policy reviewed	PCQC	August 2019

Policy Summary:

This policy:

1. Ensures that Thames Hospice promotes a positive service culture and holds safeguarding as a key principle.
2. Identifies specific responsibilities of staff for safeguarding at Thames Hospice.
3. States expected practice for safeguarding within the policy.
4. States the procedure for safeguarding at Thames Hospice.
5. Provides information on action in the event of a breach of policy.
6. References.

1. Purpose of policy

To ensure that Thames Hospice promotes a positive service culture and has safeguarding as a key principle of care.

2. Responsibilities

2.1 Director of Patient and Family Services.

- Has overall responsibility for ensuring that safeguarding is embedded as a key principle in promoting a positive service culture at Thames Hospice.
- Has the responsibility of informing and advising the Senior Management Team about and safeguarding risks for the patients cared for in any service provided by Thames Hospice.

2.2 Medical Consultant, Head of In-Patient Unit, Community Nursing Team Leader, Head of Patient Liaison Services and Head of Therapy and Psychological Support Services.

- Are responsible for ensuring that clinical staff follow the principles of safeguarding in practice.
- Are responsible for reporting any safeguarding (or suspected safeguarding) incidents as soon as it is identified.

2.3 Safeguarding Leads (see section 3.3).

- Are responsible for ensuring that the actions following a safeguarding incident are handled in a timely and appropriate way as identified in the policy.

2.4 Doctors, Allied Health Care Professionals, Registered Nurses, Health Care Assistants and Volunteers in patient facing roles.

- Are responsible for their own practice within the scope of the policy.

2.5 Head of Governance and Quality.

- Is responsible for recording and the reporting of all safeguarding incidents.

3. Policy

3.1 Safeguarding means protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect. It is fundamental to creating high-quality health care. Safeguarding is a key priority at Thames Hospice that reflects both our focus on human rights and the requirement within the Health and Social Care Act 2008 to have regard to the need to protect and promote the rights of people who use our services.

3.2 Safeguarding is the responsibility of all Thames Hospice staff and depends on the everyday vigilance of everyone who plays a part in the lives of our patients and their families and carers in vulnerable situations to ensure that people are kept as safe from harm as possible.

3.3 **Definitions**

Adult at risk: The term 'adult at risk' has been used in this policy to replace 'vulnerable adult'. This is because the term 'vulnerable adult' may wrongly imply that some of the fault for the abuse lies with the adult abused. All patients receiving care from Thames Hospice services will be classified as adults at risk due to the nature of their illness.

Abuse: Is a violation of an individual's human and civil rights by another person or persons. Abuse may consist of a single act or repeated acts. It may include one or more of the following:

- Physical abuse.
- Financial abuse.
- Sexual abuse.
- Psychological/emotional abuse.
- Neglect and acts of omission.
- Discriminatory abuse.
- Institutional abuse.
- Abuse of trust.
- Mate rape.

Safeguarding Lead: Are identified staff within the organisation who will ensure that the correct procedures are followed in a suspected Safeguarding situation. The identified Safeguarding Leads for Thames Hospice are:

- Director of Patient and Family Services.
- Discharge Coordinator.
- Psychological Support Services Team Leader.
- Social worker.
- Senior Nurse on Call (Out of Hours).

Staff: Includes Thames Hospice employees, students on placement and volunteers in patient facing roles.

3.4 At Thames Hospice safeguarding adults from abuse involves organisational systems, processes and practices to enable people to live a life that is free from abuse and neglect through:

3.4.1 Helping to prevent people from experiencing abuse in the first place including actions that can be taken to reduce the potential for abuse. This includes enabling people to protect themselves as far as possible, empowering and enabling people to be central to decision-making about their care and support, and establishing cultures that respect and involve individuals.

3.4.2 Ensuring priority is given to keeping people safe from abuse including leadership within Thames Hospice and a clear commitment to minimising the risk of abuse and of recognising abuse.

3.4.3 Ensuring robust recruiting processes are followed and regular Disclosure and Barring Service checks are undertaken for all staff in patient facing roles.

- 3.4.4 Recognising and acting appropriately when there are allegations of abuse including prompt referrals to councils under the multi-agency procedures.
- 3.4.5 Supporting the person who has experienced abuse.

3.5 Related Thames Hospice Policies:

- Being Open (Duty of Candour) Policy.
- Capability Policy and Procedure.
- Consent Policy.
- Deprivation of Liberty Safeguards Policy.
- Disciplinary Policy and Procedure.
- Incident Reporting Policy.
- Mental Capacity Act Policy.
- Pre-employment Conditions Policy and Procedure.
- Recruitment and Selection Policy and Procedure.
- Risk Management Policy.
- Safeguarding Children from Abuse Policy and Procedure.
- Volunteer Problem Solving Policy and Procedure.
- Volunteer Recruitment Policy and Procedure.
- Whistleblowing Policy.

4. Procedure for safeguarding adults at risk from abuse at Thames Hospice

4.1 Prevention of abuse at Thames Hospice

- 4.1.1 All patients at Thames Hospice will be involved in their care and decisions about their care under guidance of the Mental Capacity Act Policy (2005). The patient must have any care or procedure and the reasons for it explained to them in a timely and understandable manner. They must be given time to ask questions and make their decision.
- 4.1.2 If they consent to the procedure it must be documented in their Healthcare Record. If they choose not to undertake the procedure this must be documented in their Healthcare Record. The requesting Doctor must be informed of this decision. If the patient lacks capacity to give consent, the Mental Capacity Act states that any decision made, or action taken, on their behalf is made in their best interests. This decision must be made by the multidisciplinary team and must be clearly documented in the Healthcare Record.
- 4.1.3 Recruitment of employees will follow the Thames Hospice Recruitment and Selection Policy and Procedure.
- 4.1.4 Recruitment of volunteers will follow the Volunteer Recruitment Policy and Procedure.
- 4.1.5 All staff in patient facing roles will be subject to an Enhanced Disclosure and Barring Service check.
- 4.1.6 All staff in roles that include a regulated activity will be subject to an Enhanced Disclosure and Barring Service check including barred lists.

Note: Any external staff or official visitors including celebrities and VIPs will not be allowed any contact with the patients without the continued presence of a member of Thames Hospice staff. This is to be without exception.

4.2 Reporting suspected abuse of an adult at risk

4.2.1 If a patient or their family/carer confides in a member of staff or that member of staff has concerns regarding the possible abuse of an adult at risk, in the first instance their line manager must be consulted immediately. If the line manager is unavailable then the member of staff must consult with an identified Safeguarding Lead (see section 3.3).

Note: Should the line manager, any member of staff (internal or external) or any official visitor be the suspected perpetrator, then the Director of Patient and Family Services must be consulted immediately (including Out of Hours).

4.2.2 Line managers must consult directly with an identified Safeguarding Lead to assess whether the issue is considered abuse as defined in section 3.3 above using the evidence gathered.

4.2.3 The Safeguarding Lead must contact Social Services for advice and guidance of stages to be implemented. If the Safeguarding Incident is related to the patient at their own address or by a member of their own family or carers contact the appropriate Adult Social Services for the patient's address:

Windsor and Maidenhead	01628 683744 (OOHs call the same number)
Slough	01753 475111 (OOHs 01344 786543)
Bracknell Forest	01344 352000 (OOHs call the same number)
South Bucks	0800 137915 (OOHs call 0800 9997677)

If the safeguarding concern is related to a member of Thames Hospice staff, external staff or an official visitor then contact the Windsor and Maidenhead Adult Social Services on the number above.

4.2.4 The Safeguarding Lead must inform the Director of Patient and Family Services when a Safeguarding Incident is raised.

4.2.5 The Safeguarding Lead will be the Thames Hospice contact in all subsequent investigations.

4.2.6 The Head of Governance and Quality will keep a register of all Safeguarding Incidents reported by Thames Hospice.

4.2.7 All individuals involved in the process must keep clear and accurate records of all events.

4.2.8 In the event that the suspected perpetrator is a member of staff, the Director of Patient and Family Services will work with the HR Department

to ensure appropriate action is taken to safeguard patients and the organisation, whilst ensuring the process above is also actioned.

4.2.9 The adult at risk involved with the Safeguarding Incident will be supported by Thames Hospice form staff with the appropriate skill and knowledge.

4.3 **Staff training**

4.3.1 All Doctors, Registered Nurses, Health Care Assistants and Allied Healthcare Professionals must read this policy on induction and when the policy is reviewed. They must complete annual mandatory training.

4.3.2 All volunteers in patient facing roles will receive a booklet on induction that they must read. All volunteers will receive an updated booklet every three years.

5. **Breach of policy**

5.1 Any deviation in practice from the above policy and procedure will be deemed a breach of policy.

5.2 Any breach of this policy by Thames Hospice employees may lead to formal disciplinary action.

5.3 Any breach of this policy by Thames Hospice volunteers may lead to formal action under the Problem Solving Policy and Procedure.

6. **References and useful reading**

CQC (2013) Our safeguarding protocol

http://www.cqc.org.uk/sites/default/files/documents/20130123_800693_v2_00_cqc_safeguarding_protocol.pdf

Office of the Public Guardian (2013) Safeguarding Policy

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/349100/OPG_safeguarding_policy.pdf