

# **SAFEGUARDING ADULTS POLICY**

Reference No:	P_SG_02
Version:	6
Ratified by:	LCHS Trust Board
Date ratified:	10 September 2019
Name of originator/author:	Named Nurse for Safeguarding
Name of responsible committee:	Safeguarding & Patient Safety Group
Date issued:	July 2019
Review date:	June 2020
Target audience:	All Lincolnshire Community Services NHS Trust staff
Distributed via:	Website

# Lincolnshire Community Health Services

## Safeguarding Adults Policy

### Version Control Sheet

Version	Section/Para/ Appendix	Version/Description of Amendments	Date	Author/Amended by
1		New Policy	September 2010	Michelle Johnstone
2	Background  Definitions of Abuse	Addition of Human Rights Act 1998.  Review and update of definitions. Inclusion of PREVENT.	September 2012	Michelle Johnstone
3	Definitions of Abuse	To include the wider scope of adult safeguarding identified in the multi-agency policy and procedures and safeguarding process	March 2014	Michelle Johnstone
4	Review of policy in line with Care Act 2014 and further updates February 2016		April 2016	Michelle Johnstone
4.1	Full Policy	Updates to contact details & education statement	May 2017	Jill Anderson
5	Full Policy	Updates to Safeguarding adult enquiry process	April 2018	Gemma Cross
5.1	. Appendix- Quality concerns	Policy amended following updated Lincolnshire Safeguarding Adult Board Policies and procedures	January 2019	Gemma Cross

6		Minor amendment. Policy updated following new LSAB policies and procedures; section 7.1 overriding consent added, coercion & control, and establishing if the outcome is what the patient wanted	July 2019	Gemma Cross
7				
8				
9				

Copyright © 2019 Lincolnshire Community Health Services NHS Trust, All Rights Reserved. Not to be reproduced in whole or in part without the permission of the copyright owner.

# Safeguarding Adults Policy

## Contents

- i Version control sheet
- ii Policy Statement

Section	Page	
1	Scope of policy	6
2	Aim of Policy	6
3	Introduction	6
4	Definition of Abuse	7
5	Mental Capacity	13
6	Deprivation of Liberty Safeguards	13
7	Consent	13
8	Information Sharing	14
9	Section 42 Enquiries	15
10	Roles and Responsibilities	16
11	Local Arrangements	17
12	Allegations against Staff	18
13	Training	18
14	Support for Staff	18
15	Support for Service users and carers	19
16	Governance Reporting and Monitoring arrangements	19
17	Appendix 1	20
18	Appendix 2	21
19	Appendix 3	22
20	Monitoring	23
21	Equality Analysis	25

## **Safeguarding Adults Policy**

### **Policy Statement**

#### **Background**

Safeguarding means protecting adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adults wellbeing is promoted, including where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

Care Act 2014

All persons have the right to live their lives free from violence and abuse. This right is underlined by the duty on public agencies under the Human Rights Act 1998 to intervene proportionately to protect the right of citizens. These rights include Article 2: the right to family life; Article 3: Freedom from torture, inhumane or degrading treatment or punishment; Article 5: Right to liberty and security and Article 8: right to a family life.

Lincolnshire Community Health Services NHS Trust has a legal duty to ensure that members of the public that use the services of LCHS are safe from harm and abuse. (Care Act 2014) LCHS is committed to working in partnership with the Lincolnshire/Peterborough Safeguarding Adults Board to protect adults at risk from abuse and have in place systems and processes to support the Lincolnshire/Peterborough Multi – Agency Safeguarding Adults Policy.

All staff have online access to Lincolnshire/ Cambridgeshire & Peterborough Multi-Agency Policy and Procedures for Safeguarding Adults. For Lincolnshire, click [here](#). For Cambridgeshire, click [here](#).

#### **Statement**

Living a life that is free from harm and abuse is a fundamental right of every person. We all need to act as good neighbours and citizens in looking out for one another and seeking to prevent the circumstances which can easily lead to abusive situations and put adults at risk of harm.

When abuse does take place, it needs to be dealt with swiftly, effectively and in ways which are proportionate to the issues. The adult in need of protection should be empowered, and supported to make their own decisions wherever possible. Where they have difficulties with this, their voice must be listened to: they must remain at the centre of the safeguarding process. The right of the individual to be involved and heard throughout this process is a critical element in the drive towards more personalised care and support. All staff, in whatever setting, has a key role in preventing harm or abuse occurring and taking action where concerns arise.

#### **Responsibilities**

This policy is applicable to all Trust staff, agency staff and other staff not employed directly by the Trust such as volunteers who in the course of their duties, may come into contact directly with, or who may become party to information about, safeguarding adults' issues.

## **Dissemination**

The policy will be available on LCHS website; managers and Safeguarding Champions will be expected to discuss the policy with staff.

### **1 Scope**

This policy is applicable to all Lincolnshire Community Health Services Trust staff, agency staff and other staff not employed directly by the Trust such as volunteers who in the course of their duties, may come into contact directly with, or who may become party to information about, safeguarding adults' issues.

### **2 Aim of the Policy**

The policy has been written using current legislation and guidance. It is the aim of the policy to support:

The Care Act 2014

Human Rights Act 1998.

Mental Capacity Act 2005.

Deprivation of Liberty Safeguards 2007

The aim is:

- To raise the awareness that safeguarding adults is everyone's responsibility
- To assist staff who work with adults to be aware of the signs and symptoms of adult abuse and follow the procedures
- To raise awareness of practitioners responsibility to make a referral to Local Authority Safeguarding Adults team where required.
- All staff must adhere to this policy.

### **3 Introduction**

Lincolnshire Community Health Services NHS Trust (LCHS) has a legal duty to ensure that members of the public that use the services of LCHS are safe from harm and abuse., LCHS are committed to working in partnership with the Lincolnshire/Cambridgeshire & Peterborough Safeguarding Adults Board to protect adults at risk from abuse and to have in place systems and processes to support the Lincolnshire/Cambridgeshire & Peterborough Multi-Agency Safeguarding Adults Policy.

LCHS recognises its first priority should always be to ensure the safety, well-being and protection of adults in its care. It is the responsibility of all staff working with

patients/families/carers and visitors to act on any suspicion or evidence of abuse or neglect and report their concerns to a responsible person, manager or agency.

The aims of adult safeguarding are to:

- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- Stop abuse or neglect wherever possible
- Safeguard adults in a way that supports them making choices and having control about how they want to live
- Promote an approach that concentrates on improving life for the adults concerned
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult
- Address what has caused the abuse or neglect.

#### **4 Definition of Abuse**

The term 'adult at risk' has been used to replace the term 'vulnerable adult' in this policy. This is because 'vulnerable adult' may wrongly imply that some of the fault for the abuse lies with the adult being abused, and 'vulnerability' can be hidden which can make identifying those at risk more difficult.

Empowerment, protection, prevention, proportionality, partnership and accountability are the cornerstones of protecting adults at risk from harm. To enable adults who are in circumstances that make them vulnerable to retain independence, well being and choice and to access their right to a life free from abuse and neglect.

The Safeguarding duties apply to an adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs)
- Is experiencing, or at risk of, abuse or neglect
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect

Where someone is 18 years or over but is still receiving children's services and a safeguarding issue is raised, the matter should be dealt with through adult safeguarding arrangements.

Accordingly the definition in complying with the above acknowledges that mental ill health, physical or learning disability; illness or age related frailty can impact on a person's ability to self-protect against significant harm or exploitation **whether or not** the person has the mental capacity to make informed choices concerning their own safety.

Although the following list is not exhaustive, an adult at risk may be a person who:

- is frail due to age, ill health, physical disability or cognitive impairment, or a combination of these
- has a learning disability
- has a physical disability and/or a sensory impairment
- has mental health needs including dementia or a personality disorder
- has a long-term illness/condition
- misuses substances or alcohol
- is a carer such as a family member/friend who provides personal assistance and care to adults and is subject to abuse
- is unable to demonstrate the capacity to make a decision and is in need of care and support.

It is important to remember that just because someone is old, frail or has a disability, this does not mean they are inevitably 'at risk'. For example, a person with a disability who has mental capacity to make decisions about their own safety may be perfectly able to make informed choices and protect themselves from harm. In the context of safeguarding adults, the vulnerability of the adult at risk is related to how able they are to make and exercise their own informed choices free from duress, pressure or undue influence of any sort, and the extent to which they can protect themselves from abuse, neglect and exploitation. It is equally important to note that people with mental capacity can also be at risk.

### **Patterns of Abuse**

Patterns of abuse vary and reflect very different relationship dynamics. These include:

**Serial abuse** is where the source of harm seeks out and 'grooms' individuals. Sexual exploitation sometimes falls into this pattern as do other forms of criminal exploitation and financial abuse;

**Long-term abuse** in the context of an on-going family relationship such as domestic violence between spouses or generations or persistent psychological abuse; or

**Opportunistic abuse** is defined as such and may include theft occurring because money or jewellery has been left lying around.

### **Who abuses and neglects adults?**

- Anyone can abuse or neglect adults including:
  - Spouses/partners.
  - Other family members.
  - Neighbour
  - Acquaintances.
  - Local residents
  - People who deliberately exploit adults they perceive as vulnerable to abuse.
  - Paid staff or professionals
  - Volunteers and strangers

Appendix 4 is an aid memoire which can be used when sub-optimal care is recognised in another care provider. It will help us to recognise patterns of abuse. An example of this would be that when visiting a care home you find the patient wet and in need of assistance. As an isolated incident this would not be sufficient to trigger a safeguarding referral, but if left

unaddressed, the staff member would consider making a safeguarding referral. This form should be given to the care provider for them to complete and monitor. Lincolnshire Community Health Service staff should complete a datix when a quality issue is identified with another care provider which will enable triangulation of the data and support safeguarding referrals should the issue not be resolved.

#### **4.1 Physical Abuse**

Examples of physical abuse are hitting, pushing, pinching, shaking, misusing medication, scalding, the misuse or illegal use of restraint, inappropriate sanction, and exposure to heat or cold and not giving appropriate food or drink.

#### **4.2 Neglect and Acts of Omission**

Neglect and acts of omission is the failure of any person who has responsibility for the charge, care or custody of an adult at risk to provide the amount and type of care that a reasonable person would be expected to provide. Behaviour that can lead to neglect includes, ignoring medical or physical needs, failing to allow/provide access to appropriate health, social care and educational services, and withholding the necessities of life such as medication, adequate nutrition, hydration or heating.

#### **4.3 Sexual Abuse**

Sexual abuse occurs when the person is involved in sexual activity to which they do not want or have not consented to, they cannot understand and lack the mental capacity to be able to give consent to, and they have been coerced into this behaviour because the other person is in a position of trust, power or authority, for example, a care worker.

#### **4.4 Psychological/Emotional Abuse**

This is behaviour that has a harmful effect on the person's emotional health and development or any form of mental cruelty that results in: mental distress, the denial of basic human and civil rights such as self expression, privacy and dignity, negating the right of the adult at risk to make choices and undermine their self esteem, isolation and over-dependency that has a harmful effect on the person's emotional health, development or well-being.

#### **4.5 Financial Abuse**

Financial Abuse is a crime; it is the use of a person's property, assets, income, funds or any resources without their informed consent or authorisation. Financial abuse is common and takes many forms; this includes theft, fraud, exploitation, pressure in connection with wills or property and the misappropriation of property or benefits. It also includes the withholding of money or the unauthorised or improper use of a person's money or property, usually to the disadvantage of the person to whom it belongs. Staff borrowing money or objects from a service user is also considered financial abuse.

#### **4.6 Discriminatory Abuse**

Discriminatory abuse exists when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals. It can be a feature of any form of abuse of

an adult at risk, but can also be motivated because of age, gender, sexuality, disability, religion, class, culture, language, or ethnic origin. It describes repeated, ongoing or widespread discrimination which leads to: Significant harm; unequal health or social care; Breaches of civil liberties; Failure to protect.

#### **4.7 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.

#### **4.8 Domestic Abuse**

The government definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality.

The abuse can encompass, but is not limited to:

- Psychological
- Sexual
- Financial
- Emotional

The Serious Crime Act (2015) made it an offence for coercive and controlling behaviour in intimate and familial relationships. The offence will impose a maximum 5 years imprisonment, a fine or both. The offence closes a gap in the law around patterns of coercive and controlling behaviour during a relationship between intimate partners, former partners who still live together, or family members, sending a clear message that it is wrong to violate the trust of those closest to you, providing better protection to victims experiencing continuous abuse and allowing for earlier identification, intervention and prevention.

Whatever form it takes domestic abuse is rarely a one off incident and should be seen as a pattern of abuse and controlling behaviour through which the abuser seeks power over the victim.

Domestic Abuse Multi Agency Risk Assessment Conferences (MARAC) threshold is met for those victims who are of a high risk of personal harm, or injury from domestic abuse which is life threatening and or traumatic and from which recovery whether physical or psychological can be expected to be difficult or impossible.

Please refer to Lincolnshire/ Cambridgeshire & Peterborough multiagency domestic abuse protocol by clicking [here](#), and [here](#).

#### **4.9 Exploitation by Radicalisation**

Some Individuals may be susceptible to exploitation into violent extremism by radicalisers. Violent extremists often use a persuasive rationale and charismatic approach to attract people to their political cause. The aim is to attract people to their reasoning, inspire new recruits and embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause

*Prevent* is part of the governments counter-terrorism strategy CONTEST, that requires strong support from the health sector. The CONTEST strategy was created to protect the UK from international terrorism and is led by the Office for Security and Counter Terrorism at the home office

The aim of the *Prevent* strategy is to support the reduction of racism and inequalities, and the promotion of cohesion. *Prevent* focuses on working with individuals and communities who may be vulnerable to the threat of violent extremism and terrorism. The overall principle of *Prevent* is to safeguard vulnerable individuals.

The key challenge for the healthcare sector is to ensure that, where there are signs that someone has been or is being drawn into terrorism, the healthcare worker can interpret those signs correctly, is aware of the support that is available and is confident in referring the person for further support where required. Preventing someone from becoming a terrorist or supporting terrorism is substantially comparable to safeguarding in other areas, including child abuse or domestic violence.

#### **4.10 Honor- Based Violence**

Honour-based violence is a crime, and referring to the police must always be considered. It has or may have been committed when families feel that dishonour has been brought to them. Women are predominantly (but not exclusively) the victims, and the violence is often committed with a degree of collusion from family members and/or the community.

Some of these victims will contact the police or other organisations: However, many others are so isolated and controlled that they are unable to seek help.

Referrals that may indicate honour-based violence include domestic violence, concerns about forced marriage, enforced house arrest and missing persons reports. If a concern is raised through a Safeguarding Adults referral, and there is a suspicion that the adult is the victim of honour-based violence, referring to the police must always be considered as they have the necessary expertise to manage the risk

#### **4.11 Female Genital Mutilation**

Female genital mutilation (FGM) involves procedures that intentionally alter or injure female genital organs for non-medical reasons. The procedure has no health benefits for girls and women. The Female Genital Mutilation Act (FGMA) was introduced in 2003 and came into effect in March 2004. The Act makes it illegal to practise FGM in the UK or to take girls who are British nationals or permanent residents of the UK abroad for FGM whether or not it is lawful in another country. It also makes it illegal to aid, abet, counsel or procure the carrying out of FGM abroad.

Mandatory reporting exists for registered professionals, and ALL cases of confirmed FGM must be reported to the Home Office, this guidance can be accessed by clicking [here](#).

Lincolnshire procedures for information sharing in relation to Female Genital Mutilation, to view click [here](#).

Cambridgeshire & Peterborough procedures can be accessed by clicking [here](#).

#### **4.12 Forced Marriage**

Forced marriage is a term used to describe a marriage in which one or both of the parties is married without their consent or against their will. A forced marriage differs from an *arranged* marriage, in which both parties consent to the assistance of their parents or a third party in identifying a spouse.

In a situation where there is concern that an adult at risk is being forced into a marriage they do not or cannot consent to, there will be an overlap between action taken under the forced marriage provisions and the Safeguarding Adults process. In this case action will be co-ordinated with the police and other relevant organisations.

The police must always be contacted in such cases as urgent action may need to be taken.

#### **4.13 Modern Day Slavery**

Modern Day Slavery (MDS) 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.

Human trafficking involves an act of recruiting, transporting, transferring, harbouring or receiving a person through a use of force, coercion or other means, for the purpose of exploiting them.

If an identified victim of human trafficking is also an adult at risk, the response will be co-ordinated under the Safeguarding Adults process. The Police are the lead agency in managing responses to adults who are the victims of human trafficking. Staff can submit a 'soft-intelligence' form to Lincolnshire police detailing any concerns regarding Human Trafficking. This can be accessed on the staff intranet page, [here](#).

Cambridgeshire & Peterborough intelligence form can be accessed [here](#).

There is a national framework to assist in the formal identification and help to coordinate the referral of victims to appropriate services, known as the National Referral Mechanism.

#### **4.14 Abuse by another Adult at Risk**

Where the person causing the harm is also an adult at risk, the safety of the person who may have been abused is paramount. Organisations may also have responsibilities towards the person causing the harm, and certainly will have if they are both in a care setting or have contact because they attend the same place (e.g. a day centre). In this situation it is important that the needs of the adult at risk who is the alleged victim are addressed separately from the needs of the person allegedly causing harm.

#### **4.15 Self-Neglect**

This covers a wide range of behaviour including neglecting to care for one's personal hygiene, health or surroundings and behaviour such as hoarding. It should be noted that self-neglect may not prompt a Safeguarding Adult Enquiry, often referred to as 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 the adult's ability to protect themselves by controlling their own behaviour. Staff should discuss this sensitively and establish the persons wishes and feelings. A Mental Capacity Assessment must be completed. There may come a point when they are no longer able to do this, without external support.

The best practice guidance on supporting an adult at risk of self-neglect can be accessed by clicking [here](#).

## **5 Mental Capacity**

The presumption is that adults have the mental capacity to make informed choices about their own safety and how they live their lives. Issues of mental capacity and the ability to give informed consent are central to decisions and actions in Safeguarding Adults. All interventions need to take into account the ability of the adult to make informed choices about the way they want to live and the risks they want to take. This includes their ability:

- to understand the implications of their situation
- to take action themselves to prevent abuse
- to participate to the fullest extent possible in decision-making about interventions.

The Mental Capacity Act 2005( MCA) provides a statutory framework to empower and protect people who may lack capacity to make decisions for themselves and establishes a framework for making decisions on their behalf. This applies whether the decisions are life-changing events or everyday matters. All decisions taken in the Safeguarding Adults process must comply with the Act. Refer to LCHS Mental Capacity Act (2005) incorporating Deprivation of Liberty Safeguards policy and procedures, available [here](#).

## **6 Deprivation of Liberty Safeguards**

The Deprivation of Liberty Safeguards (DoLS) provide protection to people in hospitals and care homes. DoLS apply to people who have a mental disorder and who do not have mental capacity to decide whether or not they should be accommodated in the relevant care home or hospital to receive care or treatment. Refer to LCHS Mental Capacity Act (2005) incorporating Deprivation of Liberty Safeguards policy and procedures, available [here](#).

## **7 Consent**

It is always essential in safeguarding to consider whether the adult at risk is capable of giving informed consent in all aspects of their life. If they are able, their consent should be sought. This may be in relation to whether they give consent to:

- An activity that may be abusive – if consent to abuse or neglect was given under duress (e.g. as a result of exploitation, pressure, fear or intimidation), this apparent consent should be disregarded.
- The recommendations of an individual protection plan being put in place.
- A medical examination
- An interview
- Certain decisions and actions taken during the Safeguarding Adults process with the person or with people who know about their abuse and its impact on the adult at risk.

## 7.1 Over riding consent

Where a capacitous person has declined a safeguarding response, there remains a duty of care to take reasonable steps to work toward engaging the person in protection planning. This may involve seeking alternative avenues to reduce harm, for example offender disruption strategies. The nature and the degree of the risk will determine what is reasonable and must be proportionate and in keeping with Making Safeguarding Personal (MSP).

If a person refuses intervention to support them with a safeguarding concern, or requests that information about them is not shared with other safeguarding partners, their wishes should generally be respected. However, there are a number of circumstances where you as the practitioner can reasonably override such a decision, including:

- The person lacks the mental capacity to make that decision
- Other people are, or may be, at risk, including children if the information is not shared
- Sharing the information could prevent a crime
- The alleged abuser has care and support needs and may also be at risk
- A serious crime has been committed
- Staff are implicated
- The person has the mental capacity to make that decision but they may be under duress or being coerced by the alleged abuser or others
- The risk is unreasonably high and meets the criteria for a multi-agency risk assessment conference referral
- A court order or other legal authority has requested the information.

When you make a decision to share safeguarding information without a person's consent then, unless it is considered dangerous to do so, it should be explained to the adult that the information will be shared without their consent. Be open and honest with them and ensure that the reasons for sharing the information are given and recorded.

The safeguarding principle of proportionality should underpin all decisions about sharing information without consent, and decisions should be made on a case-by-case basis. All cases should be discussed with your line manager and/or the corporate safeguarding team detailed records maintained of the decisions you make.

It is important to remember that consent must be free and informed; if the individual is being controlled by another and this is guiding their decision making, this is not 'free and informed'.

Signs that a person may be being controlled or exploited include:

- A 'friend' goes with the adult to appointments.
- A 'friend' speaks on behalf of the adult, denying access to support.
- The adult reports being abused and later retracts statements.

The nature of this behaviour can be difficult to see so apply **professional curiosity**. Liaise with any other agencies that may be involved and discuss the case in supervision.

It is important to remember that the victim may not recognise the situation as abuse, there is also a risk for the professional to 'normalise' the behaviour, in the context of that individual's life. Behaviour such as inviting the perpetrator into their home and can be viewed by a professional as 'asking for trouble', and not engaging with services can be perceived as the adult 'not wanting to help themselves'.

If you suspect control and coercion this must be discussed with your manager and/or the corporate safeguarding team.

## **8 Information Sharing**

Under section 14 of the Care Act 2014 LCHS has a legal duty to share information to safeguard patients and the public.

- UK Data Protection Legislation and Human Rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately
- Be open and honest with the individual (and/or their family as appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek agreement, unless it is unsafe or inappropriate to do so.
- Seek advice from corporate safeguarding team and Information Governance Lead if you are in any doubt about sharing the information.
- Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information **without** consent if, in your judgement, there is a good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.
- Consider safety and wellbeing: base your information sharing decisions on considerations of safety and the wellbeing of the individual and others who may be affected by their actions.

The Seven Golden Rules of Information Sharing (HM Government Information Sharing 2015) are:

- Necessary
- Proportionate
- Relevant
- Adequate
- Accurate
- Timely
- Secure

Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.

Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose

## **9 Section 42 Enquiries**

When an allegation of abuse or neglect is made against Lincolnshire Community Health Services, we must ensure that the allegations are fully investigated. Wherever possible, this must include engaging with the service user and their family (as appropriate) as soon as the safeguarding concern is received. The Care Quality Commission (CQC) regulation 18 states that we must notify the CQC of any abuse or allegation of abuse in relation to a service user as soon as we are aware of the allegation.

The CQC will be notified of the outcome of the investigation as part of the process. Adult Social Care will contact the service user (and family where appropriate) as part of the quality assurance process before closure.

To ensure we comply with the requirements of the Care Act 2014 always use the following:

1. Establish the facts
2. Ascertain the service user views and wishes
3. Assess the need for protection, support and redress
4. Protect service user from abuse and neglect in accordance with their wishes, or in best interest if they lack mental capacity
5. Make decisions regarding what follow up action should be taken
6. Enable the adult to achieve resolution and recovery.

The process for a completing a Safeguarding Adult Enquiry can be found on the LCHS intranet, [here](#).

## **10 Roles and Responsibilities**

### **The Chief Executive**

The Chief Executive of Lincolnshire Community Health Services holds overarching responsibilities for ensuring that an effective and responsive process is in place for safeguarding adults. LCHS has a legal duty to ensure it has appropriate systems and processes are in place to support the implementation and monitoring of this policy.

### **The Director of Nursing and Operations**

The Director of Nursing and Operations is the lead director with responsibility for safeguarding adults. The Director of Nursing and Operations will represent the organisation as a member of the Lincolnshire/Peterborough Safeguarding Adults Board. As a member of the board, the Director of Nursing and Operations will ensure that the Board is fully aware of its safeguarding responsibilities.

### **The Safeguarding & Patient Safety Group**

The Safeguarding and Patient Safety Group is chaired by the Deputy **Director of Nursing and Operations**. This group, reports to the Quality and Risk Committee is responsible for establishing and monitoring a strategic approach and plans for Safeguarding Adults within the Trust.

### **The Head of Safeguarding**

The Head of Safeguarding has delegated responsibility to ensure that arrangements are in place to support the implementation and monitoring of this policy and to provide assurance to the Trust Board on service performance.

### **Head of Clinical Services**

The Heads of Clinical Service (HoCs) will be responsible for the implementation of the Safeguarding Adults Policy and associated procedures. They are responsible for ensuring that adequate resources are in place to facilitate the relevant support and training for their staff.

## **Line Managers**

Line Managers have a responsibility and a duty to ensure suspected or actual abuse has been reported to Lincolnshire County Council (LCC) using the reporting process outlined in this policy (Appendix 1) or in circumstances where the abused adult is in imminent danger direct to the Police.

## **All Staff**

All staff are required to fully engage with safeguarding adults and the policies and procedures in place to support this. All staff have an equal duty to report actual, or suspected abuse. Staff who are bands 2-4 should discuss their concerns with a senior colleague and/or Line Manager within the course of their working day.

## **11 Local Arrangements – Safeguarding Process**

This is described in **APPENDIX 1**

LCHS Managers must make themselves aware of the issue of safeguarding adults by familiarising themselves with the Safeguarding Adults Board: Multi-Agency Policy and Procedures for Lincolnshire/Peterborough and any other guidance including that of the Organisation.

LCHS Managers should ensure their staff are familiar with the Safeguarding Adults Board: Multi-Agency Policy and Procedures for Lincolnshire/Cambridgeshire & Peterborough and with the Organisation's safeguarding adult policy and associated procedures.

Where an adult (i.e., a person aged eighteen or above) is at risk of or is suspected of being a victim of abuse this must be reported **IMMEDIATELY**. Inexperienced staff or junior staff should inform their appropriate Line Manager or any other Senior Manager in their absence. A Safeguarding adult referral must be made and a Datix completed

The individual witnessing the abuse or their line manager must on the same day:

- **Follow the process described in Appendix 1 during working hours**
- **Contact the Emergency Duty Team Lincoln (EDT) after hours and at weekends/ bank holidays on 01522 782333**
- **Emergency Duty Team Peterborough (EDT) after hours and at weekends/ bank holidays on 01733 234724**
- Call the Police 999 or 101 and/or Ambulance Service on 999 if there is immediate danger or if a crime has been committed/ suspected
- The first concern must be to ensure the safety and well being of the individual, however, in situations where there has been, or may have been a crime and the police are called they will be responsible for the gathering of forensic and other evidence.
- The police will attend the scene, and agencies and individuals can play an important part in ensuring that evidence is not contaminated or lost
- Try not to disturb the scene, clothing or individual if at all possible

- If the allegation or disclosure concerns a possible rape or sexual assault, try to discourage the adult at risk from washing, showering or bathing, or from washing their clothes
- Secure the scene(e.g. lock the door)
- Preserve all containers, documents and locations
- If in doubt contact the police and ask for advice.

The Customer Service Centre will refer the case to the Safeguarding Adults Team where an Investigation Officer will be appointed to undertake an investigation into the alleged abuse.

LCHS staff and service users including carers could be required to participate in interviews and strategy meetings as part of the investigation process. Staff participation in the investigation process should be treated as a priority.

Records of the alleged abuse and the actions taken that should be entered in the service user's healthcare records by those staff who have been involved directly. Body Maps should be used to ensure accurate recording of any injuries or marks to the person's body.

When the investigation is completed the Safeguarding Adult's Team will share its finding with LCHS and reporter, or team or service who will act on any recommendations made.

## **12 If the alleged abuser is an employee of the organisation**

LCHS Allegations of Abuse Policy must be adhered to which stipulates that the local authority, the CQC and CCG must be informed. The policy can be accessed [here](#).

## **13 Training**

LCHS recognises that it is essential that staff are confident in their responsibilities and in their ability to apply the provisions of the Safeguarding Adult Policy.

Newly appointed staff will attend the Trust induction training. All staff working with adults, children and young people must access training in accordance with their role and responsibilities as outlined on the training matrix on LCHS intranet, this can be accessed [here](#).

The responsibility for ensuring that staff attend safeguarding adult training lies with the individual staff member and the Head of Clinical Services. The Head of Clinical Services will be responsible to ensure they monitor training attendance by their team and take appropriate action to follow up non-attendees.

All LCHS Staff have access to the training packages provided by Lincolnshire Safeguarding Boards by clicking the link [here](#).

## **14 Support for staff**

It is recognised that staff may find it difficult or stressful to be involved in adult abuse reporting or investigation.

- All staff within LCHS have access to Safeguarding supervision and support from the Corporate Safeguarding Team as required during office hours by contacting the Safeguarding Hub on 01522 308947.
- Line Managers should assess the risk of psychological trauma to the members of staff involved and offer advice and support e.g., through supervision or referral to The Bupa Healthy Minds service if appropriate
- For staff and managers experiencing Domestic Abuse they can access the 'Guidelines for Managers and Employees for staff experiencing or affect by domestic abuse' policy. Support is also available [here](#).

## **15 Support for Service Users and Carers**

Patients and or carers whose alleged abuse is being investigated may need support from the Organisation.

It will be the responsibility of supporting staff to ensure that patients and/or carers have an appropriate care plan to identify the relevant support, to ensure their needs are met. This should be done in collaboration with the investigation team and/or Safeguarding Team to ensure that that evidence is not destroyed or invalidated during the investigation process.

It is vital that the patients wishes are carried out where possible, and every effort should be made to ascertain what they want to happen. Following the safeguarding investigation it is best practice to ask the individual if they are satisfied with the outcome.

Advocacy is available to provide independent advice and support for individuals who are being/at risk of being abuse and/or neglected. Total Voice provides this service in Lincolnshire, for more information and to make a referral please click [here](#).

## **16 Governance – Reporting Arrangements and Monitoring**

On an annual basis the Head of Safeguarding will instigate an audit of Safeguarding Adult practice to include:

- Staff awareness of policies
- Staff awareness of training
- Staff awareness of their responsibilities
- Support available for staff involved in Safeguarding Adult incidents

Lessons learned from reported incidents logged (DATIX) will be reported at the Safeguarding & Patient Safety Group and the Quality and Risk Committee. Recommendations and actions will form the basis of performance improvement (Appendix 2).

Lessons learnt maybe shared with Safeguarding Adult Team, the Clinical Commissioning Group (CCG) and the Lincolnshire and/or Peterborough Safeguarding Adult Board to promote good practice across the County.

The Head of Safeguarding will monitor this policy on behalf of the organisation in relation to the effectiveness of its associated responsibilities and duties.

# Lincolnshire Safeguarding Adults Process



## Section 42 Care Act (2014)

Safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

### Six key principles underpin all adult safeguarding work

- 1. Empowerment**  
People being supported and encouraged to make their own decisions and informed consent.
- 2. Prevention**  
It is better to take action before harm occurs.
- 3. Proportionality**  
The least intrusive response appropriate to the risk presented.
- 4. Protection**  
Support and representation for those in greatest need.
- 5. Partnership**  
Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- 6. Accountability**  
Accountability and transparency in delivering safeguarding.

If you have reason to suspect an adult who meets the safeguarding duty (S42 above) **is, or is at risk of, being abused or neglected** then ask the person what they would like the outcome to be and assess their capacity to a) consent to a safeguarding referral being made and b) their understanding of the abuse / neglect and ability to protect themselves

**URGENT / EMERGENCY ACTION REQUIRED**  
Telephone 999 for emergency services police, fire & / or ambulance

Complete referral form at [www.lincolnshire.gov.uk/residents/adult-social-care/adult-safeguarding/reporting-concerns/120500.article](http://www.lincolnshire.gov.uk/residents/adult-social-care/adult-safeguarding/reporting-concerns/120500.article), email to [LHNT.Safeguarding-Adult-Enquiries@nhs.net](mailto:LHNT.Safeguarding-Adult-Enquiries@nhs.net) and upload a copy to clinical system. In urgent situations follow up with a phone call to the Local Authority (Lead Agency) via the Customer Service Centre on 01522 782155. Statutory adult safeguarding duties "apply equally to those adults with care and support needs regardless of whether those needs are being met, regardless of whether the adult lacks mental capacity or not, and regardless of setting". If criminal activity is suspected contact the police on 101 using the [NHS Public Interest Disclosure \(2010\)](#) where the adult has capacity and does not consent.

**Allegation of abuse or neglect against LCHS staff member, volunteer or student.**

Follow Trust allegations procedure in agreement with Local Authority- report outcome to Local Authority & where abuse is evidenced inform the CQC and CCG using the existing serious incident preliminary process.

**Allegation against another provider or agency –** complete a Datix (under safeguarding > adult > type of abuse) and update care plan, safeguarding screening tools & risk assessment with details. Provide support to adult and share outcome from referral including who will be contacting them to carry out enquiry & timescales agreed. Inform where advocate required (see

**Abuse or neglect by individual(s) in local community / household / relative** complete a Datix (under safeguarding > adult > type of abuse)

Agree with Local Authority who will make the enquiry, timescales & who will keep adult updated. Update care plan, safeguarding screening tool & risk assessments. Request an advocate where required (see below).

**If LCHS enquiry** use safeguarding adult enquiry form to investigate, keeping the adult & Local Authority updated. Any evidence of criminal activity contact police via 101.

**If other agency enquiry.** Ask to be kept updated and invited to and attend any safeguarding meetings.

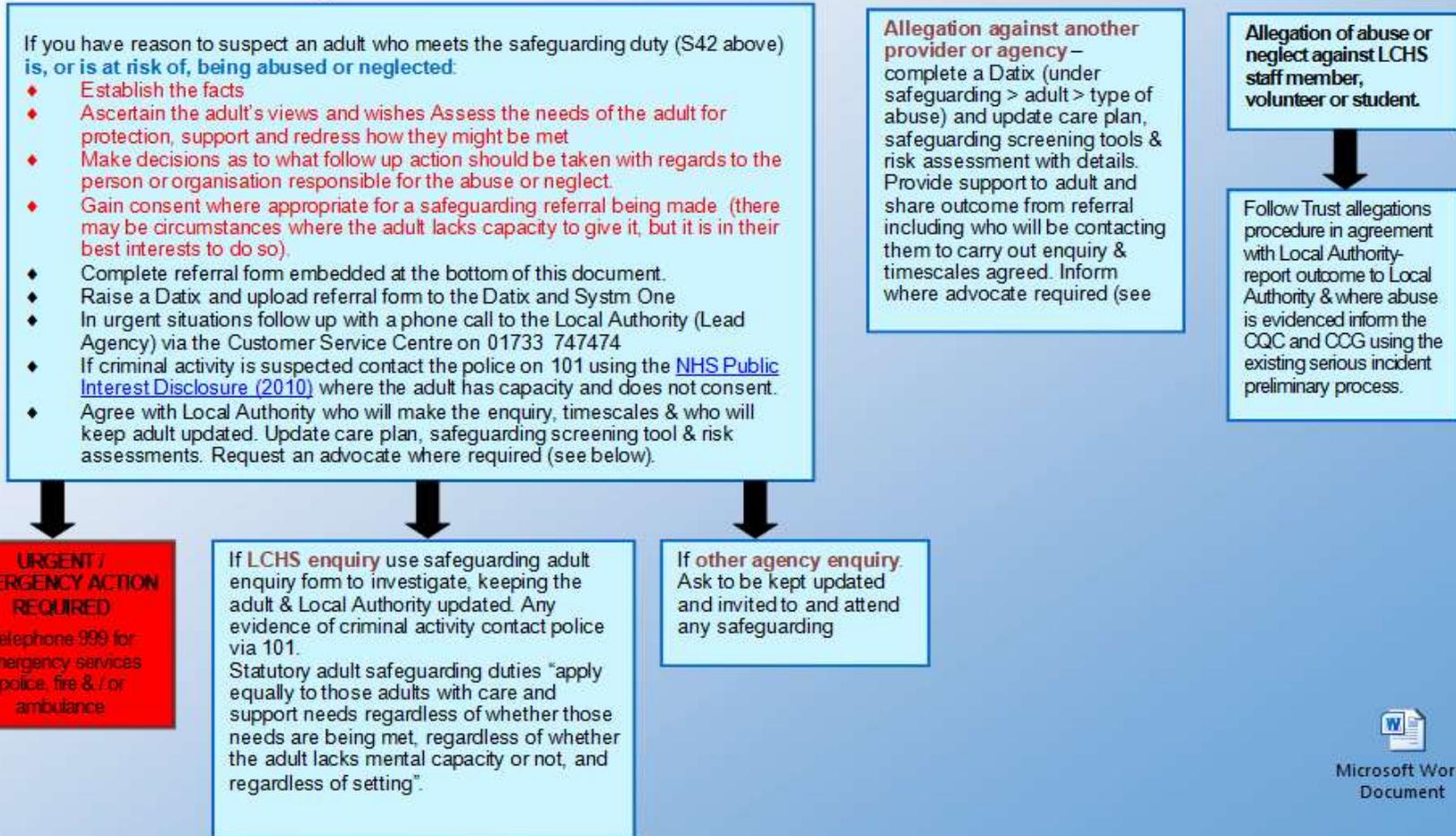
Consider domestic abuse processes, risks to children and any capacity issues – arranging referrals & best interest meetings accordingly. Contact the Trust's Corporate safeguarding team for guidance, support & escalation. The local authority must arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry where the adult has 'substantial difficulty' in being involved in the process and where there is no other suitable person to represent and support them. Trust staff are to provide factual information when required & attend safeguarding meetings to protect adults at risk.

# Peterborough Safeguarding Adults Process

## Section 42 Care Act (2014)

Safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.



Microsoft Word Document

Consider domestic abuse processes, risks to children and any mental capacity issues. Contact the Trust's Corporate safeguarding team for guidance, support & escalation.

# Lincolnshire Safeguarding Adults Policy, Procedure and Process 2017



## Appendix 4: Aide Memoire for Service Quality Concerns

If an incident does not meet the criteria for a safeguarding enquiry under Section 42 of the Care Act 2014, service quality issues must be challenged and other areas must be considered, recorded, resolved and monitored by the Provider.

Nature of the Incident: Person (s) Involved: Date: Name of person reviewing Incident:	
<u>Points for Consideration</u>	<u>Actions Taken</u>
Complete a review of the care plan for those involved	
Complete a review of the relevant risk assessments	
Address any staff professional conduct concerns	
Address any professional boundaries	
Is a care assessment required	
Analyse staff competencies	
Address any identified training needs	
Provide supervision with relevant individuals	
Is there any internal disciplinary action to be taken	
Complete a review of relevant internal process	
Complete a review of any relevant policies and procedures	
Signpost to other agencies for additional support	
Notification to other agencies for further action if applicable	
Source further guidance	

<b>Minimum requirement to be monitored</b>	<b>Process for monitoring e.g. audit</b>	<b>Responsible individuals/ Group/ Committee</b>	<b>Frequency of monitoring /audit</b>	<b>Responsible individuals / group/ committee (multidisciplinary) for review of results</b>	<b>Responsible individuals / group / committee for development of action plan</b>	<b>Responsible individuals / group / committee for monitoring of action plan</b>
Number of referrals to adult social care	Audit	Head of Safeguarding	3 monthly report	S&PSG Quality and Risk Committee Trust Board	Clinicians involved in service provision.	S&PSG, Quality & Risk Committee
Number and type of Incidents, Serious Incidents, Root Cause Analysis and Serious Case Reviews	Review at Safeguarding & Patient Safety Group (S&PSG) Quality & Risk committee and Trust Board	Head of Safeguarding	Monthly report to S&PSG	S&PSG Quality & Risk Committee and Trust Board	Head of Safeguarding	S&PSG
Safeguarding Training compliance across LCHS	Monitored through S&PSG	General Managers  Head of Clinical Services and operational Leads	Monthly Report to S&PSG	S&PSG Quality & Risk Committee and Trust Board.	General Managers  Head of Clinical Services and operational leads	

**Name of Policy/Procedure/Function\***

Safeguarding Adults Policy

**Equality Analysis Carried out by:**

**Gemma Cross**

**Date:**

**June 25<sup>th</sup> 2019**

**Equality & Human rights Lead:**

**Rachel Higgins**

**Director\General Manager:**

**Tracy Pilcher**

**\*In this template the term policy\service is used as shorthand for what needs to be analysed. Policy\Service needs to be understood broadly to embrace the full range of policies, practices, activities and decisions: essentially everything we do, whether it is formally written down or whether it is informal custom and practice. This includes existing policies and any new policies under development.**

**Section 1 – to be completed for all policies**

A.	Briefly give an outline of the key objectives of the policy; what it's intended outcome is and who the intended beneficiaries are expected to be	<ul style="list-style-type: none"> <li>• To raise the awareness that safeguarding adults is everyone's responsibility</li> <li>• To assist staff working with adults to be aware of the signs and symptoms of adult abuse and follow the procedures</li> <li>• To raise awareness of practitioners responsibility of making a referral to Local Authority Safeguarding Adults team.</li> </ul>		
B.	Does the policy have an impact on patients, carers or staff, or the wider community that we have links with? <b>Please give details</b>	Improved safeguarding knowledge and awareness of processes within LCHS and the local authority for all staff.		
C.	Is there is any evidence that the policy\service relates to an area with known inequalities? <b>Please give details</b>	No		
D.	Will/Does the implementation of the policy\service result in different impacts for protected characteristics?			
		Yes	No	
	Disability		X	
	Sexual Orientation		X	
	Sex		X	
	Gender Reassignment		X	
	Race		X	
	Marriage/Civil Partnership		X	
	Maternity/Pregnancy		X	
	Age		X	
	Religion or Belief		X	
	Carers		X	
	<b>If you have answered 'Yes' to any of the questions then you are required to carry out a full Equality Analysis which should be approved by the Equality and Human Rights Lead – please go to section 2</b>			
The above named policy has been considered and does not require a full equality analysis				
<b>Equality Analysis Carried out by:</b>		Gemma Cross		
<b>Date:</b>		June 2019		