

SAFEGUARDING ADULTS POLICY

POLICY NUMBER	CLP39
VERSION NUMBER	2
KEY CHANGES FROM PREVIOUS VERSION	3 year review – see Procedure for changes
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CONSULTATION	Safeguarding Team Mental Health and Safeguarding Sub-Committee
IMPLEMENTATION DATE	April 2017
AMENDMENT DATE(S)	November 2019
LAST REVIEW DATE	February 2020
NEXT REVIEW DATE	February 2023
APPROVAL BY MENTAL HEALTH & SAFEGUARDING SUB-COMMITTEE:	November 2019
RATIFICATION BY QUALITY COMMITTEE	February 2020
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POLICY SUMMARY
<p>This policy sets out the roles and responsibilities of Trust staff in working together with other professionals and agencies in promoting the welfare of adults and safeguarding them from abuse and neglect.</p> <p>The policy complies with the Care Act 2014, the Local Authority Safeguarding Adults Boards guidance in Bedfordshire, Southend, Essex and Thurrock, Suffolk and London and associated statutory guidance including the principles of the Safeguarding Vulnerable People in the NHS- Accountability and Assurance Framework 2015.</p>
The Trust monitors the implementation of and compliance with this policy in the following ways;
<p>Monitoring of implementation and compliance with this policy and associated procedural guideline will be undertaken by the Trust Safeguarding Group and the Mental Health and Safeguarding Sub-Committee.</p>

Services	Applicable	Comments
Trustwide	✓	

**The Director responsible for monitoring and reviewing this policy is
Executive Nurse**

SAFEGUARDING ADULTS POLICY

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SAFEGUARDING ADULTS POLICY

1.0 INTRODUCTION

- 1.1 The Trust is committed to the safeguarding adults agenda and believes that the welfare of people is a priority and at all times people using Trust services have a right to feel safe and protected from any situation or practice that results in them being harmed or at risk of harm
- 1.2 This policy sets out the arrangements and principles of safeguarding adults and the procedural guidance which accompanies this policy gives guidance to staff on what to do if concerned for the welfare and protection of a vulnerable adult.
- 1.3 This policy relates to all those Trust service users aged 18 years or over, who are experiencing abuse or at risk of abuse. As many Trust service users are parents, this policy should be read in conjunction with the Safeguarding Children Policy CLP37.
- 1.4 This policy applies to all Trust staff working in Mental Health and Community Health Services. The Trust covers several Local Authority Safeguarding Boards and this policy and procedural guidance should be read in conjunction with the Local Safeguarding Adult Board guidance that can be accessed via the safeguarding site of:
- Southend Essex & Thurrock (SET) www.essexsab.org.uk/
 SET Procedures
<http://www.escb.co.uk/media/2016/set-procedures-may-2019-final.pdf>
- Luton www.luton.gov.uk
 Central Bedfordshire www.centralbedfordshire.gov.uk/
 Bedford Borough www.bedfordborough.gov.uk
 Suffolk pandp.suffolkcc.gov.uk
 London safeguardingadultsyork.org.uk
- 1.5 All relevant Safeguarding forms and information are also available from the Trust Safeguarding site via InPut or by direct contact with the safeguarding team.
- 1.6 The procedural guidance contains a number of appendices to support this policy and procedure including, Key Contacts, Training protocol, Care Quality Commission reporting, Domestic Homicide Reviews and Safeguarding Adult Reviews

2.0 PURPOSE

- 2.1 All people accessing TRUST services have the right to:
- live a life that is free from violence, fear and abuse
 - be protected from harm and exploitation
 - Independence which may involve a degree of risk

- 2.2 The purpose of this policy is to outline the safeguarding agenda and staff responsibilities in responding to concerns regarding abuse or risk of abuse of Trust service users.
- 2.3 It is the responsibility of all Trust staff to recognise, suspected or actual abuse and to take appropriate action in line with the procedures. This includes discussing concerns with the line manager and, or the safeguarding team
- 2.4 The dignity, safety, and well-being of individuals will be a priority consideration in all activity. Support provided should be appropriate to that person's physical and mental abilities, culture, religion, gender and sexual orientation.
- 2.5 The Care Act 2014 outlines six key principles which staff must consider in all aspects of safeguarding work.

Empowerment:	Presumption of person led decisions and consent
Protection:	Support and representation for those in greatest need
Prevention:	Prevention of neglect, harm and abuse is a primary objective
Proportionality:	Least intrusive response appropriate to the risks presented
Partnership:	Local solutions through services working with communities
Accountability:	Accountability and transparency in delivering safeguarding

3.0 SCOPE

- 3.1 This policy applies to all employees (permanent, temporary or voluntary) of the Trust and those people that perform work on behalf of the Trust
- 3.2 This policy complements all professional or ethical rules, guidance and codes of professional conduct on Safeguarding Adults such as; Nursing & Midwifery, Allied Health Care Professionals Council, and General Medical Council codes of professional conduct

4.0 DEFINITION

- 4.1 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)8. It is not about holding anyone or organisation to account as other processes exist for that. 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 way that supports them in making choices and having control about how they want to live
 - Promote an approach that focuses on improving life for the adults concerned
 - Raise awareness so that communities 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 and
 - Address what has caused the abuse.

- 4.2 Safeguarding duties apply to a person over 18 years who:
- have 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, or
 - they are a carer who may be experience intentional or unintentional harm from the adult they are trying to support or from professionals and organisations they are in contact with
- 4.3 Abuse can vary from treating someone with disrespect in a way which significantly affects the person's quality of life, to causing actual physical suffering. This includes behaviour towards a person that either deliberately or unknowingly, causes people harm or endangers their life or civil rights.
- 4.4 Abuse can be passive or active; it can be an isolated incident or repeated. It may occur as a result of a failure to undertake action or appropriate care tasks. Abuse is not just about "poor care" but a failure to tackle issues of poor care could also amount to abuse.
- 4.5 Anyone can be a perpetrator of abuse. Abuse can occur in any relationship. An individual, a group or an organisation may perpetrate abuse.
- 4.6 The person who is responsible for the abuse is very often well known to the person abused and could be a paid carer or volunteer, a health worker, social care or other worker, a relative, friend or neighbour, another resident or service user or an occasional visitor or someone who is providing a service

5.0 CATEGORIES & INDICATORS

- 5.1 Indicators of abuse often include the misuse of power by one person over another. For example where one person is dependent on another for their physical care or due to power relationships in society e.g. between a professional worker and a service user, a man and a woman and a person belonging to the dominant race / culture and a person belonging to an ethnic minority.
- 5.2 There are ten categories of abuse which may occur alone or in combination they are:
- Discriminatory abuse
 - Financial abuse
 - Organisational abuse
 - Neglect
 - Physical abuse
 - Psychological abuse
 - Sexual abuse
 - Modern Slavery
 - Domestic Abuse
 - Self-Neglect.

Other types of abuse include: Sexual Exploitation, Hate Crime, Mate Crime, Cuckooing, Radicalisation, Female Genital Mutilation, Cyber Abuse, Honour Based Violence, and Forced Marriage. The procedural guidance gives details of indicators and risk factors associated with each of the above categories.

- 5.3 An individual, a group or an organisation may perpetrate abuse which can be deliberate or the result of ignorance, lack of training, knowledge or understanding.
- 5.4 The Care Act Guidance makes it clear and includes the principles of Making Safeguarding Personal (MSP) which involves asking the adult at risk what they would like to happen.

The aim of MSP is to:

- engage people throughout the process from the outset with a focus on outcomes for the Adult at Risk
- make people feel safe
- make people feel empowered and in control
- use an asset-based approach to help identify individuals strengths and networks.

Practice in relation to safeguarding adults nationally has long been criticised for being driven by policy and process rather than focused on what the adult wants and Essex is no exception to this. Embedding Making Safeguarding Personal in practice has been acknowledged nationally as a culture change, moving away from process to personalisation. Making Safeguarding Personal is an evolving process and one which will be subject to regular review across Essex to ensure safeguarding practice is focused on outcomes which have been identified by adults at risk.

6.0 MENTAL CAPACITY

- 6.1 The Mental Capacity Act 2005 provides a comprehensive framework to safeguard and empower people over 16 who are unable to make all or some decisions themselves. The Act includes a range of principles, powers and services which must be considered as a part of a safeguarding plan for a person lacking capacity who may be at risk of being abused. The main principles of the Act include:
- 6.2 Staff should consult the Trust policy and procedure for Mental Capacity for full details and adhere to the following standards in all aspects of safeguarding work.
- 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.
 - Capacity is not always fixed but can fluctuate according to different states of illness or wellness.
 - 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.

- Individuals must retain the right to make what might be seen as eccentric or unwise decisions.
- Best interests – anything done for or on behalf of people without capacity must be in their best interests.
- Least restrictive intervention – anything done for or on behalf of people without capacity should be the least restrictive.

6.3 Independent Mental Capacity Advocate

6.3.1 An Independent Mental Capacity Advocate (IMCA) is a type of statutory advocacy introduced by the Mental Capacity Act 2005 and is appointed to support a person who lacks capacity if there are no family members or relevant others to act in their best interests.

6.3.2 Where a person who lacks capacity is alleged to have been abused or to have abused another person, consideration must be given to appointment of an IMCA in line with the local Mental Capacity Act policy and the Care Act 2014.

6.4 Deprivation of Liberty Standards (DOLS)

6.4.1 The Government has added provisions to the Mental Capacity Act 2005 called the Deprivation of Liberty Safeguards. The standards do not apply to those people detained under the Mental Health Act but does apply to those people in a hospital, care home or living in their own home who have been assessed as not having capacity to make decisions regarding treatment and accommodation.

6.4.2 The safeguards focus on those people who for their own safety and in their own best interests need to be accommodated under care and treatment regimens that may have the effect of depriving them of their liberty.

6.4.3 Staff should consult and apply the standards in the Trust MCA and DoLS policy (MCP2) for **all** inpatients who lack capacity regarding their care and to contact the Supervisory Body which is the local authority from where the patient has ordinary residence for authorisation in each proposed case of deprivation of liberty

6.4.4 A safeguarding referral must be made in all cases where a person in a care home or hospital ward (who is not detained under the Mental Health Act) is deprived of their liberty and where a DoLS application has not been made

7.0 CONFIDENTIALITY & INFORMATION SHARING

7.1 Good information sharing practice is at the heart of good safeguarding practice. Information sharing is covered in legislation principally by the General Data Protection Regulation (GDPR) 2016.

- 7.2 Staff should use this policy in conjunction with the Trust Policy document for Consent and Confidentiality (CP59) the Information sharing Policy CPG9c and multi-agency information sharing agreements.
- 7.3 Staff should obtain the consent of the client for the sharing of information as part of the safeguarding investigation. Where an individual is unable to give consent staff must follow the requirements of the Mental Capacity Act 2005, and the Care Act 2014.
- 7.4 Staff cannot give assurance of confidentiality where there are concerns about abuse or the risk of significant harm particularly where other people may be at risk of significant harm.
- 7.5 Disclosure without consent may be justified where:
- Seeking consent is likely to increase risk to the adult in question or other
 - Permission has been refused but sufficient professional concern remains to justify disclosure;
 - Seeking permission is likely to impede a criminal investigation.

8.0 SAFEGUARDING LINKS WITH SERIOUS INCIDENTS, COMPLAINTS, CLAIMS, PALS and DUTY OF CANDOUR

- 8.1 All allegations of abuse will be reported to the Trust Integrated Risk Team via the Datix system. The Safeguarding Team, Risk Team and Complaints Department work closely together to ensure a consistent approach to investigations
- 8.2 Serious Incidents involving abuse of an adult may meet the criteria for reporting as Safeguarding as well as a Serious Incident. Such incidents are likely to include:-
- death or injury to a vulnerable adult where abuse or neglect is suspected to be a factor;
 - where a vulnerable adult has suffered harm as a result of staff failing to follow agreed procedures or acceptable practice;
 - Other situations may be considered including Grade3 /4 pressure ulcer that is found after admission, or any pressure ulcers developed whilst an inpatient where there are concerns regarding the care provided. Repeated falls where a care plan has not been developed. Repeated /serious medication errors
- 8.3 All Complaints or concerns expressed via PALS where there are safeguarding concerns will be sent to the Safeguarding Team for advice and support.
- 8.4 Where there is an allegation against staff the Trust Safeguarding Team and the Human Resource team will meet to decide the effective planning of an investigation. The Safeguarding team will focus on the needs of the client whilst the HR department focuses on the disciplinary process. A communication pathway will be established between the Safeguarding Team and HR department to ensure all matters are dealt with in a timely and effective manner.

The HR Department will send the results of an HR investigation to the Safeguarding team to ensure outcomes of all safeguarding issues are collected.

- 8.5 Good safeguarding practice requires openness, transparency and Trust. There is a legal ‘duty of candour’ in which staff must explain, (in person and in writing) apologise and advise people, where severe or moderate harm has occurred. Staff should refer to the Being Open and Duty of Candour policy CP36 for additional information.

9.0 REPORTING ARRANGEMENTS TO THE CARE QUALITY COMMISSION CQC

- 9.1 Safeguarding Cases are reported to the CQC either directly via the National Patient Safety Association or via the Local Authority Safeguarding Departments as outlined below.

The Trust Safeguarding Team have regular meetings with CQC to provide information and updates on safeguarding and potential safeguarding cases.

Trust Safeguarding Case	Reporting to Local Authority	Reporting to CQC
All cases occurring on Trust Property sent to Risk Team via DATIX	Trust informs LA	Trust informs NHS England who report to CQC as appropriate.
All cases of service user to service user abuse is reported to Risk Team via DATIX	All Cases sent to the LA	Trust informs NHS England who report to CQC
All allegations made against staff are reported to Risk Team via DATIX and to HR	Trust informs LA	Trust Informs NHS England who report to CQC
All other cases are sent to Risk Team via DATIX	Trust informs and send information to LA	LA send to CQC

- 9.2 The Trust Safeguarding Team will ensure that local arrangements are in place to inform the CQC and Local Authority of all relevant information on safeguarding cases in compliance with the reporting framework above.

10.0 TRAINING

- 10.1 The Local Safeguarding Adult Boards make it clear that agencies should provide training for staff and volunteers on the policy, procedures and professional practices that are in place with regard to the adult safeguarding processes.
- 10.2 The Trust Safeguarding Training Strategy (*Appendix 1*) outlines the requirement that **all** TRUST staff and volunteers must receive safeguarding training at a level dependant on their role, specialism and contact with adults. They should access training within three months of starting their post.

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- 10.3 Training can be accessed via the Trust E-Learning system, Trust training programmes, Local Safeguarding Adult Boards, and National Conferences etc.
- 10.4 The Trust training tracker identifies staff training requirements and staff are automatically booked onto the appropriate safeguarding session.
- 10.5 The Workforce Development and Training Department will report monthly on compliance levels to the Trust Executive Team and the Trust Safeguarding Group. Compliance for all Core Practice training fields is set at a minimum of 90% of the total number of staff.
- 10.6 Compliance is also reviewed each month during supervision and training needs are reviewed during supervision and appraisal

11.0 SUPERVISION

- 11.1 All clinical staff must attend supervision in accordance with the Trust Supervision for Staff Policy (HR48). Supervision regarding Safeguarding must routinely take place to ensure that a robust strategy is developed, risks are analysed, an exploration of information is considered and any actions identified are implemented.
- 11.2 It is the Line Managers responsibility to identify where additional support is necessary for staff e.g. during a Safeguarding Adult Review or Safeguarding Enquiry.
- 11.3 The Trust Safeguarding Team provides specific safeguarding supervision where required.
- 11.4 Staff can access additional support and advice via the Workforce Wellbeing (Mental Health) Policy Access to Services (HR26).

12.0 STAFF RECRUITMENT

- 12.1 The Trust is required to comply with the Disclosure and Barring Scheme which aims to ensure that unsuitable people do not work with vulnerable adults on a paid or voluntary basis. The Trust has a duty to refer to the Disclosure and Barring Service to make decisions regarding safe recruitment.
- 12.2 All Trust staff working with children and adults will undergo a DBS check. Procedures are contained within the Human Resources Policy (HRPG57). The Director of Human Resources is responsible for ensuring compliance.
- 12.3 All job descriptions for new staff contain a statement regarding staff responsibility for adhering to Trust policies on Safeguarding children and adults.

13.0 ROLES & RESPONSIBILITIES

- 13.1 **The Trust Mental Health Services** are responsible for undertaking safeguarding enquiries in accordance with Local Authority processes as outlined in more detail in the procedural guidance.

Staff in Community Health Services are responsible for contributing toward Local Authority enquiries where appropriate.

- 13.2 **The Chief Executive Officer** has overall responsibility for the safeguarding arrangements in the Trust, and for the performance of the Trust in supporting the work of the local Safeguarding Adults Boards. Representation at the Safeguarding Adults Boards may be delegated to other senior managers as required.
- 13.3 **Executive Director of Clinical Governance & Quality and Executive Nurse** is the Trust Board Executive Lead for Safeguarding Adults and Children and takes responsibility for Governance systems and the organisational focus on safeguarding.
- 13.4 **The Executive Director for Corporate Governance** has delegated authority from the Chief Executive to report directly to the Director of Social Services on matters relating to the Partnership Agreement and the delegated statutory duties of a Director of Social Services.
- 13.5 **The Safeguarding Team** has responsibility for Children and Adult Safeguarding arrangements in Trust. The team supports a network of safeguarding champions/ Link workers within teams and works closely with Partners in Local authorities and other agencies
- 13.6 The Safeguarding Team has a key role in promoting good professional practice, providing advice and expertise.
- 13.7 The Safeguarding Team supports the clinical governance role by ensuring that safeguarding issues are part of the Trust governance system.
- 13.8 The Safeguarding Team will maintain a data base of safeguarding alerts and monitor the outcomes. Activity reports will be provided for the Executive Team, Mental Health and Safeguarding Committee and the Trust Safeguarding Children & Adult Group as appropriate
- 13.9 The Safeguarding Team and relevant senior staff are responsible for representing the Trust at the meetings and working groups of the local Safeguarding Adults Boards to maintain and develop joint working arrangements and provide information to those networks in respect of services provided by the Trust.
- 13.10 **Managers** will be responsible for ensuring that staff are equipped and supported in dealing with Safeguarding concerns.
- 13.11 Managers are responsible for ensuring the quality of the clinical work and adherence to the timeframes of a safeguarding enquiry including quality checking identifying and implementing any 'lessons 'learned' from cases.
- 13.12 Managers are responsible for ensuring staff attend the correct level of Safeguarding training according to the Training Strategy.

13.13 Managers should ensure Safeguarding issues are routinely addressed during supervision and ensure that actions are carried through.

13.14 **All staff** must be aware of and follow the guidance regarding Safeguarding Adults as required by their role, and as stated in these and the Local Safeguarding Adults Boards multi agency procedures. This includes attendance at training.

13.15 Staff must adhere to the timeframes and processes for safeguarding adult enquires.

14.0 IMPLEMENTATION

14.1 The Executive Medical Director, Clinical Directors and Service Directors are responsible for implementing this policy and the associated procedural guidelines

14.2 All clinical areas will be provided with a copy of these policies. This policy and related procedural guidelines is available on the Trust Intranet site, under the policy section.

15.0 MONITORING & REVIEW

15.1 The Executive Director of Clinical Governance & Quality and Executive Nurse will be responsible for the overall monitoring and review of this policy.

15.2 An audit of key parts of this policy will be undertaken every three years with a rotating theme for example; recommendations from Safeguarding Adult Reviews and the referral process. The results will be presented to all appropriate committees for review and action.

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