

# Adult Safeguarding Policy

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### Document control sheet

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## 1. Introduction and scope of the policy

This policy should be used in conjunction with [Cornwall and Isles of Scilly Multiagency Adult Safeguarding Policy](#), [Organisational Abuse Policy](#) and [Allegation against people in a position of trust policy and procedures](#) (all available on the Local Authority Website under adult safeguarding advice for professionals).

NHS Kernow Clinical Commissioning Group (NHS Kernow) works in partnership with other agencies in Cornwall to safeguard the dignity, quality of life and safety of adults with needs for care or support in Cornwall.

This policy has been written to provide staff working for NHS Kernow with a guide to their responsibilities in the management of adults with needs for care or support. It should be read in conjunction with the Cornwall and Isles of Scilly Multiagency Adult Safeguarding Policy located on the Cornwall Council Adult Safeguarding website.

The policy applies to all staff working in NHS Kernow including those on temporary or honorary contracts, bank staff, students, and independent contractors such as GPs.

All services will be provided in a manner that respects the rights, dignity, privacy and beliefs of all individuals concerned and does not discriminate on the basis of race, culture, religion, language, gender, disability age, or sexual orientation.

## 2. Definitions and requirements

Adult safeguarding duties apply to an adult who:

- Has need for care and support (whether or not the local authority is meeting any of those needs);
- Is experiencing, or at risk, of abuse and 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 and neglect.

### **The Care Act 2014**

Abuse can consist of a single act or repeated acts over time. It may be physical, verbal or psychological. It may be an act of neglect or an omission to act, or it may occur when an adult with needs for care or support is persuaded to enter into a financial or sexual transaction to which he or she has not consented or cannot consent legally.

## 3. Who may be an abuser?

Anybody can be an abuser and abuse can occur in any setting. Often, people who abuse adults with needs for care or support are well known to the person. For example, they may be:

- A paid carer or volunteer;
- A partner, relative or friend;
- A health, social care or other worker;
- A visitor or other contact; or
- Another adult with needs for care or support.

Note: This is not an exhaustive list.

## **4. What should you do if you suspect someone is being abused?**

If you are informed or suspect that an individual is being subjected to abusive practices you have a responsibility to make sure the person is not in danger and protect them from immediate harm, this may include calling the police for immediate action.

If this person is NHS Kernow funded you must make a written record in their notes; if this person is not NHS Kernow funded or you are unable to access the relevant notes, make a record for your use, identifying what you have been told or witnessed and any immediate actions you have taken. You must include the date, time, details of any observed injuries (use of body maps to record injuries is recommended) and the setting in which the allegation has occurred.

It is important to raise an adult safeguarding alert as soon as possible after the event as possible.

It is good practice to discuss your intention to make an adult safeguarding alert with the service user involved. If they ask you to keep the information 'a secret', you must inform them that you cannot do this as it is your duty to make an adult safeguarding alert in order to keep them safe (if appropriate – and to ensure others are also safe).

If the patient does not give consent, you have a professional duty to make an adult safeguarding alert where the patient may be exposed to significant harm or where other adults with needs for care or support may be at risk.

There may be a requirement to preserve evidence if a police investigation is indicated. The police and/or the triage team will advise you of this.

If the suspected abuse involves a colleague (or a member of staff more senior to you) and you are anxious about raising this, you may find it helpful to refer to the organisation's Whistleblowing Policy and/or to consult with the adult safeguarding

leads and/or Human Resources (HR). You can also gain support from the Local Authority Triage team (0300 123 116 – select option three).

#### **4.1 Reporting suspected abuse**

If you are not sure whether you need to raise an alert you can discuss your concerns with your line manager or team leader, the adult safeguarding leads (01726 627971) or the local authority triage team (0300 123 116, option three). Employees who find they are affected by the nature of the alert are able to access support through their line manager, occupational health or HR.

All Cornwall adult safeguarding alerts must be made by completing the Multiagency Adult Safeguarding Referral form (available on the Local Authority Safeguarding Adults website or from the NHS Kernow Adult Safeguarding team), which is emailed to:

[adultSafeguardingReferrals@cornwall.gcsx.gov.uk](mailto:adultSafeguardingReferrals@cornwall.gcsx.gov.uk) (secure email address).

Isles of Scilly Adult Safeguarding alerts should be made to 01720 422148.

The decision whether the concern (alert) requires a section 42 enquiry adult safeguarding process is only made by the Adult Safeguarding Triage team and Cornwall Partnership Foundation Trust (CPFT) Adult Safeguarding team.

Alerters will be notified in writing whether the alert has been accepted into the safeguarding process. If it has not staff will be informed in writing of any other action taken.

If a need for a section 42 enquiry is identified you may be asked to be part of the information gathering process. This process will be used to inform the decision regarding whether there is a need to continue with the adult safeguarding process. After the information gathering, a proportionate decision is taken based on facts/evidence views and wishes of the adult on how the concern will be addressed.

### **5. Reporting suspected abuse that involves a member of NHS Kernow staff**

Make an adult protection alert as detailed in section 4.1.

Inform the HR department, take advice and work with HR as to whether the professional body of the alleged abuser should be informed. This decision should be taken at executive level of NHS Kernow.

The member of staff should be suspended from duty pending an investigation under the organisation's disciplinary procedure. The timing of this should form part of the strategy discussion at the earliest possible opportunity.

If you are not the staff member's line manager, ensure their line manager is informed as soon as possible.

Allegations of abuse against a person in a position of trust and concerns, whether they arise within or outside of the person's workplace, must be reported to the local authority adult safeguarding service manager using the PiPOT (people in positions of trust) referral form which is emailed to [professionals.ofinterest@nhs.net](mailto:professionals.ofinterest@nhs.net) without delay, within the timescale of one working day of identification or disclosure of the concern.

## **6. Mental Capacity Act**

The Mental Capacity Act 2005 is underpinned by a set of 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. That 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 introduces a new criminal offence of ill treatment or neglect of a person who lacks capacity. A person found guilty of such an offence may be liable to imprisonment for a term of up to five years.

Where an individual is deemed to lack capacity it is imperative that, if they do not have family or friends to act on their behalf, an independent mental capacity advocate is requested.

## **7. Self-neglect or reluctance to consent to intervention**

This section should be read in conjunction with the Multi-Agency Procedure on responding to concerns about self-neglect and rough sleeping available on the Local Authority Website under adult safeguarding advice for professionals [here](#).

It is not unusual for people to refuse a particular form of care due to lack of insight into the need for intervention. Examples may be:

- A person with dementia sends away a home care worker who is tasked to do cleaning or prepare a meal;
- A person who is incontinent but is reluctant to wear pads; or
- A person with schizophrenia refuses their depot injection.

In these situations the assessment of the person's capacity to make these decisions is key.

If the person lacks capacity to consent to an intervention, the law permits actions to be taken in their best interests. In these circumstances, skilled and sensitive responses from staff will frequently enable the task to be completed. However, a patient may have appointed a lasting power of attorney under the Mental Capacity Act. If so, this person is legally empowered to make decisions on behalf of the patient and must be consulted.

The effect of the failure to provide the particular intervention will vary with the nature of the care or treatment. Consideration must always be given to the likely effect of the failure to provide the planned care or treatment, to the person, their environment and to those around them. This will help determine the urgency of the decision-making needed regarding implementation of the care plan.

It is imperative that in circumstances where an incapacitated person is refusing or resisting care or treatment, discussions are held with senior staff to consider how to ensure the appropriate care is delivered.

If necessary these discussions should include the wider team and family/carers and be documented in the patient's record.

If a person has capacity in relation to their care and support needs, or where issues of capacity are or have been difficult to assess, a response within the adult safeguarding procedure may sometimes be appropriate.

## **8. Modern day slavery and human trafficking**

This section should be read in conjunction with NHS Kernow's response to the requirements of the Modern Slavery Act 2015 – available [here](#).

NHS Kernow has a responsibility to take a robust approach to modern day slavery and human trafficking and is absolutely committed to its prevention within all corporate activities.

Modern day slavery and human trafficking is an adult safeguarding issue and if you are suspicious that an individual could be the subject of modern day slavery and/or human trafficking, seek advice and support from your team leader/line manager and/or adult safeguarding lead and HR.

You should consider the possibility of modern day slavery and human trafficking if the person:

- Is accompanied by someone who appears controlling, who insists on giving information;
- And speaking for them;
- Is withdrawn and submissive, seems afraid to speak to anyone in authority;
- Provides vague and inconsistent explanations of where they live, employment or schooling has old or serious injuries left untreated;
- Provides vague information, is reluctant to explain how the injury occurred or reluctant to provide a medical history;
- Is not registered with a GP, nursery or school;
- Has experienced being moved locally, regionally, nationally or internationally;
- Signs of trafficking;
- Appears to be moving location frequently;
- Appearance suggests general physical neglect;
- Struggles to speak English; or
- Has no official means of identification or has suspicious looking documents.

## **9. Commissioning responsibility for adult safeguarding**

Where commissioners are made aware that a safeguarding alert has been made regarding a patient that they fund they must:

- Inform the adult safeguarding leads;
- Ensure commissioning is fully engaged in the adult safeguarding process includes participation in the strategy process and attendance at meetings;
- Review the care of a proportion of other patients being funded in the care setting;
- Record in full the nature of the alert and any action taken on the patient's records; and
- Where the alert and/or investigation indicate that there may be organisational abuse, NHS Kernow's adult safeguarding lead will participate in the strategy process and attend meetings.

## **10. Staff development**

### **10.1 Training**

NHS Kernow recognises that the provision of effective education, training and development is essential to ensure that staff are competent and confident as practitioners and in the provision of support services. Safeguarding adults' training forms part of NHS Kernow's statutory and mandatory training policy for the development of staff.

All staff are allocated a level of competence that they are required to achieve in accordance with their role and also renewal frequencies for their training. These are recorded on the Electronic Staff Record (ESR) and staff are sent email reminders via ESR when any training is due for renewal. Compliance is monitored by the line manager and HR team.

Training for safeguarding adults at level one is completed online via ESR and where there is a requirement for higher levels of competence, training is commissioned from an external preferred supplier who has been approved by safeguarding adults learning and development. Staff can also book themselves onto pre-arranged courses and these courses are shared with staff via the weekly staff bulletin.

On completion of any safeguarding training, staff records are updated on ESR and compliance levels are reported monthly within the HR dashboard.

## **10.2 Staff recruitment**

Rigorous recruitment practices will be applied for adult safeguarding in line with relevant requirements including 'safer recruitment', Care Quality Commission (CQC) standards and National Health Litigation Authority. Accordingly, the following will be completed when recruiting staff:

- Check of the relevant professional register to ensure they are currently registered, on the correct part of the register and not subject to any action by the registering body;
- Confirmation of relevant educational qualifications/competencies;
- Acquisition of at least two references satisfactory to the organisation including one from the line manager at their most recent or current employer. This must confirm whether or not they are or have been subject to any fitness to practice proceedings;
- Confirmation of career history, accounting for any gaps in employment; and
- Satisfactory Disclosure and Barring Service (DBS) check.

A further level of assurance has been introduced with the Independent Safeguarding Authority.

## **11. Framework for adult safeguarding in Cornwall**

### **11.1 Cornwall and Isles of Scilly Safeguarding Adults Board (formerly Adult Protection Committee)**

This is a strategic multi-agency group responsible for ensuring that all agencies work together to minimise the risks of abuse and to protect adults with needs for care or support when abuse has occurred. The NHS Kernow representative on this group is the Director of Nursing or her representative.

## **11.2 Safeguarding Adults Quality and Improvement sub-group**

This is a multi-agency sub-group of the Cornwall and Isles of Scilly Safeguarding Adults Board. Its role is to report on and monitor progress of embedding adult protection practice into all agencies. The group shares examples of good and poor practice and resolves practice issues as they are identified.

The NHS Kernow representative on the Quality and Improvement Group is the Adult Safeguarding Lead.

## **11.3 Safeguarding Adults Learning and Development Training sub-group**

This is a multi-agency sub-group of the Cornwall and Isles of Scilly Safeguarding Adults Board, which focuses on the development and implementation of training programme for adult protection.

The NHS Kernow representative on the Safeguarding Adults Learning and Development Training sub-group is the Adult Safeguarding Lead.

## **11.4 Safeguarding adults strategy process**

The adult protection strategy process requires that contact is made with the alerter and service providers when an alert regarding suspected abuse has been made. This may be in the form of a telephone call/conference. When contacted by telephone as part of the strategy process, you should be informed that it is part of the strategy process; however, staff should always clarify the status of telephone calls requesting patient/client information. The local authority coordinating manager/risk manager may decide that a face to face strategy meeting is necessary and they will identify who needs to attend this meeting. An outcome may be the decision to hold a case conference or it may be to take no further action and to close the adult safeguarding process

## **11.5 Multi-agency safeguarding adults case conference**

This is a multi-agency meeting where the on-going protection of an adult with needs for care or support is considered. It is usually an outcome from a strategy meeting.

The purpose is to consider the issues raised in the alert, agree on a course of action to safeguarding the individual(s) and to ensure the agreed plan is monitored and reviewed. The local authority will ensure that appropriate representation will be at the relevant meetings including the adult, where appropriate, whom the concern is about

## **11.6 Safeguarding adults review meeting**

This meeting should take place within six months of a case conference being held. It is arranged and convened by the local authority coordinating manager/risk manager. The review looks at the outcomes for the service user, revises the adult protection plan (if needed) and considers the need for further action.

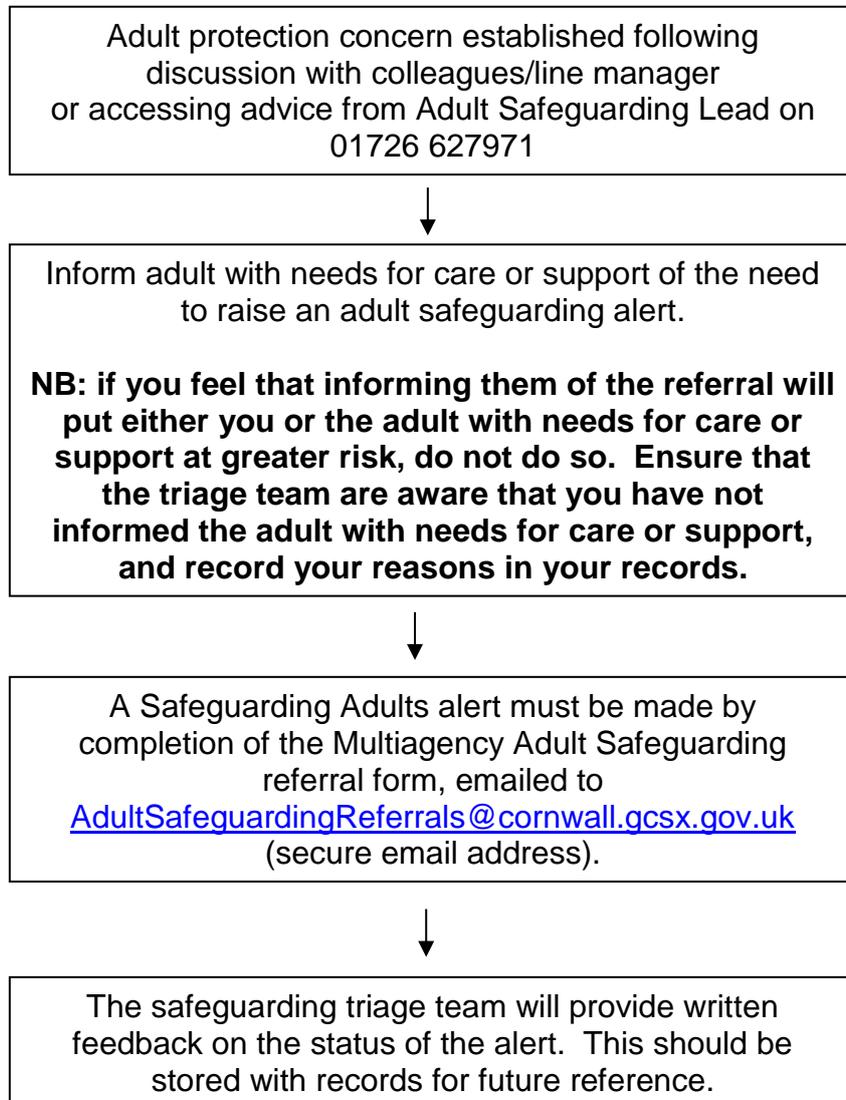
## **11.7 Organisational abuse**

A whole service enquiry is considered to be a proportionate response when there has been:

- An allegation of widespread organisational abuse;
- There has been a significant event where an adult has been seriously injured or has died and abuse and or neglect are suspected as contributing factors;
- A number of adults have been allegedly abused; and/or substantiated concerns about abuse; or
- Patterns of trends are emerging from data that suggests serious concerns about poor quality or unsafe care from a provider.

In cases of organisational abuse it is recognised best practice that commissioning and quality assurance must work in partnership with the adult safeguarding process and their functions are not carried out in isolation.

## Appendix one: How to make an adult safeguarding alert



## Appendix two: Equality Impact Assessment

Name of policy to be assessed	Adult Safeguarding Policy		
Section	Safeguarding	Date of Assessment	23/02/2018
Officer responsible for the assessment	Chris Parish	Is this a new or existing policy?	Existing
Describe the aims, objectives and purpose of the policy.			
The aim of this policy is to provide NHS Kernow staff with guidance on meeting their duty to safeguarding adults who are suffering from or maybe unable to protect themselves from abuse and neglect.			
Are there any associated objectives of the policy? Please explain.			
No			
Who is intended to benefit from this policy, and in what way?			
Adults suffering or at risk of suffering from abuse or neglect, NHS Kernow staff			
What outcomes are wanted from this policy?			
NHS Kernow staff to be empowered to safeguarding adults			
What factors/ forces could contribute/ detract from the outcomes?			
Click here to enter text.			
Who are the main stakeholders in relation to the policy?			
NHS Kernow Cornwall and Isles of Scilly Local Authority			

Who implements the policy, and who is responsible for the policy?
NHS Kernow staff implement Adult safeguarding leads responsible for policy
What is the impact on people from Black and Minority Ethnic Groups (BME) (positive or negative)?
Consider relevance to eliminating unlawful discrimination, promoting equality of opportunity and promoting good race relations between people of different racial groups. Issues to consider include people's race, colour and nationality, Gypsy, Roma, Traveller communities, employment issues relating to refugees, asylum seekers, ethnic minorities, language barriers, providing translation and interpreting services, cultural issues and customs, access to services.
Adult safeguarding procedures are applicable to all adults suffering or at risk of suffering from abuse and neglect and not able to protect themselves at that time.
How will any negative impact be mitigated?
NA
What is the differential impact for male or female people (positive or negative)?
Consider what issues there are for men and women e.g. responsibilities for dependants, issues for carers, access to training and employment issues, attitudes towards accessing healthcare.
No differential impacts
How will any negative impact be mitigated?
NA
What is the differential impact on disabled people (positive or negative)?
Consider what issues there are around each of the disabilities e.g. access to building and services, how we provide services and the way we do this, producing information in alternative formats and employment issues. Consider the requirements of the NHS Accessible Information Standard. Consider attitudinal, physical and social barriers. This can include physical disability, learning disability, people with long term conditions, communication needs arising from a disability.

No differential impacts
How will any negative impact be mitigated?
NA
What is the differential impact on sexual orientation?
Consider what issues there are for the employment process and training and differential health outcomes amongst lesbian and gay people. Also consider provision of services for e.g. older and younger people from lesbian, gay, bi-sexual. Consider heterosexual people as well as lesbian, gay and bisexual people.
No differential impact
How will any negative impact be mitigated?
NA
What is the differential impact on people of different ages (positive or negative)?
Consider what issues there are for the employment process and training. Some of our services impact on our community in relation to age e.g. how do we engage with older and younger people about access to our services? Consider safeguarding, consent and child welfare.
No differential impact
How will any negative impact be mitigated?
NA
What differential impact will there be due religion or belief (positive or negative)?
Consider what issues there are for the employment process and training. Also consider the likely impact around the way services are provided e.g. dietary issues, religious holidays, days associated with religious observance, cultural issues and customs, places to worship.
No differential impact

How will any negative impact be mitigated?
NA
What is the impact on marriage of civil partnership (positive or negative)? NB: this is particularly relevant for employment policies
This characteristic is relevant in law only to employment, however, NHS Kernow will strive to consider this characteristic in all aspects of its work. Consider what issues there may be for someone who is married or in a civil partnership. Are they likely to be different to those faced by a single person? What, if any are the likely implications for employment and does it differ according to marital status?
No impact
How will any negative be mitigated?
NA
What is the differential impact on who have gone through or are going through gender reassignment, or who identify as transgender?
Consider what issues there are for people who have been through or a going through transition from one sex to another. How is this going to affect their access to services and their treatment when receiving NHS care? What are the likely implications for employment of a transgender person? This can include issues such as privacy of data and harassment.
No impact
How will any negative impact be mitigated?
NA
What is the differential impact on people who are pregnant or breast feeding mothers, or those on maternity leave?
This characteristic applies to pregnant and breast feeding mothers with babies of up to six months, in employment and when accessing services. When developing a policy or services consider how a nursing mother will be able to nurse her baby in a particular facility and what staff may need to do to enable the baby to be nursed. Consider working arrangements, part-time working, infant caring responsibilities.
No impact

How will any negative impact be mitigated?	
NA	
Other identified groups:	
Consider carers, veterans, different socio-economic groups, people living in poverty, area inequality, income, resident status (migrants), people who are homeless, long-term unemployed, people who are geographically isolated, people who misuse drugs, those who are in stigmatised occupations, people with limited family or social networks, and other groups experiencing disadvantage and barriers to access.	
No impact	
How will any negative impact be mitigated?	
NA	
How have the Core Human Rights Values been considered in the formulation of this policy/strategy? If they haven't please reconsider the document and amend to incorporate these values. Fairness; Respect; Equality; Dignity; Autonomy	
Underpin all adult safeguarding work	
Which of the Human Rights Articles does this document impact?	
The right:	Yes / No:
To life	Yes
Not to be tortured or treated in an inhuman or degrading way	Yes
To liberty and security	Yes

To a fair trial	No
To respect for home and family life, and correspondence	Yes
To freedom of thought, conscience and religion	Yes
To freedom of expression	Yes
To freedom of assembly and association	No
To marry and found a family	Yes
Not to be discriminated against in relation to the enjoyment of any of the rights contained in the European Convention	Yes
To peaceful enjoyment of possessions	Yes
What existing evidence (either presumed or otherwise) do you have for this?	
All basic to adult safeguarding processes are underpinned in national guidance, Care act 2014 Mental capacity Act 2005. Locally evidenced in adult safeguarding minutes etc.	
How will you ensure that those responsible for implementing the Policy are aware of the Human Rights implications and equipped to deal with them?	
Through training	
Describe how the policy contributes towards eliminating discrimination, harassment and victimisation.	
All people subject to adult safeguarding processes are treated equally	
Describe how the policy contributes towards advancing equality of opportunity.	
All people subject to adult safeguarding processes are treated equally	
Describe how the policy contributes towards promoting good relations between people with protected characteristics.	
All people subject to adult safeguarding processes are treated equally	
If the differential impacts identified are positive, explain how this policy is legitimate positive action and will improve outcomes, services or the working environment for that group of people.	

NA
Explain what amendments have been made to the policy or mitigating actions have been taken, and when they were made.
NA
If the negative impacts identified have been unable to be mitigated through amendment to the policy or mitigating actions, explain what your next steps are.
NA



Signed (completing officer): .....

Date: .....23.02.2018.....

Signed (Head of Section): .....

Date: .....

Please ensure that a signed copy of this form is sent to both the Policies Officer with the policy and the Equality and Diversity lead.