

SAFEGUARDING ADULTS AT RISK POLICY

To be read in conjunction with the Safeguarding Children Policy, Domestic Abuse Policy, Managing Allegations Against Staff Policy and the Staff/Patient Relationships and the Prevention of Abuse Policy

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DOCUMENT CONTROL

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<p>Policy Statement: This policy fully supports and reflects the core principles and content contained within the Care Act 2014, the associated Care and Support Statutory Guidance DH (March 2016) and the Somerset Joint Safeguarding Adults Multi- Agency Policy (2016). Follow this link on Somerset Safeguarding Adults Board (ssab.safeguardingsomerset.org.uk) to access this policy: Joint Safeguarding Adults Policy.pdf</p> <p>Somerset Partnership NHS Foundation Trust shares the commitment of partner agencies to Safeguard Adults at Risk by:</p> <ul style="list-style-type: none"> • respecting and upholding their human rights; • always giving full consideration to their needs, interests and wishes; • working together to reduce the likelihood of abuse or neglect of adults at risk; • co-operating in the provision of a professional response 			
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1. INTRODUCTION

- 1.1 Safeguarding means protecting a people'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 adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action (Care and Support Statutory Guidance DoH March 2016).
- 1.2 Organisations should always promote the adult's wellbeing in their safeguarding arrangements. People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved. Professionals and other staff should not be advocating "safety" measures that do not take account of individual well-being (14.8). 'Well-being' is defined in Section 1 of the Care Act (2014) as follows:
- 1.3 "Well-being", in relation to an individual, means that individual's well-being so far as relating to any of the following:
- personal dignity (including treatment of the individual with respect);
 - physical and mental health and emotional well-being;
 - protection from abuse and neglect;
 - control by the individual over day-to-day life (including over care and support, or support, provided to the individual and the way in which it is provided);
 - participation in work, education, training or recreation;
 - social and economic well-being;
 - domestic, family and personal relationships;
 - suitability of living accommodation;
 - the individual's contribution to society.
- 1.4 The response to safeguarding concerns must be personal to the individual. Making safeguarding personal means it should be person-led and outcome-focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.
- 1.5 **Care Act 2014**
The Care Act 2014 received Royal Assent on 14th May 2014 and came into force from 1st April 2015. The Act sets out the local authority's responsibility for protecting adults with care and support needs from abuse or neglect, for the first time in primary legislation. The Care and Support Statutory Guidance(revised March 2016) Chapter 14 "Safeguarding" replaces the previous statutory guidance relating to adult safeguarding ("No Secrets"

Department of Health 2000). The Care Act 2014 is vital to ensure clear accountability, roles and responsibilities for helping and protecting adults with care and support needs who are experiencing, or at risk of, abuse or neglect as a result of those needs. Local authorities are given a lead role in coordinating local safeguarding activity.

1.6 The Act sets out a clear legal framework for how local authorities and other parts of the system (including health providers) should protect adults at risk of abuse or neglect. The Local Authorities new safeguarding duties mean that they must:

- **lead a multi-agency local adult safeguarding system** that seeks to prevent abuse and neglect and stop it quickly when it happens;
- **make enquiries, or request others to make them**, when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed;
- **establish Safeguarding Adults Boards**, including the local authority, NHS and police, which will develop, share and implement a joint safeguarding strategy;
- **carry out Safeguarding Adults Reviews** when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them;
- **arrange for an independent advocate** to represent and support a person who is the subject of a safeguarding enquiry or review, if required.

1.7 The following six key principles, as set out in many national Safeguarding Adults documents - most recently the Care and Support Statutory Guidance (2014), must underpin all adult safeguarding work:

Empowerment – People being supported and encouraged to make their own decisions and informed consent.

“I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”

Prevention – It is better to take action before harm occurs.

“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”

Proportionality – The least intrusive response appropriate to the risk presented.

“I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”

Protection – Support and representation for those in greatest need.

“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”

Partnership – Local solutions through services working with their communities.

Communities have a part to play in preventing, detecting and reporting neglect and abuse.

“I know that staff treats any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”

Accountability – Accountability and transparency in delivering safeguarding.
“I understand the role of everyone involved in my life and so do they.”

1.8 **Somerset Partnership NHS Foundation Trust Duties and responsibilities:**

- we must co-operate with the local authority, in the exercise of their functions relevant to care and support including those to protect adults;
- we must have mechanisms in place that enable early identification and assessment of risk through timely information sharing and targeted multiagency intervention;
- when an employer is aware of abuse or neglect in their organisation, then they are under a duty to correct this and protect the adult from harm as soon as possible and inform the local authority, CQC and CCG;
- the employer should make enquiries following a concern being raised (and provide any additional support that the adult may need) unless there is compelling reason why it is inappropriate or unsafe to do this.

2. **PURPOSE / SCOPE**

2.1 This policy:

- ensures all Trust staff are provided with clarity regarding their duties and responsibilities to safeguard adults at risk;
- provides detailed guidance on the process for both the identification and the reporting of adults at risk of abuse concerns. The ultimate aim is to provide the safest possible care for adults at risk of abuse through consistent application by all staff of the principles within this document;
- reinforces the importance of inter-agency working with the aim of achieving the best possible outcomes for those who we are aiming to protect from risk of abuse;
- and procedures also aim to make sure that each adult at risk maintains:
 - choice and control;
 - safety;
 - health;
 - quality of life;
 - dignity and respect.

2.2 Practice Guidance and Safeguarding information referred to in this Policy is available on the Trust Safeguarding Adults intranet pages. All relevant

reporting and recording forms are available within the Forms Section under Safeguarding.

3. TERMINOLOGY

3.1 Who does Safeguarding apply to?

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) 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
- (Care and Support Statutory Guidance DoH March 2016)

3.2 An adult at risk may be a person who:

- is frail due to ill health, physical disability or cognitive impairment*;
- 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 limited in their capacity to make decisions and is in need of care and support.

This list is not exhaustive

***Please note:**

This does not mean that just because a person is frail or has a disability they are inevitably 'at risk'. For example, a person with a disability who has mental capacity to make decisions about their own safety could 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 to protect themselves from abuse, neglect and exploitation. It is important to note that people with capacity can also be vulnerable.

- 3.3 An adult at risk's **vulnerability is influenced** by a range of interconnected factors including personal / protected characteristics (ie. age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity, Equality Act 2010) characteristics, factors associated with their situation or environment and social factors. Cultural factors such as ethnicity, discrimination and religion are also factors that can both increase an individual's vulnerability and the potential risk of abuse. Safeguarding an adult at risk and positive interventions by staff can have a positive impact on outcomes. The role of the Trusts

Safeguarding Team is to complement and advise the work of others to positively impact on those factors that staff have an opportunity to influence. Some of these are described below;

3.4 Vulnerability Influences

Negative Influences	Positive Influences
Personal or social factors increasing vulnerability	Personal or social factors decreasing vulnerability
Limited mental capacity to make decisions about their own safety including fluctuating mental capacity associated with mental illness	Having mental capacity to make decisions about their own safety
Poor physical or mental health	Good physical and mental health
Communication difficulties	Able to communicate effectively using aids if required
Being dependent on others for basic personal care and activities of daily life	Limited dependency upon others or able to self-direct care as needed
Low self-esteem	Self-confidence and high self- esteem
Experience of abuse as a child or in adult life	Positive life experiences
Social isolation, limited range of positive relationships	Socially engaged, several positive relationships
Limited understanding of own rights	Good understanding of own rights

3.5 An **Adult at Risk** may also abuse a carer, abuse other vulnerable people, neglect him or herself or deliberately harm themselves / self-harm in response to the situation they find themselves in. Self harm should be considered alongside all the other factors / information you have about a persons situation before a safeguarding referral is deemed applicable.

4. CATEGORIES OF ABUSE

This is not intended to be an exhaustive list but an illustrative guide as to the sort of behaviour which could give rise to a safeguarding concern, as set out in the Care and Support Statutory Guidance document (DoH 2016).

4.1 **Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication restraint or inappropriate physical sanctions.

4.2 **Domestic abuse** – HM Government definition of domestic abuse (March 2013) which is: “Any incident or pattern of incidents of controlling, coercive or 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

- physical
- sexual
- financial
- emotional

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.”

This definition includes so called ‘honour’ based violence, female genital mutilation (FGM) and forced marriage (see 4.14 and 4.15 for further information), and is clear that victims are not confined to one gender or ethnic group.

The Serious Crime Act 2015 creates a new offence of controlling or coercive behaviour in intimate or familial relationships (section 76). The offence carries a maximum sentence of 5 years’ imprisonment, a fine or both.

The Adoption and Children Act 2002 extended the definition of significant harm to include ‘impairment suffered from seeing or hearing the ill-treatment of another’. This recognises the fact that witnessing domestic violence can have serious implications for children’s development. Therefore, staff must consider the wider impact of domestic abuse within a family setting and refer accordingly.

- 4.3 **Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

Sexual exploitation involves exploitative situations and relationships where people receive ‘something’ (e.g. accommodation, alcohol, affection, money) as a result of them performing, or others performing on them, sexual activities. Key features include coercion and control, disclosures and retractions.

- 4.4 **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

- 4.5 **Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

- 4.6 **Modern slavery** - 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.
- 4.7 **Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
- 4.8 **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.
- 4.9 **Neglect and acts of omission** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating
- 4.10 **Self-neglect** – this covers a wide range of behaviour, neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.
- 4.11 Further information regarding types of abuse and possible indicators can be found using the following link:
<http://www.scie.org.uk/publications/ata glance/69-adults-safeguarding-types-and-indicators-of-abuse.asp>
- 4.12 Staff can also find further information available on the Trust Intranet or by contacting a member of the adult safeguarding team (contact details available on the Trust Intranet).
- 4.13 **Hate Crime**
- A hate crime is any criminal offence that is motivated by hostility or prejudice based upon the victim's:
- disability
 - race
 - religion or belief
 - sexual orientation
 - transgender identity.
- Hate crime can take many forms including:
- physical attacks such as physical assault, damage to property, offensive
 - graffiti and arson
 - threat of attack including offensive letters, e-mails, abusive or obscene

- telephone calls, groups hanging around to intimidate and unfounded,
- malicious complaints
- verbal abuse, insults or harassment, taunting, offensive leaflets and
- posters, abusive gestures, dumping of rubbish outside homes or through
- letterboxes, and bullying at school or in the workplace.
- The use of electronic media to abuse, insult, taunt or harass.

If the adult meets the criteria set out in 3.1 of this policy, then any safeguarding concern that is also a hate crime should also be reported to the local Police.

4.14 **Forced marriage**

Forced marriage is a term used to describe a marriage in which one or both of the parties are 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.

This scenario must always be discussed with the Sompar Safeguarding service. The police must also always be contacted in such cases as urgent action may need to be taken.

4.15 **Female Genital Mutilation (FGM)**

FGM is a procedure where the female genital organs are injured or changed and there is no medical reason for this. It is frequently a very traumatic and violent act for the victim and can cause harm in many ways. The practice can cause severe pain and there may be immediate and/or long-term health consequences, including mental health problems, difficulties in childbirth, causing danger to the child and mother, and/or death.

FGM is a criminal offence – it is child abuse and a form of violence against women and girls and should be treated as such. It is illegal in England and Wales under the Female Genital Mutilation Act 2003. As amended by the Serious Crime Act 2015, the Female Genital Mutilation Act 2003 now includes:

- An offence of failing to protect a girl from the risk of FGM
- Extra-territorial jurisdiction over offences of FGM committed abroad by UK
- nationals and those habitually (as well as permanently) resident in the UK
- Lifelong anonymity for victims of FGM
- FGM Protection Orders which can be used to protect girls at risk, and

- A mandatory reporting duty which requires specified professionals to report known cases of FGM in under 18s to the police.

All cases of identified FGM should be reported to the Sompar Safeguarding service who will provide advice, guidance and signposting to relevant specific support agencies. This information will also need to be reported to the police.

4.16 **PREVENT – Preventing radicalisation to extremism**

The Prevent strategy forms part of the UK's [Counter Terrorism and Security Act \(2015\)](#). The Government's revised *Prevent* strategy was launched in June 2011 with its key objectives being to challenge the ideology that supports terrorism and those who promote it, *Prevent* people from being drawn into terrorism, and work with 'specified authorities' where there may be risks of radicalisation.

The scope of the *Prevent* Duty covers terrorism and terrorist related activities, including domestic extremism and non-violent extremism. The aim is to work with partner agencies, primarily the police, to divert people away from what could be considered to be linked to terrorist activity.

Prevent defines extremism as: “*vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces*”

Radicalisation is defined by the UK Government within this context as “*the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.*”

Channel is a multi-agency programme which provides support to individuals who are at risk of being drawn into terrorism. Channel provides a mechanism at an early stage, for assessing and supporting people who may be targeted / or radicalised by violent extremists. Sompar Safeguarding Service ensures appropriate staff representation at Channel Panel case meetings and the Safeguarding Adults Lead is the Prevent Lead for the Trust.

Information on the Prevent Referral process with Sompar can be found on the Trust Intranet Safeguarding Adults pages. All Prevent related issues should be discussed with a member of the Sompar safeguarding Adults service via the SPOC Tel: 03003230035 or email: safeguardingadultsteam@sompar.nhs.uk

5. **DUTIES AND RESPONSIBILITIES**

5.1 **The Trust Board** has ultimate responsibility for:

- all aspects of the safeguarding of adults at risk within the Trust.
- the allocation of resources to ensure compliance with this policy.
- ensuring managers and staff are aware of their responsibilities and implement this policy.

5.2 **The Director of Nursing and Patient Safety** is the Executive Lead for Safeguarding Adults within the Trust.

- the Trust Board is advised of the effectiveness of this policy via the Safeguarding Steering Group
 - the Trust is represented on the Multi Agency Safeguarding Adults Board and in Safeguarding Adults Reviews (SARs – previously known as Serious Case Reviews SCRs)
 - the Trust is represented in sub groups of the Multi-Agency Safeguarding Adults Board
 - a Somerset Partnership NHS Foundation Trust strategy for the management of adults at risk of harm or abuse is in place that conforms to legislation, national policy and guidance
- 5.3 The Trust has a **Non-Executive Director** for Safeguarding who has an open invitation to attend the Trust Safeguarding Steering Group.
- 5.4 The **Head of Safeguarding** is responsible for reviewing this policy at least every two years or more frequently if there are changes in legislation.
- attending and contributing to County wide Multi Agency Safeguarding Adults board meetings and Trust Adults at Risk Working Group;
 - work in partnership with the Safeguarding Adults Lead in devising the audit programme each year;
 - leading internal investigations and reviewing SARs internally and externally to the organisation for recommendations and organisational learning;
 - Ensuring monitoring information and an annual report is provided to the board of directors;
 - In relation to managing allegations against staff will liaise with the Head of Safeguarding who will work in partnership with the SCC DASM (adult related concerns) and Local Authority Designated Officer (LADO) (child related concerns).
- 5.5 The **Heads of Division** are members of the Trust Safeguarding Steering Group and within their role ensure that operational staff incorporates Safeguarding Policies and Procedures within their practice.
- 5.6 The **Safeguarding Adults Lead** is the operational lead for adult safeguarding within the Trust and will support the Safeguarding Adults team in providing a Trust wide overview of all adult safeguarding matters.

The Safeguarding Adults Lead is responsible for:

- assisting the Trust in meeting its statutory duties and responsibilities relating to adult safeguarding;
- working closely with the Named Nurse for Safeguarding Children to ensure that a 'Think Family' approach is embedded within Trust policies and practice;
- interpreting national and local policy and best practice and advise the Trust accordingly;

- contributing to the strategic planning of the Trust safeguarding arrangements;
- for the delivery of the adult safeguarding strategic action plan, which will be regularly updated to comply with national and local strategies and policies;
- ensuring the Trust can provide rigorous evidence that demonstrates compliance with CQC standards;
- attending the Somerset Safeguarding Adults Board sub group meetings as required;
- leading on provision of information, training and policy;
- auditing compliance of the Safeguarding Adults policy;
- attending the Safeguarding Steering Group;
- working in partnership with the Trust Head of Safeguarding in devising the audit programme each year and then take the lead in conducting the planned audits;
- oversee the investigating and response to Serious Incidents that relate to safeguarding, ensuring timescales are met and learning is cascaded.
- leading and coordinating safeguarding case management and internal Management Reviews;
- provide individual or group supervision if requested by service managers (Supervision should be service led in the first instance).

5.7 The **Safeguarding Team** provides a single point of contact for staff requiring safeguarding adult's advice and guidance. They will ensure operational managers:

- undertake additional training to assist them in their role to support local staff;
- ensure their staff apply the Safeguarding Adults policy and procedures;
- ensure that all members of staff within their department / ward are aware of their individual responsibilities towards their patients and are aware of what to do if they suspect a patient within their care is a victim of abuse;
- ensure that all staff in their area of responsibility attend mandatory training to ensure that all staff are aware of the policy, and updates for staff;
- contact police in cases where a criminal activity is suspected;
- ensure their staff report any incident relating to the abuse of adults at risk and are provided with guidance and support;
- monitor reported cases and ensure the management of it remains person centred;
- ensure their staff co-operate with and assist inter-agency communication whilst recognising their duty of confidentiality;

- provide health information to inform Somerset County Council's S42 enquiry decision making and ensure appropriate attendance at multi-agency safeguarding adults at risk case conferences.

Please see Safeguarding intranet pages for up to date contact numbers.

Non-urgent enquiries only should be made via **SPOC Tel: 03003230035 / email: safeguardingadultsteam@sompar.nhs.uk**

5.8 The **Trust Safeguarding Steering Group** undertakes a strategic and development role across the Trust and report to the Clinical Governance Group and Trust Board. Representatives from key divisions / departments are represented on this steering group. The group will:

- ensure the organisation works within the Somerset Safeguarding Adults Board framework for adults at risk of abuse and neglect;
- ensure that a 'Think Family' approach is embedded within all safeguarding policies and practice;
- implement, scrutinise and maintain systems and procedures for safeguarding adults at risk. Assess the effectiveness of those systems and procedures and to seek their continuous improvement;
- monitor the performance of the Trust to ensure that the necessary governance processes are in place to provide assurance to the Trust Board;
- lead the development of local policy and to ensure representation from the Trust on committees in relation to Safeguarding Adults at Risk;
- Lead the implementation of this policy and the Somerset Safeguarding Adults Policy within the Trust;
- Lead the development of training on this policy within the Trust, ensuring that the training emphasises legislative requirements, and that it is developed in partnership with the core lead members represented on the above committee;
- Ensure appropriate response to Safeguarding Adults Reviews;
- Review all adult safeguarding related matters and take appropriate action as necessary;

5.9 **All Trust staff** must ensure:

- that they act professionally in accordance with their specific codes of conduct and in confidence when concerns are raised regarding individuals who are recognised as adults at risk and where there is evidence of potential abuse (in line with their duty of care);
- they have a high level of awareness, understanding the implications of identifying people at risk, how to manage each case individually and professionally, seeking appropriate levels of consent and respecting the person's confidentiality and dignity when managing cases of concern;
- that they ensure their practice reflects a 'Think Family' approach and considers adults and children;

- they follow the Trust procedure (as set out in this document and available on the Trust Intranet) when reporting any concern;
- they are aware of the safeguarding adults referral pathway and understand their role within it;
- when a referral is made that requires police involvement they ensure that the actions they take do not compromise the police investigation and any potential evidence is preserved;
- they have a duty to ensure that all safeguarding concerns are acted upon. Therefore, staff must follow up any concern raised and gain assurance that action has been taken to ensure the safety and welfare of the adult at risk;
- they seek support through their line management when there are difficulties with a case or they need to seek advice in the management of a case;
- they inform their line managers when they feel they do not have the necessary skills to identify potential abuse and the reporting mechanisms so that appropriate training and support can be offered;
- They take every opportunity to update their knowledge and understanding in relation to Safeguarding Adults through completion of training available at appropriate level as identified in the Safeguarding training strategy;
- all staff must work within the Somerset Information Sharing Protocol, available via the safeguarding intranet pages.

5.10 It should be noted personal information relating to and held by Trust staff is subject to a duty of confidentiality and would not normally be disclosed without consent. However, the Data Protection Act allows for disclosure of confidential information when it is deemed necessary to safeguard the welfare of children, adults at risk and the general public. Please see the Somerset CCG [Information Sharing Protocol](#) for further information and guidance

5.11 If staff have concerns or doubts about sharing information with any key partner agency, they should discuss this with a member of the Trust's Safeguarding Team and / or the Information Governance Manager based at Mallard Court (01278 432000).

6. REFERRAL PATHWAY FOR SAFEGUARDING ADULTS AT RISK- see Trust Safeguarding Adults intranet page for up to date version

6.1 Prior to referrals being made, it is an expectation that staff will seek advice and guidance from their line manager and / or the Trust safeguarding team and that immediate action to mitigate immediate risk / safeguard people is taken, considering adults and children within families.

6.2 Raising a safeguarding adult concern

If abuse / harm is suspected the member of staff should identify, assess and report:

- **IDENTIFY:** If abuse of an adult at risk is suspected, advice should be sought from your line manager, senior member of staff or the Trusts Safeguarding Adults team. The aim is to identify individuals who are at risk of harm by an individual(s) and who are unable to protect themselves from harm.
- **ASSESS:** An immediate assessment of the individual's safety should be made. This should include a risk assessment of the situation to ensure the immediate safety / protection of the individual.
- **REPORT:**
 - A safeguarding concern should be reported via an electronic referral following the Sompar Safeguarding Adults Referral pathway available on the Safeguarding pages of the Trust intranet.
 - If an urgent safeguarding referral is needed as it is felt that SCC Safeguarding intervention is required the same day then a telephone referral may be completed (via Somerset Direct Tel: **0300 123 2224**) with the electronic referral being completed within 24 hours.
 - Staff must update RiO risk alert, risk screening and risk information with identified risk and immediate action taken
 - RiO progress note entry must be completed outlining action taken and listing specifically what information has been shared and with whom.

6.3 Police Involvement

Abuse is unacceptable and some abuse is a criminal offence and must be reported to the police as soon as possible either directly or through a senior staff member. If a perpetrator is identified then all serious / violent crimes should be reported to the police. If you staff are unsure what to do with a disclosure of recent / historical violent / serious crime then a discussion should be had with their line manager and the Sompar Safeguarding Adults Team.

IMMEDIATE RISK: If there is an immediate risk of harm to the adult at risk / staff or public call 999 for urgent police assistance.

NON-URGENT POLICE ADVICE: email Sompar Safeguarding Adults team who will liaise with the Police Safeguarding Coordination Unit for advice or guidance on potential criminal activity / offences or public risk.

If a criminal act is suspected then care must be taken not to contaminate potential evidence. Ensure police involvement is recorded within a DATIX report (as an exceptional Datix reportable event).

7. SAFEGUARDING ADULTS PRACTICE GUIDANCE

- 7.1 The Somerset Joint Safeguarding Adults Policy sets out the process for the investigation and monitoring for safeguarding adults at risk. Follow the link to the [Joint Safeguarding Adults Policy](#)
- 7.2 The Safeguarding Adult pages of the Trust intranet provide additional guidance for all Trust staff, including the most up to date Referral Pathway.

7.3 Following changes introduced in the Care Act 2014 and as set out in Section 14.63 of the Care and Support Statutory Guidance (2014):

“Local authorities must make enquiries, **or cause others to do so**, if they reasonably suspect an adult who is, or is at risk of, being abused or neglected”.

These enquiries are made under Section 42 of the Care Act 2014. Further information of what these Section 42 enquiries encompass can be found in the Care and Support Statutory Guidance (2014) document (Chapter 14 Safeguarding). Follow this link to the [Department of Health Care Act 2014: statutory guidance](#). The Statutory Guidance also states at section 14.69:

“Whilst work with the adult may frequently require the input of a social worker, other aspects of enquiries may be best undertaken by others with more appropriate skills and knowledge. For example, health professionals should undertake enquiries and treatment plans relating to medicines management or pressure sores”.

Staff, at times, will be asked by the local authority to carry out an enquiry on their behalf. Further information about this process is available via the Somerset Safeguarding Adults Board website and on the Trust intranet pages. The Trust Safeguarding Adults service will provide advice and guidance for Trust staff tasked with s42 enquiry work.

7.4 **Think Child, Think Parent, Think Family**

It is essential that all staff ensure that they adopt a ‘Think Family’ approach to all their work, particularly when there are safeguarding people concerns. The Trust’s Integrated Safeguarding Team on 0300 323 0035 will provide advice and support on all aspects of safeguarding adults and children.

Out of office hours safeguarding people concerns can be discussed with the Somerset County Council Emergency Duty Team (EDT) on 01458 253241.

7.5 **Mental Health Act and Safeguarding**

Where a patient is subject to the Mental Health Act 1983 (as amended in 2007) then all aspects of the care and treatment required for their mental disorder will be coordinated by their responsible clinician. The responsible clinician will, therefore, have a significant role to play in any safeguarding process. The safeguarding team and care coordinators will work closely with responsible clinicians to ensure that responsible clinicians are aware of any safeguarding concerns, and can take them into account when exercising their powers under The Mental Health Act (i.e. when making decisions about granting leave and imposing conditions on the leave). For further advice and guidance staff should contact the Mental Health Act Coordination Lead for the Trust or the Safeguarding Team. Up to date safeguarding team contact details can be found on the Safeguarding intranet pages.

7.6 **Mental Capacity and Safeguarding.**

Care and Support Statutory Guidance 2014 Section 14.47 states that mental capacity is frequently raised in relation to adult safeguarding. The requirement

to apply the MCA in adult safeguarding enquiries challenges many professionals and requires utmost care, particularly where it appears an adult has capacity for making specific decisions that nevertheless places them at risk of being abused or neglected.

The Somerset Joint Safeguarding Policy explains the links between Mental Capacity and Safeguarding. All staff need to consider a patient's mental capacity in terms of the Mental Capacity Act and undertake capacity and best interest assessments where appropriate. Safeguarding procedures are not required unless the needs identified in a mental capacity or best interest assessment suggests that the adult is at risk.

Staff should also be alert to the potential abuse of an adult at risk by an attorney or deputy. If staff have concerns about the actions of an attorney acting under a registered Enduring Power of Attorney (EPA) or Lasting Power of Attorney (LPA), or a Deputy appointed by the Court of Protection, they should contact a member of the safeguarding team.

For further advice and guidance staff should contact in the first instance the Mental Health Act Coordination Lead for the Trust. The Safeguarding Adults Team are another source of information. Up to date safeguarding team contact details can be found on the Safeguarding intranet pages.

7.7 Deprivation of Liberty Safeguards (DoLS) and Safeguarding

The Joint Safeguarding Adults policy explains the links between DoLS and safeguarding. All staff need to consider whether DoLS applies to patients with whom they are working. DoLS applies when a patient has a mental disorder, is 18 years or over and does not have the capacity to make decisions. A deprivation of liberty is currently defined as the state of being under continuous supervision and control and not being free to leave the environment in which they are being cared for. If those conditions apply to someone in a hospital or a care home then it may be possible to authorise the deprivation of liberty via: the DoLS process, The Mental Health Act (in hospitals only) or an order from the Court of Protection. See the Trust's DoLS policy for more details.

It is possible for a deprivation of liberty to occur in a domestic setting, where neither the DoLS nor The Mental Health Act may apply. It may be necessary to bring these situations before the Court. For further advice and guidance staff should contact the Mental Health Act Coordination Lead for the Trust or the Safeguarding Team. Up to date safeguarding team contact details can be found on the Safeguarding intranet pages.

7.8 Domestic Abuse and Safeguarding

The Joint Safeguarding Adults Policy explains the links between domestic abuse and safeguarding. The Multi-Agency Risk Assessment Conferences (MARAC's) explained in the Joint Safeguarding Adults policy are an important part of the Trust's work. The Trust has a Domestic Abuse Policy available on the Trust's safeguarding pages. All staff have a duty to ensure the safety of anyone suspected of experiencing domestic abuse. All staff must ensure that they undertake specific risk assessments and make appropriate referrals as specified within the Domestic Abuse Policy. Further information, risk

assessments and referral details are available on the Trust safeguarding intranet pages. For further advice and guidance staff should contact the Safeguarding Team.

7.9 **Multi-Agency Public Protection Arrangements (MAPPA) and Safeguarding**

MAPPA is designed to ensure that there is a co-ordinated approach to the management of dangerous offenders and sexual offence offenders. The safeguarding intranet pages contain information and guidance for staff regarding the management of offenders. For further advice and guidance staff should refer to the Trust MAPPA policy and contact the Safeguarding Team.

7.10 **Whole Service Concerns**

Relate to care settings where there are safeguarding concerns for more than one individual. The Trusts Safeguarding Team are represented at regular inter-agency meetings where whole service concerns are discussed and a 'Special Placements List' is updated. This is available to operational managers when considering placements. Whole Service Concerns are managed by Somerset County Council Safeguarding Team colleagues. For Whole Service Concerns please contact the Safeguarding Adults Lead.

8. RAISING CONCERNS / WHISTLEBLOWING

8.1 The Trust's Whistleblowing policy (found on the Trusts intranet) is available to enable staff to report that something is wrong, has happened, or may happen and to support staff in raising genuine concerns which will be treated seriously, promptly and fairly. In addition, the Trust runs the See Something/ Say Something campaign, which complements the whistleblowing policy.

8.2 Staff are often the first to realise that there may be something seriously wrong within the Trust, their department or service. However, they may not say anything because they feel that speaking up would be disloyal to their colleagues or to the Trust. Raising a concern does not mean the individual has to provide proof of the problem – the individual only needs a genuine belief that something may be wrong and could need looking into. Whistleblowing is relevant to safeguarding where there are concerns of abuse due to the actions of another staff member in the Trust.

8.3 **Allegations against Trust staff**

Where the allegation of abuse involves a Trust staff member, this should be raised as a matter of urgency to the staff member's manager. A DATIX form should be completed ensuring that the safeguarding adults team mailbox is selected. The Head of Safeguarding will coordinate and subsequent actions or investigations required. This will be done in accordance with the [Managing Allegations policy](#). Further guidance and advice can be provided by HR.

8.4 **Disclosure and Barring Service (DBS)**

The DBS manages barred lists, barring certain people from regulated activity with children and vulnerable adults. As an NHS and social care provider of services the Trust is known as a regulated activity provider for the purposes of the scheme. The Trust has a duty to refer relevant information as it is a provider of both regulated activity and controlled activity. Please refer to the

Disclosure and Barring Service Policy. Also the DBS website provides guidance on when employers should make a referral to them. HR will be involved in any decision to refer a member of staff to DBS.

9. SAFEGUARDING TRAINING REQUIREMENTS

- 9.1 The Trust is committed to ensuring all staff are appropriately trained in line with the Trusts Training Strategy. All staff have a responsibility to ensure they remain up to date with their required level of knowledge and understanding of Safeguarding adults as specified in the Safeguarding Training Plan. (Link to be added once available)
- 9.2 There are three levels of training, which relate to staff specific roles. All staff are expected to complete mandatory training on a three yearly basis.

10. MONITORING COMPLIANCE AND EFFECTIVENESS

10.1 The Trusts Safeguarding Steering Group meets quarterly and reports to the Clinical Governance Group as well as providing an Annual Report to the Trust Board. The Trust's Safeguarding Adults Team have regular attendance at:

- Somerset Safeguarding Adults Board and all of its sub-groups
- MAPPA Strategic Management Board (SMB)
- Safeguarding Adult Lead chairs MAPPA Health & Social Care SMB sub-group
- Somerset Domestic Abuse Board
- Somerset Prevent Board
- South West Safeguarding in Health Network Meeting
- Somerset MASH Management Board
- District Nursing Best Practice Group
- Whole Service Concern Meetings
- Workforce Group

10.2 The Trust's Head of Safeguarding has a responsibility to monitor performance of the Trusts safeguarding adults at risk arrangements and report to the Somerset Safeguarding Adults Board as required.

10.3 Methodology to be used for Monitoring

- periodic reports to the Somerset Safeguarding Adults Board for inclusion in the Safeguarding Adults Board annual report;
- statistical quantitative and qualitative data to the Somerset Safeguarding Adults Board Quality Assurance sub-group;
- serious incidents requiring investigations review group reporting;
- Safeguarding RIO Reports;
- Safeguarding Adults Board and sub-groups;

- Trusts Combined Safeguarding Steering Group;

10.4 **Frequency of Monitoring**

- annual reports to Somerset Safeguarding Adults Board;
- quarterly updates provided to the Somerset Safeguarding Adults Board;
- At least quarterly reports and more often when required to the Clinical Governance meeting;
- quarterly reports to the Trusts Safeguarding Steering Group.

10.5 **Process for reviewing results and ensuring improvement in performance occur**

The Somerset Safeguarding Adults Board discusses multi-agency safeguarding adults at risk matters. This includes deciding the safeguarding agenda for developing safeguarding in Somerset in line with national and local directives, identifying good practice, highlighting areas for improvement, discussing Serious Case Reviews and lessons learnt. Lessons learnt from the Serious Case Reviews are fed into the Trust via the internal safeguarding groups.

10.6 Lessons learnt and significant risks identified are discussed at the Safeguarding Steering Group and appropriate follow up actions are agreed and monitored until completed or risk is mitigated against.

10.7 Lessons Learnt and significant changes and developments are shared in targeted correspondence with Professional Heads of Services, Heads of Divisions and relevant staff groups as well as “What’s on @ Sompar” newsletter to ensure all staff are well informed.

11. **REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS**

11.1 **References**

Department of Health – Care Act 2014
 Department of Health – Care Act 2014: statutory guidance for implementation
 Somerset Joint Safeguarding Policy
 Somerset CCG: Somerset Information Sharing Protocol
Care Act 2014
Department of Health guidance
NICE and other clinical guidance

11.2 **Cross reference to other procedural documents**

Being Open and Duty of Candour Policy
Clinical Assessment & Management of Risk of Harm to Self and Others Policy
Complaints, Concerns and Compliments Policy
Confidentiality and Data Protection Policy
Consent and Capacity to Consent to Treatment Policy
Counter Fraud Policy
DATIX Reporting Guidance
Escalation Policy
ICPA (Integrated Care Programme Approach) Policy
Information Sharing Protocol
Learning, Development and Mandatory Training Policy
Managing Allegations against Staff Policy
Record Keeping and Records Management Policy
Risk Management Policy
Risk Management Strategy
Safeguarding and Protection of Children Policy
Safeguarding Training Plan
Serious Incidents Requiring Investigation (SIRI) Policy
Untoward Events Reporting Policy and Guidance
Whistleblowing Policy

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

When there are allegations against staff in the context of safeguarding adults and children the Managing Allegations Policy must be utilised and the Head of Safeguarding must be informed.

The Safeguarding intranet pages contain all of the up to date contact details and other useful links.

Further information on reporting a Safeguarding Concern

Sources of Advice

For safeguarding advice the Sompar Safeguarding Adults Team can be called on Tel: 0300 323 035. Outside of normal working hours, the Emergency Duty Social Worker of the relevant local authority should be called for advice. A delay in escalation could cause further harm to the individual at risk.

Out of Hours

Any alerts raised out of normal working hours should be emailed to the Safeguardingadultsteam@sompar.nhs.uk mailbox. The Safeguarding Team will resume the responsibility for ensuring the allegation of abuse is managed in accordance with Trust and relevant local authority safeguarding adults policy.

Completing an Incident Report Form (DATIX)

In accordance with the Safeguarding Adults Referral Pathway a DATIX form must only be completed for exception reporting and the accompanying RiO entry should include the DATIX reference number. On receipt of the DATIX, the Safeguarding Adults Team will respond via DATIX system with appropriate advice and guidance. Datix reporting by exception guidance is available on the Trust Safeguarding Intranet pages.

Documentation of concerns and actions

Organisational documentation guidelines and best practice must be adhered to. Staff should maintain chronological notes on RiO, that document the events, details, decisions and actions taken with regards to the referral to Somerset Direct.

Patient RiO records should clearly identify that safeguarding concerns have been raised, and to whom, and staff should also record any enquiries, consultations and referrals that have been made, and the outcome of the discussion.

Full details of the safeguarding concern any immediate action taken, contact details of other professionals involved should be documented on the patient's RiO record. It is important to remember that records can be used as evidence if a case is taken to court.

If an individual is at risk, action may be required to ensure the individual's safety before completion of the safeguarding referral form. Any action already taken should be specified on the safeguarding referral form.

Patient Consent

Practitioners should seek the consent of the person before taking action, however there may be circumstances when consent cannot be obtained because the adult lacks the capacity to give it. In such circumstances the adult's best interests should be considered when determining whether to undertake an enquiry.

Whether or not the adult has capacity to give consent, action may need to be taken if others are or will be put at risk if nothing is done or where it is in the public interest to take action because a criminal offence has occurred. (14.79) If obtaining consent would increase the risk to the adult then action should be taken and a plan to obtain consent and safely support involvement must be considered at an early stage.

If mental capacity is unclear, then a mental capacity assessment must be completed. The mental capacity of the adult at risk and their ability to give their informed consent to a referral being made and action being taken under these procedures is a significant but not the only factor in deciding what action to take.

The test of capacity in this case is to find out if the adult at risk has the mental capacity to make informed decisions:

- About a referral;
- About actions which may be taken under multi-agency policy and procedures;
- About their own safety, including an understanding of longer-term harm as well as immediate effects and;
- An ability to take action to protect themselves from future harm.

If a patient has a significant injury that may warrant a police investigation, advice should be sought via Police 101 number in relation to whether or not police involvement is required to gather forensic or photographic evidence.

Refusal of consent

If the adult at risk has capacity and does not consent to a referral and there are no public interest considerations, the individual should be given information about where to get help if they change their mind or if the abuse or neglect continues and they subsequently want to receive support. The referrer must assure themselves that the decision to withhold consent is not made under undue influence, coercion or intimidation. The concern should still be recorded together with the adult at risk's decision not to refer and their reasons. A record should also be made of what information the individual was given.

If an individual refuses to give their consent for an adult safeguarding referral and has capacity to make this decision, the staff still have a duty to seek advice from a senior member of staff and / or the Safeguarding Adults Team.

Adult Social Care can be contacted at any time to informally discuss concerns and seek advice. It is important that the purpose of contact is made clear and whether it is based on consultation or referral.

Referring a safeguarding concern without patient consent

If there is an overriding public interest or if gaining consent would put the adult at further risk, a referral must be made. This would include situations where:

- Other people or children could be at risk from the person causing harm ;
- It is necessary to prevent crime;
- Where there is a high risk to the health and safety of the adult at risk ;
- The person lacks capacity to consent.

Disclosure, confidentiality and information sharing

Patients have a right to expect that all staff will keep confidential any personal information that they acquire during the course of professional duties, unless permission to disclose is given. They also have a right to know that in exceptional defined circumstances this duty of confidentiality may be overridden.

There may be situations where disclosure is deemed necessary without consent. There are exceptions to the duty of confidence that may make the use or disclosure of confidential information appropriate. Where there is a statutory duty defined by Act of parliament, NHS England national policy (e.g. the reporting of Knife wounds) or where a Court orders the disclosure of information the healthcare professional has a responsibility to disclose the information. It may sometimes be justifiable for a healthcare professional to pass on patient information without consent where:

- Serious harm may occur to third party;
- A healthcare professional believes a patient to be the victim of abuse, when, without disclosure the task of preventing or detecting a serious crime by the police would be prejudiced or delayed.

In all cases where judgement is involved, staff are urged to discuss the case with colleagues and if necessary, to seek legal or other specialist advice. It is stressed that any staff that decide to disclose confidential information should be prepared to explain and justify their decision to disclose information to an outside authority. Therefore, staff should record in the clinical notes details of all conversations, meetings and appointments involved in the decision to disclose or not to disclose such information.

Safeguarding investigations more often require the sharing of information with other agencies. For advice, the member of staff should refer to a senior manager, the Safeguarding Team, the Information Sharing Policy or speak to a member of the Information Governance Team.

Further Information on carrying out Safeguarding enquiries:

As taken from the Care and Support Statutory Guidance 2014:

Section 14.64. An enquiry is the action taken or instigated by the local authority in response to a concern that abuse or neglect may be taking place. An enquiry could range from a conversation with the adult, or if they lack capacity, or have substantial difficulty in understanding the enquiry their representative or advocate, prior to initiating a formal enquiry under section 42, right through to a much more formal multi-agency plan or course of action. Whatever the course of subsequent action, the professional concerned should record the concern, the adult's views and wishes, any immediate action has taken and the reasons for those actions.

Section 14.65. The purpose of the enquiry is to decide whether or not the local authority or another organisation, or person, should do something to help and protect the adult. If the local authority decides that another organisation should make the enquiry, for example a care provider, then the local authority should be clear about timescales, the need to know the outcomes of the enquiry and what action will follow if this is not done.

Section 14.66. What happens as a result of an enquiry should reflect the adult's wishes wherever possible, as stated by them or by their representative or advocate. If they lack capacity it should be in their best interests if they are not able to make the decision, and be proportionate to the level of concern.

Section 14.67. The adult should always be involved from the beginning of the enquiry unless there are exceptional circumstances that would increase the risk of abuse. If the adult has substantial difficulty in being involved, and where there is no one appropriate to support them, then the local authority must arrange for an independent advocate to represent them for the purpose of facilitating their involvement.

Section 14.68. Professionals and other staff need to handle enquiries in a sensitive and skilled way to ensure distress to the adult is minimised. It is likely that many enquiries will require the input and supervision of a social worker, particularly the more complex situations and to support the adult to realise the outcomes they want and to reach a resolution or recovery.

For example, where abuse or neglect is suspected within a family or informal relationship it is likely that a social worker will be the most appropriate lead. Personal and family relationships within community settings can prove both difficult and complex to assess and intervene in.

The dynamics of personal relationships can be extremely difficult to judge and rebalance. For example, an adult may make a choice to be in a relationship that causes them emotional distress which outweighs, for them, the unhappiness of not maintaining the relationship.