

# Thames hospice

## Policy and Procedure:

### SAFEGUARDING ADULTS AT RISK FROM ABUSE

| Date        | Author/ Reviewers   | Approved by | Doc name  | Comment   | Responsible Committee | Next Review |
|-------------|---|-------------|---|---|-----------------------|-------------|
| March 2021  | Simon Smith<br>(Head of PFS and Thames Hospice Operational Safeguarding Lead) | PCQC        | CLIN-P-0027<br><br><i>(Previously IPU-P-0030)</i> | <u>March 2021</u><br>Policy reviewed and updated.   | PCQC                  | March 2022  |
| August 2020 |   |             |   | <u>August 2020</u><br>Information added at Appendices 3 and 5   |                       |             |
| Jan 2020    |   |             |   | <u>Jan 2020</u><br>Local Authority Safeguarding contact telephone numbers updated (page 8)  |                       |             |
| Nov 2019    |   |             |   | <u>November 2019</u><br>Policy reviewed and updated throughout.   |                       |             |
| Dec 2018    |   |             |   | <u>December 2018</u><br>Appendix added: Logging a Safeguarding Concern form   |                       |             |
| April 2018  |   |             |   | <u>April 2018</u><br>Section 4 reviewed and updated to take account of DoH Adult Safeguarding Protocol (Pressure Ulcers and the interface with a safeguarding Enquiry). |                       |             |
|             | Jacquie Batchford - Director of Patient and Family Services                   |             |   | <u>August 2017</u><br>Policy reviewed. Minor changes to text and layout only.   |                       |             |
|             |   |             |   | <u>June 2015</u><br>Policy reviewed   |                       |             |

#### **Policy Summary:**

This policy:

1. Ensures that Thames Hospice promotes a positive service culture and holds safeguarding as a key principle.
2. Identifies specific responsibilities of staff for safeguarding 'adults at risk' at Thames Hospice.
3. Describes the key elements, principles, definitions and personnel for safeguarding practice within the policy.
4. States the procedure and protocols for safeguarding adults at Thames Hospice.
5. Provides information on action in the event of a breach of policy.
6. Contains references to appropriate literature.
7. Appendix section.

## 1. Purpose of Policy

- 1.1. This policy avows that Thames Hospice promotes a positive service culture and has safeguarding as a key principle within our work, responsibilities and governance.
- 1.2. This policy affirms that the welfare of all adults at risk is paramount and that all have equal rights of protection.
- 1.3. This policy recognises that we have a duty of care when people are in our charge or on our premises, and that we will do everything we can to provide a safe and caring environment whilst they access our sites, services and provisions.

## 2. Responsibilities

### 2.1. **ALL staff members and volunteers: Safeguarding is a responsibility of every staff member and volunteer at Thames Hospice towards all people who come into contact with Thames Hospice in:**

- (i) **Promoting their welfare and wellbeing**
- (ii) **Protecting their rights**
- (iii) **Preventing, wherever possible, the risk and experience of abuse or neglect. All staff members and volunteers must be aware of safeguarding matters as described in this policy and its procedures.**

### 2.2. **Safeguarding LINES:**

#### ***All Line Managers, Team Leaders, Heads of Department, Area Managers, Nursing Sisters:***

Are conversant with this safeguarding policy and its procedures; are responsible for ensuring that those staff members and volunteers in their respective teams are aware of these safeguarding protocols; will provide accurate and appropriate safeguarding guidance to their direct line reports when required; will seek specialist advice from Safeguarding LINKS or Safeguarding LEADS when required.

### 2.3. **Safeguarding LINKS:**

#### ***Head of Therapy Services, Head of Patient & Family Support, Head of Education, Head of Governance, Social Workers, Medical Team, Consultants:***

Are responsible for providing, when required, accurate and timely information and advice on safeguarding matters; will work with others to ensure that the correct procedures are followed when raising a safeguarding concern; will seek specialist advice from Safeguarding LEADS when required.

### 2.4. **Safeguarding LEADS:**

#### 2.4.1. **Operational Safeguarding Lead:**

- Responsible for ensuring that the safeguarding policies (for adults and for children) and their protocols are embedded in daily practice.

- Responsible for preparing the Safeguarding Panel with the information required to fulfil their duties as set out in their Terms of Reference (Appendix Five) and in their quarterly agendas.
- Responsible for liaising with the Head of Education to ensure that the required safeguarding training is being delivered at the appropriate levels and in line with any changes in legislation and best practice (Appendix Six).
- Co-ordinates safeguarding activities and information-sharing at Thames Hospice.
- Responsible for ensuring that the actions and learning following a safeguarding incident are handled in a timely and appropriate way, as identified in the policy.

#### **2.4.2. SMT Executive Safeguarding Lead:**

- The Director of Nursing & Family Services and Registered Manager has the responsibility of informing and advising the Senior Management Team about any safeguarding risks for the patients cared for in any service provided by Thames Hospice.

#### **2.4.3. Thames Hospice Executive Safeguarding Lead:**

- The CEO has overall responsibility for ensuring that safeguarding is embedded as a key principle in promoting a positive service culture at Thames Hospice, and for chairing the quarterly Safeguarding Panel (Appendix Five).

### **2.5. Additional Roles and responsibilities in safeguarding:**

#### **2.5.1. Director of People**

- Ensuring safe recruitment and appropriate DBS procedures are followed for staff and volunteers.

#### **2.5.2. Head of Governance and Quality**

- Responsible for the appropriate recording and reporting of all safeguarding incidents, and for providing safeguarding reports to the Safeguarding Panel and Patient Care and Quality Committee.

#### **2.5.3. Head of Education**

- Responsible for ensuring that appropriate safeguarding awareness training is available to all Thames Hospice personnel, and that all staff receive safeguarding training at the level appropriate to their roles and responsibilities.

#### **2.5.4. Trustee Safeguarding Lead**

- The Trustee Safeguarding Lead is the chair of the Patient Care and Quality Committee.

### **2.6. Safeguarding Panel (see Appendix Four)**

Meets quarterly to: review all safeguarding concerns, ensure appropriate actions are followed through, manage risks, roles and responsibilities, and incorporate any required changes and/or learning into the organisation's procedures, education and training.

### 3. Policy

- 3.1. Safeguarding means 'protecting people's health, wellbeing and human rights, and enabling them to live in safety and free from harm, abuse and neglect' (Care and Support Statutory Guidance issued under the Care Act 2014 – Department of Health 2014). It is fundamental to creating high-quality health care. Safeguarding is a key priority at Thames Hospice that reflects both our focus on human rights and the requirement within the Health and Social Care Act 2008 to protect and promote the rights of people who use our services.
- 3.2. Safeguarding is the responsibility of all Thames Hospice staff and depends on the everyday vigilance of everyone who plays a part in the lives of our patients, visitors, clients and customers to ensure that people are kept as safe from harm as possible.
- 3.3. The Care Act 2014 contains six key principles for underpinning all adult safeguarding work to which Thames Hospice are committed:
  - Empowerment - adults are supported and encouraged to make their own decisions and give informed consent
  - Prevention - it is better to take action before harm occurs
  - Proportionality - taking the least intrusive response appropriate to the risk presented
  - Protection - support and representation for those in greatest need
  - Partnership - seeking local solutions in working collaboratively with other agencies
  - Accountability - working with responsibility and transparency in safeguarding practice.

### 3.4. Definitions

**Adults:** People aged 18 and above.

**Adults at risk:** Are those aged 18 and above, and:

- have needs for care and support;
- experience, or are at risk of, abuse and neglect;
- as a result of those care needs, are unable to protect themselves from either the risk of, or the experience of abuse or neglect.

**Abuse:** (See Appendix One - 'Categories and Risk Indicators of Abuse')

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

- Physical Abuse
- Domestic Abuse
- Discriminatory Abuse
- Sexual Abuse
- Neglect and Acts of Omission
- Psychological (Emotional) Abuse
- Modern Slavery
- Self-Neglect

- Organisational (Institutional/Systemic) Abuse
- Financial (Material) Abuse
- Radicalisation

**Safeguarding Leads:** Are identified staff within the organisation who will ensure that the correct procedures are followed in a suspected Safeguarding situation. The identified Safeguarding Leads for Thames Hospice are given in section 2.4 of this policy.

**Staff:** Includes Thames Hospice employees, students on placement and volunteers.

- 3.5. At Thames Hospice safeguarding adults from abuse involves organisational systems, processes and practices to enable people to live free from abuse and neglect through:
- 3.5.1. Helping to prevent people from experiencing abuse in the first place including actions that can be taken to reduce the potential for abuse. This includes enabling people to protect themselves as far as possible, empowering and enabling people to be central to decision-making about their care and support, and establishing cultures that respect and involve individuals.
  - 3.5.2. Ensuring priority is given to keeping people safe from abuse; this includes leadership within Thames Hospice and a clear commitment to minimising the risk of abuse and of recognising different forms of abuse.
  - 3.5.3. Ensuring robust recruitment processes are followed and regular appropriate Disclosure and Barring Service checks are undertaken for all staff.
  - 3.5.4. Recognising and acting appropriately when there are allegations of abuse including prompt referrals to councils under the multi-agency procedures.
  - 3.5.5. Supporting the person who has experienced abuse.
  - 3.5.6. Ensuring that regular safeguarding training is undertaken by all Thames Hospice personnel at the level appropriate to their roles and responsibilities.
- 3.6. Related Thames Hospice Policies:
- Being Open (Duty of Candour) Policy.
  - Bullying and Harassment in the Workplace Policy
  - Capability Policy and Procedure.
  - Confidentiality Policy
  - Consent Policy.
  - Deprivation of Liberty Safeguards Policy.
  - Disciplinary Policy and Procedure.
  - Equal Opportunities Policy
  - Fundraising (Promise) Policy
  - Incident Reporting Policy.
  - Lone Working Policy
  - Mental Capacity Act Policy.
  - Pre-employment Conditions Policy and Procedure.

- Prevention and Management of Wounds and Pressure Ulcers.
- Raising Concerns and Whistleblowing Policy.
- Recruitment and Selection Policy and Procedure.
- Risk Management Policy.
- Safeguarding Children from Abuse Policy and Procedure.
- Social Media Policy
- Volunteer Problem Solving Policy and Procedure.
- Volunteer Recruitment Policy and Procedure.

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

### 4.1. Prevention of abuse of patients at Thames Hospice

- 4.1.1. All patients at Thames Hospice will be involved in their care and decisions about their care under guidance of the Mental Capacity Act (2005) and the Mental Capacity Act: Code of Practice (3.1). The patient must have any care or procedure and the reasons for it explained to them in a timely and understandable manner. They must be given time to ask questions and make their decision.
- 4.1.2. If they consent to the procedure it must be documented in their Healthcare Record. If they choose not to undertake the procedure this must be documented in their Healthcare Record. The requesting Doctor must be informed of this decision.
- 4.1.3. If a patient lacks capacity to give consent, it will be necessary for others to decide for that person. The Mental Capacity Act states that any decision made, or action taken, on their behalf is made in their 'best interests'. Assessments of capacity must be 'decision and time specific'. Such assessments and subsequent decisions must be made by the multidisciplinary team and must be clearly documented in the Healthcare Record. An Independent Mental Capacity Advocate (IMCA) is appointed for someone who has no close relative or friend to represent their best interests.
- 4.1.4. The Deprivation of Liberty Safeguards (DoLS) 2007 are an amendment to the Mental Capacity Act (2005). They provide a legal framework to protect those who may lack capacity to consent to arrangements for their treatment and/or care. Thames Hospice has a 'Deprivation of Liberty Safeguards Policy' (IPU-P-0033). This policy could potentially apply to any service user admitted to the Thames Hospice Inpatient Unit (IPU) at Bray Lake who is: (i) Aged over 18; (ii) Lacking the capacity to consent to the arrangements for their care or treatment; (iii) Receiving care or treatment within the IPU; (iv) Receiving care or treatment in circumstances that amount to a deprivation of liberty in order to protect them from harm and it appears to be in their best interests; (v) Diagnosed with a mental disorder or disability of the mind but their detention is not already authorised under the Mental Health Act (1983) or inconsistent with an obligation placed on them under the Mental Health Act.
- 4.1.5. Recruitment of employees will follow the Thames Hospice Recruitment and Selection Policy and Procedure.
- 4.1.6. Recruitment of volunteers will follow the Volunteer Recruitment Policy and Procedure.
- 4.1.7. All staff and volunteers in patient-facing roles will be subject to an Enhanced Disclosure and Barring Service (DBS) check.
- 4.1.8. All staff and volunteers in roles that include a regulated activity will be subject to an Enhanced Disclosure and Barring Service (DBS) check including barred lists.

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

## 4.2. Reporting suspected abuse of an adult at risk

- 4.2.1. In relation to all Safeguarding matters across the whole organisation, there are people who are Safeguarding Lines, Safeguarding Links and Safeguarding Leads. All staff must follow the process in place for responding and reporting set out below and in the Flowchart (see Appendix Four).
- 4.2.2. Safeguarding Lines are all Line Managers, Team Leaders, Heads of Department, Area Managers, Nursing Sisters. If a patient or their family/carer confides in a member of staff/volunteer (see Appendix Two – Guidance when hearing a disclosure from or about an adult), or if a member of staff/volunteer has concerns regarding the possible abuse of an adult at risk, in the first instance the staff member/volunteer must consult with their Line Manager for advice. Line Managers must carefully consider whether the issue raised is considered abuse as defined in section 3.4 above (and Appendix One), using the evidence gathered.
- 4.2.3. Safeguarding Links are people in different parts of the organisation who, if required, can be contacted by the Line Manager for advice towards an appropriate response. They can also be contacted directly by a member of staff or volunteer if the respective Line Manager is unavailable. The Safeguarding Links are: Head of Therapy Services, Head of Patient & Family Support, Head of Education, Head of Governance, Social Workers, Medical Team and Consultants.
- 4.2.4. Safeguarding Leads are those who carry overall leadership for Safeguarding at Thames Hospice (as identified in section 2.4). If required, Safeguarding Links should contact the Operational Safeguarding Lead for advice towards an appropriate and prompt assessment and response. If the Operational Safeguarding Lead is unavailable, then one of the Executive Safeguarding Leads should be contacted.
- 4.2.5. The Safeguarding Lines, Safeguarding Links or Safeguarding Leads can call Social Services for advice and guidance of stages to be implemented, if required. If the safeguarding concern is related to a patient or their carer or family member, then contact the appropriate Adult Social Services in relation to that patient's home address:

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

|                               |  |
|-------------------------------|--|
| <b>Windsor and Maidenhead</b> | <b>01628 - 683744<br/>(Out-Of-Hours (OOHs) call 01344 - 786543)</b>  |
| <b>Slough</b>                 | <b>01753 475111 (Choose Option 1 then Option 1 again for Adult Social Care)<br/>(OOHs call 01344 - 786543)</b> |
| <b>Bracknell Forest</b>       | <b>01344 - 352005<br/>(OOHs call 01344 - 786543)</b>   |
| <b>South Bucks</b>            | <b>0800 137915 – (days)<br/>0800 9997677 (OOH)</b>   |



- 4.2.6. If the safeguarding concern is related to a member of Thames Hospice staff, external staff or an official visitor then contact the Windsor and Maidenhead Adult Social Services on the number above.
- 4.2.7. The Safeguarding Line or Safeguarding Link must contact the Safeguarding Operational Lead when a safeguarding concern has been raised to Social Services. The Safeguarding Operational Lead will then inform the Director of Nursing and Family Services (Registered Manager) of this matter.
- 4.2.8. If there is evidence that an adult appears to be at immediate risk of harm, the staff member present must call 999 and alert the police to this emergency.**
- 4.2.9. All Thames Hospice staff and volunteers must pay heed to their own safety at all times. Thames Hospice staff in lone working situations must follow the Lone Working Policy and its protocols, and ensure that they carry safety alarms and phones, and that colleagues know of their whereabouts.
- 4.2.10. Appropriate support will be made available to those Thames Hospice staff and volunteers who have been adversely impacted by a situation where a safeguarding concern was raised by them.
- 4.2.11. The Safeguarding Operational Lead, unless otherwise agreed, will be the Thames Hospice contact in all subsequent investigations.
- 4.2.12. All individuals involved in the process must keep clear and accurate records of all events. These must be recorded on the Thames Hospice 'Sentinel' database by following the Safeguarding tab and logging the Safeguarding concern there.
- 4.2.13. The Head of Governance and Quality will keep a register of all safeguarding concerns reported by Thames Hospice; this will be brought to the Safeguarding Panel.
- 4.2.14. The Safeguarding Panel will give careful scrutiny to our reporting of safeguarding concerns. This Panel will consider their outcomes, the potential for learning, the need for any changes to our policy and procedures. This Panel will report to the Patient Care and Quality Committee.
- 4.2.15. In the event that the suspected perpetrator is a member of staff, the Director of Nursing and Family Services will work with the HR Department to ensure appropriate action is taken to safeguard patients and the organisation, whilst ensuring the process above is also actioned.
- 4.2.16. The adult at risk involved with the Safeguarding Incident will be supported by those Thames Hospice staff with the appropriate skills and knowledge.

### 4.3. Extremism and Radicalisation

#### 4.3.1. Definitions:

**Extremism** is defined as the holding of extreme political or religious views and giving vocal or active opposition to fundamental values, including democracy, the rule of law, individual liberty, and respect and tolerance for different faiths/beliefs.

**Radicalisation** is defined as the act or process, by a person, group of people or an organisation, of influencing, coercing or causing another or others to adopt extremist ideologies and/or support terrorism.

#### 4.3.2. Awareness:

Safeguarding adults and protecting them from harm is everyone's responsibility. Therefore, in the work we do and with the people we meet, all staff and volunteers have a role to play in being vigilant regarding extremist views and remaining alert to any disclosure or suspicion of radicalisation.

#### 4.3.3. Procedure:

All staff and volunteers have a duty to report any allegation or suspicions of radicalisation or extremism to their Safeguarding Line or Safeguarding Link, if available. If unavailable, the member of staff must consult immediately with the Operational Safeguarding Lead or, if unavailable, another identified Safeguarding Lead (see section 2.4). In line with the Government's PREVENT strategy; a telephone call should be made to the Anti-Terrorist Hotline (0800-789-321) to report the concern. The Operational Safeguarding Lead must be informed of any such calls made. The Operational Safeguarding Lead will notify the Director of Nursing & Family Services of such calls made.

### 4.4. Reporting Pressure Ulcers to CQC

4.4.1. All pressure ulcers classified as category 3 or above according to EPUAP guidelines must be reported internally as an incident by the Thames Hospice Head of Governance and Quality.

4.4.2. Guidance on reporting of Pressure Ulcers is given in Thames Hospice Policy IPU-P-0003 'Prevention and Management of Wounds and Pressure Ulcers'.

### 4.5. Staff Training

4.5.1. Safeguarding Training requirements will be as recommended by UK Core Skills Training Framework, local Adult Safeguarding Board guidance and Thames Hospice organisational requirements in line with current legislation and best practice. See Appendix Six.

4.5.2. All Thames Hospice personnel (staff and volunteers) must complete their mandatory training requirements, including safeguarding awareness, at the appropriate level for their jobs or roles, as required by Thames Hospice. See Appendix Six.

- 4.5.3. All staff and volunteers in patient-facing roles must read the Safeguarding policies (Adults and Children) on induction and when the policies are reviewed.

## 5. Breach of Policy

- 5.1. Any deviation in practice from the above policy and procedure will be deemed a breach of policy.
- 5.2. Any breach of this policy by Thames Hospice employees may lead to formal disciplinary action.
- 5.3. Any breach of this policy by Thames Hospice volunteers may lead to formal action under the Problem Solving Policy and Procedure.

## 6. References, useful reading and Appendix Section

CQC (June 2015) Safeguarding Protocol

[https://www.cqc.org.uk/sites/default/files/20150710\\_CQC\\_New\\_Safeguarding\\_Statement.pdf](https://www.cqc.org.uk/sites/default/files/20150710_CQC_New_Safeguarding_Statement.pdf)

Office of the Public Guardian (2013) Safeguarding Policy

<https://www.gov.uk/government/publications/safeguarding-policy-protecting-vulnerable-adults/sd8-opgs-safeguarding-policy>

Department of Health and Social Care Safeguarding Adults Protocol: Pressure Ulcers and the interface with a safeguarding enquiry. January 2018

<https://www.gov.uk/government/publications/pressure-ulcers-safeguarding-adults-protocol>

NB: See Appendix Two of this Safeguarding Protocol on Pressure Ulcers - 'Decision Process'.

Mental Capacity Act 2005 and the Mental Capacity Act: Code of Practice (3,1)

The Care Act 2014

## 7. Appendix Section:

Additional Information referred to in this Policy regarding the safeguarding of adults follows:

|                |   |
|----------------|---|
| Appendix One   | Categories and Risk Indicators of Adult Abuse               |
| Appendix Two   | Guidance when hearing a disclosure from or about an adult   |
| Appendix Three | Safeguarding Adults – The People to Help                    |
| Appendix Four  | Safeguarding Adults – The Process in Place - FLOWCHART      |
| Appendix Five  | Terms of reference for Thames Hospice Safeguarding Panel    |
| Appendix Six   | Safeguarding Training Requirements for staff and volunteers |

## **APPENDIX ONE**

### **CATEGORIES AND RISK INDICATORS OF ADULT ABUSE**

#### **Physical Abuse**

This is non-accidental harm to the body. It can include: hitting, pushing, punching, kicking, head-butting, nipping, pulling hair, rough handling, spitting, misuse of medication or inappropriate use of restraint.

Indicators of physical abuse might include:

- Finger marks
- Bruising
- Unexplained injuries or falls
- Inconsistent explanations for injuries or accidents
- Unexplained changes in a person's behaviour

#### **Domestic Abuse**

This is defined as an incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is, or who has been, an intimate partner or family member regardless of gender or sexuality.

It includes those aged under 18, and includes the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional
- So called 'honour-based' abuse/violence
- Female genital mutilation
- Forced marriage

#### **Discriminatory Abuse**

This includes all forms of harassment, bullying or name-calling based on a person's disability, race, ethnic origin, belief, sexuality or gender. In some circumstances this would be considered a 'hate crime'. It can also include not taking account of a person's religious or cultural needs.

Indicators of discriminatory abuse include:

- Using racist or sexist descriptions or innuendos
- Victimising somebody because of a disability
- Failing to respect religious faiths and practices

#### **Sexual Abuse**

This can include rape, sexual assault, inappropriate touching, being forced to look at sexual images, upskirting, or any sexual acts to which the adult has not given consent or was pressured into consenting.

Indicators of sexual abuse might include:

- Bruising or injuries in intimate areas
- Changes in a person's behaviour
- Fear, withdrawal, depression, flinching from physical contact
- Unusual use of sexual language or sexualised behaviour
- Genital and urine infections
- Disturbed sleep patterns

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

This can include ignoring medical needs, not providing personal care or withholding necessities such as food, drink, medication or heating. It can also include not managing or not supporting services contrary to an agreement. Neglect is not only about not providing services or ignoring an adult at risk. For example, not giving medication can be a form of neglect.

Indicators of neglect might include:

- Weight loss
- Pressure ulcers
- Dehydration
- Malnutrition
- Complaints of pain or discomfort
- Complaints of hunger or thirst
- Reduced communication skills or independence
- Reluctance by the abuser to report on health or progress

### **Psychological (Emotional) Abuse**

This can include threats of harm or abandonment, deprivation of contact, humiliation, blaming, bullying, verbal abuse name-calling, being shouted at, treating someone like a child, threats, intimidation and coercion, spiritual or religious coercion, and radicalisation.

Indicators of psychological abuse might include:

- Lack of confidence and self-esteem
- Depression
- Withdrawal
- Changes in behaviour (e.g. becoming either more aggressive or more withdrawn)
- Lack of trust in others
- Deprivation of contact
- Bullying
- Verbal abuse

### **Modern Slavery**

This 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.

Indicators of modern slavery might include:

- Severe weight loss
- Poor skin condition
- Poor hygiene
- Extreme anxiety and fear
- Low self-esteem
- Self-harm
- Suicidal ideation and risk

### **Self-Neglect**

This covers a wide range of behaviours where individuals neglect to attend to their basic needs such as personal hygiene, diet, health or surroundings.

Indicators of self-neglect might include:

- Unkempt appearance

- Unkempt surroundings
- Hoarding
- Non-attendance at health appointments
- Lack of engagement with health and social services

### **Organisational (Institutional/Systemic) Abuse**

This can include neglect and poor care practice within an institution or specific care setting such as a hospital, hospice or care home. Poor professional practice can be as a result of the structure, policies, processes and practices within an organisation. Institutional abuse can occur whenever the regimes or routines of an organisation are insensitive to or ignore the unique needs of the service user.

Indicators of organisational abuse may include:

- Complaints not being responded to
- Inflexible routines
- Lack of individualised care
- Culture of discriminatory abuse
- Reluctance of staff to report on progress
- Increased withdrawal, apathy or challenging behaviour from residents, patients or others
- Medication not administered

### **Financial (Material) Abuse**

This can include theft, fraud, not being allowed access to or control of one's money, possessions or benefits, being put under pressure regarding the content of one's will and the designation of its proceeds, internet scamming, being forced to pay for other people's things, collecting loyalty points for shopping for others. It can also include coercion in relation to an adult's financial arrangements in relation to property, inheritance or financial transactions.

Indicators of Financial (Material) Abuse might include:

- Fear of making decisions
- Change in living conditions
- Sudden changes in finances
- Constant supervision by the abuser
- Lack of basic items
- Money or possessions going missing
- Unable to account for spending; incorrect receipts
- Worrying about money
- Insufficient money to provide for basic needs

### **Radicalisation**

This is defined as the act or process, by a person, group of people or an organisation, of influencing, coercing or causing another or others to adopt extremist ideologies and/or support terrorism. These forms of terrorism include: Far Right extremists, Al-Qa'ida-influenced groups, Environmental extremists and Animal Rights extremists.

Indicators of Radicalisation might include:

- Verbal expression of extreme ideologies and views
- Sharing of propaganda (including on-line) related to terrorist ideologies and groups
- Use of hateful language in relation to specific sectors of the population
- Changes in behaviour (e.g. becoming more withdrawn and secretive or more aggressive)

**Other**

- Alcohol misuse
- Substance misuse
- Criminal exploitation
- 'Hate and mate' crime
- Gangs
- County Lines
- Exploitative use of technology

## **APPENDIX TWO**

### **GUIDANCE WHEN HEARING A DISCLOSURE FROM OR ABOUT AN ADULT**

If an allegation of abuse is made to any member of the organisation, the following should occur:

- (i) Stay calm and listen carefully and patiently to what the person is saying, even if it does not at times make sense. Do not dismiss what someone is telling you, even if it appears unlikely.
- (ii) Do not stop or interrupt or question or interview the person who is freely recalling significant events. Do not appear shocked or disgusted. Be aware that medical or other evidence may be needed. Do not presume that someone else is aware of the allegation.
- (iii) Do not press for additional information but make a written note of what you have been told verbatim as you log a safeguarding concern on Sentinel (see Appendix Four). Note the time, the setting and the details about what was said, as well as naming any other people who may have witnessed the incident(s), previous allegation or present disclosure. Record all events up to the time of your substantive conversation.
- (iv) Reassure the person that they were right in telling you.
- (v) It must be made clear to the person that the disclosure of something that involves a risk to themselves or to someone else is information that must be passed on. Do not promise the person that what they have told you can be kept secret. Explain that you will respect confidentiality as far as you are able; this means you will not tell those people who do not need to know. Explain that you have a responsibility to report this to someone who does need to know, which in the first instance is your Manager.
- (vi) Once the disclosure has been made, do not keep the information to yourself but consult your Line Manager immediately and state exactly what you have heard. All staff and volunteers have a duty to report any allegation or suspicions of abuse of an adult, current or historical, to their Line Manager. If the Line Manager is unavailable, then the member of staff must consult immediately with an identified Safeguarding Lead (see section 2.4).
- (vii) Do not confront the alleged person causing harm. Continue to record any subsequent events. If or when appropriate, ask for the person's views and ask what they want to happen.



## **APPENDIX THREE**

### **SAFEGUARDING ADULTS** **The people to help:**

#### **ALL staff members and volunteers:**

Safeguarding is a responsibility of every staff member and volunteer at Thames Hospice towards all people who come into contact with Thames Hospice in

- (i) Promoting their welfare and wellbeing
- (ii) Protecting their rights, and
- (iii) Preventing, wherever possible, the risk and experience of abuse or neglect.

All staff members and volunteers must be aware of safeguarding matters as described in this policy and its procedures.

#### **Safeguarding LINES:**

All Line Managers, Team Leaders, Heads of Department, Area Managers, Nursing Sisters:

Are conversant with our Safeguarding policies and their procedures; are responsible for ensuring that those staff members and volunteers in their respective teams are aware of these safeguarding protocols; will provide accurate and appropriate safeguarding guidance to their direct line reports when required; will seek specialist advice from Safeguarding LINKS or Safeguarding LEADS when required.

#### **Safeguarding LINKS:**

Head of Therapy Services, Head of Patient & Family Support, Head of Education, Head of Governance, Social Workers, Medical Team, Consultants:

Are responsible for providing, when required, accurate and timely information and advice on safeguarding matters; will work with others to ensure that the correct procedures are followed when raising a safeguarding concern; will seek specialist advice from Safeguarding LEADS when required.

#### **Safeguarding LEADS:**

Simon Smith (Operational Lead)

Lisa Church (SMT Executive & Registered Manager)

Debbie Raven (Thames Hospice Executive Lead & Responsible Person)

## APPENDIX FOUR

# SAFEGUARDING ADULTS

## The process in place:

### FLOWCHART

**When abuse is discovered or suspected**

**or when the patient/visitor/client/customer makes a disclosure to you**

- Ensure individual's immediate safety.
- Explain as soon as possible (before full disclosure if possible) that you are not able to promise complete confidentiality, and that you have a duty to report this information to the designated person from the Hospice.
- Try to gain consent for the concern to be acted upon by the designated person, assuring the individual that only those who need to know will be told.
- Keep full clear and accurate records.

- Is an adult or child at risk or in immediate danger / in need of medical attention?
- Has there been a crime committed e.g. rape / assault?
- Is there a need to preserve and protect forensic evidence?

→  
**YES**

Contact  
emergency  
services

Police/Ambulance  
999 or 101

**Action by the volunteer / staff member who hears about or sees a safeguarding concern:**

- Volunteers must report what you have seen or heard to your Safeguarding Line (Line Manager).
- Members of staff must speak to your Safeguarding Line, and seek advice from a Safeguarding Link (if required) and complete on Sentinel a Safeguarding Concern report, with any clinical notes updated.
- In some safeguarding situations, an examination may be required. This should be undertaken with the person's consent NOT by a Thames Hospice doctor but by a suitably qualified doctor as appointed under Section 42.

→ **Action by a member of staff and then by the Thames Hospice Safeguarding Lead:**

- An immediate verbal report should be made to the Safeguarding Lead.
- Safeguarding Leads are:
  - Simon Smith
  - Lisa Church
  - Debbie Raven
- They will decide what action needs to be taken depending on patient consent and the severity of the reported incident.
- They should ensure that the patient's safety and preferred outcomes are paramount.



### Action by the Safeguarding Lead

- Consult the relevant Safeguarding Policy to devise an action plan. The action plan follow through will be dependent on the individual giving consent unless there are special conditions, e.g. a crime has been committed, the adult at risk lacks mental capacity, or the alleged perpetrator is a Hospice employee or volunteer and there is therefore a risk to others.
- If a crime has been committed/potentially committed then the Police should be called immediately.
- Inform the Local Authority Safeguarding Team (see following contact numbers).
- If the Local Authority is made aware, a report should also be made to the CQC.
- An action plan should be made to keep safe the adult at risk and this should be person-centred and directed by their preferred outcomes.
- A robust risk assessment should be made, particularly if the person chooses to be at home and the alleged perpetrator has access to the home.
- An anonymised report will be reviewed at the Safeguarding Panel and any organisational learnings/changes in practice will be followed through.
- Trustees should be made aware immediately if there is a serious incident, particularly if it involves a member of staff. Otherwise Trustees must be made aware at next PCQC meeting.
- If the alleged perpetrator is a member of staff, a decision should be made about suspending them from their duties. If the incident is proven to be true then the employee may face disciplinary procedures including a dismissal or performance management including additional training if necessary.
- Reports to the NMC, GMC and DBS may also be made.

**Safeguarding Lead calls Social Services for advice and guidance (depending on address where person of concern lives):**

|   |   |
|---|---|
| <b>Windsor and Maidenhead</b>                               | <b>01628 683150<br/>(OOHs 01344 786543)</b>               |
| <b>Slough</b>   | <b>01753 875362/875591/690740 (OOHs<br/>01344 786543)</b> |
| <b>Bracknell Forest</b>                                     | <b>01344 352005<br/>(OOHs 01344 786543)</b>               |
| <b>Buckinghamshire County Council<br/>(for South Bucks)</b> | <b>01296 383962<br/>(OOHs call 0800 9997677)</b>          |

## **APPENDIX FIVE**

# **TERMS OF REFERENCE THAMES HOSPICE SAFEGUARDING PANEL 'Safeguarding is everyone's business'**

### **Constitution**

The Panel has been established by the Senior Management Team at Thames Hospice and is to be known as the 'Safeguarding Panel'.

### **Purpose**

The Panel ensures that:

- Our safeguarding principles for all adults and children who use our services are clearly communicated: promoting their welfare and wellbeing; protecting their rights; preventing the risk and experience of abuse or neglect.
- Our policies and protocols for adults and for children are clear, robust, effective and updated in line with legislation and best practice guidance.
- Our education and training enables all trustees, staff and volunteers, at the required level for each role, to know about safeguarding, be aware of the risks and signs of abuse or neglect, and know what to do when there is cause for concern.
- Our systems are accessible and effective to address safeguarding issues, raise safeguarding concerns with Local Authorities, and record, monitor and audit our safeguarding practice.
- There is a proper response to any poor or unsuitable practice.

### **General Responsibilities**

The Panel is responsible to:

- Review those safeguarding concerns raised, scrutinise the actions and outcomes, and reflect on any learning required.
- Review the Mandatory Training report for Safeguarding, and agree actions required.
- Consider any updates in safeguarding legislation and best practice guidance, and agree any changes required to our policies, practices and education.
- Reflect on situations where staff and volunteers have been adversely impacted by a safeguarding concern they have raised, and ensure that appropriate support is provided towards their well-being and resilience.

### **Membership**

The CEO is the Executive Safeguarding Lead for Thames Hospice, the Chair of the Panel (the 'Chair') and a permanent member of the Panel.

Additional permanent members of the Panel are

- Registered Manager (Executive Safeguarding Lead for the Senior Management Team)
- Director of Nursing and Family Services (if not the Registered Manager)
- Operational Safeguarding Lead.
- Director of People
- Medical Director
- Head of Education
- Head of Therapy Services
- Head of Governance & Quality.

The Safeguarding Trustee (PCQC) has an open invitation to attend.

Occasional invitations may be given to:

- TH Social Workers
- Other key TH personnel (including Retail & Fundraising) for specific cases
- External professionals for specific cases

- External advisers
- Observers for training and development purposes
- Others as agreed by the Panel.

### **Quorum**

Meetings of the Panel must include one of the Executive Safeguarding Leads plus the Operational Safeguarding Lead plus a minimum of three of the other standing Panel members, otherwise such meetings will be deemed inquorate.

A duly convened meeting of the Panel at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Panel.

### **Panel Membership Term**

Membership of the Panel shall be reviewed annually to ensure that membership is refreshed and undue reliance is not placed on particular individuals.

The Executive Safeguarding Leads (CEO and Registered Manager) and the Operational Safeguarding Lead will be permanent members of the Panel.

If members of the Senior Management Team are involved in advising or supporting the Panel, that Role should be clearly separated from the one they hold within the business and care should be taken to recognise and avoid conflicts of interest.

### **Training**

The Panel shall be provided with appropriate and timely training, both to induct new members to the Panel and or existing members, where necessary.

### **Attendance and frequency of meetings**

The Panel will meet quarterly.

The Panel will also convene as necessary should the need arise as a result of emerging concerns about policy or practice, allegations against staff or in light of events which may suggest the need to review any aspect of the safeguarding practice.

### **Agenda and Papers**

Where possible, the agenda and papers will be issued to members a week before the meeting.

### **Reporting**

The Panel will report back to the Hospice SMT, and annually to the Board via Patient Care and Quality Committee, identifying any matters in respect of which it considers that action or improvement is needed.

Action points of each meeting will be made available to all relevant parties.

### **Review**

These Terms of Reference will be reviewed annually.

## **APPENDIX SIX**

### **SAFEGUARDING TRAINING REQUIREMENTS FOR THAMES HOSPICE STAFF AND VOLUNTEERS**

Our new e-Learning system, Relias is in place and, depending on role, all staff and certain volunteers are expected to complete mandatory Safeguarding training.

- Safeguarding Adults Level 2 - 2 hours
- Safeguarding Children Level 2 - 0.75 hours
- Safeguarding Adults Level 3 - 1 hour
- Safeguarding Children Level 3 - 2.5 hours

The staff required to complete Level 3 will also receive face to face training. This is a six hour face to face session.

Frequency for all modules - 3 yearly