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**Policy:** **Safeguarding Vulnerable Adults**  
**Policy number:** **6.1**

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### **1. Policy Statement**

As laid out in our Core Values, Hospice in the Weald is committed to supporting patients, carers and their families, as well as respecting and valuing all staff members, trustees and volunteers. Every member of staff and volunteer (the workforce), as well as the trustees, has a duty to protect any vulnerable adult who comes in contact with the organisation and who is, or could become a victim of abuse of any kind.

This policy provides guidance on how to act if you think a vulnerable adult may be at risk. Any and all of our patients and those they say are important to them can be seen as a vulnerable adult. The guidance is summarised in the flowchart in [Appendix 1](#).

The purpose of the policy is:

- To provide protection for the vulnerable adults who receive our services.
- To provide staff and volunteers with guidance on procedures they should adopt if they suspect an adult may be at risk of harm.
- To provide clear guidance on action to be taken if an allegation of abuse is made against a member of staff or a volunteer or if the behaviour of anyone gives cause for concern.

### **2. Related policies, guidelines and procedures**

Policies:

Risk Management incorporating  
incident and near miss reporting  
(9.8)  
Safeguarding Children (6.2)  
Adverse Comments and Complaints  
(6.4)  
Health and Safety (9.1)  
Employment (8.1)

Health Records (4.2)  
Restraint and Deprivation of Liberty Safeguards (6.7)  
Health Records – data sharing (4.9)  
Recruitment and Selection (8.23)  
Confidentiality (8.19)  
Whistleblowing (6.3)

#### **Legal framework**

Data Protection Act 1998

Sexual Offences Act 2003

Protection of Freedoms Act 2012

### **3. Responsibility and Accountability**

Policy formulation and review:	Michelle Ford, Care Director
Approval:	CEO (via HLT)
Compliance:	All Staff and volunteers. Managers have a responsibility to ensure volunteers in their service or department are aware of the detail in this policy and have the necessary information and understanding to carry out their roles in line with this.

### **4. Relevant Dates**

Policy originated:	December 2003
Last Review Date:	August 2016 & August 2019
This Review Date:	October 2021
Next Review Date:	October 2024

### **5. Aim of the policy**

This policy is for the use of the whole workforce and visitors.

The aim of the policy is to ensure a coherent and consistent approach to the prevention, identification, response to and management of potential and actual incidents which involve adult safeguarding.

The policy further aims to secure the safety of vulnerable adults by:

- a. Ensuring all staff are subject to rigorous recruitment procedures including DBS checks at the prevailing legally required level
- b. Ensuring all staff are given appropriate support and training in identifying and understanding the correct response to be taken to care for vulnerable adults
- c. Ensuring staff are aware of the need to be alert to the signs of abuse and know what to do with their concerns

### **6. Definition of Abuse**

“Abuse is a violation of an individual’s human and civil rights by any other person or persons”<sup>3</sup>.

Abuse of a vulnerable adult may consist of a single act or repeated acts. It may occur as a result of a failure to undertake action or appropriate care tasks. It may be an act of neglect or an omission to act, or it may occur where a vulnerable person is persuaded to enter into a financial or sexual transaction to which they have not, or cannot, consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the individual.

Types of abuse include:

#### Physical abuse e.g.

- Restraining without justifiable reasons
- Inappropriate and unauthorised use of medication
- Inappropriate sanctions including deprivation of food, clothing, warmth and health care needs

#### Sexual abuse e.g.

- Sexual activity which takes place when the adult client is unaware of the consequences or risks involved
- Non-contact abuse e.g. voyeurism, pornography

#### Psychological abuse e.g.

- Verbal abuse
- Threats of punishment, intimidation or exclusion from services
- Deliberate denial of religious or cultural needs

#### Financial abuse e.g.

- Misuse or theft of money
- Misuse or misappropriation of property
- Exploitation or pressure in connection with wills or inheritance

#### Neglect and acts of omission e.g.

- Ignoring care needs
- Failure to give medication
- Failure to give privacy and dignity

#### Discriminatory abuse e.g.

- Discrimination on any grounds including sex, race, colour, language, culture, religion, politics or sexual orientation

### **7. What is safeguarding and why is it important**

- Safeguarding means protecting vulnerable adults from physical, emotional or sexual abuse or neglect.
- Safeguarding is everyone's business, and in the case of suspected abuse, anyone involved is required to take immediate action and ensure the Designated Safeguarding Lead is informed immediately.

### **8. What to do if someone discloses abuse or if you think someone is being abused**

- a. Listen to the individual but do not try to investigate the incident further through interviewing them, gather the basic facts and inform them that you are taking them seriously.
- b. DO NOT discuss any allegations with family/friends if they are implicated in any way as this may invalidate any police enquiry.
- c. Share your concerns with the 'Designated Safeguarding Lead': Paul Madden, Care Director. It is his job to make sure that referrals are made as appropriate.
  - i. In his absence, the deputy Designated Safeguarding Lead is Jan Thirkettle, Clinical Director
  - ii. and in her absence the CEO or any Director.

The 'Designated Safeguarding Lead' at Hospice in the Weald is:

Paul Madden, Care Director who can be contacted on:

Work – 01892 820494

Personal mobile – 07595 245814

The deputy 'Designated Safeguarding Lead' at Hospice in the Weald is:

Jan Thirkettle, Clinical Director, who can be contacted on:

Mobile – 07355 035160

The Designated Safeguarding Lead, deputy, CEO or Directors can discuss concerns with senior people in other agencies to help clarify whether further action is necessary. In some cases, no further action will be

needed; in others, for example where a crime may have been committed, a police investigation may take place.

(A flow chart detailing the procedure to be followed is found in [Appendix 1](#))

**d. What to do if none of these people are available**

- i. Don't delay.
- ii. **If you cannot inform anyone from Hospice in the Weald as set out above ([8.2.](#), [8.2.1.](#), [8.2.2.](#)) and you are worried that a vulnerable adult is in danger;**
  - A) Make a referral to social services yourself.**
  - B) If you can't contact social services, phone the police.**
  - C) In an emergency call 999.**
  - D) Report your actions to your line manager, the Director on call, or the CEO at the earliest opportunity.**
  - E) Record your actions carefully on the [Kent Adult Safeguarding Alert Form – Stage 1](#) (Safeguarding-KASAF-Stage-1 (including for individuals living in East Sussex – see section 9). This form is available on line, details in the reference list and is stored with this policy.**

Contact details of relevant organisations are as follows:

**Kent:**

Kent Adult Social Services - 03000 41 61 61 in office hours  
Kent Adult Social Services – 03000 41 91 91 out of office hours [social.services@kent.gov.uk](mailto:social.services@kent.gov.uk)  
<http://www.kent.gov.uk/social-care-and-health/how-to-get-help/report-abuse>

**East Sussex:**

Adult Social Services Phone - 0345 6080191  
HSCC@eastsussex.gov.uk  
<http://sussexsafeguardingadults.procedures.org.uk/>

**9. If your concerns include a member of staff or volunteer**

- a. Report your concerns directly to the [Designated Safeguarding Lead, or deputy, or the CEO or any Director](#).
- b. The safety of the vulnerable adult must come first as in all other cases.

**10. Keeping Records**

- a. Make a record all discussions and keep a detailed account (that is signed and dated) in a secure place – if circumstances allow use the Safeguarding-KASAF-Stage-1.
- b. Use the person's own language as much as possible.
- c. Try not to elaborate by interpreting events or colouring them with your own views. Document any discussions with your manager (or other named professional), using Safeguarding-KASAF-Stage-1.

**Please use the link below to view/download the latest version of the Safeguarding-KASAF-Stage-1-. This link also includes guidance notes for completing the forms and where/how to send them.**

<http://www.kent.gov.uk/social-care-and-health/information-for-professionals/adult-protection/adult-protection-forms-and-policies>

- d. For those vulnerable adults living in East Sussex referrals are made to East Sussex social services by phone – they do not have a paper referral form, so use the Safeguarding-KASAF-Stage-1 form to record your conversation and actions.
- e. Documentation regarding HitW patients will be kept in their Hospice Electronic Care Record (ECR) and a copy of the Safeguarding-KASAF-Stage-1 should be scanned into their ECR Documentation regarding individuals who are not patients of Hospice in the Weald will be kept in a separate file for 10 years.

## **11. Sharing records**

The principles that should govern the sharing of information include:

- Confidentiality must not be confused with secrecy.
- Information will only be shared on a 'need to know basis' when it is in the best interests of the patient.
- Informed consent should be obtained but if it is not possible and other vulnerable adults are at risk, it may be necessary to override the requirement.
- It is inappropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other vulnerable people may be at risk.

If a request for notes is made by an external agency, this request should be passed to the CEO who will assure themselves of the need for sharing of notes prior to releasing any confidential information and attempt to contact the patient or next of kin.

## **12. What will happen next**

Where it is within control of the Hospice, the alleged abuser will be separated from the person who uses our services and others who may be at risk, or the Hospice will manage the risk by removing the opportunity for abuse to occur.

If the case is referred to social services or the police, they will consider the concerns as a matter of urgency and decide together what action to take, taking account of the vulnerable person's wishes.

All the organisations involved (which could be the police, health professionals, Adult Social Care services or a voluntary organisation) will consider what they will do to prevent the abuse happening again and investigate the situation to see what caused it.

## **13. Safe Recruitment**

All of our staff and volunteers who will be working with patients or their families or friends in any capacity will have a Disclosure and Barring Service (DBS) check and a rigorous application process is followed including obtaining references from previous employers.

Even the most careful selection process, however, cannot identify everyone who may pose a risk to vulnerable adults and it is therefore vital that staff and volunteers talk to their manager or their Director immediately if they have concerns about the practice of others.

If any member of staff or volunteer has a conviction or a warning after the DBS check has been carried out, he/she must report this to the manager in writing within 7 days of the conviction or warning being given. Failure to notify the manager will result in Disciplinary Procedures being followed which may result in dismissal. We require a percentage of our workforce to undergo a further DBS check 3 years after they have started working for us.

#### **14. Allegations towards a staff member or volunteer or if behaviour of anyone gives cause for concern.**

We recognise that any allegation of abuse against a member of staff or volunteer is distressing and difficult to handle. However, it is crucial that, if you have any concerns about the behaviour of another member of staff or volunteer, you raise this immediately with your manager or your Director or the Head of H R who will make sure that this is investigated appropriately, and that confidentiality is maintained.

If an adult makes an allegation against a member of staff or volunteer, you must raise this with the Designated Safeguarding Lead 'Safeguarding Lead or her Deputy or the Head of Human Resources immediately.

#### **15. Training**

All Clinical staff undertake an E-Learning package is available online and can be accessed via the tab entitled 'Adult Safeguarding Resource' under the Training & Development Chart section on HospiceWeb.

#### **16. References**

1. Multi-Agency safeguarding Vulnerable Adults, Adult Protection Policy Protocols and Guidance for Kent and Medway July 2014 Accessed at <https://shareweb.kent.gov.uk/Documents/adult-Social-Services/adult-protection/adult-protection-policies-protocols-and-guidance.pdf> 30.07.19
2. Edition 4 of the Sussex Safeguarding Adults Policy and Procedures 05.19 – Accessed at <http://sussexsafeguardingadults.procedures.org.uk/#sthash.AF7JInj3.dpuf> 31.07.19
3. 'No Secrets' March 2000 Department of Health <http://www.kent.gov.uk/social-care-and-health/information-for-professionals/adult-protection/adult-protection-forms-and-policies/adult-protection-form> -Stage 1-Appendices Accessed 31.07.19

**Appendix 1  
Safeguarding Vulnerable Adults Policy Flow Chart**

