

Safeguarding Policy

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1. Policy Statement

St Nicholas Hospice Care is an independent charity that supports people living with dying, death and grief. The Hospice works mainly with the communities of West Suffolk and Thetford. The Hospice equips people with the knowledge and skills to ensure everyone matters in life and death and provides direct care, support and advice.

The work of the hospice is delivered by paid colleagues, supported by a large team of volunteers and includes an Income Generation Department that manages a range of fundraising and retail activities.

2. Introduction

This policy draws together current inter-related safeguarding requirements for:

- Adult safeguarding
- Children's safeguarding
- The Government's Prevent Strategy
- Mental Capacity Act
- Deprivation of Liberty Safeguards.

The policy is based upon the standards of safety and quality which are common requirements for all providers of health and social care. This demonstrates how St Nicholas Hospice Care complies with the Care Quality Commission (CQC) requirements on roles and responsibilities in safeguarding children and adults, recognising that this is work-in-progress for the CQC who will publish an update in due course...

This policy must be read in conjunction with organisational guidelines listed in Section 5.

Definitions

2.1.1 New Standards in Safeguarding

Fundamental Standards of safety and quality were published by the CQC in 2015, in which the 'vision for safeguarding' was clarified and the principles of safe, person-centered care and consent to treatment reinforced. These are set out in the CQC Statement on Roles and Responsibilities for Safeguarding Children and Adults. These standards are new in that they offer a comprehensive guide for policy and practice that applies both to adults and children.

The safeguarding standard states that:

- Children and adults must be protected from abuse and improper treatment
- Allegations of abuse will be dealt with as soon as they are made
- Care or treatment must not discriminate on grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion, belief, sex or sexual orientation
- Care must not include acts of control or restraint of an adult or child that are not a necessary and proportionate response to a risk of harm
- Care must not be degrading to an adult or child
- Needs for care or treatment of an adult or child must not be significantly disregarded
- No adult or child must be deprived of their liberty for the purposes of receiving treatment without lawful authority

- Regard must be paid to the vulnerability of anyone likely to be exploited, radicalised or drawn into terrorism.

Child safeguarding and promoting welfare is defined as:

- Protection from maltreatment
- Prevention of impaired health and development
- Ensuring children grow up in circumstances consistent with safe, effective care
- Taking action to promote best outcomes for all children
- Professionals working together and putting the child at the centre of their concerns.

Adult safeguarding is defined as:

- Protecting adults' rights to live in safety, free from abuse and neglect
- Working together to prevent risks of abuse and neglect
- Promoting well-being, taking into account adults' views, wishes, feelings and beliefs.
- In balancing freedom and safety, the complexity of some adults' personal circumstances is recognised and the risks that might be inherent in choices people make are acknowledged.

Safeguarding is not:

- A substitute for providers ensuring high quality care that promotes welfare
- A substitute for the core duties of lead agencies like the police or social services (CQC June 2015, section 13).

2.1.2 Vulnerability to Radicalisation (VTR)

Based on the Government's *Prevent* strategy, this deals with adults who may come into contact with the hospice and who are vulnerable to being influenced into supporting or committing acts of terrorism. Such individuals are regarded as Vulnerable to Radicalisation.

2.1.3 Mental Capacity Act (MCA)

The Mental Capacity Act provides the statutory framework for people who lack capacity to make decisions for themselves, or have capacity and want to make preparations for a time in the future when they may lack capacity. It sets out who can take decisions, in which situations' and how to undertake these.

2.1.4 Deprivation of Liberty Safeguards (DoLS)

The Deprivation of Liberty Safeguards are an addition to the original Mental Capacity Act. They provide legal protection for people who lack capacity to consent to their care or treatment when a deprivation of liberty is being invoked.

3. Responsibilities and Accountability

The general responsibilities of provider organisations are summarized by the CQC (2018) as follows:

- To put in place and operate effectively systems, processes, policies, procedures and training to help ensure children and adults who use services are safeguarded from the risk of or actual abuse and neglect.
- To comply with accepted national guidance on paid colleague competencies in line with their role.

- To be aware of the Mental Capacity Act (2005) and the meaning of consent.
- To provide levels and a quality of service that meet all the requirements of the relevant safeguarding regulatory framework for the service they provide.
- To remedy any shortcomings found in safeguarding practice in their service to help reduce risks to people who use the service.
- To learn and apply learning from any safeguarding incident to help strengthen safeguarding in the future.
- To refer incidences of abuse or potential abuse to local authority safeguarding teams.
- To notify CQC of safeguarding incidents in accordance with regulations by completing a statutory notification at the time the abuse is identified.
- To co-operate with safeguarding enquiries.

3.1 Chief Executive Officer (CEO)

The Chief Executive has ultimate responsibility for implementation of this policy. The CEO will ensure that the Board of Trustees approves this policy. The Chief Executive will also ensure that Trustees are kept informed of any safeguarding allegations regarding service users that implicate the employer or volunteers of St Nicholas Hospice Care.

3.2 Managers

During new paid colleagues induction period the hospice managers will refer them to this policy and associated guidelines.

Managers have the responsibility to discuss concerns raised about the abuse of an adult or child or about individuals vulnerable to radicalisation. Following the retirement of the Manager of the Family Support Team who held the Safeguarding Lead role, the hospice has taken the decision that it is no longer appropriate for just one person to act as Lead for Safeguarding. This role will now be taken by three key lead managers: the Quality & Service Development Lead; the Clinical Care & Support Services Operational Manager and the Head of Education and Outreach. Any concerns regarding safeguarding should be reported as soon as possible to one of these managers who will take the lead to ensure matters are followed through promptly.

The 'named professional' will consult with the Multi Agency Safeguarding Hub, social care managers or police as appropriate, ensuring that a referral is made when necessary. In their absence, the Quality and Service Development Lead will fulfill this role. If of these Leads is unavailable, either another manager or senior member must be contacted to undertake these duties.

The Hospice Consultant in Palliative Medicine is the senior clinician responsible for assessment under the MCA and for ensuring that the DoLS safeguards are followed.

3.3 Colleagues

All paid colleagues and volunteers have the responsibility to safeguard the welfare of adults and children and to follow the guidelines if they receive or are made aware of concerns about abuse or radicalisation or in relation to MCA or DoLS. A manager must always be informed if it has become necessary to take emergency action to protect 'life and limb'.

Paid colleagues must make accurate and timely documentation within the individuals Healthcare Record where appropriate.

3.4 Reporting to the Care Quality Commission

The Care Quality Commission must be informed of any abuse or allegation of abuse concerning a person using the service, including both victims and perpetrators, implicating paid colleagues or volunteers. Cases of this nature will be notified to the Chief Executive

and referred to the appropriate local agencies for investigation in the first instance, Police or the Local Authority, ensuring first and foremost that service users are safeguarded.

3.5 Other

St Nicholas Hospice Care is fully committed to this policy and requires all paid colleagues and volunteers to comply with it. However, the policy is not intended to be contractual and maybe be changed subject to approval by the Board of Trustees in consultation with the representative for Staff forum.

4. Procedures and Implementation

The guidelines are available on the 'S' drive (see Section 5). In summary:

4.1 Safeguarding Adults and Children

The guidelines help paid colleagues and volunteers identify concerns and play their part in alerting the appropriate services to instances of abuse by:

- raising the awareness of paid colleagues and volunteers
- setting out the procedures to follow if abuse is suspected or disclosed
- providing an information resource on definitions and recognition of abuse
- providing examples of best professional practice
- giving guidance on working within the multi-agency frameworks within Suffolk and South Norfolk.

4.2 Adults Vulnerable to Radicalisation (VTR)

The guidelines address how paid colleagues and volunteers should respond to their concerns that an adult is vulnerable to radicalisation into terrorist-related activities in keeping with H.M. Government's *Prevent* strategy. Government guidance to the health sector affirms that offering support to individuals who are vulnerable to becoming in any way linked to terrorist activity is no different from safeguarding those who are vulnerable to any other form of exploitation or harm, (Department of Health (DOH), 2011) and the majority of practice principles apply.

4.3 Mental Capacity Act

The guidelines help colleagues to work within the legal framework as they explore options whenever a person might lack the mental capacity to make their own decisions about care or treatment. Healthcare record documentation must demonstrate/evidence that the paid colleague's assessment and interventions uphold professional decision making in the individuals best interest.

When a patient, relative or other party discloses Lasting Power of Attorney (LPA) is in force under the MCA it is a paid colleague's responsibility to

- verify and record the type of LPA in the patient healthcare record
- verify and record the Deputy appointed by the Court of Protection.

4.4 Recent significant changes in safeguarding culture

Following the Care Act 2014 Local Authorities and their partners in the Statutory and Voluntary sector are encouraged to adopt an approach to adults that prioritises what makes safeguarding effective from the viewpoint of the individual who is safeguarded.

This guidance aims to achieve:

- A personalised approach enabling safeguarding to be done with, not to, people.
- Practice that seeks to achieve meaningful improvement in people's circumstances.
- Utilising practitioner skill rather than just 'putting people through a process'.
- Evaluating what difference has been made in service user's lives (Making Safeguarding Personal Guide, LGA, ADASS, 2014)

After widely publicised reports of sexual misconduct by a small number of colleagues in some major voluntary organisations, Charity Commission enquiries have been launched

into several prominent national charities. These events are relevant to St Nicholas Hospice Care in that they emphasise the overriding need for all voluntary organisations to have robust internal processes, accountability and complete transparency with regard to any allegations that involve the integrity and behavior of paid colleagues and volunteers (see 3.4 above). This is in keeping with the belief that ‘charities that report are probably the ones that are the best at dealing with problems’ (Browning V. Association of Chief Executives of Voluntary Organisations, Charity Governance After Oxfam, 2018).

4.5 Deprivation of Liberty Safeguards

The MCA allows restraint and restrictions to be used against the patient only if they are in the person’s best interests. DoLS can only be used for a person in a care home, hospice or hospital, in supported living or a domestic setting, where care and support effectively deprives them of their liberty. There are specific circumstances at the very end of life where DoLS is not considered appropriate and colleagues must pay attention to DoH guidance on how to apply these safeguards in the last few weeks of life (DoH 2015).

Duty of Care

If a person refuses protective action to safeguard their well-being, and has mental capacity, their wishes would normally be respected in keeping with the principles of the MCA. However this does not over-ride the responsibility of paid colleagues or volunteers to report abuse. Additionally, under Common Law, a charge of assault cannot be brought against anybody who has acted, in good faith, to save the life and limb of another person in an emergency.

Timescales

Safeguarding matters must be reported within one working day. Applications for authorisation to deprive a person of their liberty must be made to Suffolk or Norfolk County Council Supervising Bodies, according to the timescale set out in legislation, 7 days for an urgent application and 28 days for a standard authorisation.

Training

Training is delivered by e-learning packages accredited by Suffolk County Council, backed up by in-house updates for operational colleagues and by access to the Suffolk Adult Safeguarding Manager – Mental Capacity Act / Deprivation of Liberty Safeguards

- Basic training is delivered at induction for new paid colleagues and volunteers will use Suffolk County Council CPD online programmes in Adult and Child safeguarding
- In-house updates will be delivered at 3 yearly intervals or more frequently at a manager’s discretion
- The content of training, whether face to face or e-learning, will be vetted by the Safeguarding Lead Managers advising the Human Resource Department.

5. Related St Nicholas Hospice Policies / Guidelines

Recruitment and Selection Policy

Associated guidelines:

- OCG1 Adult Safeguarding and Adults Vulnerable to Radicalisation
- OCG3 Safekeeping of Patients Property
- OCG18 Safeguarding Children
- OCG29 Assessment of Capacity Documentation
- OCG30 Assessment of Best Interests Documentation
- OCG36 Deprivation of Liberty Safeguards
- OCG39 Guidance on Legal Issues and Lasting Power of Attorney

6. Monitoring and Review

This policy will be reviewed every two years by the 'named professional for safeguarding' and may be subject to change earlier as required by new legislation, guidance on best practice, recommendations following national serious case reviews or from any local service user feedback or complaint that suggests hospice practice should be improved.

7. Statutory Compliance and Evidence Referenced

The following Acts of Parliament and government publications comprise the statutory instruments and government guidelines that put this policy into operation and inform our own practice guidance (see 5 above).

Statement on CQC Roles and Responsibilities for Safeguarding Children and Adults, Care Quality Commission, June 2015.

Adults

- Mental Capacity Act (2005), Primary Legislation and Code of Practice, HM Government
- The Care Act 2014, HM Government
- Department for Education and Skills, (2006), Safeguarding Vulnerable Groups Act
- Department of Health, (2008), The Health and Social Care Act
- Suffolk Safeguarding Adults Framework which includes the Multi Agency Safeguarding Hub
- Department of Health, (2000), 'No Secrets: Guidance on developing & implementing multi-agency policies & procedures to protect vulnerable adults from abuse'
- Department of Health, 2004, Protection of Vulnerable Adults (POVA) scheme in England & Wales for care homes & domiciliary agencies: a practice guide'
- Department of Health, (2011), 'Statement of Government Policy on Adult Safeguarding'
- Channel Suffolk, (2013), Guidance on Managing Persons believed to be Vulnerable to Radicalisation (VTR) or influenced by Extremism, Suffolk Safeguarding Boards and Suffolk Constabulary
- Department of Health, (2011), 'Building Partnerships, Staying Safe: the health sector's contribution to HM Government's *Prevent* strategy for healthcare organisations'
- Making Safeguarding Personal Guide, LGA, ADASS, (2014)
- Mental Capacity Act 2005 DoLS (England) Annual Report 2013 – 2014, Health and Social Care Information Centre
- Department of Health, (2009), Care Quality Commission (Registration) Regulations
- DoL Safeguards: a Guide for Hospitals and Care Homes, DoH, 2009
- DoL Safeguards: Putting Them Into Practice, SCIE report 66, 2014
- DoL Safeguards: A Guide for Relevant Person's Representatives, DoH, 2009
- Multi Agency Policy & Procedure, Deprivation of Liberty Safeguards, 2013, Suffolk County Council
- Letter to MCA – DoLS Leads in local authorities and the NHS, Update on the Mental Capacity Act following the 19 March 2014 Supreme Court Judgement, DoH, 2015.

Children

- Working Together to Safeguard Children: A guide to interagency working to safeguard and promote the welfare of children, 2010 and 2013, HM Government Department for Children and Families
- The Suffolk Safeguarding Children Board Child Protection Policies and Procedures www.suffolkscb.org
- The Children Act 1989 HM Government
- The Children Act 2004 HM Government
- The Framework for the Assessment of Children in Need and Their Families, 2000, DOH

- The Common Assessment Framework, 2007, DfES
- What to do if you're worried a child is being abused, Every Child Matters, 2006, HM Government
- Information Sharing: Practitioner's Guide, 2006, HM Government.

General

- Inspector's Handbook, Safeguarding, Roles and Responsibilities, CQC 2018.
- Charity Governance After Oxfam, 2018, Browning V. The Governance Institute (on line, accessed on 22/08/2018); available at <https://www.icsa.org.uk/knowledge/governance-and-compliance/features/vicky-browning-charity-governance-oxfam>

8. List of Appendices

Appendices are for guidance and may be altered as they do not form part of the policy. All appendices can be found within the St Nicholas Hospice Care Shared drive within the headings of Clinical / Human Resources / Organisational

Any procedures, forms and flowcharts are within the Hospice Guidance documents, (see 5 above).