




Safeguarding Adults at Risk Policy

Approval Record

Version	2	Approval Record:	Date	Signature
		Approved by CEO	11.7.23	
Date	July 2023	Approved by Senior Leadership Team	11.7.23	
Review	July 2026	Ratified by Trustees	17.7.23	

Purpose: This policy identifies the principles by which Butterwick Hospice Care (BHC) safeguards adults who are at risk, within legal, national, and professional requirements.

Introduction

Butterwick Hospice Care has a policy of zero tolerance of abuse. Butterwick Hospice Care takes its duty to intervene proportionately very seriously to protect vulnerable adults.

This policy identifies the principles by which Butterwick Hospice Care (BHC) safeguards adults who are at risk, within legal, national, and professional requirements. The policy identifies:

- Those who could be at risk.
- What constitutes abuse.
- The types of abuse.
- The responsibilities of all workers (employed or voluntary) within the organisation.

The following guidance has been key in guiding the principles of safeguarding policy:

- No Secrets (DoH, 2000) identified that agencies have a responsibility to work together to ensure coherent policies for the protection of vulnerable adults at risk of abuse.
- The Care Act (2014) replaced the No Secrets guidance. This emphasises multi-agency working with a focus on outcomes for the adult at risk. This is referred to as making safeguarding personal, the main principle of the care act in relation to safeguarding.
- Safeguarding Accountability and Assurance Framework: safeguarding children, young people, and adults at risk in the NHS (2022).

This policy should be read in conjunction with

Safeguarding Children at Risk Policy
 Incident Reporting and Investigation Policy
 Complaints Policy
 Whistleblowing Policy
 Privacy and Dignity Policy
 Duty of Candour Policy
 Health and Safety Policy
 Equality and Diversity Policy
 Prevent
 Disclosure and Barring Policy
 Recruitment and Selection Policy
 Local Authority Safeguarding Information

Responsibilities

Responsible Person(s)	Responsibility
Board of Trustees	The Board have the responsibility to ensure that there is an effective and robust Safeguarding Adults at Risk Policy across the organisation.
Chief Executive	Ensures that this policy is implemented and reviewed as appropriate. Ensures that the Safeguarding Adults at Risk Policy is effective and robust and embedded into all services. Receives assurance and notifies the Board of any issues.
Director of Care	Ensures that every clinical service has read, understood and signed the policy and, that Safeguarding Adults at Risk is upheld. Ensures that open, honest and transparent culture is embedded in to clinical services.
Clinical / Service Leads	Ensures that any circumstances requiring Safeguarding Adults at Risk to be employed is reported to the Director of Care as soon as possible.
Managers & Team Leaders	Ensures that any event requiring Safeguarding Adults at Risk to be employed, is investigated in accordance with BHC Incident and Investigation Policy and that Lessons Learnt are disseminated within the organisation.
Clinical Staff	Adhere to the Safeguarding Adults at Risk Policy and ensure that they are aware of its content by reading and signing.

Objectives

The Objectives of the policy are:

- To provide clear guidance to all employees and volunteers so they may understand their responsibilities, ensuring that adults at risk can retain their independence wellbeing, and choice.
- To ensure that all employees and volunteers are aware, that if an individual does not have the mental capacity to make choices for themselves, that they are afforded the appropriate protection with respect to preventing risks to their independence.

Butterwick Hospice Care will:

1. Ensure that all staff and volunteers respect the individual's right to have choice and control over their lives even when this involves some risk to their wellbeing and safety, except when their actions could adversely affect the safeguarding needs of others e.g., other service users. This is based upon a presumption of mental capacity.
2. Ensure that our policy and procedures regarding safeguarding are accessible to all adults covered by the policy.
3. Ensure that all staff and volunteers understand the principles which underline the safeguarding of adults:
 - **Empowerment:** the presumption of person led decisions and informed consent.
 - **Prevention:** it is better to take action before harm occurs.
 - **Proportionality:** proportionate and least intrusive response appropriate to the risk presented.
 - **Protection:** support and representation for those in greatest need.

- **Partnership:** local solutions through services working with their communities.
- **Accountability:** accountability and transparency in delivering safeguarding.
 4. Ensure that all staff and volunteers recognise the risks (general signs of abuse) from different sources and in different situations e.g., from other service users, colleagues, relatives, carers etc, and are able to make a risk assessment of individuals.
 5. Ensure that any adult at risk of abuse or neglect is enabled to access any information, support, intervention care and protection, pertinent to their needs in order that they are able to live without fear and in safety.
 6. Ensure that all staff and volunteers are aware of and follow the policy in order to make appropriate referrals about safeguarding adult concerns, through the use of local risk assessment/threshold tools, (available on local authority safeguarding websites), to their local safeguarding team, and are aware of their role as an alerter.
 7. Ensure that all staff and volunteers attempt to gain the consent for an alert to be made, and they understand information to be shared with other agencies. It is considered good practice to inform the adult at risk concerning the procedure related to any alert unless there is good rationale for excluding them, for example: risk to their safety or contamination of evidence. NB: an alert can be made without the individual's consent.
 8. Ensure that staff and volunteers understand the importance of inter-agency working with the local safeguarding adults team.
 9. Ensure that any initial fact finding is carried out sensitively in a manner and language appropriate to the level of understanding and cultural background of each person concerned, and these persons are supported by the hospice throughout the process.
 10. Ensure that any investigation into any alleged abuse is considered in a manner and language appropriate to the level of understanding and cultural background of the person(s) concerned and that the alleged perpetrator is offered support by the hospice throughout this process. NB: before any investigation is undertaken this must be agreed by the local authority, who may request the involvement of the police (vulnerable adults unit).
 11. Ensure that all staff and volunteers understand the relevance of contemporaneous reporting of facts in relation to any concerns of abuse or neglect, and of the actions taken as a result.
 12. Ensure that all staff and volunteers are aware of and understand the Whistleblowing Policy and Procedure and its relationship to the Safeguarding Adults at Risk Policy, thus enabling all personnel in the hospice to report their concerns confidentially to the appropriate persons.
 13. Ensure that regular recorded supervision is provided for staff and volunteers related to the addressing of any issues, with regards to Safeguarding Adults. This will also assist in identifying any training needs for staff and volunteers.
 14. Ensure that the hospice carries out regular reviews of those clinical incidents which are referred to the safeguarding adults team, as well as those incidents where through the use of the risk assessment/threshold tool the decision is taken not to refer to the safeguarding adults team, in order to establish and fully understand the causes of the issues involved for the hospice.
 15. Ensure that a lead professional is identified who will be responsible for ensuring that the organisation is kept up to date with current knowledge concerning good practice and to whom alerters can report cases. NB: if an individual staff member or volunteer fails to identify any concerns that he/she may have, this constitutes a failure in their duty of care and may incur disciplinary action (staff) or a request that the individual leaves the organisation (volunteer).
 16. Ensure that when staff and volunteers are managing patients/clients who have formulated their advance decisions in relation to their care, should they lose capacity it will be recognised by clinical staff that the decisions which have been made in writing, signed and witnessed, must be honoured, even if the staff member does not understand the rationale behind the decisions. However, this document must include an express statement that the decisions stand 'even if life is at risk'. Exceptions to this concern the compulsory

treatment provision for mental disorders which stand within the Mental Health Act (amended 2007) which can override any advance decision.

17. Ensure that all staff and volunteers are aware that there is a legal duty to cooperate with any requests made by the safeguarding team and that they must share any information to which they have access, pertaining to this request.
18. Ensure that it is known by all staff and volunteers that it is an offence for the hospice to "knowingly" employ a person in any regulated activity and that it is the responsibility of all staff and volunteers to identify such issues to the senior leadership team within the hospice.
19. Ensure that staff and volunteers are assessed in line with the Disclosure and Barring (DBS) Policy to identify which level of check is required for different roles. The DBS Enhanced with Barred List check is required for those staff and volunteers working in regulated activity with vulnerable adults.
20. Ensure that regulation 5 and regulation 19 are met:
Regulation 5: outlines the requirements for directors to be Fit and Proper Persons.
Regulation 19: outlines the requirements for the Fit and Proper Persons Test for persons employed.
21. Ensure that the Duty of Candour Policy is adhered to. Safeguarding requires openness, advocacy, transparency, and trust.
22. Ensure that information sharing guidance is adhered to. Robust information sharing is critical to effective safeguarding practice. The GDPR and Data Protection Act 2018 do not prevent, or limit, the sharing of information for the purposes of keeping adults safe.

Definition

Please refer to Appendix 1 for definitions.

Application of the Policy

Questions to ask before making a safeguarding alert:

- Is the person over 18 years of age.
- Does the person have, or appear to have, needs for care and support.
- Is the person experiencing, or is at risk of, abuse, neglect, or exploitation.
- As a result of care and support needs, is the person unable to protect themselves from either the risk of, or the experience of abuse or neglect.

If yes:

- Report the concerns to the line manager (or on call manager).
- Report the concerns to the named lead for safeguarding adults (Director of Care), or the designated person in the absence (Quality and Governance Lead).
- Consider the information in line with the safeguarding adults risk assessment / threshold tool.
- Where abuse is considered to have occurred, an alert must be made to the local safeguarding adults team (Appendix 2).
- If the adult is considered to be in immediate danger, then 999 could be contacted (taking steps to ensure their immediate safety without putting yourself at risk. Where possible, any evidence should be preserved and protected).
- Clear and accurate records (including time, date, and setting) must be kept of all allegations of abuse as soon as possible after the event. Document what has been reported or witnessed (including any actions taken) – use exact words and phrases where possible. State fact and not opinion. Always sign and date everything that has been written.
- If there are any rough notes, these must also be kept.
- Record if the police or other emergency service has been contacted.
- Give the notes (written and rough) to the line manager – who will then pass them to the safeguarding lead.

If the allegation or concerns are about staff or volunteers working with adults with care and support needs:

- Any concerns must be reported directly to the safeguarding lead.
- All staff and volunteers must be made aware of their rights under employment legislation and BHC disciplinary guidelines.

Training Requirements

All clinical staff will be required to understand and adhere to the policy and support staff to understand and adhere.

Safeguarding adults training must be completed (Appendix 3) by all trustees, staff, and volunteers in line with Adult Safeguarding: Roles and Competencies for Health Care Staff (RCN, 2018).

Review

This policy is subject to review every 3 years or sooner, if there are any significant events or changes to legislation.

Supporting Documentation

- Safeguarding Accountability and Assurance Framework Version 3 (NHS England, July 2022)

Policy Version and Date	Author	Review Date
Version 2 July 2023	Allana Massingham	1 st July 2026

Appendix 1 – Definitions

Word/Term	Definition
Adult At Risk of Abuse, Neglect, or Exploitation	A person aged 18 or over who <ul style="list-style-type: none"> • 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 Needs	The mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent – including older people, people with a disability or long term illness, people with mental health problems, and carers.
Abuse	There are many different types of abuse and they all result in behaviour towards a person that deliberately or unintentionally cause harm. It is a violation of an individual's human and civil rights, causing humiliation, loss of dignity and in the worst cases can result in death. Abuse may be: <ul style="list-style-type: none"> • A single act or repeated acts • An opportunistic act or a form of serial abusing where the perpetrator seeks out and 'grooms' individuals. • An act of neglect or a failure to act • Multiple in form (many situations involve more than one type of abuse) • Deliberate or the result of negligence or ignorance • A crime
Domestic Abuse	is an incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member. Domestic violence and abuse may include psychological, physical, sexual, financial, emotional abuse; as well as so called 'honour' based violence, forced marriage and female genital mutilation
Neglect and acts of omission	The deliberate act of ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating It can prevent a person who is dependant on others for their basic needs exercising choice and control over fundamental aspects of their life and can cause humiliation and loss of dignity.
Self-Neglect	Self-neglect covers a wide range of behaviour, including neglect of one's personal hygiene, health or surroundings, and includes behaviour such as hoarding.
Physical abuse	Physical Abuse includes hitting, slapping, pushing, kicking, misuse of medication, unlawful or inappropriate restraint, or inappropriate physical sanctions.
Financial or material abuse	Financial or material abuse includes fraud, theft, internet scamming, coercion in relation to wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits by a third party.
Sexual abuse	Sexual abuse includes rape and sexual assault or sexual acts to which the adult at risk has not consented, or could not consent or was pressured into consenting.

Discriminatory Abuse	Discriminatory Abuse includes forms of harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation or religion.
Organisational Abuse	Organisational abuse includes neglect and poor practice with an institution or specific care setting such as a hospital or care home for example 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 with an organisation.
Psychological Abuse	There is a psychological element to all types of abuse. This includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation, or unreasonable behaviour. They can also be very aggressive shouting, swearing or making racist comments.
Radicalisation and the PREVENT Strategy	Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism. The Prevent Strategy requires organisations to contribute to the prevention of terrorism by safeguarding and protecting vulnerable individuals who may be at a greater risk of radicalisation.
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.
General Signs of Abuse	These are the signs that indicate that abuse might be taking place. These include; difficulty in obtaining access to an adult on their own or in contacting them; an adult not appearing to access medical or other appointments; an apparent isolation of the adult from general life; regular transferring of an adult's case from one agency to another; repeated visits to GP or hospital for no apparent reason; changes in their health but a reluctance to seek help of agencies and their medical practitioner; refusal to accept help from previously trusted carers. Where one or more agencies raise concerns about an individual this becomes an indicator of abuse.
Abuser or Perpetrator of Abuse	Anyone can abuse or neglect including; <ul style="list-style-type: none"> • Spouses/partners • Other family members • Friends • Local residents • People who deliberately exploit adults they perceive as vulnerable to abuse • Paid staff or professionals.

Safeguarding

Everybody & Everyday

If you feel unsafe or are worried about someone or something, you can contact us:

If you are concerned about an adult:		
Allana Massingham Director of Care or (in her absence) Louise Aslett Q&G Lead	Lead for Safeguarding, Butterwick Hospice Care	01642 607742 07834189494 01642 607742 07787 432508
First contact Adults	Stockton on Tees Borough Council	01642 527764 (Emergency Duty Team 01642 524552)
Social Care Direct	Durham County Council	03000 267979
If you are concerned about a child:		
Allana Massingham Director of Care or (in her absence) Louise Aslett Q&G Lead	Lead for Safeguarding, Butterwick Hospice Care	01642 607742 07834189494 01642 607742 07787 432508
The Children's Hub, Stockton & Hartlepool	Stockton on Tees & Hartlepool Borough Council	01642 130080 (Out of Hours Duty Team 01642 524552)
Early Help Triage Team	Durham County Council	03000 267979 (24 hours)

If you believe that someone is in immediate danger or at risk of harm, please ring 999 – but you must also report this to the Safeguarding Lead.

SAFEGUARDING TRAINING

NB: please note that this is the level identified in Butterwick Safeguarding Policies – if you have progressed to a higher level that is commended, but is not required to fulfil your role.

ADULT SAFEGUARDING TRAINING:

LEVEL 1	LEVEL 2	LEVEL 3
All Trustees	Non-Registered Clinical Staff (Adult & Children Services)	Director of Care (Safeguarding Lead)
All Non-Clinical Staff	Clinical Administrative Staff (Adult & Children Services)	Clinical Lead (Adult & Children Services)
All Volunteers		Registered Clinical Staff (Adult & Children Services)
		Hospice Physicians / Consultants
		Head of Family Support Services (inc deputy)
		Family Support Teams
		Family Support Volunteer Counsellors

CHILD SAFEGUARDING TRAINING:

LEVEL 1	LEVEL 2	LEVEL 3
All Trustees	Non-Registered Clinical Staff (Adult & Children Services)	Director of Care (Safeguarding Lead)
All Non-Clinical Staff	Clinical Administrative Staff (Adult & Children Services)	Clinical Lead (Adult & Children Services)
All Volunteers	Family Support Teams	Registered Clinical Staff (Adult & Children Services)
		Hospice Physicians / Consultants
	Family Support Volunteer Counsellors	Head of Family Support Services (inc deputy)