

Version	Title	Author	Changes (Summary of changes made)	Authorised	Date
4	Adult Safeguarding	SD	Reviewed and updated	Board Mtg 12.02.2020	01/02/2020

## ADULT SAFEGUARDING

### Introduction

This procedure sets out what is expected of Healthwatch West Sussex Board members, staff and volunteers who have been informed or have reason to suspect that an adult has been harmed or is at risk of harm. It also clarifies what Board members, staff and volunteers should expect from the organisation, including provision of personal support and independent counselling.

The ‘Responsible Officer’ is the Healthwatch West Sussex Chief Officer unless otherwise stated.

Where partner organisations of Healthwatch West Sussex through their work for Healthwatch West Sussex are informed or have reason to suspect that an adult safeguarding issue exists, they will follow their own organisations policy and process which meets the requirements of Healthwatch West Sussex policy and all other statutory requirements.

A full list of definitions is included at the end of this policy.

### Process

Stage One: Raising an alert/concern.

Stage Two: Response to an alert/concern.

Stage Three: Responsibilities of the Responsible Officer.

Stage Four: Responsibilities of Healthwatch West Sussex

Healthwatch West Sussex Board members, staff and volunteers will generally only be involved in Stage One of the process, but the information that led to raising the alert / concern may be used in other stages of the process.

## **Stage One - Raising an Alert or Concern**

All Board members, staff and volunteers have an absolute and unequivocal duty to report to The Responsible Officer any alerts / concerns that an adult has been, is being, is at risk of being or is suspected of being harmed or neglected.

Alerts / concerns can also be made directly to Safeguarding Adults contact points (see Appendix One) by any staff member or volunteer but the Responsible Officer must be made aware of the situation.

Alerts / concerns should be reported immediately or within 24 hours.

An alert / concern may be:

- A direct disclosure by the adult at risk.
- Raised by employees or volunteers, others using the service, a carer or a member of the public.
- An observation of the behaviour of the adult at risk, of the behaviour of another
- person(s) towards the adult at risk or of one service user towards another.

A Flowchart of Stage One: Raising an Alert / Concern is given in Appendix 2.

## **Stage Two - Response to an Alert or Concern**

### **Responsibilities of the person raising the Alert**

Alerting involves:-

- Recognising possible signs of adult harm
- Taking action to ensure immediate safety (e.g. calling an ambulance / police)
- Preserving evidence so it is not contaminated or lost (see below)
- Responding to disclosure of harm (see below)
- Recording initial information (see below)
- Reporting to the Responsible Officer and/or Safeguarding Adults contact point
- Working in accordance with Healthwatch West Sussex's policies for Equality and Diversity and Equitable Service Use Rights.

It is not the expectation of the organisation, or the responsibility of staff and volunteers, to take any further action without authorisation.

### **Responding to a Disclosure. Do:-**

- Accept what the person says
- Stay calm
- Listen patiently
- Reassure the person that they are right to tell you
- Explain what you are going to do
- Report it to your line manager as soon as possible
- Consider if it's an emergency - are police needed now?

- Record everything the person has told you in detail as soon as possible

Don't:-

- Appear shocked, disgusted or angry
- Press the individual for details
- Offer comments or judgements
- Mess up evidence (e.g. only touch what is essential)
- Promise to keep secrets
- Give sweeping reassurances
- Confront the alleged perpetrator

## Recording

Whenever an alert / concern of adult harm is made all staff and volunteers have a responsibility to keep clear and accurate records:

- Records must be made as soon as possible after the concern, allegation or disclosure is made
- Each entry must be timed and dated
- The name of the person recording the information must be written in full
- All records should be either typed or written clearly in black ink
- All alterations should be crossed through with a single line and initialled (do not use correction fluid)
- All records must include factual information e.g. times, dates, names of people involved, what was observed and by whom
- Expressions of opinion should be avoided
- All contact with the adult at risk and alleged perpetrator should be recorded and the exact words used by each person
- The appearance and the behaviour of the adult at risk should be recorded
- Use body maps to illustrate any physical injuries (see Appendix 3)
- Details of the person alleged to have caused harm should be recorded
- Record all consultations with line manager or Access and Community Support Manager
- Record discussion with and information received from other agencies
- Record all telephone calls received in relation to the alleged harm
- All records should be non-judgemental and non-discriminatory

Best practice is based on openness and accuracy so wherever possible recording should be a process carried out with the service user

The notes must be kept safe as it may be necessary to make records available as evidence and to disclose them to a court.

## Stage Three - Responsibilities of the Responsible Officer

If the Responsible Officer agrees that harm or neglect has taken or may take place and the following has not already been done, they should inform:

- The Safeguarding Adults Contact Point (see appendix 1) or if there is a need for an immediate Safeguarding plan to the relevant adult social care team or the relevant adult social care out-of-hours services.
- The police, if a crime has been or may be committed.
- CQC if the adult is receiving care from a registered health or social care provider.
- Calls should be made to the National Customer Service Centre on 03000 616161
- Children's Social Care if children are also perceived as being at risk from harm.

The responsible Officer should also:

- Report to the Chair any Board member, staff or volunteer suspected of abuse
- Ensure that access is given to the investigator (Police or Social Service Staff) to records and information relating to the adult at risk, regardless of whether they are funding their own care or support.

The Responsible Officer will report to the Board any alerts that have been made and provide details of the action taken.

#### **Making a decision to raise an alert / concern without consent:-**

If there is overriding public interest or vital interest or if gaining consent would put the adult at risk of serious harm, an alert must be made. This would include situations where:

- Other people or children could be at risk from the person causing harm.
- It is necessary to prevent crime.
- Where there is a high risk to the health and safety of the adult at risk.
- The person lacks capacity to consent.
- The adult at risk would normally be informed of the decision to raise an alert and the reasons, unless telling them would jeopardize their safety or the safety of others.
- If the adult at risk is assessed as not having mental capacity to make decisions about their own safety and to consent to an alert being made, the alerting manager must make a decision in their best interests in accordance with the provisions set out in the Mental Capacity Act (2005). Best Interests decisions must be specifically recorded as such.

The key issue in deciding whether to make an alert is the harm or risk of harm to the adult at risk and any other adults or children who may have contact with the person causing harm or contact with the same organisation, service or care setting.

If the Board member, staff or volunteer is unsure whether to raise an alert, they must contact the responsible Officer or WSCC Safeguarding adults contact point for advice. If in doubt make the alert and discuss with the local Social Services or the Police.

## Supporting Board members, staff and volunteers

The Responsible Officer is responsible for:

- Supporting any Board member, staff or volunteers who raise a concern /alert. Board members, Staff and volunteers can expect individual support during and after an incident; this includes individual independent counselling if they so choose
- Ensuring that any Board members, staff or volunteers delivering a service to the adult at risk are kept up to date on a need-to-know basis and do not take actions that may prejudice the investigation

## Stage Four - Responsibilities of Healthwatch West Sussex

Healthwatch West Sussex, as an organisation, should ensure that they:

- Make Board members, staff and volunteers aware of their duty to report any allegations or suspicions of harm to the Responsible Officer, or if the responsible Officer is implicated, to the Board Chair or to the local authority.
- Meet their responsibilities and ensure compliance with the Health and Social Care Act 2008.
- Operate safe recruitment practices and routinely take up and check references.
- Adhere to and operate within their own organisation's 'whistle-blowing' policy
- Support employees who raise concerns.
- Fulfil their legal obligations under the Vulnerable Groups Act 2006 and the Vetting and Barring Scheme as administered by the Independent Safeguarding Authority (ISA).

## Safeguarding Adults Policy Review

The Responsible Officer will have lead responsibility for the Safeguarding policy statement and procedure. This will be drawn to the attention of all board members and partners and published so that any stakeholder or member of the public is able to access the policy.

This procedure will be reviewed every year to ensure it remains appropriate and effective and is in-line with best practice and SAB guidance.

Healthwatch West Sussex are part of the West Sussex Safeguarding Adults Board. As such, Healthwatch West Sussex and our partners use the "*Checklist of Areas for Care Act Compliance for SAB Partners*".

## Definitions

**Adult at Risk** - refers to any person aged 18 years and over who:

- is or may be in need of Community Care Services by reason of mental or other disability, age or illness and
- is or may be unable to take care of himself or herself or
- is unable to protect themselves against significant harm or serious exploitation

**Vulnerability** - relates to whether the adult at risk is able to:

- make and exercise their own informed choices free from duress, pressure or undue influence of any sort.
- protect themselves from harm, neglect and exploitation.

**Mental Capacity Act** - provides a statutory framework to empower and protect people who may lack capacity to make decisions for themselves and establishes a process for making decisions on their behalf.

The presumption is that adults have mental capacity to make informed choices about their own safety and how they live their lives. Issues of mental capacity and the ability to give informed consent are central to decisions and actions in Safeguarding Adults. All interventions need to take into account the ability of adults to make informed choices about the way they want to live and the risks they want to take. This includes their ability to:

- understand the implications of their situation
- take action themselves to prevent harm
- participate to the fullest extent possible in decision-making about interventions

A person may not have capacity if they:

- do not understand the information relevant to the decision
- cannot retain that information long enough for them to make the decision
- cannot use or weigh up that information as part of the process of making the decision
- cannot communicate their decision (whether by talking, using sign language or by any other means such as muscle movements, blinking an eye or squeezing a hand).

Mental capacity is time and decision specific. This means that a person may be able to make some decisions but not others at a particular point in time. A person must receive all appropriate help and support to communicate their decision. Their ability to make a decision may also fluctuate over time.

**Deprivation of Liberty Safeguards (DoLS) (2007)** - an amendment to the Mental Capacity Act (2005). They provide a legal framework to protect those who may lack the capacity where levels of restriction or restraint used in delivering their treatment and /or care are so extensive that they deprive the person of their liberty. The safeguards apply where that person's treatment and/or care is being delivered in a registered care home or hospital and has not been authorised under the Mental Health Act 1983.

**Consent** - It is always essential in safeguarding to consider whether the adult at risk is capable of giving informed consent.

Where an adult at risk with capacity has made a decision that they do not want action to be taken and there are no public interest considerations (e.g. not acting will put others at risk or if a crime has been or may be committed), their wishes must be respected and recorded, to demonstrate how the decision was reached.

**Harm** - '...a violation of an individual's human and civil rights by any other person or persons' (DoH, 2000). Harm may be:

- A single act or repeated acts.
- An act of neglect or a failure to act.
- Multiple acts, for example, an adult at risk may be neglected as well as financially harmed.

**Significant Harm** - The Law Commission has suggested that:

'Harm should be taken to include not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development'.

**Physical Harm** - non-accidental harm to the body. It can range from careless rough handling to direct physical violence.

**Sexual Harm** - the involvement of people in sexual activities for which they have not given consent or do not fully understand or were pressured into consenting.

**Psychological or Emotional Harm** - any action which adversely impacts on an individual's emotional wellbeing, causing distress and affecting their quality of life and ability to function to their full potential.

**Financial Harm** - the theft or misuse of any money, personal belongings or property of a vulnerable person.

**Neglect and Acts of Omission** - include; repeated deprivation of medical or physical care needs; including the failure to intervene in behaviour which is dangerous to the vulnerable adult or to others.

**Institutional Harm** - involves the collective failure of an organisation to provide safe, appropriate and acceptable standards of services to vulnerable people.

**Discriminatory harm** - exists when the values, beliefs and culture of the majority results in a misuse of power that denies equal opportunities to some minority groups or individuals.

Any of the above, with the possible exception of Institutional Harm, may include domestic violence.

**Self-neglect** does not come under the scope of the 'Multi-Agency Safeguarding Adults Policy and Procedures'. However in cases where there is evidence of serious self neglect, which could result in significant self harm, these procedures could offer a structure and process which, with the agreement of all concerned, could provide a helpful framework in which to address the problems identified.



## Appendix 1

### Safeguarding Adults Contact Points

All alerts for Adult Safeguarding or requests for help and information should be referred to the local authority in whose area the alleged incident or harm occurred:

Emergencies: Telephone 999

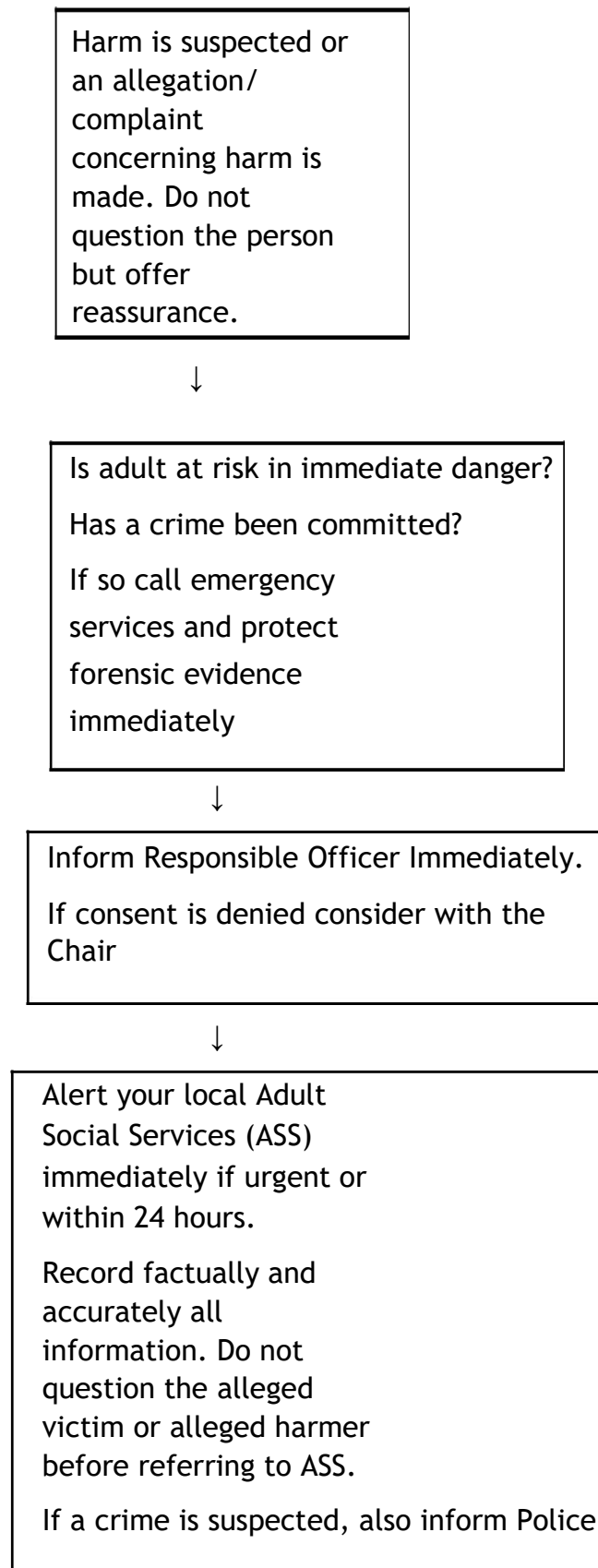
Safeguarding Adults: Telephone: 01243 642555 (out of hours 01903 694422)

**Care Quality Commission (CQC)**

National Customer Service Centre: Tel: 03000 616161

## Appendix 2

### Stage One: Flowchart Raising an Alerting / Concern



If harm is suspected to be from a member of staff, follow disciplinary/grievance/wistle blowing policy



If a strategy discussion/meeting is called, the Investigating Officers from ASS, and Police if involved, will co-ordinate the investigation and ensure effective communication between all Parties.



Co-operate with the investigation make records available and attend meetings if requested