



**Lawrence Home Nursing Team (LHNT)**  
**SAFEGUARDING ADULTS POLICY**

**Purpose:**

- **To define accountability and responsibility for LHNT Trustees and staff with regard to the Safeguarding of Vulnerable Adults.**

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**Associated Policies: LHNT HR Policies 2019/Risk Management Policy 2019/Freedom to  
Speak up Policy 2019**

## SCOPE

This policy is principally aligned with the Oxfordshire Safeguarding Adult Board (OSAB) policies and procedures to enable Lawrence Home Nursing Team (LHNT) staff to access clear and consistent guidance relating to their responsibility to safeguard vulnerable adults throughout all LHNT services. The OSAB website should therefore be accessed in conjunction with this policy for the most up to date information.

This is available at: <http://www.osab.co.uk/professionals>

**It is noted that LHNT provides a service to GP Practices whose patients live within a number of county geographical boundaries including Oxfordshire, Warwickshire, Gloucestershire and Northamptonshire. As safeguarding teams align to these boundaries full contact details are available within Appendix One.**

## PRINCIPLES

- The focus of all safeguarding adults work is the wellbeing, security and safety of the vulnerable person him or herself.
- All people have the right to self-determination and personal choice wherever possible and all practicable steps must be taken to ensure this.
- Self-determination can involve risk and it is important that such risk is recognised by all concerned and minimised wherever possible.
- All people have the right to protection and to redress under the law in accordance with their human rights as outlined in The Human Rights Act 1998.

## ACCOUNTABILITY AND RESPONSIBILITY

### **LHNT Trustees and Nominated leads:**

- Overall accountability for Safeguarding Vulnerable Adults within LHNT lies with the LHNT Trustees. The delegated responsibility in the organisation for all services is delegated to the Registered Manager.

### **The LHNT Registered Manager will ensure that:**

- LHNT services comply with national legislation and guidance regarding Safeguarding.
- LHNT services are consistently integrated with the Oxfordshire Safeguarding Adults Board's policies and processes, as well as being cognisant of other counties processes covered by the team.
- LHNT services have policies in place regarding the protection of vulnerable Adults and that these are implemented through quality assurance and monitoring systems.
- All safeguarding alerts are notified to the CQC as per the Statutory Notification process, this is the responsibility of the Registered Manager.
- Procedures are in place to ensure the safe recruitment of staff, whether they are directly employed or contracted to work on behalf of LHNT.
- All staff will have an appropriate level of training commensurate with their role. Specifically a designated management role within LHNT will be trained to Level 3 in Safeguarding.
- Safeguarding is integral to governance arrangements within the organisation.
- Any service issues regarding Safeguarding are highlighted within the Risk Management strategy / Incident Reporting policy and escalated appropriately.
- All staff have appropriate appraisal and professional development reviews and that identified needs around Safeguarding Vulnerable Adults are addressed.

- Staff can access clinical supervision from appropriately qualified staff following any incident involving the care delivered to vulnerable adults.

#### **LHNT staff Responsibilities:**

- To regularly familiarise themselves with Oxfordshire Vulnerable Adults Protection Procedures (plus other counties contact details), as described in appendix 1 and to follow these procedures when there are concerns.
- To know who to contact if they need to discuss concerns about a vulnerable adult's welfare.
- To work in partnership with other agencies to safeguard vulnerable adults.
- To ensure that documentation is accurate and complete.
- To fulfil mandatory Vulnerable Adult protection training commensurate to their role as required by LHNT.

#### **VULNERABLE ADULT**

A vulnerable adult is defined in No Secrets (DOH 2000) as:

***'a person aged 18 years or over who is in receipt of or may be in need of community care services by reason of mental or other disability, age or illness and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.'***

**Abuse** is defined by No Secrets (DOH 2000) as:

***"a violation of an individual's human or civil rights by any other person or persons"***

**The Care Act 2014** updated the scope of adult safeguarding: Where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there) - (a) has needs for care and support (whether or not the authority is meeting any of those needs), (b) is experiencing, or is at risk of, abuse or neglect, and (c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

The statutory guidance enshrines the six principles of safeguarding:

1. Empowerment - presumption of person led decisions and informed consent
2. Prevention - it is better to take action before harm occurs
3. Proportionality - proportionate and least intrusive response appropriate to the risk presented
4. Protection - support and representation for those in greatest need
5. Partnerships - local solutions through services working with their communities
6. Accountability - accountability and transparency in delivering safeguarding

#### **TYPES OF ABUSE**

Abuse is any behaviour towards a person that deliberately or unknowingly causes them harm, endangers their life or violates their life.

The document 'No Secrets' (DOH 2000) highlights the main forms of abuse:

1. **Physical abuse**, including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.

2. **Sexual abuse**, including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressurised into consenting.
3. **Psychological abuse**, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, verbal abuse, isolation or withdrawal from services or supportive networks.
4. **Financial or material abuse**, including theft, fraud, exploitation pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
5. **Neglect and acts of omission**, including 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.
6. **Discriminatory abuse**, including racist, sexist, that based on a person's disability and other forms of harassment, slurs or similar treatment.
7. **Institutional Abuse**, involves the collective failure of an organisation to provide an appropriate professional service to people who may be at risk of harm as a result of abuse or neglect. It can be seen or detected in processes, attitudes and behaviour that amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and stereotyping. It includes the failure to ensure the necessary safeguards are in place to protect vulnerable adults and maintain good standards of care which meet the individual's needs, including proper assessment, care planning, training of staff, supervision and management, record keeping and liaising with other providers.
8. **Domestic violence** – including psychological, physical, sexual, financial, emotional abuse so called 'honour' based violence. In 2013, the Home Office announced changes to the definition of domestic abuse: 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 regardless of gender or sexuality
  - Includes: psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence; Female Genital Mutilation; forced marriage. Age range extended down to 16.
9. **Radicalisation & Extremism: Prevent** is part of the Government's counter-terrorism strategy CONTEST which aims to stop people becoming terrorists or supporting terrorism. The *Prevent* strategy addresses all forms of terrorism and prioritises according to the threat posed to national security. Responsible authorities are local authorities, schools, further and higher education, the health sector, prison, probation and the police. The strategy has three main objectives:
 

**Objective one:** Ideology – respond to the ideological challenge of terrorism;

**Objective two:** Supporting vulnerable people – prevent people from being drawn into terrorism; and

**Objective three:** Work with key sectors and institutions – address risks.

**Making a referral to Channel** (The Channel programme provides tailored support for a person vulnerable to being drawn into terrorism. A referral to Channel can come from anyone who is concerned about a person they know who may be at risk, whether a family member, friend, colleague or concerned professional (through their normal safeguarding process). If you think that someone may be vulnerable to radicalisation you can call **0345 050 7666** during office hours and ask to be put through to the **Social and Health Care Team for an adult**.
10. **Modern slavery** encompasses slavery, human trafficking, forced and compulsory 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.

A large number of active organised crime groups are involved in modern slavery. But it is also committed by individual opportunistic perpetrators. There are many different characteristics that distinguish slavery from other human rights violations, however only one needs to be present for slavery to exist.

**Someone is in slavery if they are:**

- forced to work – through mental or physical threat;
- owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse;
- dehumanised, treated as a commodity or bought and sold as 'property';
- physically constrained or has restrictions placed on his/her freedom of movement.

Contemporary slavery takes various forms and affects people of all ages, gender and races.

Human trafficking involves an act of recruiting, transporting, transferring, harbouring or receiving a person through a use of force, coercion or other means, for the purpose of exploiting them. If an identified victim of human trafficking is also an adult with care and support needs, the response will be co-ordinated under the adult safeguarding process. The police are the lead agency in managing responses to adults who are the victims of human trafficking.

## **MENTAL CAPACITY ACT 2005**

All actions taken under Safeguarding Adults procedures must have full regard to the Mental Capacity Act 2005 and the accompanying Codes of Practice.

The Act sets out five key statutory principles:

1. The presumption of capacity-every adult has the right to make his/her own decisions and must be assumed to have capacity to do so unless proved otherwise.
2. The right of individuals to be supported to make their own decisions-people must be given all appropriate help before anyone concludes that they cannot make their own decisions.
3. Unwise decisions-a person is not to be treated as unable to make a decision merely because it is considered to be unwise.
4. Best Interests-anything done for on behalf of a person without capacity should be least restrictive of their basic rights and freedom.
5. Least restrictive alternative-anything done for on behalf of a person without capacity should be least restrictive of their basic rights and freedom.

However, in some circumstances the wishes of the person may be overridden where there is agreed to be a serious risk of harm to other vulnerable people. This relates particularly to the sharing of information with other agencies-reference.

Any sharing of information between agencies for the purpose of safeguarding adults at risk of harm as a result of abuse must comply with the requirements of the Data Protection Act 1998.

## **DEPRIVATION OF LIBERTIES SAFEGUARDS:**

The Deprivation of Liberty Safeguards (DOLS) in conjunction with the Mental Capacity Act 2005 were introduced in 2009 to provide legal protection for vulnerable people who are or may become deprived of their liberty in their best interests.

The safeguards apply to people aged 18 or over in hospitals and care homes throughout England and Wales who have a mental disorder and lack capacity to consent to care or treatment. Deprivation of Liberty Safeguards does not apply to people who are detained under the Mental Health Act 1983.

Hospitals and care homes (the Managing Authority) have a duty to identify anyone who could be at risk of a deprivation of liberty. In Oxfordshire, the organisation depriving someone of their liberty will need to request an authorisation from Oxfordshire County Council (the Supervisory Body).

### **Interagency Working:**

The key in preventing, intervening and treating the abuse or mistreatment of vulnerable adults is to involve everyone providing care to the patient and to work together.

Staff working for or on behalf of LHNT will achieve this by:

- Working together with colleagues in health and social care.
- Promoting the empowerment of those who may be at risk of being abused.
- Acting in a way that supports the rights of the individual to lead an independent life, based on self-determination and personal choice.
- Recognising that, there are people who are unable to take their own decisions and/or to protect themselves, their assets and their bodily integrity.
- Recognising that, self-determination can involve risk

### **ROLE OF LHNT STAFF**

Staff working for or on behalf of the company will work in partnership with social services and other agencies to safeguard vulnerable adults. Staff need to be aware that it is not their responsibility to investigate cases of abuse or mistreatment of vulnerable adults. They do not organise strategy meetings but should share information and work closely with Social Services to meet the best interests of the client or patient.

### **Codes of Conduct:**

Registered Nurses, Doctors and Allied Health Professionals are also personally accountable for their practice through their codes of conduct: Nursing and Midwifery Council, the Healthcare Professionals Council and the General Medical Council.

### **Alerting / Raising Concerns – Appendix One:**

All concerns, allegations or disclosures of abuse must be reported through formal channels, as directed in Appendix 1 no matter who the alleged perpetrator is. If the alleged perpetrator is a line manager, staff may report to a senior manager within the company as per the LHNT Freedom to Speak Up Policy. Employed carers working for social services and carers from the voluntary sector must be reported to social services.

LHNT would investigate any allegation made against directly employed staff, with advice from social services, HR and the police if necessary.

### **Responding to Disclosure:**

- Incidents of abuse or crimes may only come to light because the abused person themselves tells someone
- Staff should be aware that the person may not appreciate the significance of what they are sharing i.e. they may not realise that they are being abused
- Disclosure may take place many years after the actual event
- Any disclosure must be taken seriously and treated accordingly.

**Procedure:**

Due to the complexity of protecting and supporting vulnerable adults, no-one working for or on behalf of LHNT should make a decision to refer to social services or the police in isolation unless the patient requires urgent intervention. The referral pathway clearly indicates the steps to be taken. Any decision to share information must be made by Coordinators and/or LHNT Nurse Managers.

**Confidentiality:**

A wide range of policies both internally and nationally advises health care staff on issues of patient confidentiality, and health information is shared with doctors and nurses and other health staff on a need to know basis to provide safe and effective health care. Health care providers have a duty to protect privacy and not disclose it inappropriately. However there are occasions when information needs to be shared to protect the best interests of the patient and those most vulnerable in society. Supporting legislation e.g. The Crime and Disorder Act 1998, aims to protect public interests:

- Information will be shared on a 'need to know' basis when it is in the best interest of the service user.
- Informed consent should be obtained, but if this is not possible and others are at risk, it may be necessary to override this requirement.
- Decisions about who needs to know and what needs to be known, should be taken case by case in discussion with managers.

**Record Keeping:**

All record keeping should follow LHNT policies. Discussions and decisions relating to actual or potential abuse of vulnerable adults should be recorded in the patient's notes or as a separate record if the individual involved is not a patient of the Charity. All decisions made in terms of withholding or sharing information must be recorded. A staff member should never take this decision alone, but should always seek advice as shown on the procedure pathway (Appendix 1).

**What do staff say to patients?**

The Department of Health is clear that there are 'No Secrets' in relation to vulnerable adults. Therefore, when a patient discloses information, staff must consider how to reply, as no member of staff can guarantee confidentiality of information when dealing with vulnerable adults. Information will be shared on a 'need to know' basis to protect the best interests of the patient. The response will depend on individual circumstances and it is for the individual staff member, working within the boundaries of their relationship with the patient, to decide what is appropriate.

## APPENDIX 1: SAFEGUARDING - BOARDS CONTACT DETAILS

**IN AN EMERGENCY ALWAYS DIAL 999**

### OXFORDSHIRE SAFEGUARDING TEAM CONTACT DETAILS AND PROCESS

#### Making a Referral

##### Oxfordshire Social & Community Services

Oxfordshire Social & Community Services have procedures for dealing with cases of vulnerable adult abuse. They can offer information and advice to help you in deciding what you want to do and in some cases may be able to provide you with practical help and support. The first priority will be to try and ensure that you are safe.

##### Online reporting

For professionals who have concerns about a person with care and support needs that they are working with, please use this form : <https://www.oxfordshire.gov.uk/cms/content/raising-safeguarding-concern-professional>

You can still contact the team via telephone: **0345 0507 666**

Out of hours emergency: **0800 833408 (free-phone)**

Thames Valley Police

Abuse is often a crime. If you think a crime has been committed contact the police.

Non-emergency number: 101

In an emergency dial: 999

[www.thamesvalley.police.uk](http://www.thamesvalley.police.uk)

##### To report a new concern

To report a concern of abuse or neglect, please contact the Multi-Agency Safeguarding Hub (MASH) on **0345 0507 666** or you can complete the online MASH enquiry form at <https://www2.oxfordshire.gov.uk/cms/content/multi-agency-safeguarding-hub>

##### Unsure if it's a safeguarding issue?

If you've encountered an issue and are unsure if it is a safeguarding issue or not you can call and request a consultation with the County Council's Safeguarding Triage Team. They can be reached on **01865 328232**. This is only for new issues where you are unsure if it is a safeguarding issue, it is not for discussion of open safeguarding cases. Please note the Triage Team will ask you to complete the form above if after discussion the issue is deemed to be a safeguarding one.

### NORTHAMPTONSHIRE SAFEGUARDING TEAM CONTACT DETAILS

If the concern is urgent, contact our Customer Service Centre on **0300 126 1000, option 2**. The Emergency Duty Team can be contacted outside office hours on **01604 626 938**.

Complete the online form at: [https://northamptonshire-self.achieveservice.com/service/Complete\\_an\\_adult\\_safeguarding\\_notification](https://northamptonshire-self.achieveservice.com/service/Complete_an_adult_safeguarding_notification)

### GLOUCESTERSHIRE SAFEGUARDING TEAM CONTACT DETAILS

Phone the Adults Help desk: **01452 426868**

Or email [gsab@gloucestershire.gov.uk](mailto:gsab@gloucestershire.gov.uk) (you may not get an instant response).

### WARWICKSHIRE SAFEGUARDING TEAM CONTACT DETAILS:

Contact Adult Social Care on: **01926 412080**.