

## ADULT SAFEGUARDING POLICY

Author:	Sam Hunt Associate Director for Safeguarding
Sponsor/Executive:	Penny Snowdon Executive Director of Nursing & Quality
Responsible committee:	Quality and Safety Committee
Ratified by:	People, Safety and Quality Committee
Consultation & Approval: (Committee/Groups which signed off the policy, including date)	Safeguarding Committee 15 <sup>th</sup> June 2023
This document replaces:	Adult Safeguarding Policy & Practice Guidance Procedure 7.0
Date ratified:	28 July 2023
Date issued:	7 August 2023
Review date:	28 July 2026
Version:	8.0
Policy Number:	PS03
Purpose of the Policy:	This policy provides a framework to advise Trust staff of the procedure(s) for dealing with concerns when it is believed a service user, relative or carer is an adult at risk of abuse or neglect.
If developed in partnership with another agency, ratification details of the relevant agency	This policy reflects and incorporates Cambridgeshire and Peterborough Multi agency Safeguarding Policy.
Policy in-line with national guidelines:	The Care Act 2014



**Signed on behalf of the Trust:** .....  
**Anna Hills, Chief Executive**

## Version Control Sheet

### Policy Circulation Information

<b>Notification of policy release:</b>  <b>All recipients.</b>  <b>Staff Notice Board.</b>  <b>Intranet;</b>	<b>All Staff</b>
<b>Key words to be used in DtGP search.</b>	<b>Adult Safeguarding; Adult At Risk; Vulnerable; Neglect; Abuse</b>

<b>CQC Standards</b>	<b>The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b>  <b>Regulation 13</b>  <b>Safeguarding service users from abuse and improper treatment</b>
<b>Other Quality Standards</b>	<b>Care Act 2014</b>  <b>Care &amp; Support statutory guidance Ch 14</b>

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## 1.Introduction

Cambridgeshire and Peterborough NHS Foundation Trust (hereafter to be known as CPFT or 'the Trust') is committed to safeguarding and promoting the well-being of children, young people, and adults, and regards the safeguarding of adults as core business.

The Care Act 2014 is legislation that requires all agencies, particularly Health, the Local Authority, and the Police, to have Safeguarding policies and procedures in place to effectively respond to known or suspected abuse. This policy reflects guidance on multi-agency policies and procedures to protect adults at risk from abuse (DoH 2014) and complements Cambridgeshire and Peterborough Safeguarding Partnership Board Safeguarding processes.

All local Authorities and partner agencies including CPFT will have safeguarding duties which will apply to an adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs).
- Is experiencing, or at risk of, abuse or neglect; and because of those care and support needs, they are unable to protect themselves from either the risk of, or the experience of abuse or neglect.

This policy does not deal with the Trust's statutory or discretionary duty to refer employees to the Disclosure and Barring Service (DBS) this duty is detailed in the Trust's Safe Recruitment Policy.

This policy also sets out the governance arrangements for the protection of adults at risk within CPFT.

The Trust discharges all its duties for dealing with Adults At Risk (AAR) via the Cambridgeshire and Peterborough Safeguarding Partnership Board Multi-Agency Safeguarding Policy.

<https://www.safeguardingcambspeterborough.org.uk/adults-board/information-for-professionals/cpsabsafeguardingpolicy/>

CPFT is committed to ensuring that along with its partner agencies it is providing services, which help and protect adults at risk in its care.

To ensure that CPFT is satisfied that Trust staff can be compliant with the guidance within the Care Act, therefore staff must:

- Understand their roles and responsibilities regarding the protection of adults at risk in their care.
- Have access to the procedures and protocols that have been laid down and agreed in the Cambridgeshire and Peterborough Safeguarding Partnership Board Multi-Agency Safeguarding Policy (see link above).
- Have relevant training and supervision to enable them to appropriately apply the Care Act 2014 procedures and principles in accordance with the Adult Safeguarding: Roles and Competencies for Health Care Staff, Intercollegiate Document (RCN V1 2018).
- Ensure adequate support is available for all staff involved in safeguarding adults at risk via the Trusts safeguarding team.

This document provides a framework for the safeguarding by CPFT of adults and older people from abuse or neglect.

All staff have a duty and responsibility to be aware of this policy, be observant for instances and or signs of abuse, and to **recognise, record and refer** instances of suspected abuse and neglect. Some Trust staff will have responsibilities for conducting enquiries into concerns of abuse and the Trust is committed to supporting all staff thorough these processes.

Special attention needs to be paid to instances where the alleged victim may lack capacity in relation to the alleged abuse, where the involvement of an Independent Mental Capacity Advocate may be required. In situations where the person does have capacity but would have substantial difficulty in engaging with the process, an advocate should be offered under Care Act legislation.

Safeguarding activity will be monitored by the Trusts Safeguarding Committee and also by the Cambridgeshire and Peterborough Partnership Safeguarding Board.

The Trust is committed to **Making Safeguarding Personal** – to change culture and practice to ensure safeguarding is inclusive and effective from the perspective of the person at the centre of the concern.

## **2. Purpose**

The purpose of this document is to provide a framework to advise Trust staff of the procedure(s) for dealing with concerns when it is believed a service user, relative or carer is believed to be adult at risk of abuse or neglect. This policy should be referred to by staff when a situation of adult abuse or neglect arises. This policy is based on and should be read in conjunction with *Care and Support Statutory Guidance Issued under the Care Act 2014, Chapter 14 Safeguarding and The Joint Multi Agency Policy and Procedures of Cambridgeshire and Peterborough Safeguarding Partnership Board*.

The aim of this policy is to:

- Raise awareness as to the nature of abuse and the signs of potential abuse.
- Advise staff what to do if they suspect abuse.

- Ensure action is taken, when abuse is suspected, to safeguard the adult at risk from further harm, in partnership with other agencies and organisations.
- Ensure Trust staff act in accordance with the adult's wishes, balanced with a judgement of their mental capacity, their best interests, and their duty of care to others.
- Ensure incidents and complaints are monitored in relation to safeguarding.

### **3. Scope**

This policy applies to locum, permanent, and fixed term contract employees who hold a contract of employment or engagement with the Trust, those who in particular work face-to-face with people at risk. Further it applies to secondees (including students), volunteers, bank staff, Non-Executive Directors and those undertaking research working within the Trust, in line with the Trust's Equality, Diversity and Human Rights Policy. It also applies to external contractors, agency workers, and other workers who are assigned to the Trust.

### **4. Definitions of terms**

#### 4.1 Definition of Abuse:

Abuse may be:

- A single act or repeated acts.
- An opportunistic act or a form of serial abuse where the perpetrator seeks out and "grooms" individuals.
- An act of neglect or a failure to act.
- Multiple in form (situations involve more than one type of abuse); deliberate or the result of negligence or ignorance.
- A crime.

#### 4.2 Types of Abuse

- Physical abuse – including assault, hitting, slapping, pushing, misuse of medication, restraint, or inappropriate physical sanctions.
- Domestic abuse – including psychological, physical, sexual, financial, emotional, controlling, and coercive behaviour; and 'honour-based' violence.
- Sexual violence – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts and sexual assault or sexual acts to which the adult has not consented or was coerced.
- Psychological abuse – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

- Financial or material abuse – including coercion to take extortionate loans and threats to recover debt, theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions, or benefits.
- Modern slavery – encompasses slavery, human trafficking, and 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.
- Discriminatory abuse – including forms of harassment, slurs, or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation, or religion.
- Organisational abuse – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home or in relation to care provided in one's own home. This may range from similar incidents to multiple individuals or ongoing ill treatment to an individual e.g., a culture of neglect / multiple people attending with similar injuries from the same care home on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes, and practices within an organisation.
- Neglect and acts of omission – including ignoring medical, emotional, or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition, and heating. Failure to follow agreed processes.
- Self-neglect – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding that causes a risk of harm. The definition and understanding of self-neglect can vary for the purposes of this policy however, self-neglect can be any of the following. The inability or unwillingness to care for oneself and or one's environment, including hoarding or a refusal of essential services. A failure to protect oneself from abuse by a third party (where "mainstream" adult safeguarding processes are not applicable or sufficient to mitigate or eradicate the risk).

The intent of the abuse or neglect is of paramount importance, it is necessary to identify whether the abuse and neglect is intentional or unintentional. This will inform the type of multiagency response that will be required.

Unintentional abuse could arise from a carer's ability to actually care for another person. Depending on circumstances the appropriate response could be a support package for the carer.

In another case in which concerns arise from harm suffered that was found to be as a result of abuse which was intended to cause harm, then it would be necessary to consider whether to refer the matter to the police as to whether a criminal investigation would be required.



### 4.3 Signs of Abuse

There are numerous signs of abuse, these are only some examples, none of them being conclusive on their own.

Signs of abuse may include:

- Injuries, multiple bruises that are not consistent with the explanation e.g. fall.
- Unexplained weight loss and or dehydration.
- Unexplained or untreated injuries e.g. bruises, cuts, fractures, burns.
- Inconsistent or vague information.
- Reluctance from the service user to return home.
- Frequent injuries.
- Unexplained falls.
- Subdued or changed behaviour in the presence of a particular person.
- Failure to seek medical treatment or frequent changes of GP.
- Missing medical appointments, lack of timely medical intervention.
- Signs of financial hardship in cases where another person is managing the person's financial affairs e.g. Attorney.
- Mate crime is when a person at risk, is befriended by members of the community, who go on to exploit and take advantage of them. It may not be an illegal act but can still have a negative effect on the individual. A mate crime is conducted by someone the adult knows, and it often happens in private. There has in recent years been reported in Serious Care Reviews issues relating to people with learning disabilities who have been seriously harmed or murdered, by people who purported to be their friend.
- Cuckooing is a practice where individuals take over a adult at risks home and use the property to facilitate exploitation. There are differing types of Cuckooing, using the property to deal, store or take drugs. Using the property for sex work, taking over the property as a place for them to live or taking over the property to financially abuse the tenant.
- Country Lines whilst this issue is known to involve children and young people, it can also apply to adults at risk. It is a form of criminal exploitation where urban gangs coerce or force adults at risk, to store money and drugs or transport them to suburban areas.

### 4.4 Adult at risk

The term adult at risk means any person aged eighteen and over who is or in need of community care services by reason of mental or other disability, age, or illness and who is or unable to take care of him or herself. Neither are they unable to protect themselves from significant harm or exploitation. *Department of Health, 2014.*

For the purpose of safeguarding, an Adult at Risk is any person over the age of eighteen years old who:



- Has needs for care and support (regardless of whether the local authority is meeting any of those needs)
- Is experiencing, or is at risk of, abuse or neglect, and
- As a result of those needs is unable to protect himself or herself against the abuse or neglect or are at risk of it. (S42. The Care Act 2014)

Abuse and neglect can take different forms. Professionals should not be constrained in their view of what constitutes abuse or neglect, and the circumstances of an individual case should always be considered.

Adults with care and support needs are potentially less likely to be able to protect themselves from the risk of abuse or neglect. This can include such adults who have capacity to make their own decisions. Statutory adult safeguarding duties apply equally to those adults with care and support needs regardless of whether those needs are being met, regardless of whether the adult lacks mental capacity or not, and regardless of setting.

Every adult has the right to a life free of fear, be treated with dignity, and have their choices respected and not to be forced to do anything against their will.

Professional curiosity should be paramount, and any concerns shared with senior colleagues and the Trusts Safeguarding Team.

All members of Trust staff must remember to *Think Family* and *Think Sibling* when treating adults at risk who may be parents or carers. There may be within the household a child or children who may be at risk of harm and need to be safeguarded. Trust staff must also consider the possibility of harm to other adult(s) who may be connected to the adult at risk.

#### 4.5 Mental Capacity

Mental capacity is the person's ability to decide. This includes the ability to make a decision that affects daily life such as when to get up, what to wear or whether to go to the doctor when feeling ill, as well as more serious or significant decisions.

Mental capacity also refers to a person's ability to make a decision that may have legal consequences for them or others. This could include agreeing to have medical treatment, buying goods, or making a will.

The requirements of the Mental Capacity Act 2005; states there is a presumption of mental capacity and on the right of people with care and support needs to make their own choices in relation to safety from abuse, and neglect except where the rights of others would be compromised.

Everyone has a right to follow a course of action that others judge to be unwise or eccentric, including one which may lead to them being abused. Where a person chooses to live with a risk of abuse, the safeguarding plan must, with the adult's consent include access to services that help minimise the risk.

Where an individual experiencing abuse or neglect lacks capacity, it may be necessary to decide in their best interests. In this case a use of an advocate would be advisable.

#### 4.6 Advocacy.

The Care Act 2014 requires that each local authority must arrange for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review where the adult has 'substantial difficulty' in being involved in the process and where there is no other suitable person to represent and support them.

The aim of the duty to provide advocacy is to enable the individual who has substantial difficulty in being involved in these processes, to be supported in that involvement as fully as possible, and where necessary to be represented by an advocate who speaks on their behalf.

Advocacy for people who lack capacity and might be subjected to abuse and neglect can also be arranged by an Independent Mental Capacity Advocate (IMCA) under the Mental Capacity Act 2005. Where an IMCA is appointed, the Trust must then consider any information provided by the IMCA about protective measures in respect of the person concerned.

#### 4.7 Multi Agency Risk Management (MARM)

The MARM process applies to those people who meet the criteria under S42 of the Care Act 2014 and **have** the mental capacity to understand the risks posed to them but continue to **place themselves at risk of serious harm or death**. Further they refuse or are unable to engage with necessary care and support services. An example of this may be where the adult refuses to engage with care or support services and evidence suggests that the "friendships" they are keeping, or their social network are placing them at risk of serious exploitation, harm, or death.

If the risk(s) is not at a level which may lead to serious harm or death the MARM process does not apply and should not be followed. Where the adult lacks capacity the Mental Capacity Act (2005) provides a legal framework and action should be considered in the light of their best interests.

#### 4.8 Section 42 Enquiry (S.42)

A section 42 enquiry relates to the duty of the Local Authority to make enquires, or have others do so if an adult may be at risk of abuse or neglect. This happens whether or not the local authority is providing any care or support services to that adult.

The objective of this statutory enquiry under section 42 of the Care Act are to:

- Establish facts to determine what has happened or may happen.
- Ascertain the adult's views and wishes.
- Assess the needs of the adult for protection, support, and redress and how they might be met.

- Protect from the abuse and neglect in accordance with the wishes of the adult.
- Make decisions as to what follow up, action should be taken with regard to the person or organisation responsible for the abuse or neglect.
- Enable the adult to achieve resolution and recovery.

#### 4.9 Persons in position of Trust (PIPOT)

The Care Act 2014 requires the Trust to have in place a framework for the management of allegations against *people in a position of trust*. The meaning of the term *people in a position of trust* refers to people who work for the Trust in either a paid or unpaid capacity with adults who have care and support needs.

### **5. Duties and Responsibilities**

Cambridgeshire & Peterborough NHS Foundation Trust will establish and maintain systems to ensure the safeguarding of adults and older people who are the responsibility of the Trust. This will include providing advice and guidance to Trust staff and contributing to S.42 enquires and Safeguarding Adult Reviews (SAR) for individuals who are receiving treatment where abuse or neglect is suspected or alleged.

#### 5.1 Chief Executive

As the Accountable Officer, the Chief Executive has the ultimate responsibility for ensuring that the Trust's contribution to protecting adults at risk is discharged effectively across the whole of the Trust. They must ensure that responsibility for the leadership of Safeguarding Adults at Risk is delegated to an appropriate Executive Lead.

#### 5.2 Executive Lead

The Chief Nurse is the Executive Lead for Safeguarding and is the lead for this policy. They will collaborate with the other Executive Directors in Local Authority and Police services, to ensure that appropriate and robust systems, processes, and procedures are in place. This post holder will also be responsible for ensuring that all strategic and community partners are aware of this policy.

#### 5.3 Trust Operational Lead

The Associate Director for Safeguarding will be responsible for ensuring that the policy is robust and workable, ensuring this is cascaded and available to all Trust staff. The postholder has the responsibility to maintain a strategic overview of strategy, policy, practice, and training, to ensure compliance with legislation and the Safeguarding Adults Partnership Board Policy and Procedures. Further they will represent the Trust at external safeguarding meetings.

#### 5.4 Named Nurse / Professionals for Safeguarding Adults and Adult Safeguarding Practitioners

These practitioner posts in Peterborough and in Cambridgeshire cover all Directorates.

The post-holders are:

- To be accessible to front line Trust staff for advice and guidance relating to adult safeguarding.
- To attend meetings and engage in discussions concerning complex safeguarding cases and develop action plans with professionals involved.
- To monitor and analyse safeguarding activity and assist in the preparation of reports.
- To facilitate policies and procedures related to safeguarding adults.
- To ensure Trust staff receive appropriate adult safeguarding training.
- To be the pivotal point of contact within the Trust for all safeguarding adult's enquiries.
- To providing support in the form of feedback, debriefs and provide supervision.
- To provide concise information to inform section 42 safeguarding enquiries and subsequent investigation, and Safeguarding Adult Reviews.

#### 5.5 Divisional Operations Directors, Divisional Directors and Divisional Nursing Directors

Divisional Operations Directors, Divisional Directors and Divisional Nursing Directors have responsibility for ensuring that systems are in place for ensuring that Trust staff in respective areas are aware of this policy and adhere to it should an adult need to be safeguarded.

#### 5.6 Modern Matrons/ Quality Matrons/ Ward / Service Managers

It is the Manager's responsibility to ensure that staff are made aware of the Trust processes for the adherence of this policy. All managers should be sensitive to the fact that staff may potentially suffer distress from a difficult case. Debriefing for all staff involved or affected should take place as soon as possible.

#### 5.7 All Staff

All staff should ensure they are familiar with the Trust Safeguarding Adult Policy and any actions they may be required to conduct.

### **6. Key Principles of Good Practice**

Any member of staff, who believes that an adult at risk has suffered abuse or is likely to do so, has a duty to act. The actions to be taken are clearly laid out in the Trust's Adult Safeguarding Standard Operating Procedure (SOP).

The Care Act (2014) is based on the following safeguarding principles. These principles are a golden thread that runs through these procedures.

Follow the six key principles that underpin all adult safeguarding work:

- **Empowerment** – People being supported and encouraged to make their own decisions and informed consent *I am asked what I want as the outcomes from the safeguarding process, and these directly inform what happens.*
- **Prevention** – it is better to act before harm occurs. *I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.*
- **Proportionality** – The least intrusive response appropriate to the risk presented. *I am sure that the professionals will work in my interest, as I see them, and they will only get involved as much as needed.*
- **Protection** – Support and representation for those in greatest need. *I get help and support to report abuse and neglect. I get help so that I can take part in the safeguarding process to the extent to which I want.*
- **Partnership** – Local solutions through services collaborating with their communities. *I know staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.*
- **Accountability** – Accountability and transparency in delivering safeguarding. *I understand the role of everyone involved in my life and so do they.*

The Care Act 2014

<https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

## 7. Making Safeguarding Personal

The underpinning philosophy for safeguarding under the Care Act 2014 is provided by *Making Safeguarding Personal*. Making safeguarding personal means it should be person-led and outcome focused.

Making safeguarding personal requires engagement with the individual throughout the safeguarding episode and consulting with them about the outcomes to achieve. The extent to which the person felt those outcomes were realised should be ascertained at the end.

To ensure safeguarding is personal it is necessary to ensure that people have an opportunity to discuss the outcomes they want at the start of safeguarding process, and to ascertain at the conclusion to what extent their desired outcomes have been met.

The strengths of the person in dealing with the abuse or neglect should be recognised.

Making Safeguarding Personal: Guide 2014 Local Government Association & Association of Directors of Adult Social Care.

<https://www.local.gov.uk/sites/default/files/documents/Making%20Safeguarding%20Personal%20-%20Guide%202014.pdf>

There may be times when you are unable to get the views of the adult at risk because:

- They are unable to communicate.
- They lack the mental capacity to understand what has happened or what they would like to happen.
- Discussing this with them would put them at increased risk or cause greater distress.

Therefore, the views might be those gained through consultation with people that know the adult at risk and be outcomes which are deemed to be in their best interests.

## **8. Information sharing**

8.1 Information should be shared if to do so protects children or adults or to prevent a crime. As part of a person's duty under the Care Act: The sharing of information must have due regard for the law relating to confidentiality, data protection and human rights.

The power to share information or data by public sector bodies requires the existence of a power to do so, in addition to satisfying the requirements of the Data Protection Act 1998 and the Human Rights Act 1998.

### 8.2 The Seven Golden Rules to Sharing Information:

1. Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (and or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners, or your Information Governance Lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.
5. Consider safety and well-being: base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.



6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely (see principles).
7. Keep a record of your decision and the reasons for it, whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

*Information sharing Advice for practitioners providing safeguarding services to children, young people, parents, and carers. July 2018.*

## **9. Procedures to be followed where there is concern for an adult at risk**

### **9.1 Actions to be taken.**

Any member of staff, who believes that an adult at risk has suffered abuse or is likely to do so, has a duty to act. A member of staff may:

- Directly witness an act or an incident where an adult at risk had been abused.
- Be told that abuse has occurred, either by the person who has been the subject of abuse or by another person.
- See evidence or signs of abuse.

If the adult at risk is in immediate danger contact the police on 999 then contact the Trusts Safeguarding Team for support and guidance and update the ward or area manager.

Establish what the adult at risk views and wishes are about the issue then follow the Trust's Adult Safeguarding Standard Operating Procedure (SOP).

It is important that advice is sought at an early stage, ensuring the well-being of the individual. Initial concerns should be raised and discussed with the Trusts Safeguarding Team and the ward or department manager should be informed.

Where concerns are either observed, heard, or raised, Trust staff should complete a Safeguarding Referral Form (found on SystmOne). Recording the words the individual(s) used. It is important to note that consent for onward referral to the adult MASH must be sought. If the individual(s) does not give consent, please discuss the concerns with the Trusts Safeguarding Team, and also inform the ward or area manager.

If the individual lacks capacity to consent, a referral can be made in their best interest. If there is a concern with regards to the individual's capacity, then please refer to the Trust Compliance with Mental Capacity Act (2005) and Deprivation of Liberty Safeguards Policy. All actions must be clearly documented in the individual's records.

Where there are adults at risk Trust staff should always consider the PREVENT agenda, see the Trusts Prevention of Radicalisation and Counter Terrorism Policy - PREVENT.

The police are to be contacted if the abuse is thought to be of a criminal nature.



There must be an accurate recording of information in the individual's notes including body mapping and medical photography if appropriate.

Inform the individual who the referral relates to that you are required to share information, explaining what information will be shared, with whom and why.

The Trusts Safeguarding Team are responsible for investigating, liaising, and coordinating all Safeguarding Referral Forms.

In the event that a meeting is held to discuss the concerns the Trusts Safeguarding Team will attend and invite other staff members as appropriate.

### 9.2 Assessing the seriousness of abuse allegations.

The seriousness or extent of abuse is initially not always clear it is important therefore, when considering the appropriateness of intervention, that Trust staff approach reports or incidents or allegations with an open mind.

In making any assessment of seriousness staff must consider the following factors:

- The vulnerability of the adult.
- The nature and extent of the abuse.
- The length of time the abuse has been occurring.
- The impact on the individual and or their carers and family.
- The risk of repeated or increasingly serious acts involving this or other adults at risk.
- The vulnerability of the alleged perpetrator.
- If the alleged perpetrator is also an adult at risk or another service user, staff must consider actions to ensure both their safety and well-being.
- Where a criminal offence has taken place or may have taken place, staff must ensure that no evidence is disturbed.
- If the allegation involves a member of staff, the allegation must be brought to the immediate attention of the persons line manager. It may be necessary to inform the Police before discussing the alleged concerns with the employee, the appropriate authorised manager will do this.

## **10. Police requests for disclosure of an individual's information and tissue samples**

During the investigation of a potential crime, it is common for the Police to approach Trust staff for an individual's medical records or request blood samples. Whilst as a general rule the Trust will assist the Police with the investigation of a crime, it is important to remember that we owe a professional duty of confidentiality to our service users. It is for this reason that evidence relating to individuals may only be disclosed in certain strict circumstances:

- Consent of the individual - If the service user has given their consent to disclosure, then there can be no objection to disclosure. This is subject to the individual having the requisite capacity to give such consent and there being no undue influence.

- Court Order or Legislation - If the Court has ordered disclosure, then we must comply with that Order as it would be a contempt of Court not to do so. Similarly, if Parliament has enacted legislation permitting disclosure in certain circumstances, then we are under a legal duty to comply. An example of this is safeguarding legislation allowing information to be shared where it is in the best interests of an individual or the public.
- Public Interest - Where it is not possible to obtain the individuals consent and there is no Court Order disclosure to the Police may still be provided where it is deemed in the public interest to do so. In other words, the public interest outweighs the duty of confidentiality. The latter may relate to the fact that a serious crime (e.g. murder, rape, grievous bodily harm) has been committed or that disclosure is required to protect the public. Any decision as to whether disclosure is permissible should be made by a senior manager or clinician. Advice must be sought from the Legal Services Department if there is any doubt as to whether disclosure should be permitted.

The Trust is committed to collaborating with the Police in the public interest and also safeguarding adults at risk. The Police should not be hindered in their investigations or made to apply to the Court for an order for disclosure unless such disclosure would represent an unjustifiable breach of the individual's confidentiality.

Any request for disclosure by the Police should be provided in a written format (letter or e-mail) detailing what records or samples are required, and if applicable, why it is in the public interest to proceed with disclosure. Please ensure that the Police Officer's name, police number, contact details and case number are recorded. All requests for disclosure and any associated correspondence must be retained and kept safe.

A request by the Police to keep safe any evidence (e.g. a blood sample) must be complied with, there is no requirement for a service users consent or a Court Order in such a situation.

All medical record requests need to be placed via the Access to Medical Records Department.

Requests for blood or tissue samples need to be sent to the Pathology Services Manager and or Biochemistry Manager. They will consult with the Police to enable them to attend the Trust to collect the samples requested.

If you have any concerns or questions or need support, please contact the Trust Legal Services Department or Associate Director for Safeguarding or their deputy.

## **11. Receipt of Safeguarding Alerts from Internal and External Sources**

### **11.1 Section 42 Adult Safeguarding Enquiries and Investigations.**

Section 42 Adult Safeguarding enquiries against the Trust are often concerns around quality of care. They are not usually against one named member of staff, but against a ward(s) or service(s).

An investigation will be undertaken by the manager or matron, and this will be submitted to the Trust's Safeguarding Team for a quality assurance check to be completed. Once agreed and finalised this will be submitted to the relevant Local Authority Adult Safeguarding Team.

The Safeguarding Committee will monitor and review action plans and learning outcomes resulting from safeguarding incidents.

The Adult Safeguarding Lead(s) will report appropriate safeguarding concerns to the Local Authority Safeguarding Team to discuss the appropriate course of action required.

If there are lessons to be learned from an investigation the Matron or Manager will produce an action plan which will be monitored by the Trust Safeguarding Committee.

#### 11.2 PALS and Complaints Service.

The PALS and Complaints department will review all concerns and complaints in relation to adult safeguarding and report to the Associate Director for Safeguarding or their deputy.

#### 11.3 Serious Incidents (grade 3 and above).

The Associate Director for Safeguarding or their deputy attends the Trust's Biweekly Rapid Review Meeting, where all grade 3 and above incidents are discussed.

Where there is safeguarding Involvement in an incident which is graded moderate or above the Assistant Director of Safeguarding or their deputy will review the incident and report it if it meets the criteria to the relevant Local Authority Safeguarding Team.

The Associate Director for Safeguarding or their deputy will be sent the Terms of Reference for all Serious Incidents reports where there have been safeguarding concerns highlighted to ensure all safeguarding questions are answered. Once the Serious Incident Report is completed and finalised, this will be sent to the Associate Director for Safeguarding or their deputy who will decide if further safeguarding actions are required that pertain to the Trust.

### **12. Allegations against Trust employees**

Employees and others with serious concerns are encouraged to come forward and voice those concerns using The Freedom to Speak up process.

Where the concern involves a member of Trust staff, or an allegation has been made against a member of staff, the Trust's Allegation Against Staff Policy must be followed.

### **13. Education and Training Requirements**

All staff must receive mandatory Adult Safeguarding Training in accordance with Roles and Competencies for Health Care Staff, Intercollegiate Document (RCN V1 2018).

## **14. Links to other Documents, Policies and Legislation**

### **14.1 Legislation Compliance**

Care Act (DoH 2014)

<https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

Cambridgeshire and Peterborough Safeguarding Adults Board Multi-Agency Safeguarding Policy.

<https://www.safeguardingcambspeterborough.org.uk/adults-board/information-for-professionals/cpsabsafeguardingpolicy/>

### **14.2 References**

Care Act (DoH 2014)

<https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

(Accessed 05/05/21)

Cambridgeshire and Peterborough Safeguarding Adults Board Multi-Agency Safeguarding Policy.

<https://www.safeguardingcambspeterborough.org.uk/adults-board/information-for-professionals/cpsabsafeguardingpolicy/> (Accessed 05/05/21)

Safeguarding Vulnerable People in the NHS: Accountability and Assurance Framework (2015).

Making Safeguarding Personal: Guide 2014 Local Government Association & Association of Directors of Adult Social Care.

<https://www.local.gov.uk/sites/default/files/documents/Making%20Safeguarding%20Personal%20-%20Guide%202014.pdf> (Accessed 05/05/21)

The Mental Capacity Act 2005.

Compliance with Mental Capacity Act (2005) and Deprivation of Liberty Safeguards Policy.

Complaints Policy.

Patient Advice and Liaison Service Policy.

Risk Management and Risk Assessment Policy.

Safe Recruitment Policy.

Prevention of Radicalisation and Counter Terrorism Policy – PREVENT.

Peterborough City Council Adult Social Care  
<https://www.peterborough.gov.uk/healthcare/>. (Accessed 05/05/21)

Safeguarding Toolkit Quality Compliance Systems 2023  
[Safeguarding-Pack-Update-140423\[13976\].pdf](#)

#### 14.3 Associated documents

Peterborough City Council Adult Social Care  
<https://www.peterborough.gov.uk/healthcare/>. (Accessed 05/05/21)

Multi-Agency Adult Safeguarding Procedures (C0265).

Disciplinary Policy.

Raising Concerns in a Safe Environment.

Data Protection and Confidentiality Policy.

Staff Code of Conduct & professional codes of conduct.

The Mental Health Act 1983.

Deprivation of Liberty Safeguards April 2009.

The Mental Health Act 2007.

### **15. Equality Impact Assessment**

The Trust has a duty under the Equality Act and the Public Sector Equality Duty to assess the impact of policy changes for diverse groups within the community. In particular, the Trust is required to assess the impact (both positive and negative) for several 'protected characteristics' including:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Race
- Religion or belief
- Sexual orientation
- Pregnancy and maternity and
- Other excluded groups and/or those with multiple and social deprivation (for example carers, transient communities, ex-offenders, asylum seekers, sex-workers, and homeless people).

The author has considered the impact on these groups of the adoption of this policy. There are no specific adverse impacts for people with 'protected characteristics' or otherwise.

If you require this policy in a different format e.g., larger print, Braille, different languages, or audio tape, please contact the policy development lead

**Standard Operating Procedure (SOP)  
Adults at Risk**

<b>Division</b>	Corporate
<b>Department</b>	Safeguarding
<b>Year</b>	2023
<b>Version Number</b>	1.0
<b>Central Index Number</b>	PS03 SOP
<b>Ratifying Committee</b>	People, Safety and Quality Committee
<b>Date Ratified</b>	28 July 2023
<b>Approval Committee</b>	Safeguarding Committee 15 <sup>th</sup> June 2023
<b>Date Approved</b>	28 July 2023
<b>Author Name and Job Title</b>	Sam Hunt Associate Director for Safeguarding
<b>Date Published on Document Library</b>	7 August 2023
<b>Review Date</b>	28 July 2026
<b>Purpose of SOP</b>	
<b>Target Audience</b>	All staff at Cambridgeshire and Peterborough NHS Trust
<b>Counter Fraud Approval</b>	N/A



DOCUMENT VERSION CONTROL SCHEDULE					
Year and Version Number	Author	Date Published on Document Library	Revisions from previous issue	Ratifying Committee	Date of Ratification
2023 Version 1	Sam Hunt		New Standard Operating procedure		

**Summary of key points in this document:**

**Key Contacts:**

<b>Title</b>	<b>Contact</b>
Associate Director for Safeguarding	
Named Nurse for Safeguarding Adults	
Named Nurse for Safeguarding Children	
Safeguarding Adults Team	
Safeguarding Childrens Team	

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**The latest version of this document is on The Document Library.**

**Any printed copies must be checked against the Document Library version to ensure that the latest version is being used.**

## **Standard operating procedure (SOP) Adults at Risk**

### **1. Introduction**

Cambridgeshire and Peterborough NHS Foundation Trust (hereafter to be known as CPFT or 'the Trust') is committed to safeguarding and promoting the well-being of children, young people, and adults, and regards Domestic Abuse as a major public health issue. This Standard Operating Procedure clearly identifies how routine and Safe enquiry into Domestic Abuse will be undertaken by Trust staff.

Procedures are a set of rules – they are **MUST DO's**

Domestic abuse is defined in the UK as: Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence, or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: psychological abuse, physical abuse, sexual abuse, financial abuse, emotional abuse.

### **2. Purpose**

The Purpose of this document is to

### **3. Scope**

This Standard Operating Procedure applies to locum, permanent, and fixed term contract employees who hold a contract of employment or engagement with the Trust, those who in particular work face-to-face with at risk people. Further it applies to secondees (including students), volunteers, bank staff, Non-Executive Directors and those undertaking research working within the Trust, in line with the Trust's Equality, Diversity and Human Rights Policy. It also applies to external contractors, agency workers, and other workers who are assigned to the Trust.

### **4. Definition of Domestic Abuse.**

**4.1 Physical abuse** - including assault hitting, slapping, pushing, misuse of medication, restraint, or inappropriate physical sanctions.

**4.2 Sexual abuse** - including rape and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

**4.3 Psychological abuse** - including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

**4.4 Modern Slavery** - Modern slavery is defined as the recruitment, movement, harbouring or receiving of children, women, or men through the use of force, coercion, and abuse of vulnerability, deception, or other means for the purpose of exploitation. It is a crime under the [Modern Slavery Act 2015](#) and includes holding a person in a position of

Slavery, servitude forced or compulsory labour, or facilitating their travel with the intention of exploiting them soon after.

- Illegal Exploitation of people for personal/ commercial gain. Victims trapped in servitude they were deceived or coerced into.
- Criminal Exploitation pick pocketing, shoplifting, drug trafficking.
- Domestic Servitude forced to work in private houses with restricted freedoms, long hours, no pay.
- Forced labour long hours, no pay, poor conditions, verbal, and physical threats.
- Sexual Exploitation prostitution and child abuse
- Organ removal, forced begging, forced marriage and illegal adoption.

**4.5 Human Trafficking** - Human trafficking involves the movement of a person from one place to another into conditions of exploitation. Traffickers may use deception, coercion, threats, the abuse of power or the abuse of someone's vulnerability to exert control over their victims.

- **Sexual exploitation** involving any non-consensual or abusive sexual acts performed without the victim's permission. This can include prostitution, escort work and pornography, and victims can be men, women and children.
- **Domestic servitude** involving the victim being forced to work in private households with restricted movement, no or very low wages and no or minimal privacy and comfort.
- **Criminal exploitation** involving a victim being forced to partake in criminal activity such as begging, shoplifting, theft, cannabis cultivation and benefit fraud.
- **Organ harvesting** involving people being trafficked for the use of their internal organs for transplant.
- **Forced labour** involving victims being compelled to work against their will, often in conditions akin to slavery. Victims will work very long hours with very little pay, often in dangerous or unpleasant conditions. People can be forced to work in any industry, however common industries that victims are trafficked into in the UK include agriculture, factories, tarmacking/paving, construction, food processing, restaurants/ hospitality, nail bars and beauty salons, and car washes.

**4.6 Financial or material abuse** - including theft, fraud, exploitation, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions, or benefits.

**4.7 Neglect and acts of omission** - including ignoring medical or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

**4.8 Self - Neglect** - this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surrounding and includes behaviour such as hoarding. It is important to consider capacity when self-neglect is suspected. Also consider how it may impact on other family members and whether this gives rise to a safeguarding concern.

**4.9 Domestic Violence** - Domestic violence and abuse is officially classified as "any incident of threatening behaviours, violence or abuse between adults who are or have been in a relationship together, or between family members, regardless of gender or sexuality". See Trusts Domestic Abuse and Sexual Violence Policy and Standard Operating Procedure.

It's abuse if a partner, ex-partner, or a family member:

- Threatens/frightens an individual.
- Shoves or pushes an individual.
- Makes an individual fear for their physical safety.

- Puts an individual fear for their physical safety.
- Puts an individual down or attempts to undermine their self-esteem.
- Controls an individual, for example by stopping them seeing friends and family.
- Is jealous and possessive, such as being suspicious of friendships and conversations.

**4.10 Forced marriage** -A forced marriage is where one or both people do not (or in cases of people with learning disabilities or reduced capacity, cannot) consent to the marriage as they are pressurised, or abuse is used, to force them to do so. It is recognised in the UK as a form of domestic or child abuse and a serious abuse of human rights.

The pressure put on people to marry against their will may be:

- physical: for example, threats, physical violence, or sexual violence
- emotional and psychological: for example, making someone feel like they are bringing 'shame' on their family.

**4.11 Honour Based Violence/Abuse** - Honour-based violence (HBV) is the term used to refer to a collection of practices used predominantly to control the behaviour of women and girls within families or other social groups in order to protect supposed cultural and religious beliefs, values, and social norms in the name of 'honour'.

**4.12 Gangs/County Lines** - County lines are a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of "deal line". They are likely to exploit children and vulnerable adults to move and store the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons. County lines activity and the associated violence, drug dealing, and exploitation has a devastating impact on young people, vulnerable adults and local communities.

**4.12 Discriminatory abuse** - including discrimination on grounds of race, gender and gender identity, disability, sexual orientation, religion, and other forms of harassment, slurs, or similar treatment.

**4.13 Organisational abuse** - including neglect and poor care practice within an institution or specific care setting like a hospital or care home, e.g., this may range from isolated incidents to continuing ill-treatment.

## **5. Process**

### **5.1 Recognising a concern.**

The term adult at risk means any person aged 18 and over who is or maybe in need of community care services by reason of mental or other disability, age or illness and who is or maybe unable to take care of him/herself or unable to protect him/herself from significant harm or exploitation. (*Department of Health, 2014*). Adults with care and support needs are potentially less likely to be able to protect themselves from the risk of abuse or neglect. This can include such adults who have capacity to make their own decisions. Statutory adult safeguarding duties apply equally to those adults with care and support needs regardless of whether those needs are being met, regardless of whether the adult lacks mental capacity or not, and regardless of setting.

For the purpose of safeguarding, an 'Adult at Risk' is any person over the age of eighteen years old who:

- Has needs for care and support (regardless of whether the local authority is meeting any of those needs)
- Is experiencing, or is at risk of, abuse or neglect.
- As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it. (*S42. Care Act 2014*)

Abuse and neglect can take many forms. Professionals should not be constrained in their view of what constitutes abuse or neglect, and the circumstances of an individual case should always be considered.

Abuse may be physical or sexual, it may involve people taking money without permission, or not looking after someone properly. It may include poor care practices, bullying or humiliating, or not allowing contact with friends and family.

Abuse can be a single act or may continue over a long period. It can be unintentional or deliberate, but will result in harm to the victim, either physically, emotionally, financially or in its effect on the person's wellbeing or development.

Every adult has the right to a life free of fear, be treated with dignity, and have their choices respected and not to be forced to do anything against their will.

Professional curiosity should be paramount, and any concerns that you have should be shared with the Trusts Safeguarding Team and your line manager informed.

All members of Trust staff must "Think Family" and "Think Sibling" when treating adults who may be parents or carers. There may be a child or children who may be at risk of harm and need to be safeguarded. Trust staff must also consider the possibility of harm to other adult/adults who may be connected to the patient/service user.

The lived experience of an adult at risk should always be considered, and an adult's at risk voice must be listened to, taking into account their mental capacity and level of understanding. It is good practice to speak to them to establish their version of events. In some cases, professionals may have to engineer this opportunity. Staff with serious concerns about an adult at risk, should consider the need for a chaperone when seeing a adult at risk alone – see the Trust Chaperone Policy.

The 5 Rs of safeguarding provide an easy-to-remember process for keeping adults at risk safe. *The Care Act 2014*.

The 5 Rs of safeguarding are:

- Recognise
- Respond



- Report
- Record
- Refer

## **5.2 Making Safeguarding Personal**

Safeguarding should be developing a culture that focuses on personalised outcomes desired by people with care and support needs who may have been abused.

*The Care Act 2014* emphasises a personalised approach to adult safeguarding that is led by the individual, not by the process.

It is vital that the adult feels that they are the focus, and they have control over the process.

Making Safeguarding Personal is not simply about gaining an individual's consent, although that is important, but also about hearing people's views about what they want as an outcome. This means that people are given opportunities at all stages of the safeguarding process to say what they would like to change.

## **6.0 Mental Capacity**

*The Mental Capacity Act 2005 (MCA)* provides a statutory framework to empower and protect at risk people who are not able to make their own decisions.

The Act makes it clear who can take decisions, in which situations, and how they should go about this. It enables people to plan for a time when they may lose capacity.

### **6.1 The Act is underpinned by a set of five key principles:**

- A presumption of capacity – every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise.
- The right for 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.
- That individuals must retain the right to make what might be seen as eccentric or unwise decisions.
- Best Interests – anything done for or on behalf of people without capacity must be in their best interests; and
- Least restrictive intervention – anything done for or on behalf of people without capacity should be in the least restrictive of their basic rights and freedoms.

### **6.2 Decisions relating to mental capacity.**

It is important to note the following:

- Service users may have/lack capacity for a temporary period only.
- The test for capacity is decision specific. In other words, an individual may have capacity for one purpose, but not another.
- In most cases it will be clear whether a person has capacity. In difficult cases it may be necessary to seek the advice of a psychiatrist.
- Do not assume an individual lacks mental capacity because he/she suffers from a condition such as dementia, a learning disability, mental illness, head injury etc.

Each individual must be assessed as to whether he/she can make the decision for him/herself.

### 6.3 Best Interests

For people lacking capacity, *The Mental Capacity Act 2005* is clear that everything that is done for or on behalf of a person lacking capacity must be in their *best interest*.

Factors to consider.

Action must try to ensure that when adults with mental capacity take decisions to remain in abusive situations, they do so:

- a. Without intimidation (although some people may choose to remain in a situation in which they know they are being intimidated)
- b. With an understanding of the risks involved and
- c. Have access to appropriate services if they should they change their mind.

Some members of our communities need proactive support to understand that they have a choice to live a safer life; to understand the options open to them; and to choose which, if any, services they want to access in order to do so. Other adults, even with support, do not have mental capacity to make such decisions.

The capacity of some adults may fluctuate, and they may not be able to decide about how to pursue their safety at the time it is needed. In such situations, positive action must be taken to ensure that such decisions are made on the person's behalf. This must be by a person or an organisation, acting in the best interests of the adult concerned (and, if appropriate, on what is known of their wishes prior to losing capacity).

Any decisions made must be made in line with the principle of proportionality. This principle states that those responsible for safeguarding should provide the least intrusive response appropriate to the risk presented. This ensures that any decision takes the adult into account. *Safeguarding Adults Procedures: Cambridgeshire and Peterborough Safeguarding Partnership Board*

### 6.4 Individuals lacking capacity.

Subject to the existence of a valid advance decision any decision made on behalf of a person who lacks capacity must be done, or made, in that person's **best interests**.

In determining what is in the patients best interests a staff must consider all the relevant circumstances relating to the decision in question:

- Is the person likely to regain capacity? If so, can the decision wait?
- Involve the individual as fully as possible in the decision that is being made on their behalf.
- Take into consideration the person's past and present wishes and feelings and any beliefs and values (including religious) that would be likely to influence the decision in question.

Consultation with others:

- Any Attorney appointed under a Lasting Power of Attorney.
- Any Deputy appointed by the Court of Protection.
- Anyone previously named by the patient as someone to be consulted.
- Anyone engaging in caring for or interested in the patient's welfare.
- Independent Mental Capacity Advocate.

It is essential that all decisions and the process by which the decision has been arrived at are properly documented.

## **6.5 Unwise decisions**

People should be able to live as independently as possible and to make informed decisions about their own lifestyles, including the opportunity to take risks if they choose to do so, without fear of harm or abuse from others. It should be acknowledged that these decisions may be viewed as unsafe or unwise but must be heeded if a person has the capacity to make the specific decision, and others are not affected.

If it is determined that an individual does have capacity, has taken an informed decision and by that action is placing him or herself at risk, staff should seek consent from the adult to consult with:

- a. The individual themselves
- b. Their carer, if appropriate – with the person's consent
- c. Any other relevant agency, service or individual.

There may be situations where the individual seems able in terms of their knowledge and understanding to make their own decisions; however, they may be subject to undue pressure to support a particular course of action. This could be pressure from, or fear of, a professional or family member. The involvement of an advocate may help in this matter as their role is to represent the individual.

If all indications are that a person with relevant capacity is making an unwise decision, the wishes of the person must be fully recorded.

Where a person makes repeated unwise decisions or a series of decisions which taken together put the person at significant risk of harm or where there is any doubt that the person has full capacity to make these decisions, staff should seek advice from the Trusts Safeguarding Team and inform their line manager.

It is important to note that there may be situations where an adult with capacity decides to live with a risk which places other people with care and support needs, or children at risk

of harm. In these situations, there is a duty of care to intervene for the protection of the other individuals.

*Safeguarding Adults Procedures: Cambridgeshire and Peterborough Safeguarding Partnership Board*

## **7.0 Information Sharing**

### **Information Sharing: The Seven Golden Rules**

- GDPR Isn't a Barrier to Sharing Information.
- Be Open and Honest.
- Seek Advice.
- Share With Consent Where Appropriate.
- Consider Safety and Wellbeing.
- Necessary, Proportionate, Relevant, Accurate, Timely and Secure.
- Keep a Record.

See Trusts Information Sharing Policy

## **8.0 How to Respond to Disclosures of Abuse and Neglect**

When an adult at risk makes a disclosure of abuse or neglect all staff must begin from the standpoint of believing their accounts. However, it is noted that on some occasions malicious or unfounded allegations have been made. The determination of the veracity of all allegations made are a part of the safeguarding process.

### **8.1 What do you do if concerned that an adult at risk is being abused.**

In all instances, staff should consider 'opportunities to be curious' by making deeper enquiries through proactive questioning and actively challenging responses in order to ascertain the lived experience of the adult at risk.

If you have recognised that the person meets the criteria for an "adult at risk" as stipulated previously and you are concerned that they may be being abused or are at risk of being abused and are unable to protect themselves, then you must consider making a safeguarding referral. However, before making the safeguarding referral you should, where possible, gain the consent from the adult at risk. Gaining consent can be difficult in some situations, the below outline what you need to consider.

If an adult at risk is in need of protection or any other person makes an allegation to you asking that you keep it confidential, you must inform the person that you will respect their right to confidentiality as far as you are able to, but that you are not able to keep the matter 'secret' and that you must inform The Safeguarding Team and your Line Manager.

## **9.0 Consent**

Service users have a fundamental legal and ethical right to determine what happens with their own personal information.

Seeking consent is also a matter of common courtesy between Health Professional and service user.

A professional who does not obtain valid consent before sharing information could be liable both to legal action by the patient and to action by their professional Body.

For the protection of staff and patients, staff are reminded that access to Trust records both manual and computerised should be solely for the purpose of undertaking their role.

### **Consent can be given Verbally, Written, or non- Verbal.**

Where you can gain an adult at risk's consent to making a safeguarding referral you should always explain to the adult at risk what giving their consent means, and what will happen next.

You should also check with the adult at risk that they have understood what you have said.

There may be instances where consent cannot be obtained because the adult at risk lacks the capacity to give it or is subject to coercion or undue influence. There are occasions when you may need to raise a safeguarding concern without the person's consent, for example:

- It is in the public interest,
- there is a risk to other 'adults at risk', or children, or
- the concern is about organisational abuse, or
- the concern or allegation of abuse relates to the conduct of an employee or volunteer within an organisation providing services to adults at risk.
- note that a risk to other "adults at risk" may include financial scams or other forms of exploitation.
- the adult at risk lacks capacity to make the specific decision to consent to share information and a decision is made to raise a safeguarding concern in the person's "Best Interests" (Mental Capacity Act 2005)
- the adult at risk is subject to coercion or undue influence, to the extent that they are unable to give consent.
- it is in the adult at risk's vital interests (to prevent serious harm or distress or life-threatening situations)

If you are not sure whether you should raise a safeguarding concern, you should seek advice, from The Trusts Safeguarding Team, and inform your Line Manager.

If you do raise a safeguarding concern without the adult at risk's consent, you should still explain to them that you are making the safeguarding referral and of the reasons why. The only exception to this would be that if by telling them about the safeguarding referral this puts them at further risk.

### **9.1 The Public Interest Test**

Seeking consent of the adult at risk, for making a safeguarding referral should always be the first option. However, where consent to share confidential information is withheld, it may be possible to lawfully share this information if it can be justified that it is in the public interest. The public interest here means the public good, not what is of interest to the public, and not the private interests of the requester.

Where consent cannot be obtained or is refused, or where seeking it is inappropriate or unsafe, the question of whether there is a sufficient public interest must be judged by the practitioner making the safeguarding referral on the facts of each case. Therefore, where you have a concern about a person, you should not regard refusal of consent as necessarily precluding the sharing of confidential information.

Confidential information can be disclosed in the public interest where that information can be used to prevent, detect, or prosecute, a serious crime. "Serious crime" is not clearly defined in law but will include crimes that cause serious physical or psychological harm to individuals. Crimes such as: theft, fraud, or damage to property where loss or damage is not substantial, are less likely to constitute a serious crime and as such may not warrant a breach of confidential information, though proportionality is important here.

In the grey area between these two extremes a judgement is required to assess whether the crime is sufficiently serious to warrant disclosure. The wider context is also particularly important here. Sometimes crime may be considered as serious where there is a prolonged period of incidents even though none of them might be serious on its own.

*Safeguarding Adults Procedures: Cambridgeshire and Peterborough Safeguarding Partnership Board*

## **10. Making A Safeguarding Referral**

**If a person is in immediate danger the police and / or the ambulance service must be called straight away on 999, and then Trusts Safeguarding Team must be informed, and your Line Manager updated.**

**If you believe a crime has been committed and a person is not in immediate danger, contact The Trusts Safeguarding Team, update your Line Manager, and call 101 or report the incident online via the police website.**

Professionals should always be mindful if a crime has been committed that there is a need to preserve evidence, this is discussed fully in the Safeguarding Adults Policy.



If the professionals believe that there is an adult at risk who is in need of Safeguarding but no crime has been committed you must contact The Trusts Safeguarding Team, and make your line manager aware.

If you believe that the safeguarding falls within the Care Act 2014 criteria, you must make a referral into the Multi-Agency Safeguarding Hub via the Customer Services.

Anyone who becomes aware of concerns of abuse **MUST REPORT** those concerns **AS SOON AS POSSIBLE** and without delay.

This is particularly important:

- If the adult at risk remains in or is about to return to the place where the suspected/alleged abuse occurred.
- If the alleged abuser is likely to have access to the adult at risk or others who might be at risk

Where there is any abuse or suspicion of abuse that relates to a relevant adult at risk, the concern must be reported to the relevant Multi-Agency Safeguarding Hub (MASH) by using the online referral form (for Cambridgeshire), telephone or secure email using the adult safeguarding referral form which can be found at: [Concerned? | Cambridgeshire and Peterborough Safeguarding Partnership Board \(safeguardingcambspeterborough.org.uk\)](https://safeguardingcambspeterborough.org.uk)

### **Customer Service Contact Details for Safeguarding Referrals for Adults at Risk:**

#### Cambridge

Customer Services (8am to 6pm Monday to Friday, 9am to 1pm on Saturday)

Telephone 0345 045 5202

Email: [referral.centre-adults@cambridgeshire.gov.uk](mailto:referral.centre-adults@cambridgeshire.gov.uk)

#### Peterborough

Adult Social Care MASH – 01733 747474

Early Help Helpline – 01733 863649

[adultsocialcare@peterborough.gov.uk](mailto:adultsocialcare@peterborough.gov.uk)

Complete the form and remember to include as much detail as you can. Remember gaining consent from the patient is important and this needs to be clearly documented. IF consent cannot be gained clear documentation of the reasons why must be written.



## **11. The Role of the Safeguarding Team**

Safeguarding is a complex and multifaceted field, The Trusts Safeguarding Team are available to all staff to offer their support, advice, guidance, and supervision, where there is a concern to whether an adult needs to be safeguarded.

## **12. References**

The Care Act (DoH 2014)

<https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

(Accessed 05/05/21)

Cambridgeshire and Peterborough Safeguarding Adults Board Multi-Agency Safeguarding Policy.

<https://www.safeguardingcambspeterborough.org.uk/adults-board/information-for-professionals/cpsabsafeguardingpolicy/> (Accessed 05/05/21)

Safeguarding Vulnerable People in the NHS: Accountability and Assurance Framework (2015).

Making Safeguarding Personal: Guide 2014 Local Government Association & Association of Directors of Adult Social Care.

<https://www.local.gov.uk/sites/default/files/documents/Making%20Safeguarding%20Personal%20-%20Guide%202014.pdf> (Accessed 05/05/21)

The Mental Capacity Act 2005

Compliance with Mental Capacity Act (2005) and Deprivation of Liberty Safeguards Policy

Complaints Policy

Patient Advice and Liaison Service Policy

Risk Management and Risk Assessment Policy

Safe Recruitment Policy

Prevention of Radicalisation and Counter Terrorism Policy – PREVENT

Peterborough City Council Adult Social Care <https://www.peterborough.gov.uk/healthcare/>.  
(Accessed 05/05/21)

## **12.1 Associated documents**

Peterborough City Council Adult Social Care <https://www.peterborough.gov.uk/healthcare/>.  
(Accessed 05/05/21)

Multi-Agency Adult Safeguarding Procedures (C0265).

Disciplinary Policy.

Raising Concerns in a Safe Environment.

Chaperone Policy

Data Protection and Confidentiality Policy.

Staff Code of Conduct & professional codes of conduct.

The Mental Health Act 1983.

Deprivation of Liberty Safeguards April 2009.

The Mental Health Act 2007

## **13. Equality Impact Assessment**

The Trust has a duty under the Equality Act and the Public Sector Equality Duty to assess the impact of policy changes for different groups within the community. In particular, the Trust is required to assess the impact (both positive and negative) for several 'protected characteristics' including:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Race
- Religion or belief
- Sexual orientation
- Pregnancy and maternity and
- Other excluded groups and/or those with multiple and social deprivation (for example carers, transient communities, ex-offenders, asylum seekers, sex-workers, and homeless people).

The author has considered the impact on these groups of the adoption of this Standard Operating Procedure. There are no specific adverse impacts for people with 'protected characteristics' or otherwise.

If you require this policy in a different format e.g., larger print, Braille, different languages, or audio tape, please contact the policy development lead.

