



Sexey's Hospital  
1638

# Safeguarding & Protecting People Policy

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## **Policy**

Sexey's Hospital has a legal duty to protect everyone who comes into contact with Sexey's Hospital from harm and in particular residents who are at risk. Safeguarding and protecting people from harm is a key governance role.

## **Duty to Protect People**

The Charity Commission places a duty on Sexey's Hospital to take reasonable steps to protect everyone who comes into contact with Sexey's Hospital from harm, including trustees, staff, residents, volunteers and visitors.

The Charity Commission expects that Sexey's Hospital will:

- make sure that all trustees, staff, volunteers and residents know about safeguarding and people protection
- have appropriate policies and procedures in place
- make their policy available to the public
- check that people are suitable to act in their roles
- have a code of conduct of how staff and volunteers should behave
- know to spot and refer or report concerns
- have a clear system of referring or reporting to relevant organisations as soon as concerns are suspected or identified
- set out risks and how they will be managed in a risk register which is regularly reviewed
- be quick to respond to concerns and carry out appropriate investigations
- not let one trustee dominate Sexey's Hospital's work; trustees should work together.

## **Duty to Safeguard Adults at Risk**

The Care Act 2014 places additional responsibilities on Sexey's Hospital as an organisation working with adults at risk. Adults at risk are defined under section 42 of the Care Act 2014 as adults who:

- have care and support needs;

- are experiencing, or are at risk of abuse or neglect; and
- because of their care and support needs cannot protect themselves against actual or potential abuse or neglect.

For example, an adult at risk may have an illness affecting their mental or physical health, they may have a learning disability, or they may be frail.

‘Safeguarding’ means protecting an adult’s right to live in safety, free from abuse and neglect. Safeguarding involves identifying abuse and acting whenever someone is being harmed.

Abuse is when a person has caused harm, or may be likely to do so, to the physical, emotional or material wellbeing of another person. Harm may be caused by direct acts, or by failure to provide adequate care. It may be systematic and repeated or may consist of a single incident. Types of abuse include:

- Physical Abuse - may involve hitting, slapping, pushing, shaking, throwing, poisoning, burning or scalding, drowning, misuse of medication, restraint or inappropriate physical sanctions, suffocating or otherwise causing physical harm, including fabricating the symptoms of, or deliberately causing, ill health to someone.
- Sexual Abuse - involves forcing or enticing someone to take part in sexual activities, whether or not the victim is aware of what is happening.
- Emotional Abuse - the persistent emotional ill-treatment of someone as to cause severe and persistent adverse effects on their emotional state or development. It may involve conveying to the victim that they are worthless or unloved, inadequate or only valued insofar as they meet the needs of another person. It may also involve acts induced to frighten, exploit or corrupt adults.
- Exploitation - involves unfairly manipulating someone for profit or personal gain, either opportunistically or premeditated.
- Neglect and acts of omission - the persistent failure to meet the victim’s basic physical and/or psychological needs, likely to result in the serious impairment of their health or development. This may take the form of failing to provide adequate food, shelter or clothing. It may also take the form of neglect of, or unresponsiveness to the victim’s basic emotional needs.
- Financial or Material Abuse - includes having money or other property stolen, being defrauded, being put under pressure in relation to money or other property and having money or other property misused.
- Discriminatory Abuse - including discrimination on grounds of race, gender and gender identity, disability.

Other risks to be alert to include:

- Bullying or harassment
- Health and safety concerns

- Commercial exploitation
- Extremism and radicalisation
- Discrimination on any of the grounds in the Equality Act 2010
- Poor charity culture allowing unacceptable behaviour such as the abuse of a position of trust within Sexey's Hospital
- Self – neglect - when a person neglects to care for their personal hygiene and includes behaviour such as hoarding. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.

The overall policy aims of safeguarding as set out in the Care Act can be summarised as to:

- Stop abuse and neglect where possible.
- Prevent harm and reduce the risk of abuse and neglect.
- Safeguard adults in a way that supports them in making choices and having control about how they want to live.
- Concentrate on improving life for the adult concerned.
- Raise public awareness so that communities play a role alongside professionals.
- Provide accessible information and support about how to stay safe and how to raise a concern.
- Address the cause of the abuse and neglect.

Sexey's Hospital as an 'independent living' housing provider has a key role in adult safeguarding, particularly as our staff may be in the best position to spot signs of abuse or neglect at an early stage. This could also include self abuse – for example hoarding or personal neglect, especially where other services are not involved.

### **Mental Capacity Act (2005)**

The ability to understand and make a decision when it needs to be made is called 'mental capacity'. Mental capacity issues frequently arise in adult safeguarding. People must be assumed to have capacity to make their own decisions and be given all practicable help before anyone treats them as not being able to make their own decisions. The Mental Capacity Act 2005 covers people who cannot make some or all decisions for themselves and should be referred to if such an issue arises.

### **Sexey's Hospital - Actions to Protect People**

Sexey's Hospital will take the following steps to protect people who come into contact with the Charity:

- Review the safeguarding and protecting people policy on an annual basis.

- All trustees, staff and volunteers will be asked to read and familiarise themselves with this policy on an annual basis.
- All trustees, staff and volunteers will be checked to ensure that they are suitable and legally able to act in their positions. This will include when applicable confirming eligibility to work in the UK, that they are legally able to act, obtaining references and obtaining DBS checks.
- Hold a whistle blowing policy and bullying & harassment policy for staff.
- Hold relevant health and safety policies.
- Hold a data protection policy.
- Hold suitable insurance cover for all staff and volunteers.
- Include protecting people and safeguarding on Sexey's Hospital's risk register.
- Report protecting people and safeguarding issues on the key performance indicator report issued at Board meetings.
- Develop a code of conduct for staff and volunteers which sets out Sexey's Hospital's culture and how they should behave.
- Ensure trustees are aware of their responsibilities to work together.
- Provide regular training to staff and volunteers about working with adults at risk.

## **Handling an Incident**

Suspected or known incidents in relation to everyone, except for residents, should be reported to the Master, also known in this context as the Scheme Manager, as a matter of priority.

The Scheme Manager will be the designated officer and will take the lead when dealing with all safeguarding issues in relation to adults at risk. i.e. the Residents.

The following are principles and actions that need to be followed by staff in regard to an incident in relation to a resident. The flowchart on the final page of this policy should be referred to in addition to this.

- If the resident is in immediate danger, staff will call the police or ambulance
- If a member of staff has any concerns, then they will raise it with the Scheme Manager straight away. In her absence and if the referral is urgent the staff member will adopt the procedure set out in the flow chart below.
- The staff member will make a written record using the victim's own words.
- The staff member will not agree to keep it a secret. It will be explained that it has to be passed on to the Scheme Manager.
- The staff member will reassure the resident that the allegation will be taken seriously and dealt with discreetly. Staff will maintain confidentiality at all times and only discuss the case with those people outlined in this policy.
- Staff will ask the resident to describe what happened and write a record. Staff will not ask any leading questions. The resident will be asked to sign this record.
- Staff will not confront the alleged abuser.

- Consent must be obtained from the person concerned before a referral is made to Adult Social Care or the police. It is, however, recognised that consent may not be possible, e.g. in cases where people lack capacity. Where this is the case, they should be supported by advocates, so that their best interests are pursued.
- Where an adult at risk, with capacity, has made a decision that they do not want action to be taken and there are no public interest or vital interest considerations, their wishes must be respected. However, it is important that if they or others are at risk of harm the information should be passed to Adult Social Care or the police even if consent is not obtained. Adult Social Care will contact Sexey's Hospital in response to a referral within 5 or 20 days depending on the severity of the case.
- The above applies if it is the alleged abuser who has care and support needs.
- Staff will fully co-operate with any police investigation.
- The Scheme Manager (or in his absence and in urgent situations another staff member) will make the report to Adult Social Care as set out in the procedure shown at the end of this policy

The Scheme Manager will provide specific support to the adult, family or carer as part of an agreed plan and contribute to the ongoing reviewing of the adult's needs.

### **Reporting to the Authorities**

The incident may need to be reported to the authorities as follows:

- If an incident involves criminal behaviour it should be reported to the police.
- Safeguarding concerns for adults at risk may need to be reported to Adult Social Care.
- An incident must be reported to the DBS if Sexey's Hospital stops someone working with adults at risk and certain criteria are met. DBS guidance should be referred to for more information.
- An incident may need to be reported as a serious incident to the Charity Commission.

### **Serious Incident Reporting**

A serious incident is an adverse event, whether actual or alleged, which results in or risks significant harm to Sexey's Hospital's residents, staff, volunteers or others who come into contact with Sexey's Hospital through its work. Safeguarding is one of the main categories of reportable incidents. The trustees of Sexey's Hospital are responsible for reporting serious incidents promptly to the Charity Commission, although in practice this can be delegated to the Master.

The Charity Commission's guidance provides examples of when an incident should be reported. An incident that involves actual or alleged criminal activity will usually be reportable to the Commission. However, a report should always be made where the level of harm to the victims and/or the likely damage to the reputation of or public trust in Sexey's Hospital is particularly high (for example, sexual misconduct by a person in a senior position). The Commission would also expect to receive a report if

the number and nature of staffing incidents indicate there are widespread or systematic issues connected to sexual harassment, abuse and/or other misconduct in a charity.

### **Further Guidance**

For further information please see the relevant Government guidance as shown below.

Safeguarding (25 October 2018): <https://www.gov.uk/guidance/safeguarding-duties-for-charity-trustees>

The Care Act (26 October 2018) see safeguarding section 14:  
<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#safeguarding-1>

Serious incident reporting (17 October 2018): <https://www.gov.uk/guidance/how-to-report-a-serious-incident-in-your-charity>

## Raising a Safeguarding Alert - Resident at Risk Schematic

