

St Mary's Hospital Safeguarding policy and guidelines

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1. Introduction

Safeguarding is everyone's responsibility. At St Mary's this includes trustees, staff, volunteers, visitors, and residents and their families. We all have a responsibility to each other to ensure that St Mary's is a safe environment for all. This safety includes protection from all forms of abuse including physical, sexual, emotional and financial, and neglect.

Safeguarding concerns the particular care which needs to be taken for those who are less able to protect themselves namely adults at risk (otherwise known as vulnerable adults or adults in need of protection), and children under the age of 18.

The following guidelines outline St Mary's procedures to minimise the risk of abuse or exploitation and to provide guidance in the event of a concern or an alleged incident. They should be read in conjunction with the References, copies of which are held by the Safeguarding Officer and Clerk to Trustees.

2. Personnel and contacts

- Designated Safeguarding Officer
Morag Keane, Assistant Diocesan Safeguarding Advisor
Church House, 211 New Church Road, Hove, BN3 4ED
Email: morag.keane@chichester.anglican.org
Tel: 01273 425793 or 07881 580310
- Local Safeguarding Contact:
Ruth Taunt (Trustee) Tel: 07711 223266
- Warden
Monica Winnett
Email: warden@stmarysalmshouses.org.uk
Tel: 01243 783377
- Chair of Trustees
The Very Reverend Stephen Waive (Dean)
Email: dean@chichestercathedral.org.uk
Tel: 01243 812494
- Clerk to the Trustees
David Coulthard (Communar)
Email: communar@chichestercathedral.org.uk
Tel: 07736 792998
- Custos
Reverend Bruce Ruddock
Email: custos@stmarysalmshouses.org.uk
Tel: 07919 092504
- West Sussex County Council Social Services Department:
Adult Safeguarding Concerns: 01243 642121
Children's Access Point: 01403 229900

(Under normal circumstances the Safeguarding Officer will be responsible for reporting specific incidents to WSCC)

If there is concern that a child or adult is at imminent risk of serious harm the police should be called on the emergency number 999 immediately.

3. Definition of adult at risk (otherwise known as a vulnerable adult or an adult in need of protection):

According to The Care Act 2014 an adult at risk is any person who is aged 18 years or over who

- Has needs for care and support (whether or not 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 the risk of it.

This may include a person who:

- Is elderly and frail
- Has a mental illness including dementia
- Has a physical or sensory disability
- Has a learning disability
- Has a severe physical illness
- Is a substance misuser
- Is homeless

4. Principles of adult safeguarding

It is the policy of the Trustees, in accordance with the intentions of the Care Act 2014, that the following principles of safeguarding adults are followed:

- **empowerment** - presumption of person led decisions and informed consent
- **prevention** - it is better to take action before harm occurs
- **proportionality** - proportionate and least intrusive response appropriate to the risk presented
- **protection** - support and representation for those in greatest need
- **partnerships** - local solutions through services working with their communities
- **accountability** - accountability and transparency in delivering safeguarding.

Allegations of abuse (current or historic) will be viewed seriously and appropriate action will be taken. The Trustees will collaborate fully with the statutory and voluntary agencies concerned with child or adult abuse. The charity will not conduct investigations on its own.

5. Types of abuse

The Department of Health in its 'No Secrets' 2000 report suggests the following as the main types of abuse:

- **Physical abuse** - including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.
- **Sexual abuse** - including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, could not consent or was pressured into consenting.
- **Psychological abuse** - including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
- **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.
- **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.
- **Discriminatory abuse** - including race, sex, culture, religion, politics, that is based on a person's disability, age or sexuality and other forms of harassment, slurs or similar treatment and hate crime.
- **Domestic abuse** - Home Office Definition 2004 - 'Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are, or have been intimate partners or family members, regardless of gender or sexuality.'

Churches in the UK are now also beginning to recognise:

- **Spiritual abuse** – a form of emotional or psychological abuse characterised by coercive and controlling behaviour in a religious context
- **Self-neglect** - the 2014 Care Act further identifies self-neglect as a possible safeguarding issue. However this is a complex area bound up as it is with the capacity and wishes of the individual. In the first instance concerns around self-neglect should be referred to the Warden to assess and take action as is necessary.

6. Procedures to be followed in the case of suspected abuse

Any resident who feels that they are being abused in any manner should immediately contact the Designated Safeguarding Officer, the Local Safeguarding Contact, the Warden, Custos or Trustees. The charity will then implement its policy and procedures, in conjunction with other agencies, to resolve matters.

Any allegation of abuse will be handled sympathetically and sensitively whilst ensuring that no commitment or agreement is given at the outset. At this stage it is important to ensure that the complainant is not in direct contact with the alleged abuser and that sensitivity is used when handling the situation.

The following actions will be taken by the charity in all cases of reported or suspected abuse:

- Ensure that the individual is safe, immediately calling the emergency services for assistance if necessary
- Ascertain the basic facts:
 - Name of individual
 - Date, time and place of the alleged abuse
 - Whether the individual is aware that you will be sharing this information with others
 - Details of the disclosure (use the individual's own words as far as possible)
 - The physical/emotional state of the individual
 - Any physical injuries
- Record all the above information as soon as possible using the form at Annex A. Be specific and factual in your records.
- Inform the Designated Safeguarding Officer as soon as possible. It is their responsibility to investigate the allegation and assist with reporting to the relevant authorities, usually Social Services, and to keep the board of Trustees fully informed at all times.
- If the Designated Safeguarding Officer is not available the Clerk or Chair of Trustees or Local Safeguarding Contact should be contacted.
- Give a copy of your written record to the Safeguarding Officer, and keep a copy for yourself.
- Maintain confidentiality at all times. Both the alleged abuser and the person who is thought to have been abused have the right to confidentiality. Any possible criminal investigation could be compromised through unauthorised information being released.

The Designated Safeguarding Officer will gather information and arrange a meeting to include the Warden, Clerk, and Chair of Trustees as appropriate, to establish the facts. A full record of the meeting will be made.

After considering all the facts the Designated Safeguarding Officer will decide whether the incident should be reported to the Local Authority Safeguarding Department. If the police or other emergency services were called, the incident must be reported to the Authority. Any serious incidents of this nature, which are reported to the Local Authority, must also be notified to the Charity Commission.

The Board of Trustees will be updated on all safeguarding incidents (with as much detail as is appropriate) at each Trustees' meeting.

7. How to respond to a disclosure

The person receiving the information about a disclosure should:

- Remain calm and in control, but do not delay in taking action. If a child or adult at risk discloses abuse there is a requirement to share the information with statutory authorities. Do not promise confidentiality or to 'keep it a secret'.
- Use the first opportunity you have to say that you will need to share the information with others. Make it clear you will only tell the people who need to know and should be able to help. If on hearing this the individual chooses not to continue, accept this and, if appropriate, give them details of an agency such as Age UK, Action on Elder Abuse or Samaritans where they can talk confidentially to someone.
- If an adult, not defined as an adult at risk, discloses abuse you should obtain their consent before sharing information with other agencies unless there is a risk to other adults or children.
- Listen carefully to what is being said. Allow the person to tell you 'at their own pace' and only ask questions for clarification. Do not ask leading questions. 'What happened?' is acceptable but not 'Were you hit?'
- Reassure the individual that they did the right thing in telling someone.
- Tell the individual what you are going to do next. Reassure them that they will receive continued support.
- Record and report the disclosure following procedures above (Section 6).

8. Procedures for safe employment – Recruitment

Staff or volunteers who work in a capacity which involves unsupervised contact with children or regulated activities with adults (as detailed in the Care Act 2014) will require DBS checks.

Regulated activities under the Care Act 2014 are activities which involve:

1. Providing Personal Care
2. Transporting people to appointments for health care
3. Giving financial advice
4. Handling money

Nobody who has a conviction for, or caution about, an offence against a child or adult will be able to hold a post or be a volunteer in a position that will bring them into contact with either.

Clear roles

All paid staff and volunteers should have clear roles established in the form of job descriptions explaining to whom an individual is accountable, those whose work they supervise and a description of that work. All staff should be aware of the St Mary's Safeguarding Policy and Guidelines and of their own responsibilities in maintaining a safe and secure environment for residents, staff and visitors.

9. Procedures for safe employment - Training

Regular training (every 3 years) will be undertaken and provided by the St Mary's Hospital Safeguarding Officer, a member of the Diocesan Safeguarding Team or online. Training must be undertaken as follows and proof of training provided:

C0: Basic Awareness (online, 30 minutes)

C1: Foundation (face to face or online, 2 hours)

C2: For those in a leadership role (face to face, 3 hours, builds on C1)

C3: C1+C2

Custos Deputy Custos	C3 Safeguarding Briefing as part of Induction Copy of St Mary's Hospital Safeguarding Policy
Warden Deputy Warden Assistant Wardens Chair and Clerk to Trustees Local Safeguarding Contact	C2 Safeguarding Briefing as part of Induction Copy of St Mary's Hospital Safeguarding Policy
All Other Staff and Trustees	C1 Safeguarding Briefing as part of Induction Copy of St Mary's Hospital Safeguarding Policy

Records of staff training will be held and updated by Debbie Atlee, Chapter Secretary, who will also inform individuals and their line manager when further training or updating is required.

10. Note on Child Safeguarding

This policy deals primarily with the safeguarding of adults. Particular guidance on Child Safeguarding can be obtained from the West Sussex Child Safeguarding Board, from the Diocesan Safeguarding Team, or by referencing the Chichester Cathedral Safeguarding Policy.

11. Publication, revision and circulation of policy

- A copy of the Policy will be held in the Office of St Mary's Hospital and will be available to read at all times in the residents' lounge. The policy will also be published on the St Mary's Hospital Website. A summary of who to contact will be displayed on noticeboards throughout St Mary's Hospital.
- Copies of the policy will be held by the Warden and Deputy Warden and by all Trustees
- The Safeguarding Policy will be revised and approved annually

12. Approval

This policy has been approved for issue by the Board of Trustees of St Mary's Hospital

Signature:.....

Name:.....

Position:.....

Date:.....

This policy will be reviewed annually

Date for next review

References:

- A. Home Office Code of Practice [Safe from Harm] (1993)
- B. Safeguarding Vulnerable Groups Act 2006
- C. Protection of Freedom Act 2012
- D. House of Bishops Policy -Promoting a safe Church 2006
- E. House of Bishop's Policy for Safeguarding – update 2015
- F. The Care Act 2014: Safeguarding Adults
- G. Almshouse Association Model Safeguarding Policy

ANNEX A

RECORDING CONCERNS or REPORTS OF ABUSE

(See example on next page)

Date:	Time:	Where the incident occurred:
Name:	D.O.B Age:	Address:
What has happened? What was the context? What did the individual say? (Use their own words where possible). When and where the incident occurred		
What action did I take?		
Signed	Position/Role	Date

NB Give a copy to the Safeguarding Officer, Morag Keane. Keep a copy for yourself.

Annex B

Example of effective recording of safeguarding concerns

Date: 23.6.18	Time: 10.02am	Where the incident occurred: Flat 457 St Mary's Hospital
Name: Ann Smith	D.O.B 18.04.1929 Age: 89 years	Address: Flat 457 St Mary's Hospital Chichester PO...
What has happened? What was the context? What did the individual say? (Use their own words where possible). When and where the incident occurred?		
<p>AS has been a resident at SMH for 7 years. She is physically frail and her short-term memory is poor, however she is able to look after herself physically without support.</p> <p>At 10.00 am today (23.06.2018) I called on AS in her flat for her daily check. She appeared anxious and distressed and she immediately told me that she is worried about her grandson because he is 'always hard up' and she thinks he may be gambling. She told me that he repeatedly asks her for money and has recently borrowed her bankcard 'for safe keeping'. When she asked for her card back last night he became angry and she said he 'pushed me out of the way' as he left. AS became tearful saying that she does not want her grandson to get into trouble but she does not know how to sort this out.</p> <p>AS has a bruise on her right forearm. Without her bankcard she has no access to her bank account; she has a small amount of cash in her flat. AS is aware that other services may need to become involved and she agrees to this.</p>		
What action did I take?		
<p>I reassured AS that she was right to tell me about this difficulty. I told her that I would discuss this with our Safeguarding Officer to decide what needs to happen next. I encouraged AS to call us at any time if she needs to and to let us know if her grandson is planning to visit again.</p> <p>At 11.30am I rang the Safeguarding Officer and emailed her a copy of this report.</p>		
Signed	Position/Role	Date