SAFEGUARDING VULNERABLE ADULTS POLICY

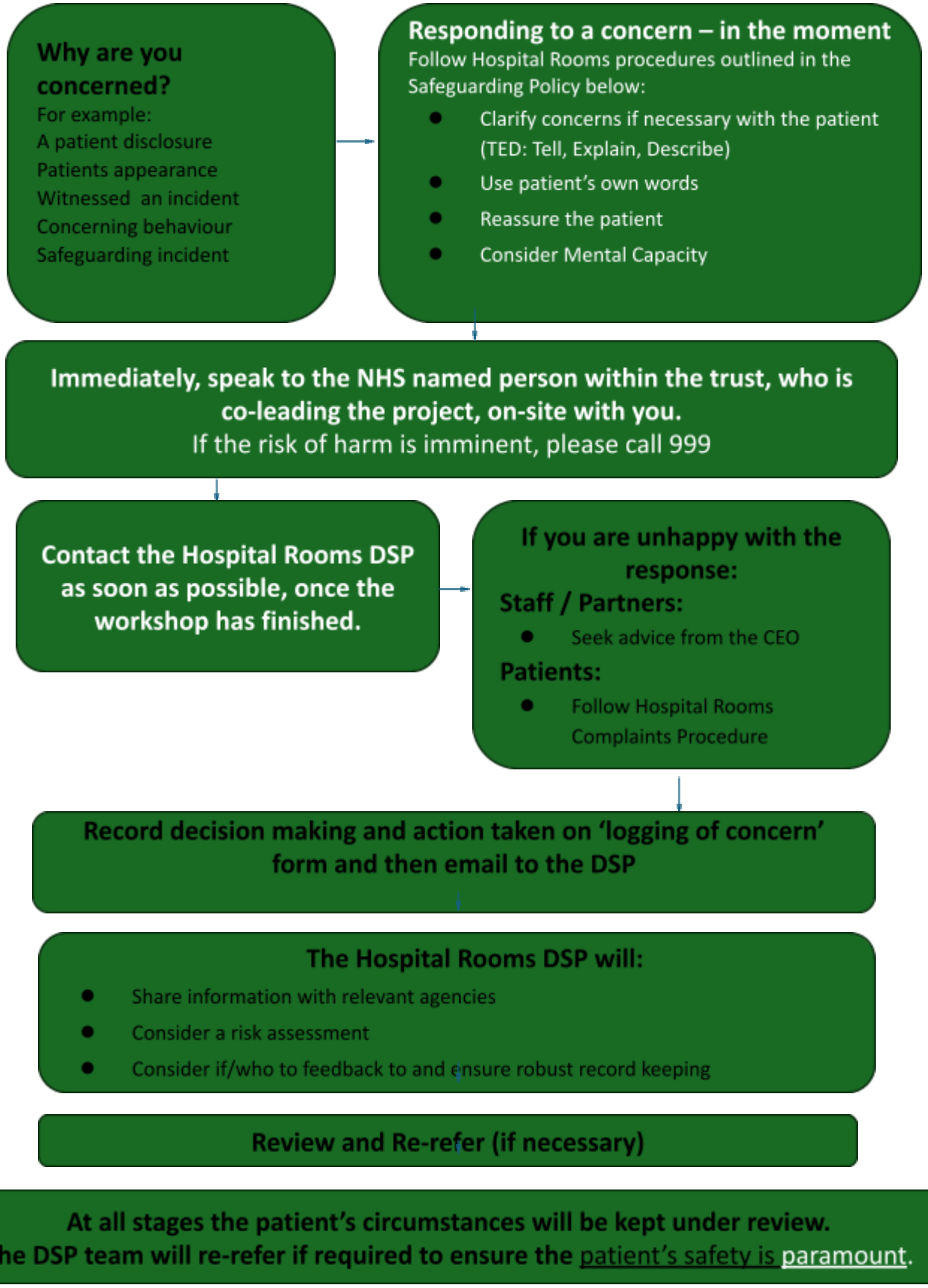
Hospital Rooms is an arts and mental health charity that brings extraordinary art and creative activity to some of the most marginalised members of society. We co-create acclaimed projects within specialist mental health services that provide interventions to children, young people, and their families who are experiencing or are most vulnerable to mental ill health. We commission world-class artists to work with children, young people, and staff in collaborative and responsive workshops. Together, we are radically transforming bleak clinical environments and making them imaginative and thoughtful.

Key contacts

	Name	Contact information
Designated Safeguarding Person (DSP)	Alison Acampora	alison@hospital-rooms.com 07976570882
Deputy Designated Safeguarding Person (DDSP)	Naomi Credé	naomi@hospital-rooms.com 07973255557
Safeguarding Trustee	Emma Wadey	emmalwadey@gmail.com **07974 407 678**
Local Safeguarding Adults Board	Tower Hamlets Safeguarding Adults Board	**Email:** enquiry@towerhamletsconnect.org **Tel:** 0300 303 6070 (weekdays 9am to 5pm)
Adults Social Care	Tower Hamlets Adult Social Care	Email: adultcare@towerhamlets.gov.uk
LADO / PiPOT	Tower Hamlets LADO	Email: LADO@towerhamlets.gov.uk Tel: 020 7364 0677

HOSPITAL ROOMS

What to do if you have a Safeguarding Concern?



Key principles

Everyone has the right to live a life free from harm and abuse. The purpose of this policy is to develop and embed a safeguarding ethos and inform Hospital Rooms' commitment to ensuring all patients are in a safe environment.

Hospital Rooms believes that all patients have the right to protection from abuse. Hospital Rooms understands its duty of care to safeguard all patients involved in any activities undertaken by or on behalf of Hospital Rooms. To this end, its policies, procedures, and practices as they relate to all staff (employees and freelancers of Hospital Rooms) will endeavour to protect patients. All suspicions and allegations of abuse will be taken seriously and responded to swiftly and appropriately. This includes allegations of historical abuse.

The aim of the policy is to promote good practice by:

- Providing an environment in which patients feel safe and valued.
- Providing staff with clear guidelines and procedures to follow, helping to avoid inappropriate, misguided, or wrong behaviour, and providing information on what action to take if they are concerned about a patient's welfare.
- Protecting Hospital Rooms' name and reputation from being brought into disrepute.
- Promoting an environment where patients are safe from abuse.

Hospital Rooms will underpin its work involving adult safeguarding with the six key principles outlined in the Care Act 2014:

1. **Empowerment**: People being supported and encouraged to make their own decisions and give informed consent.
2. **Prevention**: It is better to take action before harm occurs.
3. **Proportionality**: The least intrusive response appropriate to the risk presented.
4. **Protection**: Support and representation for those in greatest need.
5. **Partnership**: Local solutions through services working with their communities. Communities have a part to play in preventing, detecting, and reporting neglect and abuse.
6. **Accountability**: Accountability and transparency in delivering safeguarding.

Hospital Rooms is committed to partnership working with the Tower Hamlets Safeguarding Adults Board, a multi-agency partnership with representation from organisations that work with and support adults at risk in the community, or other Local Safeguarding Adults Boards, depending on where a patient is located.

Hospital Rooms' position on duty of care to patients will be referred to or included in recruitment, training, moderation, and policy materials where appropriate, and the policies are openly and widely available and actively promoted within the organisation.

Section 1: Good practice guidelines for staff, volunteers and partners

1.1 Definitions of safeguarding vulnerable adults

Adult safeguarding means:

- Protecting an adult's right to live in safety, free from abuse or neglect.
- Working in partnership to prevent and stop both the risks and experience of abuse and neglect.
- Ensuring the adult's well-being is promoted while having due regard for their wishes, views, feelings, and beliefs in deciding any action.

Hospital Rooms is committed to making safeguarding personal so that it is person-led and outcome-focused. This will be achieved by engaging with the adult at risk in the decision-making process to improve their quality of life, well-being, and safety.

1.2 Roles and Responsibilities

Designated Safeguarding Person (DSP)

DSP: Hospital Rooms Managing Director Alison Acampors (See Key Contacts above)

Deputy DSP: Hospital Rooms Co-Founder Niamh White (See Key Contacts above)

- Ensure the safeguarding policy is up to date.
- Ensure all staff and freelancers are aware of the procedures, know how to follow them, and receive appropriate training, especially regarding working in mental health units (see training summary below).
- Discuss specific concerns and take appropriate action.
- Keep accurate records relating to individual concerns and disclosures in a secure place.
- Undertake policy updates every year.
- Ensure work experience placements are well planned and safe.
- Ensure events arranged by Hospital Rooms that may be attended by patients (online or in-person) are safe.
- Monitor staff and freelancers roles, ensuring that checks are done in accordance with government advice and regulations.
- Make appropriate referrals to statutory agencies.

Trustees (incorporating the Safeguarding Working Group)

Safeguarding Trustee: Amie Corry (See Key Contacts above)

- All trustees should have a safeguarding induction within 6 months of their appointment. This includes a meeting with the DSP to explain the safeguarding measures in place at Hospital Rooms and completing a Safeguarding Awareness Training programme.

- It is the responsibility of the trustees to ensure appropriate action is taken when a disclosure or safeguarding incident occurs. Trustees should appoint and support the DSP to enable incidents and disclosures to be dealt with promptly and robustly.
- Trustees must ensure that a review of the effectiveness of the Safeguarding Policies is undertaken every year and ensure that all aspects of the policies are closely followed and communicated to those working with Hospital Rooms.
- Trustees must review the policy when activity changes, for example at the start of a project involving patients, or when the organisation changes significantly.
- Amie Corry is the trustee responsible for supporting the DSP in safeguarding incidents. The DSP is responsible for providing her with a register of who has received safeguarding inductions and training.
- Trustees should ensure that the DSP receives training to an appropriate standard (see Training) and that the DSP is chosen for their suitability.
- The Safeguarding Working Group is appointed by the Chair of Trustees and is responsible for reviewing policies and procedures and reporting findings to the Board of Trustees on an annual basis, or as required.

Senior Managers (i.e. Senior Project Curators) and Heads of Department

- Ensure the staff and contractors they line-manage have appropriate knowledge and skills, and communicate the appropriate procedures in dealing with safeguarding concerns.
- Identify the safeguarding lead at the NHS Trust in which a project is taking place, provide this information to the DSP, and exchange policies and procedures between organisations at the point project contracts are exchanged and signed.
- Ensure staff and contractors have access to both the Hospital Rooms safeguarding policy and that of the relevant NHS Trust (if applicable) and, if required, that staff and contractors have undertaken the correct level of training before entering into work on a mental health unit.
- Report any safeguarding concerns to the DSP.

All Staff and Contractors

- Read and sign the Hospital rooms Safeguarding policy / procedures, and the NHS Trust Safeguarding policies / procedures prior to starting work and on an annual basis, and refer questions to their line manager or DSP if they are unsure of what to do.
- Follow the guidance regarding Safeguarding Vulnerable Adults and Children required by their role. This includes completing mandatory training, and sharing concerns as soon as they arise with the NHS Safeguarding Lead and Hospital Rooms DSP.
- Everyone working on behalf of Hospital Rooms accepts that the welfare of patients who come into contact with the project in connection with its tasks and functions is paramount, and that they will report any concerns about a patient or somebody else's behaviour using the procedures below.
- All those who are involved with projects on behalf of Hospital Rooms should adhere to the Hospital Rooms Staff Code of Conduct.
- Information relating to any allegation or disclosure will be clearly recorded as soon as practicable, following the record keeping process below.
- A culture of mutual respect between patients, and those who represent Hospital Rooms in all its activities will be encouraged, with adults modelling good practice in this context.

- It is part of Hospital Rooms' acceptance of its responsibility of duty of care towards patients that anybody who encounters safeguarding concerns in the context of their work on behalf of Hospital Rooms will be supported when they report their concerns.

Young People undertaking work experience placements

- Office-based work experience placement students (16+) will understand that they have a part to play in safeguarding themselves. They will receive some information on what to expect and who to talk to (in the event of safeguarding concerns) during their induction by the DSP.
- This will include information about working online and undertaking social media for Hospital Rooms safely.

1.3 Recognising the signs and symptoms of abuse

Abuse can occur in any setting, whether at home, in the community, or within institutional care, and may be perpetrated by someone in a position of trust or authority. Recognising the signs of abuse and understanding the need for prompt intervention are crucial to safeguarding adults at risk.

Adult abuse refers to any action or inaction that causes harm, distress, or exploitation to an adult aged 18 or over. This includes:

Physical Abuse

Physical abuse includes assault, hitting, slapping, pushing, misuse of medication, restraint, or inappropriate physical sanctions.

Sexual Abuse

Sexual abuse includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, taking sexual photographs, making someone look at pornography or watch sexual acts, and sexual assault or sexual acts the adult didn’t consent to or was pressured into consenting.

Psychological Abuse

Psychological abuse includes emotional harm, 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 support networks.

Financial Abuse

Financial or material abuse includes 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.

Discriminatory Abuse

Discriminatory abuse is the unequal treatment based on protected characteristics, which include age, disability, gender reassignment, marriage or civil partnership, pregnancy, maternity, race, religion or belief, sex, or sexual orientation. This could involve denying someone their basic rights based on these characteristics, verbal abuse, derogatory statements, or denying access to communication aids.

Organisational Abuse

Organisational abuse includes neglect and poor care in an institution or care setting such as a hospital or care home, or if an organisation provides care in someone's home. The abuse could be a one-off incident or repeated ongoing ill-treatment. It may result from neglect or poor professional practice due to the organisational structure, policies, procedures, and practices.

Domestic Abuse

Domestic abuse is an incident or pattern of conduct where someone's behaviour towards another is abusive. This applies to individuals aged 16 or over who are or have been personally connected. The abuse can involve psychological, physical, sexual, financial, emotional, violent and threatening behaviour, coercive control, and controlling behaviour.

Modern Slavery

Modern slavery can take many forms, including the trafficking of people, forced labour, debt bondage, servitude, and slavery. It refers to situations of exploitation that a person cannot refuse or leave because of threats, violence, coercion, deception, and/or abuse of power.

Self-Neglect

Self-neglect involves a lack of self-care affecting health and safety, neglect of personal hygiene, health, or surroundings, inability to avoid self-harm, failure to seek help or access services to meet one's needs, and an inability or unwillingness to manage personal affairs. While everyone has the right to choose their actions, some vulnerable adults may not recognise the potential risks.

Neglect

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

See Appendix 1 for further information regarding type and indicators of abuse.

1.4 Responding to concerns of patients who have experienced or are experiencing abuse

Safeguarding concerns can relate to:

- Information you overhear, e.g., a patient talking to another patient about an incident.
- A concern you observe, e.g., an injury
- Information passed to you by another person, e.g., a family member of a patient.
- Something a patient tells you. This is known as a disclosure.

How to respond to a disclosure:

- Remain calm and do not show shock or disbelief.
- Allow the adult to speak without interruption.
- Show through body language that you are listening.
- Reassure the adult but avoid making promises that may not be possible to keep.
- Ensure the adult knows that what they have said will not get them in trouble and that they were right to talk about it.

- Do not promise confidentiality, as it may be necessary to refer to the police and/or adult social care.
- Reassure them that what has happened is not their fault.
- Listen rather than asking leading questions. Avoid detailed or probing questions challenging the person.
- Use the TED technique where needed: Tell, Explain, Describe.

Consider – Mental Capacity:

When safeguarding adults we must consider the mental capacity of individuals when seeking consent to share information. It is essential to assess whether the person has the mental capacity to understand and make informed decisions about the sharing of their personal information. If there are any doubts about an individual's mental capacity, appropriate steps should be taken to support them in making decisions, or to act in their best interests if they are unable to do so.

You should always obtain consent before sharing information, unless doing so would increase the risk of harm to the individual or others. In situations where consent cannot be obtained, information should only be shared in accordance with the guidance below. If you are unsure regarding a patients mental capacity, please seek advice from the NHS named person within the trust immediately.

Immediate Action – pass on your concerns:

- Immediately, speak to the NHS named person within the trust, who is co-leading the project, on-site with you.
- Contact the Hospital Rooms DSP as soon as possible, once the workshop has finished.
- If you deem a patient to be in immediate danger, you should call the emergency services by ringing 999.

Following any safeguarding incident, the DSP or Manager will follow the 'Incidents Policy' to consider next steps regarding the continuation of the session.

The above should also be ready alongside the Incident Policy which can be found on dropbox: Hospital Rooms / Governance / Incident Policy / 2025

1.5 Record keeping

- All concerns must be recorded as soon as possible after the incident/concerns, using the patient's words and recording on a 'Logging of concern' form, and body map which can be found on dropbox: (Hospital Rooms / Safeguarding / Safeguarding Templates / Logging of Concern or Body Map).
- The completed concern form must be shared with the DSP via e-mail, with the subject 'PRVIATE & CONFIDENTIAL'.
- All safeguarding concerns, discussions and decisions made and the reasons for those decisions will be recorded in writing by the DSP. If staff are in any doubt about recording requirements they must discuss their concerns with the DSP.
- Safeguarding records retained centrally and securely by the DSP, in line with Data Protection guidelines.

- The CEO will be kept informed of any significant issues by the DSP.

1.6 Process for reporting and referrals (multi-agency working)

Hospital Rooms recognises and is committed to its responsibility to work with other professionals and agencies to ensure adults' needs are met and to protect them from harm. We will endeavour to identify those adults who may benefit from the intervention and support of external professionals.

Hospital Rooms is not the investigating agency when there are adult protection concerns and will therefore pass all relevant cases to the statutory agencies, and work with the relevant NHS safeguarding leads. However, we will contribute to the investigation and assessment processes as required and recognise that a crucial part of this may be in supporting the adult while these take place.

Local details regarding support and referral pathways can be found at the start of this policy.

1.7 Confidentiality and information sharing

Hospital Rooms has an appropriately trained Data Protection Officer (DPO) Niamh White as required by the UK General Data Protection Regulations (UK GDPR) to ensure compliance with all matters relating to confidentiality and information sharing requirements.

Safeguarding raises issues of confidentiality that must be clearly understood by all staff at Hospital Rooms. All staff have a responsibility to share relevant information about the protection of patients with other professionals, particularly investigative agencies. It should be noted that:

- Timely information sharing is essential to effective safeguarding.
- Fears about sharing information must not stand in the way of promoting the welfare and protecting the safety of our patients.
- Staff will have due regard to the relevant data protection principles, which allow them to share and withhold personal information. The Data Protection Act 2018 and UK GDPR do not prevent the sharing of information for the purposes of keeping our patients safe. Fears about sharing information must not stand in the way of safeguarding and promoting the welfare and safety of patients, the Information Commissioner's Office (ICO), and the DfE 'Information sharing advice for safeguarding practitioners' (2024) guidance provide further details regarding information sharing principles and expectations. If staff are in any doubt about sharing information, they should speak to the DSP.
- If staff need to share 'special category personal data', the DPA 2018 contains 'safeguarding of children and individuals at risk' as a processing condition that allows practitioners to share information without consent if: it is not possible to gain consent; it cannot be reasonably expected that a practitioner gains consent; or if gaining consent would place a patient at risk.

Confidentiality is also addressed in this policy with respect to record-keeping and allegations of abuse against staff.

HOSPITAL ROOMS

Section 2: Procedure for recruitment and training of staff, volunteers and partner expectations

2.1 Procedure for Safer Recruitment

Hospital Rooms will ensure the recruitment and selection procedure is up to date with guidance and legislative requirements.

1. Commitment to Safeguarding: Hospital Rooms will include its commitment to safeguarding in all recruitment and selection materials.
2. Role Descriptions: Hospital Rooms will maintain up-to-date role descriptions.
3. Engaging candidates: Hospital Rooms will ensure methods for recruiting volunteers, staff, and trustees contain all necessary information about the role and our commitment to safeguarding.
4. Information Pack: Hospital Rooms will compile a suitable information pack for volunteers, staff, and trustees containing all required information about Hospital Rooms, the role, and the safeguarding policies.
5. Application Review: Hospital Rooms will review each application for a volunteer, staff, or trustee role systematically by the Hospital Rooms team.
6. Selection Process: Hospital Rooms will make confident selections of volunteers, staff and trustees based on their demonstration of suitability for the role.
7. Professional References: Two professional references will be required for all staff/volunteers and trustees.
8. Interviews: All volunteers and/or staff will be interviewed by at least two members of staff prior to starting work with Hospital Rooms.

DBS Policy and Procedure Statements

1. Conditional Employment: Hospital Rooms will inform all volunteers, staff, and trustees that working with Hospital Rooms could be conditional on receiving satisfactory information from all necessary checks.
2. Disclosure of Convictions: All positions are exempt from the provisions of the Rehabilitation of Offenders Act 1974. All applicants must declare all previous convictions and cautions, including those normally considered "spent," except those filtered in accordance with the DBS filtering rules. It is unlawful for Hospital Rooms to employ anyone barred from working with children or vulnerable adults.
3. Legally Justifiable Checks: Hospital Rooms will undertake DBS Checks and Barred List checks only in legally justifiable circumstances, with each role risk assessed accordingly.
4. Enhanced DBS Checks: Hospital Rooms will subject anyone working or volunteering in ‘regulated activity’ to an Enhanced DBS check and a check against the list of people barred from working with children.
5. Standard DBS Checks: Hospital Rooms will subject anyone working or volunteering in an environment where patients are present, or who have access to personal or sensitive data related to young people, but not carrying out regulated activity, to a Standard DBS check.
6. DBS Checks by Hospital Rooms: DBS checks must be undertaken by Hospital Rooms and will not be accepted if carried out by another organisation unless the applicant has signed up to the Update Service after having a check processed by another organisation.

7. Annual Updates: In this scenario, an update must be run annually by Hospital Rooms, or before each new programme (whichever is more frequent).
8. Validity of DBS Checks: DBS checks issued by Hospital Rooms will be valid for three years.
9. Risk Assessment: If the applicant has not been barred from working with children or vulnerable adults but checks have raised concerns (e.g., a criminal record), Hospital Rooms will carry out a risk assessment to ascertain whether the applicant is suitable to work with patients.

Roles Subject to Enhanced and Standard DBS Checks

1. Enhanced DBS Checks: Roles involving teaching, training, supervising, advising, treating/transporting, or caring for children, or providing advice/guidance on well-being to children, occurring once a week or more, or 3 or more days in a 30-day period, and not always supervised, are eligible for an Enhanced DBS check with a DBS Children's Barred List.
2. Standard DBS Checks: Roles involving unregulated activity, such as Co-Directors, Trustees, Staff team, Artists, Freelance collaborators, and Volunteers, are subject to Standard DBS Checks.

GDPR Compliance: Information collected as part of the DBS process will be handled and stored in line with GDPR legislation and Hospital Rooms GDPR policy and procedures.

The above should also be ready alongside the Safer Recruitment Policy which can be found on dropbox: Hospital Rooms / Governance / Policy / 2025

2.2 Procedure for training of staff

All new staff will receive induction training and have a named manager with whom they can discuss concerns, including safeguarding concerns. The induction process will include familiarisation with safeguarding responsibilities and procedures to be followed if staff have any concerns about a patient's safety or welfare.

Additionally, all staff will have annual updates as well as access to policy updates. The staff member also plays a part in identifying areas they feel they require training in and may make requests to the trustees via the DSP.

Upon receiving the safeguarding policy, each staff/volunteer member will confirm in writing that they have read it. Trustees' confirmation will be minuted at board meetings.

All Hospital Rooms staff will receive Safeguarding Awareness training every two years as outlined in the table below. Staff that lead workshops and deliver projects with patients in mental health units, work with patients on a regular or prolonged basis, for instance delivering workshops or projects in CAMHS services as part of their job description (i.e. Project Curators) will receive Advanced Safeguarding training every two years. New staff will access Awareness (and Advanced, if required) during their induction period.

Training will be delivered by external providers, most usually from a range of courses on offer, either in person or digitally.

The DSP will produce an annual compliance report for all mandatory courses to be reviewed by the Board of Trustees.

Course Contents	Competence Level	Delivery Method
Safeguarding Adults Awareness	All Hospital Rooms permanent staff and Trustees (unless Trustees can evidence other external training in excess of this)	At induction Online Training then every 2 years or at the start of a project (whichever comes first)
Advanced Safeguarding Vulnerable Adults	Project Curators; Senior Project Curators leading a project in an adult mental health unit	Every 2 years or at the start of a project (whichever comes first)
DSP: Safeguarding Vulnerable Adults	Designated Safeguarding team / Strategic Safeguarding responsibly	Every 2 years or at the start of a project (whichever comes first)
Safeguarding Children Awareness	All Hospital Rooms permanent staff and Trustees (unless Trustees can evidence other external training in excess of this)	At induction Online Training then every 2 years or at the start of a project (whichever comes first)
Advanced Safeguarding Children	All Project Curators leading young people's (under 18) projects	Every 2 years or at the start of a project (whichever comes first)
DSP: Safeguarding Children	Designated Safeguarding team / Strategic Safeguarding responsibly	Every 2 years or at the start of a project (whichever comes first)

2.3 Supervision process

Any member of staff who is affected by issues arising from concerns for a patient's welfare or safety can seek support from the DSP team.

Hospital Rooms will provide appropriate supervision and support for roles where required to ensure:

- Competency to carry out their responsibilities for safeguarding and promoting the welfare of patients.
- Creation of an environment where staff can raise concerns and feel supported in their safeguarding role.
- Regular review of their own practice to ensure continuous improvement over time.

Hospital Rooms provides permanent staff with access to one on one, monthly, hour-long therapy sessions with an accredited psycho-therapist. Staff can choose either in person or online sessions.

Section 3: Code of Conduct

Hospital Rooms all staff to adhere to the Staff Code of Conduct and adhere to its principles of good practice in their approach to all patients. Your attention is drawn to the position of trust you hold in working with patients.

Staff should:

1. Always be supervised by a member of the NHS staffing team.
2. Always use Hospital Rooms equipment for photography and digital engagement.
3. Ensure consent has been obtained (via consent forms) for any use of digital imagery of patients.
4. Follow Hospital Rooms procedures for data upload, storage, and retention.
5. Value and respect everyone as individuals, with diverse experiences and backgrounds.
6. Challenge bullying, prejudice, and discrimination as you encounter it.
7. Maintain professional boundaries with patients, ensuring your role and relationship with them and the organisation is clear.
8. Avoid unnecessary physical contact with patients (see below)
9. Use appropriate language and behaviour when communicating with patients, even in fun, as this could be misinterpreted.
10. Be mindful of what personal and private information you disclose about yourself.
11. Be aware of indicators of risks and changes in patients, and feel confident in recognising and sharing concerns, however minor they may seem.
12. Be explicit with patients about your duty of care and when and why you might have to refer your concerns to other agencies or speak to the DSP.
13. Recognise that those who abuse patients can be of any age, gender, ethnic background, or class, and do not allow personal preconceptions to prevent appropriate action.

Staff and Volunteers should not:

1. Take photos or video footage of patients on your personal phone or device.
2. Be left alone with patients. Undertake lone working. Workshops with patients will always be supervised by staff from the mental health facility.
3. Take vocal recordings of patients.
4. Accept friendship or follow requests from patients on social media.
5. Develop social relationships with patients.
6. Minimise, ignore, or exaggerate anything you are concerned about. Differentiate between fact and opinion.
7. Initiate any unnecessary physical contact with patients.
8. Have, or be perceived to have, favourites.
9. Engage in inappropriate conversations or behaviour with or around patients, including with other staff, volunteers, or visitors.
10. Contact patients or their families using your personal phone number, email account, or any private messaging function, or share your personal contact details with patients.
11. Accept/respond to social media requests from patients without informing the DSP and seeking advice on how to proceed.
12. Assume you fully know or understand someone's circumstances or history.
13. Use physical punishments or chastisement.
14. Partake in any form of sexual activity with patients, including grooming. This is not permitted and represents a breach of Hospital Rooms' Code of Conduct.

Physical Contact

For the Purpose of Maintaining Safety (Non-Procedural Contact)

Hospital Rooms recognises that occasionally, for reasons of safety, non-procedural contact may occur (e.g., if a staff member puts an arm out to prevent a patient from being harmed). Staff will always shout a warning to the patient and explain why the contact took place to reassure them.
Non-procedural contact is only condoned for the immediate safety of the patient. Please share the contact with your line manager or DSP as soon as possible.

As a communication of comfort or reassurance

Patients may seek or need physical contact for reassurance or to help them calm down. Hospital Rooms' work will always be supervised by staff within the mental health facilities, who hold the lead relationship with the patient. Staff will always endeavour to be sensitive towards patients who might find any form of touching frightening. Staff will not try to hug patients unless they initiate it, and will be economical about physical contact without appearing cold to the patient.

The above should also be ready alongside the Staff Code of Conduct which can be found on dropbox: Hospital Rooms / Governance / Staff Code of Conduct.

Section 4: Procedure for responding to concerns, suspicions or allegations against a member of staff

4.1: Responding to concerns

As part of our commitment to safeguarding, Hospital Rooms has fostered a culture of openness, trust, and transparency. Our values and expected behaviours, as outlined in our Staff Code of Conduct.

Staff are encouraged to self-refer if they find themselves in situations that could be misinterpreted, appear compromising to others, or upon reflection, believe they have acted below the expected professional standards. This includes concerns that may be perceived as deliberately invented or malicious, which are extremely rare. All concerns should be reported to your line manager or DSP and documented.

All staff should feel empowered to raise any concerns about poor or unsafe practices and potential failures in Hospital Rooms' safeguarding procedures. The leadership team at Hospital Rooms takes all concerns or allegations seriously.

All staff members are informed about Hospital Rooms' Whistleblowing procedure. It is a disciplinary offence not to report concerns about a colleague's conduct, both within Hospital Rooms or within a partner agency, that could place a patient at risk.

When raising your concern, it is advisable that you report your concern as early as possible. A significant delay in reporting the matter may make the subsequent investigation difficult to pursue. Please note you do not have to work through these in order and can jump to step 3 should you think this is appropriate.

Step 1
As a first step, you should report any concerns to Niamh**:**

Contact details
Niamh White / niamh@hospital-rooms.com / 07427141245

Ensure your concerns are recorded in writing using the 'Record of Allegation form which can be found in the dropbox: Hospital Rooms / Safeguarding / Safeguarding Templates / Record of Allegation form

If you feel hesitant about putting your concerns in writing at this stage, you should speak to Niamh and arrange to meet with them. However, you may be asked to put the details in writing at a later stage.

Step 2
If you feel the matter is extremely serious, sensitive or involves Niamh, you may report the matter, in the manner set out in Step 1 above to the Safeguarding Trustee:

Contact details
Amie Corry / amiecorry1@gmail.com / 07872593308

Step 3

If you are not confident in approaching any of the named persons in steps one or two then, in order to raise your concern, **YOU CAN AT ANY STAGE CONTACT**:

Contact details
Tower Hamlets LADO: 020 7364 0677 / LADO@towerhamlets.gov.uk
NSPCC Whistleblowing Advice Line: 0800 028 0285 or help@nspcc.org.uk

4.2 Responding to low level concerns

There may be circumstances where allegations are about poor practice rather than abuse. In such cases, the DSP will consult with the Lead Safeguarding Trustee. If the investigation shows the allegation is about poor practice, Hospital Rooms will determine how best to address this, e.g., through performance management or disciplinary procedures.

4.3 Managing allegations against staff

See Appendix 2 for the Management of Allegation flowchart.

Initial Assessment: The DSP will determine if the police and/or the LADO (Local Authority Designated Officer) need to be contacted. There may be multiple inquiries depending on the nature of the concern: a child protection / adults inquiry, police investigation, and/or a disciplinary process.

Documentation: The DSP will require a written account from the staff member hearing the allegation/concern and a summary of any additional information, including names and addresses of potential witnesses. Both documents should be signed and dated.

Investigation: Investigations will be conducted quickly, fairly, and impartially. The staff member should be informed about the allegation or concern as soon as possible, but not before consultation with the DSP and the relevant NHS Safeguarding Lead. The outcome of any investigation must be recorded and a copy kept on the staff member's personnel file.

Non-Retaliation: Under no circumstances should the accused or their colleagues contact or retaliate against those who raised the concern or those involved in the investigation.

Confidentiality: Those managing the concern must not discuss the situation with others, except for cooperating fully with those performing the inquiry. Failure to comply may result in disciplinary action.

Support for Accused: If an allegation is made, the accused staff member should speak with the identified support person for advice/support. The DSP will keep the staff member informed of the progress of the case.

Concerns About DSP: If the concerns are about the DSP, they should be raised with the Safeguarding Trustee.

Support for Staff Raising Concerns

Hospital Rooms will fully support and protect any staff member who, in good faith, reports their concern that a colleague is, or may be, abusing a patient. If an allegation is found to be malicious or fraudulent, Hospital Rooms retains the right to take appropriate action against the individual responsible for making the claim.

No Compromise Agreements

The fact that a staff member ceases to provide their services will not prevent an allegation/concern from being followed up and a conclusion reached.

Referral for Consideration of Barring

If an allegation/concern is substantiated and the person is dismissed or Hospital Rooms decides to cease using their services, the DSP, in conjunction with the NHS Trust involved, will decide whether a referral should be made to the Disclosure and Barring Service. A referral must be made within one month if Hospital Rooms believes the individual has harmed a patient or poses a risk of harm to patients.

Staff and Contractor Rights

- If an accusation is made against a staff member or contractor, they will be informed of the accusation in writing and given an opportunity to respond in person but will be asked to remain off-site during any investigation.
- The accuser will be able to enter the site and use the services of the organisation as normal.
- The organisation will comply with all requests or procedures made by the NHS Trust Safeguarding Lead.

Section 5: The legal framework and link to further internal policies and procedures

The Care Act 2014

The Care Act 2014 provides a clear legal framework for local authorities and other statutory agencies to protect adults with care and support needs at risk of abuse or neglect. It emphasizes:

- Promoting individual well-being.
- Preventing needs for care and support.
- Integrating care and support within health services.
- Providing information and advice.
- Promoting diversity and quality in service provision.

Hospital Rooms, as a partner of Barnet Borough Council, must cooperate with any enquiries into an adult at risk where it is providing a service.

The Mental Capacity Act 2005

The Mental Capacity Act 2005 empowers and protects individuals who may lack capacity to make certain decisions due to illness or disability. It ensures:

- Decisions are made in the best interests of those who lack capacity.
- Individuals are empowered to make as many decisions for themselves as possible.
- Deprivation of Liberty Safeguards (DoLS) protect individuals who need restrictive care to ensure their safety and well-being.

Other Relevant Legislation

- **Protection of Freedoms Act 2012**: Addresses the transfer of functions to the Disclosure and Barring Service.
- **Serious Crime Act 2015 Section 76**: Criminalizes controlling or coercive behavior in intimate or family relationships.
- **Domestic Abuse Act 2021**: Provides measures to protect victims of domestic abuse.
- **The Counter Terrorism and Security Act 2015**: Includes measures to prevent individuals from being drawn into terrorism.
- **The Modern Slavery Act 2015**: Addresses human trafficking and slavery.
- **Anti-social Behaviour, Crime and Policing Act 2014**: Provides measures to tackle anti-social behavior.
- **The Criminal Justice and Courts Act 2015 Sections 20-25**: Includes provisions related to the criminal justice system.
- **Public Interest Disclosure Act 1998**: Protects whistleblowers.
- **Equality Act 2010**: Ensures equal treatment and non-discrimination.
- **The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015**: Regulates health and social care services.
- **Human Rights Act 1998**: Protects fundamental human rights.
- **Safeguarding Vulnerable Groups Act 2006**: Provides measures to protect vulnerable groups from harm.

Appendix 1 – Type and indicators of abuse

1. Physical Abuse

Types:

- Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing
- Rough handling
- Scalding and burning
- Physical punishments
- Inappropriate or unlawful use of restraint
- Making someone purposefully uncomfortable (e.g., opening a window and removing blankets)
- Involuntary isolation or confinement
- Misuse of medication (e.g., over-sedation)
- Forcible feeding or withholding food
- Unauthorised restraint, restricting movement (e.g., tying someone to a chair)

Indicators:

- No explanation for injuries or inconsistency with the account of what happened
- Injuries inconsistent with the person's lifestyle
- Bruising, cuts, welts, burns, and/or marks on the body or loss of hair in clumps
- Frequent injuries
- Unexplained falls
- Subdued or changed behavior in the presence of a particular person
- Signs of malnutrition
- Failure to seek medical treatment or frequent changes of GP

2. Domestic Violence or Abuse

Types:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

Indicators:

- Low self-esteem
- Feeling that the abuse is their fault
- Physical evidence of violence such as bruising, cuts, broken bones
- Verbal abuse and humiliation in front of others
- Fear of outside intervention
- Damage to home or property
- Isolation from friends and family

- Limited access to money

Coercive or Controlling Behaviour:

- Acts of assault, threats, humiliation, and intimidation
- Harming, punishing, or frightening the person
- Isolating the person from sources of support
- Exploitation of resources or money
- Preventing the person from escaping abuse
- Regulating everyday behaviour

3. Sexual Abuse

Types:

- Rape, attempted rape, or sexual assault
- Inappropriate touch anywhere
- Non-consensual masturbation of either or both persons
- Non-consensual sexual penetration or attempted penetration of the vagina, anus, or mouth
- Any sexual activity that the person lacks the capacity to consent to
- Inappropriate looking, sexual teasing or innuendo, or sexual harassment
- Sexual photography or forced use of pornography or witnessing of sexual acts
- Indecent exposure

Indicators:

- Bruising, particularly to the thighs, buttocks, and upper arms, and marks on the neck
- Torn, stained, or bloody underclothing
- Bleeding, pain, or itching in the genital area
- Unusual difficulty in walking or sitting
- Foreign bodies in genital or rectal openings
- Infections, unexplained genital discharge, or sexually transmitted diseases
- Pregnancy in a woman who is unable to consent to sexual intercourse
- Uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude
- Incontinence not related to any medical diagnosis
- Self-harming
- Poor concentration, withdrawal, sleep disturbance
- Excessive fear/apprehension of, or withdrawal from, relationships
- Fear of receiving help with personal care
- Reluctance to be alone with a particular person

4. Psychological or Emotional Abuse

Types:

- Enforced social isolation

- Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance
- Preventing someone from meeting their religious and cultural needs
- Preventing the expression of choice and opinion
- Failure to respect privacy
- Preventing stimulation, meaningful occupation, or activities
- Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing, or verbal abuse
- Addressing a person in a patronizing or infantilizing way
- Threats of harm or abandonment
- Cyber bullying

Indicators:

- An air of silence when a particular person is present
- Withdrawal or change in the psychological state of the person
- Insomnia
- Low self-esteem
- Uncooperative and aggressive behaviour
- A change of appetite, weight loss/gain
- Signs of distress: tearfulness, anger
- Apparent false claims, by someone involved with the person, to attract unnecessary treatment

5. Financial or Material Abuse

Types:

- Theft of money or possessions
- Fraud, scamming
- Preventing a person from accessing their own money, benefits, or assets
- Employees taking a loan from a person using the service
- Undue pressure, duress, threat, or undue influence put on the person in connection with loans, wills, property, inheritance, or financial transactions
- Arranging less care than is needed to save money to maximize inheritance
- Denying assistance to manage/monitor financial affairs
- Denying assistance to access benefits
- Misuse of personal allowance in a care home
- Misuse of benefits or direct payments in a family home
- Someone moving into a person's home and living rent-free without agreement or under duress
- False representation, using another person's bank account, cards, or documents
- Exploitation of a person's money or assets, e.g., unauthorized use of a car
- Misuse of a power of attorney, deputy, appointeeship, or other legal authority
- Rogue trading – e.g., unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship

Indicators:

- Missing personal possessions
- Unexplained lack of money or inability to maintain lifestyle
- Unexplained withdrawal of funds from accounts
- Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity
- Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so
- The person allocated to manage financial affairs is evasive or uncooperative
- The family or others show unusual interest in the assets of the person
- Signs of financial hardship in cases where the person's financial affairs are being managed by a court-appointed deputy, attorney, or LPA
- Recent changes in deeds or title to property
- Rent arrears and eviction notices
- A lack of clear financial accounts held by a care home or service
- Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person
- Disparity between the person's living conditions and their financial resources, e.g., insufficient food in the house
- Unnecessary property repairs

6. Modern Slavery

Types:

- Human trafficking
- Forced labour
- Domestic servitude
- Sexual exploitation, such as escort work, prostitution, and pornography
- Debt bondage – being forced to work to pay off debts that realistically they never will be able to

Indicators:

- Signs of physical or emotional abuse
- Appearing to be malnourished, unkempt, or withdrawn
- Isolation from the community, seeming under the control or influence of others
- Living in dirty, cramped, or overcrowded accommodation and/or living and working at the same address
- Lack of personal effects or identification documents
- Always wearing the same clothes
- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers
- Fear of law enforcers

7. Discriminatory Abuse

Types:

- Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, or sexual orientation (known as 'protected characteristics' under the Equality Act 2010)
- Verbal abuse, derogatory remarks, or inappropriate use of language related to a protected characteristic
- Denying access to communication aids, not allowing access to an interpreter, signer, or lip-reader
- Harassment or deliberate exclusion on the grounds of a protected characteristic
- Denying basic rights to healthcare, education, employment, and criminal justice relating to a protected characteristic
- Substandard service provision relating to a protected characteristic

Indicators:

- The person appears withdrawn and isolated
- Expressions of anger, frustration, fear, or anxiety
- The support on offer does not take account of the person's individual needs in terms of a protected characteristic

8. Organisational or Institutional Abuse

Types:

- Discouraging visits or the involvement of relatives or friends
- Run-down or overcrowded establishment
- Authoritarian management or rigid regimes
- Lack of leadership and supervision
- Insufficient staff or high turnover resulting in poor quality care
- Abusive and disrespectful attitudes towards people using the service
- Inappropriate use of restraints
- Lack of respect for dignity and privacy
- Failure to manage residents with abusive behaviour
- Not providing adequate food and drink, or assistance with eating
- Not offering choice or promoting independence
- Misuse of medication
- Failure to provide care with dentures, spectacles, or hearing aids
- Not taking account of individuals' cultural, religious, or ethnic needs
- Failure to respond to abuse appropriately
- Interference with personal correspondence or communication
- Failure to respond to complaints

Indicators:

- Lack of flexibility and choice for people using the service
- Inadequate staffing levels
- People being hungry or dehydrated
- Poor standards of care
- Lack of personal clothing and possessions and communal use of personal items

- Lack of adequate procedures
- Poor record-keeping and missing documents
- Absence of visitors
- Few social, recreational, and educational activities
- Public discussion of personal matters
- Unnecessary exposure during bathing or using the toilet
- Absence of individual care plans
- Lack of management overview and support

Types of Neglect and Acts of Omission

Types:

- Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care
- Providing care in a way that the person dislikes
- Failure to administer medication as prescribed
- Refusal of access to visitors
- Not taking account of individuals' cultural, religious, or ethnic needs
- Not taking account of educational, social, and recreational needs
- Ignoring or isolating the person
- Preventing the person from making their own decisions
- Preventing access to glasses, hearing aids, dentures, etc.
- Failure to ensure privacy and dignity

Signs and Indicators:

- Poor environment – dirty or unhygienic
- Poor physical condition and/or personal hygiene
- Pressure sores or ulcers
- Malnutrition or unexplained weight loss
- Untreated injuries and medical problems
- Inconsistent or reluctant contact with medical and social care organizations
- Accumulation of untaken medication
- Uncharacteristic failure to engage in social interaction
- Inappropriate or inadequate clothing

Types of Self-Neglect

Types:

- Lack of self-care to an extent that it threatens personal health and safety
- Neglecting to care for one's personal hygiene, health, or surroundings
- Inability to avoid self-harm
- Failure to seek help or access services to meet health and social care needs
- Inability or unwillingness to manage one's personal affairs

Signs and Indicators:

- Very poor personal hygiene
- Unkempt appearance
- Lack of essential food, clothing, or shelter
- Malnutrition and/or dehydration
- Living in squalid or unsanitary conditions
- Neglecting household maintenance
- Hoarding
- Collecting a large number of animals in inappropriate conditions
- Non-compliance with health or care services
- Inability or unwillingness to take medication or treat illness or injury

Appendix 2 – Management of allegations against staff

Allegation is made against a member of staff

↓

Information is passed to Niamh (the Case Manager) immediately – who gathers basic facts
Consider if member of staff needs to be taken out role and into non-contact duties

↓

Review the 'Allegations threshold' and **immediately** call the LADO if the threshold has / may have been met (within 24 hours maximum)

- Behaved in a way that has harmed a child / patient, or may have harmed a child / patient.
- Possibly committed a criminal offence against or related to a child / patient.
- Behaved towards a child in a way that indicates they are unsuitable to work with children / patient.
- Behaved in a way that indicates they may not be suitable to work with children / patient.

Follow all advice given by the LADO

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Ensure all relevant internal recording forms and external referral forms are completed

↓

Inform the accused individual of the concerns or allegations and likely course of action as soon as possible – following LADO advice

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Inform the parents or carers of the patient involved about the allegation
– following LADO advice

↓

The case manager Niamh (and another internal representative if required) will attend the ASV / Strategy meeting if convened by the LADO
OR complete the internal investigation

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The case manager notifies the outcome of the investigation to: - LADO - Parents/carers **If the outcome leads to staff dismissal make referral to the DBS*

The case manager must ensure all record keeping requirements are met on investigation outcome and completion

Signed……..

Date ……..

Date for review: 1 March 2027