

Safeguarding (Vulnerable Adults) Policy and Procedure

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Owner	Director of Clinical Services
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Main Headings	<ol style="list-style-type: none"> 1. Introduction and Definition 2. Policy Statement and Scope 3. Responsibilities and Accountability 4. Referrals and Responsibilities 5. Policy Summary 6. Systems in Place 7. Procedure 8. Compliance with Statutory Requirements 9. Useful Phone Numbers <p>Appendix I: Flowchart for Protection of Vulnerable Adults</p>
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Signed 

Date: 24 February 2017

Clare R Periton
Chief Executive

1. INTRODUCTION

The aim of Helen & Douglas House is to support children and young people and their families. All children and young people when receiving hospice care, whoever they are, whoever they are with, whatever they are doing, have the following fundamental rights:

- To be valued as an individual
- To be treated with dignity and respect
- To be cared for as a person first
- To be safe

Who Are Vulnerable Adults?

Definition: A vulnerable adult is any person aged 18 or over who:

- Is, or may be, in need of community care services by reason of mental or other disability, age or illness; and
- Is, or may be, unable to take care of him or herself; or
- Is unable to protect himself or herself against significant harm or exploitation.

(‘No Secrets’ DoH 2000)

Vulnerable adults are those who are not able to defend themselves, protect themselves, or get help for themselves when injured or emotionally abused. A person may be vulnerable because of a physical condition or illness, (such as weakness in an older adult or physical disability), or a mental or emotional condition, or be open to exploitation or neglect because of their disability.

Once a person reaches 18, under UK law, that person is legally an adult regardless of any disability or impairment they may experience. The legal framework protecting vulnerable adults is fragmented and provides fewer opportunities for intervention than in the area of vulnerable child protection. Unlike the field of child protection, no explicit legislation exists investing either duty or authority in any individual agency to carry out an investigation. However, a framework and code of practice have been agreed locally to protect and support vulnerable adults where appropriate (Cf: Oxfordshire Safe from Harm, April 2009).

In addition the Care and Support Statutory Guidance Issued under the Care Act 2014. Department of Health (October 2014) defines safeguarding adults as including

- Protecting the rights of adults to live in safety, free from abuse and neglect.
- People and organisations working together to prevent and stop both the risks and experience of abuse or neglect.
- People and organisations making sure that the adult’s wellbeing is promoted including, where appropriate, taking fully into account their views, wishes, feelings and beliefs in deciding on any action⁸.
- Recognising that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances and therefore potential risks to their safety or wellbeing.

2. POLICY STATEMENT AND SCOPE

This policy is applicable to all employees and volunteers of Helen & Douglas House irrespective of grade, experience and role. The policy applies equally to all contractual staff and does not discriminate at any level.

This policy and procedure covers all patients who visit Helen & Douglas House and applies to every member of staff, volunteer and student working in the organisation. The organisation has a positive and proactive attitude towards prevention, detection and management of vulnerable adult abuse and this will be communicated to families and visitors as appropriate.

Helen & Douglas House must act within the guidance of the Mental Capacity Act (2005). This Act provides a statutory framework to empower and protect people who may lack capacity to make some decisions. It applies to all people over 16 years and includes decisions about welfare, financial situations, treatment and care. It defines who can make decisions for people who lack capacity and in which circumstances they can do this, outlining how to determine 'best interest' and laying out the process of consultation and decision making.

Senior staff within the organisation will be responsible for ensuring that the relevant policies and procedures are followed and will be responsible for ensuring that a zero-tolerance approach to any type of abuse including bullying and harassment is applied.

This policy also needs to be read in conjunction with the Recruitment and Retention Policy.

3. RESPONSIBILITIES AND ACCOUNTABILITY

Overall accountability for vulnerable adult protection issues within the organisation lies with the Chief Executive. This responsibility is delegated to the Safeguarding Lead.

The Director of Clinical Services is responsible for ensuring that vulnerable adult protection policies and procedures are in place and that the delivery of services in both houses is in line with these.

The Safeguarding Lead is responsible for oversight of all safeguarding practice and policies within the organisation

The Safeguarding team: consists of the Safeguarding Lead, named House Manager, named Doctor, and a Social Worker. This team provides support to all staff in their day to day work.

The Named Professional for Safeguarding Adults - Social Worker is responsible for supporting staff in their day to day work and providing training.

The Named Doctor is accountable to the Director of Clinical Services and his/her or their role is to support all clinical staff in their day to day work and to promote good practice amongst the medical team.

Oxfordshire's Safeguarding Adults Team co-ordinate the statutory and voluntary agencies in Oxfordshire to protect adults. (See section 9 for details)

House Managers are responsible for ensuring that all clinical staff in both houses are aware of the policies and procedures that are in place and are adequately trained in vulnerable adult protection.

All **members of the Care Team** must be aware of their duty to report and act on concerns about vulnerable adults.

Fundraisers - In line with good practice and the guidance laid out in the IOF document Treating Donors Fairly – Guidance for Fundraisers: Responding to the Needs of People in Vulnerable Circumstances and Helping Donors make Informed Decisions; Helen & Douglas House takes all reasonable steps to treat a donor fairly and enables fundraisers to make informed decisions about any donation. This includes taking into account the needs of any potential donor who may be in a vulnerable circumstance or require additional care and support to make an informed decision. Fundraisers must not exploit the credulity, lack of knowledge, apparent need for care and support or the vulnerable circumstance of any donor, at any time. Fundraisers must use their discretion and judgment to act appropriately in the best interests of the potential donor. If it is apparent to the fundraiser that the potential donor is not able to make a decision regarding a donation and that they lack capacity, then the donation should not be taken. Or if the donation has already been made and at the time of donating the individual lacked capacity and the charity has evidence of this, the charity will return that donation.¹

All **other staff** must be aware of their duty to report and act on concerns about vulnerable adults.

4. REFERRALS AND RESPONSIBILITIES

All concerns regarding vulnerable adult abuse must be discussed with a senior member of staff. If concerns are still held, a referral to Oxfordshire Social and Community Services must be made. If the member of staff who originally reported the concern feels that the proposed action from the HDH Safeguarding Team is inadequate in addressing the issue, then they may go direct to the local Safeguarding Team themselves.

All referrals regarding vulnerable adult protection to other agencies must either be in writing or followed up in writing within 48 hours of the referral being made. **Do not** send the referral by email. It must be faxed.

The referrer retains responsibility until feedback is obtained from Social Services.

See Section 9 for contact details.

5. POLICY SUMMARY

Helen & Douglas House and its employees or other representatives will at all times during the course of their employment act in such a way as to promote the wellbeing of patients of Helen & Douglas House. They will, at no time during the course of their employment, or at any other time, act in any way that might amount to, give rise to, or allow unchecked abuse, neglect or exploitation of its patients or other vulnerable people to continue.

Helen & Douglas House will ensure that all its employees and representatives are fully conversant with the content of this policy and “Oxfordshire Codes of Practice for the Protection of All Vulnerable Adults from Abuse Exploitation and Mistreatment” Booklet 2, “Oxfordshire Safeguarding Adults - Guidance for all staff booklet”, , which are available on the intranet.. Helen & Douglas House will ensure that all its employees and representatives

¹ www.institute-of-fundraising.org.uk/treatingdonorsfairly

receive training and information about vulnerable adult abuse at an appropriate level and that this is updated every 2 years.

Any concern amounting to the possible abuse, neglect or exploitation of patients or other vulnerable people will be reported immediately by the individual who has identified the concerns. The individual will be supported by a senior member of staff eg Director of Clinical Services or Safeguarding Lead, (House Manager, Doctor, Social Worker, key holder or shift co-ordinator) to Oxfordshire Social and Community Services, (see section 9).

Any concern regarding a potential criminal act will be reported to Thames Valley Police and any actions or investigation undertaken will be in accordance with the requirements of Thames Valley Police.

Any concern regarding the possible abuse, mistreatment or exploitation of patients in the organisation by an employee or representative of Helen & Douglas House will be investigated by the organisation in full accordance with the "Oxfordshire Safeguarding Adults/Adult Protection Guidelines" and any advisory documentation or guidance related to it.

6. SYSTEMS IN PLACE

In Oxfordshire statutory, voluntary and independent sector agencies have collaborated to produce a set of guidelines and procedures for the protection of vulnerable adults at risk of abuse. These are the Oxfordshire Safeguarding Adults/Adult Protection Guidelines; copies of all the documents can be found in the Nurses' Station in both houses. It is the policy of these agencies to uphold the right of vulnerable adults to protection from harm and exploitation. This is achieved by policies and procedures that aim to:

- Prevent the abuse of vulnerable adults;
- Increase awareness and recognition of the problem;
- Take action when abuse is suspected to safeguard the person from further harm;
- Establish respect for the rights of vulnerable adults to privacy, dignity, independence, choice and fulfilment.

7. PROCEDURE

7.1 What should I do if I suspect a vulnerable adult is being abused?

Abuse is a violation of an individual's human and civil rights by any other person or persons. It may consist of a single act or repeated acts. It may involve:

- Physical abuse - such as being assaulted or physically restrained
- Financial abuse - misusing someone's money or property
- Neglect - not providing food, clothing or medical care
- Abandonment - leaving someone alone who cannot care for themselves
- Sexual abuse - teasing or touching people in a way they do not like, or having sex with someone against their will
- Emotional abuse - threatening, harassing, bullying or ignoring someone
- Abuse or maltreatment - because of someone's race, gender, sexuality or disability

The abuse of vulnerable adults is very common because someone suffering from a mental and/or physical disability is an ideal victim: they cannot defend themselves, they cannot get away, they may not be able to communicate and they may feel that confrontation may make things worse.

All expressions of concern or allegations/disclosures must be taken seriously and responded to appropriately regardless of the source of the information. All information and actions taken must be appropriately recorded, signed and dated and stored by the person making the referral so that they can be used at a future date if required.

Decisions by staff regarding whether or not to report concerns of abuse or mistreatment are not a matter of individual conscience, but a professional duty.

Indicators that alert you may be:

- Disclosure – e.g. I don't like my mother's boyfriend he slaps me when I don't do what he wants me to do
- Allegation – e.g. My mother is spending my benefit on her beauty treatments
- Concern – e.g. informal assessment of several situations start to make you think an older sibling repeatedly talks down or demeans a child or young adult
- An incident – e.g. you observe a co-worker or volunteer losing their patience and hitting a patient
- Physical – e.g. unexplained bruising or uncharacteristic sexually explicit language
- Behavioural – the vulnerable adult is depressed, withdrawn or more outgoing than normal – acting differently
- Circumstantial – e.g. unexplained or sudden inability to pay bills

In all cases it is important to think wider than one incident. Look for dynamics and patterns and check your concerns with colleagues and other staff.

If at any time you feel the person needs medical assistance liaise immediately with the doctor on-call.

Explain to the person why the information is to be shared and with whom, and reassure them that their wishes and views will be taken into account. If the vulnerable adult declines assistance and has mental capacity, their wishes must be adhered to no matter how difficult or unacceptable this may appear; a seemingly unwise decision is not an indicator of lack of capacity. If the person is lacking capacity as defined by the Mental Capacity Act 2005 (see page 2), decisions can be made on their behalf and in their best interests. This is likely to involve a multi-agency approach and must involve a member of the safeguarding team, House Manager and the Director of Clinical Services.

Discuss your concerns with the most senior member of nursing staff on duty in either of the houses. Agree and carefully and concisely document your actions. Tell the person that your concerns and conversations will be recorded.

Record any physical signs or what the patient has said to you in the patient's notes. Make sure you sign and date it. Include what the patient wants to be done if they can express this. Use a body map or diagram, or photographs of non-intimate areas. If the signs of abuse are on intimate areas, do not photograph; this would be a police procedure.

Assess the immediate risk – who may be abusing? Is the alleged abuser present? Is the person currently safe?

In the instance where the allegation has been made against a member of staff please refer to the 'Procedure for Managing Allegations of Abuse against Staff'.

Inform Oxfordshire Safeguarding Adults Team Support Worker or the Access Team social worker, explain the situation and ask for advice.

If you have reason to believe a serious criminal offence e.g. a physical assault or rape has been committed, call the police unless the vulnerable adult specifically says you should not, and they have mental capacity (see above).

In cases of suspected physical or sexual abuse which is recent, encourage the person not to wash or shower until they have had a medical examination or have been seen by the police.

Ensure you record what actions you took and why. It is important that you note who you have told and why and who you tried/failed to contact. Sign and date all records.

The key contact or senior member of staff will attend a strategy meeting which will be convened by the Safeguarding Adults Team.

If a young adult has capacity we must always ask them what they would like us to do and act on their wishes. If a person does not have capacity to make decisions we must always aim to work in their best interest, being mindful that this could conflict with the wishes of their family. When acting in best interest consider your actions and their consequences. Make sure that you have considered the response you initiate is in proportion, in terms of investigation, actions and implications to the problem and that it will not cause more harm than the alleged abuse.

7.2 Who to contact if you think a vulnerable adult has been abused or is at risk from abuse

If you have any concerns about a vulnerable person discuss with your line manager, shift coordinator or a senior colleague at the earliest opportunity, then refer as appropriate to at least one of the following:

1. Director of Clinical Services/Social Worker/House Manager/Safeguarding Lead as available
2. Helen & Douglas House Doctor
3. Oxfordshire Safeguarding Adults team (for advice)
4. Oxfordshire County Council Access Team (for referral)
5. Police (if appropriate)

8. COMPLIANCE WITH STATUTORY REQUIREMENTS

- Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

9. USEFUL CONTACT DETAILS

Multi-Agency Safeguarding Hub (MASH)
Tel: 0845 0507666

Oxfordshire Safeguarding Adults Board
Tel: 01865 328993
Email: OSAB@Oxfordshire.gov.uk

Social and Health Care Team
PO Box 780
Oxford
OX1 9GX

Email: socialandhealthcare@oxfordshire.gov.uk

Police - In emergency, call 999

Otherwise contact:

Thames Valley Police (Protecting Vulnerable People Unit) by ringing 101 and asking for the PVP Unit.

APPENDIX I

Flow chart for Protection of Vulnerable Adults

Please see the policy for more detail and guidance

Whom to call if I think a vulnerable adult has been abused or is at risk from abuse.

The key holder or shift co-ordinator
Social Service's duty team
Oxfordshire's Adult Protection Multi-Agency Support Worker
House Manager / Director of Clinical Services
Doctor
Police (if appropriate)

What should I do if I suspect a vulnerable adult is being abused?

All expressions of concern or allegations/disclosures must be taken seriously and responded to appropriately regardless of the source of the information. All information and actions taken must be appropriately recorded and stored so that it can be used at a future date if required. Decisions by staff regarding whether or not to report concerns of abuse or mistreatment are not a matter of individual conscience but are considered a professional duty.

If at any time you feel the person needs serious medical assistance liaise immediately with the doctor on-call.

Explain to the person why the information is to be shared and with whom and that their wishes and views will be taken into account. If the vulnerable adult declines assistance their wishes must be adhered to, no matter how difficult or unacceptable this may seem.

Discuss your concerns with the most senior member of nursing staff on duty in either of the houses. Agree and document your actions.

Inform Oxfordshire's Adult Protection Multi-Agency Support Worker or the duty social worker, explain the situation and ask for advice.

If you have reason to believe a serious criminal offence e.g. a physical assault or rape has been committed call the police unless the vulnerable adult specifically says you should not.

In cases of suspected physical or sexual abuse which is recent, encourage the person not to have a wash or shower until they have had a medical examination or have been seen by the police.

Ensure you record what actions you took and why. It is important that you note who you have told and why.

The key worker, contact or senior member of staff needs to be prepared to attend a strategy meeting which will be convened by the Adult Protection Multi-Agency Support Worker.