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CONTENT

1. INTRODUCTION	3
2. background	3
3. aims	4
4. Policy Statement	4
5. Equality Impact Assessment	4
6. Adult Protection Co-ordinator	4
7. Who is a Vulnerable Adult?	5
8. Categories of abuse	5
9. Principles	5
9.1 Mental Capacity Act 2005	6
10. Suspecting and Reporting Abuse	6
10.1 Timescales for Reporting	7
10.2 If the alleged perpetrator is a member of staff	7
10.3 If a crime has been committed	7
11. Training Needs	8
11.1 Staff induction	8
11.2 Routine Training Requirements	8
12. Related Policies and Procedures	8
13. References	8
14. Change Register	9
Appendix 1	10
Appendix 2	13

1. INTRODUCTION

This policy is intended for implementation by all BrisDoc employees both clinical and non-clinical. It is intended to provide guidance on who might be a vulnerable adult; indicators of abuse; and what to do if abuse is suspected. It also describes the training and awareness-raising requirements that BrisDoc must provide, or contribute to, and that all staff groups must attend. It describes staffs roles and responsibilities in the adult protection process. This will support BrisDoc to achieve its corporate objectives to provide high quality patient care in accordance with its 4way business model.

Patient Care 	Workforce Care 	Patient Care Patient focused - understanding our patients needs and ensuring we prioritise the "patients view" in all our everyday activities and actions.
Quality Care 	Resource Care 	Workforce Care Teamwork and individual responsibility - every person counts, supporting each other, sharing information, valuing and encouraging.
		Quality Care Commitment to do what we say and improve what we do. A commitment to excellence and quality when serving patients and colleagues.
		Resource Care Optimising the use of all resources across the local health economy. Taking care of our working environment and equipment.

This policy incorporates the 6 safeguarding adults principles of:

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,*

Partnership - *local solutions through services working with their communities. Communities have a part to play in preventing, detecting, and reporting neglect and abuse,*

Accountability - *accountability and transparency in delivering safeguarding.*

2. BACKGROUND

Every person has the right to live a life free from abuse and neglect. This right is underpinned by the duty on public agencies under the Human Rights Act (1998) to intervene proportionately to protect the rights of citizens.

However whilst vast amounts of single and multi-agency work have been carried out over the last few years to protect vulnerable children, adults-at-risk or as victims of abuse have received significantly less attention. Unlike children there is no one piece of legislation that covers vulnerable adults and procedures are driven by a range of statutes and policies. In March 2000 *No Secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse* was published by the Department of Health. This placed a requirement on all agencies to collaborate closely to develop policies and local codes of practice to prevent such abuse. Locally these are managed and implemented in collaboration with other organisations through Safeguarding

Adult Partnership Boards. The Care Act 2014 supercedes No Secrets, incorporating its requirements with respect to adult safeguarding.

Vulnerable people may also be at risk of radicalisation. BrisDoc recognises the importance of considering the connection between safeguarding and Prevent with respect to vulnerable people. The management of all people considered to be at risk of radicalisation is set out in BrisDoc's Prevent Policy.

3. AIMS

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and the experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted, including, where appropriate and feasible, having regard to their views, wishes, feelings and beliefs in deciding upon any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

The aims of adult safeguarding are to:

- stop abuse or neglect wherever possible
- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- safeguard adults in a way that supports them in making choices and having control about how they want to live
- promote an approach that concentrates on improving life for the adults concerned
- raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult
- address what has caused the abuse or neglect.

4. POLICY STATEMENT

BrisDoc has a zero tolerance approach to adult abuse and will ensure that protecting and safeguarding adults is a priority for all employees.

This policy must be followed by all BrisDoc employees and staff on temporary or honorary contracts as well as bank staff and students. Although BrisDoc cannot require self-employed staff to follow its policies, it expects self-employed staff to adhere to the spirit of this policy.

5. EQUALITY IMPACT ASSESSMENT

All public bodies have a statutory duty under the Equality Act 2010 to "set out arrangements to assess and consult on how their policies and functions impact on people with a protected characteristic." BrisDoc aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

6. ADULT PROTECTION CO-ORDINATOR

Ultimate responsibility rests with BrisDoc's Medical Director. Within BrisDoc services adult safeguarding lead responsibilities are delegated to the Lead GPs in the Acute GP Support services, Primary Care Services; and to the Head of Nursing in Out of Hours services. These clinicians are also the Prevent Leads for their services.

Their duties include:-

- Identifying multi-agency practice issues to be addressed by Safeguarding Adults Partnership Board (SAPB) members
- Representing BrisDoc services at SAPB meetings as required
- Maintaining a central record of all adult safeguarding activity in line with national reporting requirements (Practice registers or the governance database)
- Supporting the adult safeguarding investigation process by providing advice and guidance from an NHS perspective
- Providing support and advice to BrisDoc staff regarding adult protection, which may include offering one to one supervision
- Ensuring referrals are made appropriately by the clinician identifying the concern
- Following up referrals as appropriate
- Ensuring referrals are recorded in a register/record or the governance database
- Undertaking audits that review the efficacy of the implementation of this policy.

7. WHO IS A VULNERABLE ADULT?

A person (18years and 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 care for themselves, and is unable to protect themselves against significant harm or exploitation.

8. CATEGORIES OF ABUSE

There are a number of formally recognised categories of abuse, examples of the signs of which are included in Appendix 1.

- Physical abuse
- Domestic Violence
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Modern Slavery
- Discriminatory abuse
- Neglect and acts of omission
- Organisational abuse (this includes neglect and poor professional practice, from isolated incidents to pervasive ill treatment or gross misconduct)
- Self Neglect - may not be direct abuse but agencies need to be aware of it in the general context of risk assessments and risk management, and to be aware that they owe a duty of care to a vulnerable adult who places themselves at risk in this way.

9. PRINCIPLES

The interests and safety of the abused person will be acknowledged at all times:

- The aim will be to give a professional service to support and minimise distress to any abused person
- All *vulnerable adults* have the right to be protected and their decisions respected even if that decision may place them at risk- as long as they have the mental capacity to make these decisions

- Adults are considered autonomous and are presumed to be able to make their own decisions unless it is proved that they are unable to do so
- All services will be provided in a manner that respects the rights, dignity, privacy and beliefs of all individuals concerned and does not discriminate on the basis of race, culture, religion, language, gender, disability, age or sexual orientation
- Witnesses and those who disclose allegations of abuse will be treated sensitively and supportively at all stages of an investigation
- The importance of professionals working in partnership with the abused person and others involved will be recognised throughout the process
- The responsibility to refer the abused person thought to be at risk rests with the person who has the concern, although BrisDoc recognises that in certain setting, such as Out of Hours, it can be very difficult to gauge the level of concern at times. If advice is needed the case can be discussed with the Medical Director or Head of Out of Hours Nursing.
- All agencies receiving confidential information in the context of an abused adult investigation will make decisions about sharing this information in appropriate circumstances
- Vulnerable adults have the right to have an independent advocate if they wish.

9.1 Mental Capacity Act 2005

The Mental Capacity Act 2005 has five key principles:

- A presumption of capacity – every adult has the right to make their own decisions and must be assumed to have capacity to do so unless it is proved otherwise
- The right for individuals to be supported to make their own decisions – people must be given all appropriate help before anyone concludes that they cannot make their own decisions
- That individuals must retain the right to make what might be seen as eccentric or unwise decisions
- Best interests – anything done for or on behalf of people without capacity must be in their best interests
- Least restrictive intervention – anything done for or on behalf of people without capacity should be the least restrictive of their basic rights and freedoms.

It is recognised that in a given individual capacity may fluctuate.

10. SUSPECTING AND REPORTING ABUSE

See appendix 2 Reporting Flowchart

1. Assess the situation and make the person safe.
2. Consider whether a crime has been committed and contact the police on 101 if appropriate.
3. Ask the victim for their opinion on what action they want to be taken.
4. Don't promise to keep secrets.
5. Keep evidence – don't clear it away.
6. Don't have discussion about the alleged abuse with the individuals allegedly involved or other staff.
7. All cases need to be reported to the Safeguarding Team relevant to where the person lives.
8. Report your concerns to the service Safeguarding Lead
9. Record as an incident.

	In Hours	Out of Hours
Bristol	<p>On line via</p> <p>www.bristol.gov.uk/social-care-health/report-suspected-abuse-safeguarding-adults-at-risk</p> <p>Complete the on line form and you will receive email notification of receipt of referral which should be forwarded to the service Safeguarding Lead.</p> <p>To follow up a referral you can call Care Direct on 0117 922 2700 between 8.30am and 5pm, Mon-Fri.</p>	01454 615165
North Somerset	<p>01275 888801</p> <p>Email</p> <p>Care.connect@n-somerset.gov.uk</p>	01454 615165
South Gloucestershire	01454 868007	01454 615165

10.1 Timescales for Reporting

- **Immediately** - If you think the vulnerable person is at risk of serious physical harm, or a serious criminal act has taken place and evidence will need to be made safe. Only contact the police directly if there is immediate danger to the vulnerable adult or staff.
- **Within 24 Hours** - If it relates to a specific incident which is, or may be still going on, or may happen again

Once a referral has been made ensure the service Safeguarding Lead is notified.

10.2 If the alleged perpetrator is a member of staff

There will be occasions when the alleged perpetrator of the abuse is an employee or a contracted provider. Where this is the case it is important that a senior manager is informed of the situation, verbally or by email, as soon as possible so any decisions can be made about the possible suspension of the staff member(s) involved. The senior manager will liaise with HR and the BrisDoc policy for Bullying and Harassment should be followed.

10.3 If a crime has been committed

In circumstances where it is suspected a crime has been committed contact the Police on 101.

11. TRAINING NEEDS

BrisDoc recognises the importance of all staff having the competencies and knowledge, relevant to their role, that enable them to recognise and prevent abuse and neglect; and to support people who are at risk or actually experiencing it. BrisDoc will ensure staff are trained in accordance with intercollegiate standards for adult safeguarding.

11.1 Staff induction

As part of BrisDoc's induction programme, all staff will be given a general awareness of who might be a vulnerable adult, indicators of abuse, and actions required if they suspect abuse. Vulnerability will include radicalisation and terrorism and female genital mutilation (FGM) awareness.

11.2 Routine Training Requirements

All clinicians will undertake level 2 Safeguarding Adults training which incorporates deprivation of liberty and Mental Capacity Act training 3 yearly.

Non-clinicians will undertake level 1 (part A) Safeguarding Adults training 3 yearly.

Non-clinical Managers will undertake Safeguarding Adults level 1 (part A) and level 2(part B) training 3 yearly.

Safeguarding Leads will undertake level 3 Safeguarding Adults training which incorporates deprivation of liberty and Mental Capacity Act training annually.

Vulnerability to radicalisation and terrorism is covered in Prevent training, and female genital mutilation in FGM training.

12. RELATED POLICIES AND PROCEDURES

- Bullying and Harassment
- Induction Policy and Procedure
- Training and Development Policy
- Prevent Policy
- Safeguarding Children

13. REFERENCES

Age UK: www.ageuk.org.uk

Action on Elder Abuse: www.elderabuse.org.uk

Department of Health (2001), *National Service Framework for Older People*. The Stationery Office, London

Care Act 2014 sections 42-48

Human Rights Act (1998) c42. London HMSO

Mental Capacity Act (2005) c9. London. HMSO

Adult Safeguarding Levels and Competencies for Healthcare Professionals Intercollegiate document 2016. <http://www.ehcap.co.uk/content/sites/ehcap/uploads/NewsDocuments/296/Adult-Safeguarding-Levels-and-Competencies.PDF>

Everyone's Responsibility (2015) Royal College of Nursing and Midwifery, London.

<https://www.rcn.org.uk/professional-development/publications/pub-004837>

Introduction to safeguarding for Adults (2015) Nursing and Midwifery Council

<https://www.nmc.org.uk/standards/safeguarding/>

Older Adult safeguarding (2013) General Medical Council

<http://www.gmc-uk.org/guidance/26846.asp>

Safeguarding Vulnerable Adults - toolkit for general practitioners (2011) British Medical Association

<http://www.bma.org.uk> - search "safeguardingvulnerableadults"

Bristol City Council

www.bristol.gov.uk/social-care-health/report-suspected-abuse-safeguarding-adults-at-risk

North Somerset Council

www.n-somerset.gov.uk/my-services/socialcare/health/communityconnect/home-hospital-support/

South Gloucestershire Council

<http://sites.southglos.gov.uk/safeguarding/adults/i-am-a-carerrelative/concerned-about-an-adult/>

14. CHANGE REGISTER

Date	Version	Change	Author
20.1.17	4	Previous change register contents removed. Updated BrisDoc values slide, abuse categories, guidance for reference, referral contact details; inclusion of additional training details, reference to FGM and Prevent, aims section, additional related policies. Updated referral flow chart.	CL Nicholls, F Burge

APPENDIX 1

Protecting Vulnerable Adults from Abuse

All people working for BrisDoc must be able to recognise abuse and neglect in adults and know how to respond appropriately. The following is a brief overview of how to recognise abuse in adults and what actions employees should take where concerns are raised.

Who is a vulnerable adult?

A vulnerable adult is someone aged 18 years or older who depends upon other people for care and support.

What constitutes abuse?

Abuse refers to various forms of force, threats, fraud and neglect. The main forms of abuse are:

- Physical abuse – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- Domestic violence – including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.
- Sexual abuse – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented 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, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- Financial or material abuse – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- Modern slavery – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- Discriminatory abuse – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
- Organisational abuse – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- Neglect and acts of omission – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating
- Self-neglect – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Indicators of abuse

There are a number of signs, which could suggest that abuse is or has been taking place. Some signs, which could indicate abuse, could equally indicate a medical problem (such as a sudden onset of incontinence). Please keep an open mind as some of these may have innocent explanations.

Physical abuse:

- Any unexplained injury
- Flinching when approached
- Bruises
- Burns (including carpet burns, rope burns, scalding and cigarette burns)
- Unexplained fractures
- Weight loss without known cause
- Under or over-use of medication

Sexual abuse:

- Full or partial disclosure or hints of sexual abuse
- Overtly sexualised behaviour or language
- Change to usual behaviour
- Bruising or other injury in genital area
- Torn or stained underclothing
- Sexually-transmitted disease
- Pregnancy of someone who lacks capacity to consent
- Withdrawal and depression
- Disturbed sleep

Financial or material abuse:

- Unusual bank account activity
- Sudden or unexplained inability to pay bills
- Transfer of house deeds
- Unexplained shortage of money despite adequate income
- Disappearance of bank statements, cheque books
- Disappearance of benefit payment book
- Lack possessions which they can clearly afford
- Reluctance of the carer or relative to give financial information

Psychological abuse:

- Fearfulness, withdrawal and anxiety
- Ambivalence to carer
- Passivity and resignation
- Tearfulness
- Apparent loss of interest in valued activities
- Low self-esteem
- Sleep disturbance
- Change in appetite
- Constantly seeking reassurance
- Lack of socialisation

Neglect and acts of omission:

- Inadequate heating or lighting
- Inadequate or dirty clothing and bedding
- Pressure sores and ulcers- any grade 3 or 4 pressure ulcer (EPUAP - European Pressure Ulcer Advisory Panel Scale) should be considered as possible neglect.
- Weight loss
- Failure to receive prescribed medication
- Failure to access medical examination or treatment
- Sensory deprivation such as not having glasses or hearing aid
- Poor personal hygiene
- Lack of emotional support
- Lack of social contact

Organisational abuse

This includes neglect and poor professional practice, from isolated incidents to pervasive ill treatment or gross misconduct.

Self Neglect

May not be direct abuse but agencies need to be aware of it in the general context of risk assessments and risk management and to be aware that they may owe a duty of care to a vulnerable adult who places themselves at risk in this way.

What to do if you suspect abuse

- Assess the situation and make the person safe.
- Consider whether a crime has been committed and contact the police if appropriate
- Ask the victim for their opinion on what action they want to be taken.
- Don't promise to keep secrets.
- Keep evidence – don't clear it away.
- Don't have discussion about the alleged abuse with the individuals involved or other staff.
- Refer the vulnerable person to the relevant safeguarding team
- Report your referral to the service Safeguarding Lead.

APPENDIX 2

Flow Chart for Staff reporting the Suspected Abuse of a Vulnerable Adult

