

HILLSDIE PRACTICE

VULNERABLE ADULTS POLICY

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This is an adaption of the First Practice Management Policy

Approved by: Dr A K Harvie

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Next Review: May 2021

Introduction

The purpose of this document is to set out the policy of the Practice in relation to the protection of vulnerable adults. Further guidance may be available on local inter-agency procedures via the Primary Care Organisation and/or Social Services.

What is a Vulnerable Adult?

The definition is wide, however this may be regarded as anyone over the age of 18 years who may be unable to protect themselves from abuse, harm or exploitation, which may be by reason of illness, age, mental illness, disability or other types of physical or mental impairment.

Those at risk may live alone, be dependent on others (care homes etc.), elderly, or socially isolated.

Forms of Abuse

- Neglect – ignoring mental or physical needs, care, education, or basic life necessities or rights
- Bullying – family, carers, friends
- Financial – theft or use of money or possessions
- Sexual – assault, rape, non-consensual acts (including acts where unable to give consent), touching, indecent exposure
- Physical – hitting, assault, man-handling, restraint, pain or forcing medication
- Psychological – threats, fear, being controlled, taunts, isolation
- Discrimination – abuse based on perceived differences and vulnerabilities
- Institutional abuse – in hospitals, care homes, support services or individuals within them, including inappropriate behaviours, discrimination, prejudice, and lack of essential safeguards

Abuse may be deliberate or as a result of lack of attention or thought, and may involve combinations of all or any of the above forms. It may be regular or on an occasional or single event basis, however it will result in some degree of suffering to the individual concerned. Abuse may also take place between one vulnerable adult and another, for example between residents of care homes or other institutions.

Indications

- Bruising
- Burns
- Falls
- Apparent lack of personal care
- Nervous or withdrawn
- Avoidance of topics of discussion
- Inadequate living conditions or confinement to one room in their own home
- Inappropriate controlling by carers or family members
- Obstacles preventing personal visitors or one-to-one personal discussion
- Sudden changes in personality
- Lack of freedom to move outside the home, or to be on their own
- Refusal by carers to allow the patient into further care or to change environs
- Lack of access to own money
- Lack of mobility aids when needed

Action Required

Where abuse of a vulnerable adult is suspected, the welfare of the patient takes priority. In deciding whether to disclose concerns to a third party or other agency, the GP will assess the risk to the patient. Ideally the matter should be discussed with the patient involved first, and attempts made to obtain consent to refer the matter to the appropriate agency. Where this is not possible, or in the case of

emergency where serious harm is to be prevented, the patient’s doctor will balance the need to protect the patient with the duty of confidentiality before deciding whether to refer. The patient should usually be informed that the doctor intends to disclose information, and advice and support should be offered. Where time permits, the medical defence organisation will be telephoned before any action is taken.

The practice will seek consent from vulnerable people to share information with carers / next of kin and log the results of this. Due regard will be taken of the patient’s capacity to provide a valid consent.

See also: Consent Protocol

In assessing the risk to the individual, the following factors will be considered:

- Nature of abuse, and severity
- Chance of recurrence, and when
- Frequency
- Vulnerability of the adult (frailty, age, physical condition etc.)
- Those involved – family, carers, strangers, visitors etc.
- Whether other third parties are also at risk (other members of the same household may be being abused at the same time)

Subject to the local procedures in force, consideration will be given to:

- Report to Social Services Mental Health team
- Report to Police
- Report to CCG lead
- CQC if a member of staff is suspected of abuse to patients

Roles and Responsibilities

Clinical Employees:

Clinical employees are responsible for identifying, investigation and responding to allegations/suspensions of abuse. Employees are responsible for understanding and applying this policy.

Practice Management and GP Partners:

The management of the Practice is responsible for communicating the policy and supervising the identification, investigation and reporting of any allegations/suspensions of abuse.

CONTACT LIST [<i>Practices edit to local service providers</i>]	
SERVICE	CONTACT NUMBER
Police (local)	01642 326326
Community Mental Health	Foxrush 01642 838333
Adult Support social services	01642 771500
Adult Support social services (Out of Hours)	08702402994

Resources

[GMC Guidance on Confidentiality](#)

[BMA publication – Confidentiality and Disclosure of Health Information](#)