



THE GARTH SURGERY SAFEGUARDING VULNERABLE ADULTS POLICY

Date created: 1^{5th} May 2013 by Dr Patrick Gordon

Approved by: The Partners

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1 Aim

- 1.1 The purpose of this policy is to highlight the responsibilities and roles of staff to help protect vulnerable adults at risk of abuse and mistreatment. It is designed to provide a framework to support all staff in contact with patients to recognise, report and prevent the abuse of vulnerable adults, by raising awareness.

2 Target Group

- 2.1 This policy applies to all staff directly employed including bank staff, locums, all students on placement, registrars and GPs

3 Outcome

- 3.1 All staff will implement the policy.

4 External Links

- 4.1 This document relates to the Teeswide Safeguarding Adults Policy

5 What do we mean by adult safeguarding?

- 5.1 This phrase means all work which enables an adult "who is or may be eligible for community care services" to retain independence, wellbeing and choice and to access their human right to live a life that is free from abuse and neglect.

- 5.2 The following terms are often used within adult safeguarding:

5.2.1 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 who is, or maybe unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation " (Law Commission Report,1997)

5.2.2 Adult at risk- in terms of definition this may be determined as 'anyone with social care needs who is or may be at risk of significant harm'. (Law Commission response to consultation paper 192, February 2010).

- 5.3 In terms of defining the notion of 'significant harm', the following clarity is provided, and accepted by partners

5.3.1 Significant means: 'Considerable', 'Noteworthy', 'Important', and this can refer to the seriousness of the actual harm or can be in the implication of it. Significance must be demonstrated by comparison to what could be reasonably expected of a similar 'adult at risk'. The meaning of 'similar' will need to take account of environmental, social and cultural characteristics of the 'adult at risk'. (Adapted from The Children Act 1989)

5.3.2 Harm is defined as: 'Ill treatment (including sexual abuse and forms of ill treatment that are not physical); the impairment of, or an avoidable deterioration in physical or mental health, and the impairment of physical, emotional, social or behavioural development.' (Who Decides?' A Green Paper, 1997).

5.4 Domestic Violence, Honour Based Violence, Forced Marriage and Hate Crime can also involve abuse of a vulnerable adult; an adult in these situations is deemed to be at risk of harm.

5.5 In terms of definition the following is provided in relation to the above:

5.5.1 The government defines domestic violence as: 'any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults, aged 18 and over, who are, or have been, intimate partners or family members, regardless of gender and sexuality.' (Home Office 2005)

5.5.2 The term 'honour-based violence' (HBV) can be described as a collection of practices (some criminal and some not) which are used to control behaviour within families to protect perceived cultural and religious beliefs and/or honour. Abuse may occur when perpetrators perceive that a relative has shamed the family and/or community by breaking a perceived honour code. HBV can be distinguished from other forms of violence as it is often committed with some degree of approval and/or collusion from family and/or community members. Examples of HBV may include controlling sexual activity, domestic abuse, child abuse, rape, kidnapping, false imprisonment, female genital mutilation (FGM), threats to kill and fear of or actual forced marriage, or homicide.

5.5.3 A forced marriage is a marriage conducted without the full and free consent of both parties. In forced marriages, family members or spouses may perpetrate abuse, either by forcing the victim into the marriage or by continuing the abuse after the marriage. The abuse may be committed by any family member (male or female) and may or may not include the other party to the forced marriage.

5.5.4 In terms of hate crime, the government define this as any criminal offence committed against a person or property that is motivated by an offender's hatred of someone because of their: race, colour, ethnic origin, nationality or national origins, religion, gender or gender identity, sexual orientation, disability

6 People who are at greater risk of abuse include:

- People with physical or sensory impairments

- People with mental health needs, including dementia
- People with learning disabilities People who are physically or mentally frail
- People who misuse or are dependent on substances or alcohol

7 What is abuse?

7.1 'Abuse is a violation of an individual's human and civil rights by any other person or persons.' (No Secrets, Department of Health 2000) The main forms of abuse identified by 'No Secrets' are described as follows:

7.1.1 Physical Abuse – including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions

7.1.2 Sexual Abuse – including rape and sexual assault or sexual acts to which the 'adult at risk' has not consented, or could not consent or was pressured into consenting

7.1.3 Psychological Abuse – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation, or withdrawal from services or supportive networks

7.1.4 Financial or Material Abuse – including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits

7.1.5 Neglect and Acts of Omission – including ignoring medical or physical care needs, failure to provide access to appropriate health care, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating

7.1.6 Discriminatory Abuse – including racist, sexist, that based on a person's disability, and other forms of harassment, slurs or similar treatment

7.1.7 Institutional – the institutional abuse is the mistreatment of people brought about by poor or inadequate care or support or systematic poor practice that affects the whole care setting

7.2 Any or all of these types of abuse may be perpetrated as a result of deliberate intent, negligence or ignorance. Incidents may be multiple, either to one person in a continuing relationship or service context or to more than one person at a time

8 Who abuses and where does abuse take place?

8.1 More often they are abused by someone who is well known to them. An abuser may be:

- A paid carer or volunteer;
- A partner, relative, friend or child:
- A health, social care worker or other professional:
- Another adult 'who is or may be eligible for receiving community care services'

- 8.2 Abuse can occur in any relationship. It often occurs where the person who is abusing is in a more powerful position than the person who is being abused. It may be that the abuser is more able than the person they are abusing, or that the adult at risk is dependent on the abuser in some way. In some instances the abuser themselves may also be an adult at risk.
- 8.3 In terms of determining where abuse takes place, this can be anywhere, including in people's own homes, in the homes of family or friends, in a public place and in care settings such as hospitals, care homes, places of work, colleges and GP surgeries

9 Basic principles

- 9.1 The Garth Surgery has a zero tolerance approach to the abuse of adults. Abuse is unacceptable, and should not be condoned in any circumstance
- 9.2 Staff need to consider their own personal safety and must not expose themselves to unnecessary risk. Line Managers should be kept informed
- 9.3 Staff should be aware of the different forms of abuse, have awareness of the potential vulnerability of clients, and take responsibility for discussing and referring on any concerns that they may have.
- 9.4 Where crimes are suspected to have occurred then this should be reported promptly to the police.
- 9.5 Staff should be alert to harassment and discrimination, and where necessary refer to the organisation's whistle blowing policy
- 9.6 Excellent records should be kept wherever abuse is suspected
- 9.7 Staff should be mindful of the power imbalance in the clinician/ patient relationship and the potential for abuse occurring
- 9.8 Staff should be aware of the risks of abuse occurring in the context of intimate examinations and procedures

10 How to refer

- 10.1 If a member of staff suspects that a person is being abused, they have a duty of care to report it in the first instance to their Line Manager and/or contact the Lead for Safeguarding Adults/Domestic Abuse – contact numbers can be found below. (Practice Lead for Safeguarding is Dr Gordon)
- 10.2 IF YOU SUSPECT ABUSE, REPORT IT
- 10.3 Staff need to be aware that it is NOT their responsibility to investigate cases of abuse or mistreatment of vulnerable adults.
- 10.4 Staff should share information and work closely with the Department of Adult Social Services (DASS) to meet the best interests of the patient. The person being abused may not wish to take action. If this is the case it is still important to report it so that the incident can be recorded. Reporting abuse will provide information that can be used as part of a future investigation. Without this information, abuse may continue and previous evidence will not exist. Reporting abuse will also help the NHS Tees to implement safeguards and improvements to services to help protect people from abuse

11 Procedure for reporting suspected abuse

- 11.1 Referrals will normally be made by telephone call to the adult access team at Redcar and Cleveland Social Services 01642 771500. They will take details of the referral, and will ask for a safeguarding alert form to be completed and sent to them, this form is available from the practice Intranet under S and is called Safeguarding Adults Alert Form.
- 11.2 Procedures and further guidance are available via the Redcar and Cleveland website, with examples of alert forms and completion guidance notes. <http://www.redcar-cleveland.gov.uk/>

12 Confidentiality

- 12.1 There are a wide range of policies both internally and nationally which advise health care staff on issues of confidentiality. The NHS does have a duty to protect privacy and not disclose inappropriately. Health information is shared with doctors and nurses and other health staff on a need to know basis to provide safe and effective health care. However, there are occasions when information needs to be shared to protect the best interests of the patient and those most vulnerable in society.
- 12.2 Information will be shared on a 'need to know' basis when it is in the best interest of the service user
- 12.3 Informed consent should be obtained, but if this is not possible and others are at risk, it may be necessary to override this requirement
- 12.4 Decisions about who needs to know and what needs to be known, should be taken case-by-case in discussion with line managers

13 Record Keeping

13.1 Health records play an important role in responding to domestic abuse – and not just in a health setting. The records you keep can be used in:

- Criminal proceedings if a perpetrator faces charges
- Obtaining an injunction or court order against a perpetrator
- Housing provision
- Civil procedures in family courts to assess the risks associated with granting an abusive parent contact with children

13.2 All record keeping needs to follow NHS Tees policies

13.3 For staff where there are no case notes but they are dealing with the public, discuss where to document disclosure/referral with the Line Managers

13.4 To code a patient as a vulnerable adult please use the following "Vulnerable Adult (XaKXv) as a code or problem. This code will add a symbol beneath the patients name/address when you have their record open (little exclamation mark sign inside the red triangle). You can remove this code at any point by adding "Adult no longer vulnerable" (XaX97)

13.5 Staff have the opportunity to discuss any concerns or referrals regarding Vulnerable Adults during the SEA meetings, Sharon or deputy in her absence will run a report before each meeting of those who are coded as Vulnerable and bring the list to the SEA meetings.

14 Specific Duties

14.1 It is the Line Managers responsibility to provide support post disclosure. A range of options may be available:

- Debriefing with Line Manager
- Case load Supervision
- Clinical Supervision
- Counselling

15 Training

15.1 It is the responsibility of the practice to ensure staff are competent to comply with this Policy and its contents.

16 Links

16.1 Redcar & Cleveland website, Adult Safeguarding (e-learning, policies, factsheet); <http://www.redcar-cleveland.gov.uk>

16.2 Teeswide Safeguarding Adults Board: <https://www.tsab.org.uk>

16.2 **'No Secrets' DoH guidance;** <https://www.gov.uk/government/publications/no-secrets-guidance-on-protecting-vulnerable-adults-in-care>