

Company Name: George Springall Homecare Partnership

Leading the way in outstanding care

Policy No: 03-3717	Authorised: Roxane Schatara	Date: 15/05/2018
SAFEGUARDING VULNERABLE ADULTS		

This Policy defines the arrangements and procedures in place within the Organisation that ensures the safeguarding of vulnerable adults from abuse, avoidable harm and exploitation. This Policy is intended to comply with the requirements of the Health & Social Care Act 2008, the "No Secrets" document (DOH – latest revision), and the Human Rights Act 1998, as they apply to the Organisation's business:

1. POLICY PRINCIPLES:

- 1.1 It is the Policy at George Springall Homecare Partnership to develop and implement procedures and strategies which are designed to safeguard vulnerable adults from abuse, avoidable harm and exploitation. These strategies will:
 - identify who is at risk;
 - identify what is interpreted as abuse;
 - identify the types of abuse that can occur;
 - promote staff awareness of the common indicators associated with each type of abuse;
 - prevent persons who do not possess an *DBS Disclosure* from being recruited;
 - specify the procedures to be followed in the event of alleged or suspected abuse (a "Concern").
- 1.2 At the beginning of the Contract for Care Service a risk assessment will have been carried out to identify situations where the service user can be placed at undue risk within their own domestic environment through normal daily living activities. However, should this assessment identify situations where the service user is considered to be especially at risk through their vulnerability, then an additional Risk Assessment will be carried out as detailed in section 3.2 of this Policy. *Form No 3-701* refers.
- 1.3 This Policy will be supported by specialised staff Training Programmes as an on-going process, and the Organisation's *Whistleblowing Policy No 1103*.

2. ABUSE OF VULNERABLE ADULTS (ADULTS AT RISK) - *INDICATORS*:

2.1 *Definitions of Abuse:*

- 2.1.1 Abuse is a violation of an individual's human or civil rights by any other person or persons. For vulnerable adults this will focus upon others who have influence over them.
- 2.1.2 These violations may be intentional or unintentional.
- 2.1.3 These violations may be a single act, or a repetition of acts over a period of time.

2.2 *Definition of a Vulnerable Adult, or Adult at Risk:*

- 2.2.1 A person aged 18 or over, who has been assessed to have needs of community care services and support, AND who is experiencing abuse, or is judged to be at risk of abuse and neglect, AND who is, or may be, unable to protect themselves from the risk, or experience, of significant harm, abuse or exploitation.
- 2.2.2 This will apply whether or not the local authority is meeting any of these care and support needs.

2.3 *Implications for Standards of Care:*

- 2.3.1 Abuse reflects a lack of respect for an individual and is an infringement of their legal rights.
- 2.3.2 This may be considered to be an abuse of power, and may constitute a criminal act.
- 2.3.3 It is the treatment of an individual which causes significant harm, and can result in the deterioration of a person's physical, emotional, social and behavioural development.

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2.4 *Inflictions of Abuse:*

Abuse can be inflicted by the following persons:

- third party - identity unknown;
- self-inflicted abuse (this will include substance abuse and deliberate self-neglect);
- other parties in a professional or personal relationship (this will include those who deliberately set out to exploit vulnerable persons and who the service user regards these persons to be in a position of trust);

2.5 *Categories of Abuse:*

For the purposes of this Policy, *abuse* is classified into the following 12 categories:

- (1) *Physical* - can include hitting, slapping, pushing, kicking;
- (2) *Social* - can include inappropriate restraint, mis-use of medication, "mate" crime / grooming;
- (3) *Institutional / Organisational* - can include neglect and poor practice within an institution or care setting;
- (4) *Sexual* - can include rape, sexual assault, non-consensual sexual acts, exposure to pornography;
- (5) *Psychological / Emotional* - can include humiliation, threats, harassment, coercion, blaming, cyber-bullying;
- (6) *Sectarian* - can include verbal abuse, inappropriate songs and banners etc;
- (7) *Financial / Material* - can include theft, mis-use of property, finances or benefits, fraud, internet scamming;
- (8) *Neglect / Omission* - can include withholding necessities of life, care, support and educational needs;
- (9) *Self-Neglect* - can cover a wide range of behaviours neglecting to care for one's hygiene, health and environment;
- (10) *Discrimination* - can include racism, ageism, sexism, culture, disabilities, gender, sexual orientation etc.
- (11) *Domestic Violence* - can include incidents or patterns of controlling, threatening or coercive behaviour, violence or abuse by someone who is an intimate partner or family member;
- (12) *Modern Slavery* - can include human trafficking, slavery, forced labour and domestic servitude.

2.6 *Symptoms / Indicators of Abuse:*

Care staff will receive appropriate training in the detection of abuse through symptoms, indicators and behaviour of the service user. These indicators are summarised as follows:

2.6.1 Physical Abuse (intentional or unintentional):

- bruises;
- injuries inconsistent with explanations offered;
- clusters of injuries;
- burns and scalds - particularly cigarette burns;
- pushing or rough handling of a vulnerable person;
- deprivation of food, clothing, warmth or basic health care needs;
- sudden / unexplained weight loss;
- dehydration;
- nervous / fearful watchfulness;
- fear of physical contact;
- female genital mutilation (abbreviated to "FGM")

2.6.2 Social Abuse:

- over-medication (used for social control);
- under-medication - being denied appropriate levels of medication or pain control;
- the use of inappropriate restraint;
- "mate" crime / grooming (deliberate befriending of a vulnerable adult for ultimate personal gain);

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2.6.3 Institutional / Organisational Abuse:

- one-off incidents in a care setting to on-going ill-treatment;
- caused by neglect, or poor professional practice;

2.6.4 Sexual Abuse:

- scratching / soreness / pain / unexplained rashes in the genital areas;
- stained / bloodstained underclothes;
- bruises on inner thighs and buttocks;
- unexplained discomfort when sitting or walking;
- sexually transmitted diseases when not known to be sexually active;
- pregnancy when unable to consent, or when not known to be sexually active;

2.6.5 Psychological / Emotional Abuse:

- unwarranted fear of people and places;
- bed-wetting when incontinence has not been initially diagnosed;
- distrust of people;
- depression;
- emotional withdrawal;
- high levels of anxiety;

2.6.6 Sectarian Abuse:

- being exposed to flags, emblems or symbols deemed inappropriate or offensive to their beliefs;
- distrust / fearfulness of Ministers of Religion;
- slurs and offensive remarks regarding religious beliefs;
- emotional withdrawal, as perceived relevant to any of the above;

2.6.7 Financial / Material Abuse:

- sudden loss of cash or earnings;
- inability to afford basic service when the person is known to have financial means;
- theft of personal property;
- missing personal property (jewellery, cash etc);
- where mental capacity has been deliberately mis-diagnosed (*Mental Capacity Act 2005*);
- third party cashing benefits which do not appear to benefit the service user;
- fraud involving wills, property and other assets;
- internet scamming;

2.6.8 Neglect / Omission:

- unauthorised withdrawal of basic care, support or educational services;
- persistent weight loss / emaciation / malnutrition;
- untreated bedsores, ulcers and other skin conditions;
- poor personal care;
- inadequate / inappropriate bedding / clothing;

2.6.9 Self-Neglect - *there are 8 recognised "categories" of Self-Neglect which can be indicated:*

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- malnutrition / nourishment;
- living in squalor;
- poor personal hygiene;
- evidence of hoarding;
- substance abuse;
- lack of proper medication / effective treatment;
- ignoring personal administration issues (Utility Bills, services);
- refusing help / services;

2.6.10 Discrimination:

- evidence of racism, ageism;
- evidence of sexism;
- slurs and offensive remarks regarding gender, gender identity, sexual orientation;
- slurs and offensive remarks regarding ethnic origin, religion, culture, faith;
- discriminatory practices based upon the person's disabilities;

2.6.11 Domestic Violence:

- evidence of violence or physical abuse by an intimate partner or relative;
- evidence of violence or psychological, sexual, or financial abuse by an intimate partner or relative;
- so-called "honour" based violence;

2.6.12 Modern Slavery:

- evidence of coercion into a life of inhumane treatment (forced labour or domestic servitude);
- evidence of human trafficking;
- evidence of coercion into joining radical groups promoting violence;
- forced / arranged marriage (with appropriate regard to ethnic and cultural considerations);

3. ABUSE OF VULNERABLE ADULTS (ADULTS AT RISK) - *PROCEDURAL REQUIREMENTS:*

3.1 *Preventive Measures:*

- 3.1.1 The Organisation's procedure for recruiting care staff includes a rigorous check, through the *Disclosure & Barring Service (DBS)*, on the suitability of each individual who is being considered for recruitment into a care worker position where he / she may be caring for vulnerable adults. *Policy No 1200*, and *Form No 1-207* refer.
- 3.1.2 IN ACCORDANCE WITH STATUTORY REQUIREMENTS, THE ORGANISATION WILL NOT RECRUIT ANY INDIVIDUAL WHO DOES NOT POSSESS AN ENHANCED *CRB* CERTIFICATE THROUGH THE *DBS*.
- 3.1.3 Per section 2.4 of this Policy each Care Worker will receive training in Awareness of Vulnerable Adult Abuse, and the measures to be taken if abuse is suspected. This will form an integral part of each staff member's on-going Training Plan in accordance with *Policy No 1400*.

3.2 *Risk Assessments:*

Where considered appropriate, in order to assess and quantify the risks of abuse relating to a service user, a Risk Assessment will be undertaken in accordance with *Form No 3-701*. This document provides for the following information

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to be recorded which will form the basis of any Action Plan that may be deemed appropriate:

- 3.2.1 Lists of the categories of abuse that may be relevant, reference clause 2.5 of this Policy.
- 3.2.2 Fundamental Risk Assessment information which will focus upon risk from 6 distinct standpoints:
 - (1) The kind of harm that has been threatened or inflicted; the severity / seriousness of the incident, and whether children and / or other vulnerable adults are involved.
 - (2) Any evidence that the abuse may be repeated or escalate.
 - (3) The impact upon the person's independence, health and well-being.
 - (4) Any evidence that the abuse was premeditated, and accompanied by threats, coercion or violence.
 - (5) The length of time that the actual abuse has been happening, and whether there is a pattern of history for the adult at risk and / or the perpetrator alleged to be causing the harm.
 - (6) The kind of support that the adult at risk normally requires.

3.3 *Raising a Concern (Action to be taken in the event of alleged / suspected abuse):*

This section of this Policy will be subject to the provisions of section 3.4: *Assuring Vulnerable Adults.*

- 3.3.1 The Domiciliary Care Manager is designated as the key contact person within the Organisation with direct responsibility for investigating any concern relevant to an alleged or suspected incident of abuse. Any staff member with concerns regarding possible abuse of a vulnerable adult will report the matter directly to the Domiciliary Care Manager. Where it is suspected that such abuse may be caused by another staff member then reporting the matter will be done in accordance with the *Whistle-blowing Policy No 1103*.
- 3.3.2 Reporting such matters will take into account the balance which needs to be maintained for the confidentiality of the service user's affairs and the duty of care to report suspected abuse.
- 3.3.3 In all cases, the Domiciliary Care Manager is responsible for maintaining complete case records of the suspicions raised, or allegations made, including dates, times and persons involved, and action taken. This action may be of two types:
 - *Corrective Action* - action to be taken against perpetrators involved in confirmed incidents of abuse, and the discreet and sensitive handling of the abused person. Per above this may or may not involve the Registration Authority;
 - *Preventive Action* - strategies to be implemented with the objective of halting further abuse. Where such cases have involved the Organisation's staff, with resulting disciplinary measures taken, this will trigger a robust review of current practices and procedures to determine what additional protective measures, if any, need to be incorporated into the Organisation's systems.
- 3.3.4 Incidents of alleged / confirmed abuse will be logged and reviewed at the Quality Management Review Meetings for possible adverse trends.
- 3.3.5 If a staff member witnesses abuse, they should intervene and challenge the behaviour only if it is safe to do so.
- 3.3.6 In all cases of disclosure, observation or suspicion, the staff member involved will follow the procedure summarised below:

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- Stay calm, and listen carefully;
- Assure them that you believe them, and that they will be taken seriously;
- Explain to them that you will have to tell someone, and that it cannot be kept a secret;
- Reassure them that they were right to tell;
- Reassure them that it wasn't their fault;
- Where there is a possibility that forensic evidence may exist, protect the evidence – DO NOT CLEAN UP, or allow them to do so;
- Do not prompt them or ask for more details as this may contaminate evidence and hamper any criminal investigation and / or subsequent prosecution;
- Ascertain the facts – who? what? when? where? how?
- Do not ask leading questions. Use open questions like "anything else to tell me?"
- Make an immediate and accurate record of the allegations made and / or what has been observed, and any action taken;
- Record word-for-word what was said; try not to edit or change the words used;
- Use a black pen as the document may have to be copied. Sign and date the document as it may have to be copied. Record the location and details of anyone else who was present;
- Submit the report to your manager within 4 hours.

3.4 *Assuring Vulnerable Adults:*

The following essential principles will be upheld during any investigation of a Concern involving a Vulnerable Adult. In summary, a Vulnerable Adult will be assured that:

- their needs, views and well-being will be central to any investigation or enquiry;
- their civil and human rights, including the right to Self-Determination, will be upheld during any enquiry;
- they will have the same rights, and be supported to access the same services, as all other citizens.
- any enquiry or investigation, or planning done with them or on their behalf, will be multi-agency, and will access the best possible, and most appropriate resources;
- responses will be timely and proportionate;
- information about them will only be shared in accordance with approved and appropriate data-sharing policies;
- there is an established planning and reviewing process, central to which is their safeguarding;
- any actions needed as a result of the enquiry or investigation will be carried out, and individuals will be held to account for their actions.

ADDITIONAL REFERENCES:

Policy No: 1200 *Selection & Recruitment of Staff*

Form No: 1-207 *Employee Verification Record*

Form No: 3-701 *Risk Assessment - Safeguarding Vulnerable Adults*

Form No: 3-702 *Safeguarding Vulnerable Persons - Domestic Violence Case History*

Form No: 3-710 *Risk Assessment - Service User - Financial Abuse*

Form No: 3-712 *Risk Assessment - Service User Self-Harm or Suicide Attempt*

Form No: 3-715 *Safeguarding Incident - Care Worker On-going Risk Assessment*

Form No: 3-720 *Notification of Safeguarding Incident - Service User*