



SAFEGUARDING OF VULNERABLE ADULTS

RM - 07

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1 INTRODUCTION

- 1.1 The Department of Health (DH) provides for a scheme for the Protection of Vulnerable Adults (PoVA).
- 1.2 **"Vulnerable adult"** describes a person who is an adult (aged 18 or over), **and** who is, or may be in need of, community care services because of frailty, learning or physical disability or mental health difficulty **and** who is or maybe unable to take care of him or herself or take steps to protect him or herself from significant harm or exploitation.
- 1.3 This policy has been produced in accordance with the Department of Health and the Home Office Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse, as laid down in the "No Secrets" and "Speaking up for Justice" documents. The objective of this policy is to establish common practice for dealing with allegations/incidents of abuse. Incidents of abuse may be multiple, either to one person in a continuing relationship or service context or to more than one person at a time. In some instances, abuse will constitute a criminal offence. In this respect vulnerable adults are entitled to rely on the same standard of legal protection as any other member of society.
- 1.4 The Wentworth Clinic operates zero tolerance concerning the abuse of vulnerable adults. Any such abuse is regarded as a clear infringement of their rights and liberties. This includes any and all types of abuse, which may be perpetrated as the result of deliberate intent, negligence or ignorance. The Clinic will regard any such abuse as a disciplinary matter.

2 OBJECTIVE

- 2.1 To create a culture of 'openness' where all employees speak out against abuse, promoting protection of vulnerable people and raising awareness of the kinds of abuse that might occur.
- 2.2 To provide a quality service and safe environment to all patients and clients using or requesting services at the Wentworth Clinic.
- 2.3 To provide a safe environment for all patients and clients using the Clinic.
- 2.4 To ensure that any Carers and Chaperones accompanying any "vulnerable adults" remain with them at all times during their out-patient or treatment appointment at the Wentworth Clinic.

3 SCOPE

All Clinic personnel

4 RESPONSIBILITIES

- 4.1 The Registered Person is responsible for ensuring that systems are in place to ensure the reporting of any abuse to vulnerable adults.
- 4.2 All personnel are responsible for reading and being familiar with this policy.
- 4.3 All personnel are individually responsible for reporting any instances of abuse to the Registered Person in accordance with Clinic policy.

5 PROCEDURE

5.1 DEFINITIONS

- 5.1.1 **"Vulnerable adult"** describes a person who is an adult (aged 18 or over), **and** who is, or may be in need of, community care services due to frailty, learning or physical disability or mental health difficulty **and** who is or maybe unable to take care of him or herself or take steps to protect him or herself from significant harm or exploitation.
- 5.1.2 **"Harm"** – for vulnerable adults one refers to the concept of 'significant harm' introduced in the Children Act 1989. "Harm" should be taken to include not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development.
- 5.1.3 **Abuse** is a violation of individual human and civil rights by any other person(s). This definition of abuse includes singular and repeated acts or mistakes. Abuse may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction, to which he or she had not consented, never could consent to or whose consent was deemed invalid due to a real lack of understanding as to the issue they were consenting to.
 - ❑ Abuse can occur in any relationship and may result in significant harm to, or exploitation of the person subject to it.
 - ❑ Physical abuse includes hitting, pushing, kicking, misuse of medication, restraint or inappropriate touch or punishment.
 - ❑ Sexual abuse includes rape and sexual assault or sexual acts of touching of intimate places to which the vulnerable adult has not or could not consent to and/or was pressured into consenting.
 - ❑ Psychological abuse includes emotional abuse, obvious or implied threats of harm or abandonment, deprivation of contact, humiliation, blaming controlling, intimidation, compulsion, inappropriate language, verbal or racial abuse, isolation or withdrawal from services or supportive and/or spiritual networks, withdrawal or omission to provide opportunities and choice including choice of gender of carer.
 - ❑ Financial or Material abuse- including theft, fraud, exploitation, pressure in connection with wills property or inheritance or financial transactions or the misuse

of misappropriation of property, possessions or benefits. Damage or threats of damage to property

- ❑ Discriminatory abuse includes racist, sexist opinions, or opinions based on an individual's disability, or other forms of harassment, taunts or similar treatment.

5.1.4 Neglect or acts of omission – Failing to act appropriately whether intentionally or negligently. This may include ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational and leisure services, the withholding of the necessities of life such as; medication, adequate and appropriate nutrition, information, clothing, comfort, relationships, safety and environment.

Signs of Neglect may include:

- ❑ An individual showing obvious signs, such as low weight and appearing hungry.
- ❑ Soreness, chafing to areas of skin owing to poor personal hygiene.
- ❑ Deterioration of condition of skin around pressure areas.
- ❑ Changes in behaviour/interaction with staff and other service users.
- ❑ Loss of interest in activities

5.2 WHO CAN ABUSE?

5.2.1 Those regarded as an abuser might be anyone, including family members, professional staff, paid care workers, volunteers and fellow service users, neighbours, friends and associates.

5.2.2 There should be particular concern when abuse is perpetrated by someone in a position of power or authority who uses his/her position to the detriment of the health, safety, welfare and general well being of a vulnerable person. Wentworth Clinic regards this abuse of trust as intolerable.

5.2.3 Abuse may take place in any context; occurring when a vulnerable adult lives alone or with a relative, it may also occur within Nursing, Residential or Day Care settings, in hospitals, custodial situations, support services into people's own homes, and other places previously assumed safe, or in public places.

5.2.4 Wentworth Clinic not only has a responsibility to all vulnerable adults it cares for where there is an allegation of abuse, but also to some alleged abusers or perpetrators of abuse.

The roles, powers and duties of the Clinic to the perpetrator will vary depending on who the latter is:

- ❑ A member of staff
- ❑ A volunteer or member of a community group.
- ❑ Another service user.
- ❑ A relative or member of the individual's social network.
- ❑ A carer: i.e. someone who is eligible for an assessment under the Carer's (Recognition and Services) Act 1996
- ❑ A person who deliberately targets vulnerable people in order to exploit them.

5.3 THINGS TO LOOK OUT FOR

Some people may incur bruising relatively frequently because of conditions affecting their mobility, balance and co-ordination etc. Such bruising is likely to be in areas such as their shins, knees, arms, hand's, feet or elbows; or if the individual fell on their face then one could expect a damaged forehead nose or lip. However there are warning signs, which can indicate that an injury has occurred non-accidentally.

5.3.1 Physical characteristics of non-accidental injury include:

- ☐ Large red patches on skin consistent with hand slapping.
- ☐ Marks made by an object.
- ☐ Pinch, scratch or grab marks.
- ☐ Grip marks - this could indicate that a person has been inappropriately shaken, incorrectly restrained or forcibly moved.
- ☐ Bloodshot/bruised eyes.

5.3.2 Bruising to breasts, buttocks, lower abdomen, thighs and genital; or rectal areas, could be an indicator of sexual abuse. Sometimes bruising will be confined to grip marks where a person has been held so sexual abuse can take place.

5.4 ADDRESSING AN ALLEGATION OF ABUSE

5.4.1 Every member of staff is responsible for recognising and reporting an allegation of abuse.

5.4.2 An allegation of abuse must be treated seriously, regardless of the source of the information. It is important for staff to pass on information or concerns immediately to their line manager and Social Services

5.4.3 The incident should be fully recorded and detailed with precise facts using an Incident Report Form where appropriate. The form should identify facts not opinions and give an objective clear account of what happened. On completion the form should be signed, dated and timed.

5.4.4 Where a criminal offence is suspected, the Police must be informed immediately.

5.4.5 Families and carers of vulnerable adults should be informed of the incident immediately, if it is safe to do so.

5.4.6 It is important that staff are aware of procedures at all times, and that they are enabled to express their own fears/concerns/points of view.

5.4.7 If required, the victim should be referred to their GP or Accident and Emergency Department of the nearest hospital for a medical examination.

5.5 INVESTIGATIONS AND EVIDENCE

5.5.1 The object of a preliminary investigation is to:

- ❑ Establish relevant facts; and
- ❑ Assess the needs of the vulnerable adult for protection, support and redress; and
- ❑ Make decisions with regard to what follow-up action should be taken with regard to the perpetrator, and the service or its management, if they have been culpable, ineffective or negligent.

NOTE: A criminal investigation by the Police takes **PRIORITY** over all other lines of enquiry. The Wentworth Clinic will co-operate with all lines of enquiry where possible.

NOTE: An internal investigation will always be conducted where Clinic staff are involved

6 MENTAL CAPACITY AND DEPRIVATION OF LIBERTY

- 6.1 The Mental Capacity Act is legislation designed to ensure that everyone over the age of 16 has the right to make choices about their own health and welfare if they are able to. It also provides a framework for what to do if they are unable to make decisions for themselves.

Mental capacity is simply ability to make a specific decision. Some people have impairments of the mind that cause them to not be able to make a decision even with a lot of help and support. These can be temporary impairments affecting the ability to make decisions for only a short period of time, or the condition can be lifelong.

6.2 How do we assess mental capacity?

If the staff have reasonable belief that a patient may lack capacity, they will refer to Professor Ilankovan who will complete a mental capacity assessment to establish if the patient is able to make a specific decision.

6.3 What happens if someone is deemed to lack mental capacity to consent to a certain decision?

If the staff discover a lack of capacity to consent to a specific decision, there is a framework to establish what is in the patient's best interests. This means that the clinic, with support from the patient's GP and family, may need to make decisions on the patient's behalf. No single individual can consent on behalf of someone lacks capacity unless they have Lasting Power of Attorney or are a court appointed deputy.

6.4 Deprivation of Liberty Safeguards (DoLS)

The Deprivation of Liberty Safeguards are a part of the Mental Capacity Act and are used to protect patients over the age of 18 who lack capacity to consent to their care arrangements if these arrangements deprive them of their liberty or freedom.

The Deprivation of Liberty Safeguards can only be used if the person will be deprived of their liberty in a care home or hospital. Care homes or hospitals must ask a local authority if they can deprive a person of their liberty. This is called requesting a standard authorisation. There are six assessments which have to take place before a standard authorisation can be given. If a standard authorisation is given, one key safeguard is that the person has someone appointed with legal powers to represent them.

- 6.5 In the unlikely event that a patient, who is subject to a DoLS, is undergoing consultation or treatment at the Wentworth Clinic, then Professor Ilankovan will inspect the relevant documentation and proceed as considered appropriate.

7 EVALUATION

Audit of systems and processes
Review of strategy and policy
Changes to legislation or national guidelines
Annual training for all Clinic personnel

8 REFERENCES

- 1 Care Quality Commission (Registration) Regulations 2009 (Part 4) Reg. 17
- 2 Disclosure and Barring Service – Safeguarding Authority March 2013
- 3 Health and Social Care Act 2008 (Regulated Activities) Regulations 2015 (Part 3)(as amended)
- 4 Human Rights Act 1998
- 5 Mental Capacity Act 2005
- 6 www.doh.gov.uk - The Protection of Vulnerable Adults Scheme's 'A Practical Guide'
- 7 www.doh.gov.uk - Protection of Vulnerable Adults Guidance 2006

9 RELATED CLINIC POLICIES

Communications with Patients with Sensory Deficits or Language Barriers
Complaints Procedure
Consent for Examination and Treatment
General Policies
Health and Safety Policies
Risk Management Policies

10 Equality and Diversity

This policy aims to meet the diverse needs of services, client base and staffing at the Wentworth Clinic, ensuring that none are placed at a disadvantage over others

This policy has been developed and will be reviewed on the basis that it does not discriminate and is not prejudicial on the grounds of disability, gender, marital status, sexuality, colour, race, nationality, ethnic origin, religious belief or age.

Appendix 1
Page 1

What to do if you have concerns and referral pathway

Staff have concerns regarding a potential vulnerable adult



Discuss concerns with Professor Ilankovan or Mrs Ilankovan – Document Discussion

Or

If required, direct contact with organisations on page 2



Adult likely to suffer or is suffering
significant harm



Immediate referral to Adult Social
Care by telephone and follow up in
writing as on on page 2
and/or
Contact Dorset Police

Level of concern NOT at significant
harm



Further support to adult/family/carers
required.
Discuss your concerns, gain consent
and refer to agencies on page 2

Appendix 1
Page 2

Dorset Safeguarding Adults Board

If you have a concern an adult is being abused or neglected, call 01305 221016.

Contact Dorset Police on 101 or 999 if you think someone is in immediate risk of harm.

Dorset Safeguarding Adults Board
c/o Adult and Community Services
County Hall
Colliton Park
Dorchester
Dorset
DT1 1XJ

Email: DSAB@dorsetcouncil.gov.uk

Tel: 01305 221016

Bournemouth Christchurch and Poole Safeguarding Adults Board

If you have a concern an adult is being abused or neglected, call 01202 123654

Contact Dorset Police on 101 or 999 if you think someone is in immediate risk of harm.

Email: asc.contactcentre@bcpcouncil.gov.uk

Bournemouth, Christchurch and Poole Safeguarding Adults Board Business Manager
BCPSAB, c/o Adult Social Care Services,
BCP Council Civic Centre,
Bourne Avenue,
Bournemouth
BH2 6DY

Tel: 01202 794300

Email: bcpsafeguardingadultsboard@bcpcouncil.gov.uk

Out of Hours Service

Tel. 0300 1239895

Evenings and weekends, including Bank Holidays