Yeovil District Hospital NHS
NHS Foundation Trust

Safeguarding Adults Policy

Version Number	4.2	Version Date	January 2016
Director owner	Director of Nursing & Clinical Governance		
Author	Safeguarding Adults Clinical Lead		
First approval or date last reviewed	Reviewed January 2016		
Staff/Groups Consulted	Medical Director Associate Directors of Nursing Matrons Ward Managers Safeguarding Committee		
Discussed by Policy Group	N/A		
Approved by HMT	03 February 2016		
Next Review Due	January 2019		
Policy Audited			
Equality Impact Assessment.	July 2009, October 2013, Reviewed January 2016		

Table of Contents

Safeguarding Adults Policy

1. RATIONALE

The Care Act (2014) makes provision to reform the law relating to care and support for adults and the law relating to support for carers; to make provision about safeguarding adults from abuse or neglect; to make provision about care standards; to establish and make provision about Health Education England; to establish and make provision about the Health Research Authority; to make provision about integrating care and support with health services; and for connected purposes.

The Government white paper, Liberating the NHS, puts patients at the heart of the NHS. However, some patients may be unable to uphold their rights and protect themselves from harm or abuse. They may have greatest dependency and yet be unable to hold services to account for the quality of care they receive. In such cases NHS commissioners have particular responsibilities to ensure that those patients receive high quality care and that their rights are upheld, including their right to be safe.

Safeguarding adults is at the centre of this agenda, focusing upon adults who are at risk of abuse. There are two fundamental requirements for effective safeguarding in the delivery of NHS care:

- To prevent safeguarding incidents arising through the provision of high quality care.
- To ensure effective responses where harm or abuse occurs through implementing multi agency safeguarding adult's procedures and policies. The procedures can be accessed by following the link: Care Act 2014

Safeguarding adults is highly relevant to the QIPP agenda. Providing quality care; working innovatively with partners; preventing harm from arising and reducing costly avoidable treatment arising from neglect and harm.

The Somerset County Council Community Directorate leads the protection of vulnerable adults in Somerset. The Community Directorate is responsible for making sure that agencies work together and follow the Safeguarding Adults Policy and Procedure.

The purpose of this policy is to provide a framework for a consistent and effective response to any circumstances giving cause for concern, formal complaints or expressions of anxiety regarding adult abuse to all staff working in this secondary care setting. Yeovil District NHS Foundation Trust has a duty to ensure that the policy and procedures are shared and link with the Somerset Safeguarding Adults Policy.

2. AIM

The policy aims to ensure all staff:

- Are able to identify potential cases of abuse
- Protect vulnerable adults from abuse and / or exploitation.
- Respond quickly, sensitively and consistently to reported incidents of self-neglect, harm and abuse.
- Put in place plans to protect and assist the vulnerable person in the best way for them.
- Support carers who may themselves be vulnerable.
- Make sure regular monitoring is in place when concerns have been raised by working in partnership with all agencies.

The policy and procedures are applicable to all adults whether living in a domestic setting, care home, social services, community or health setting.

3. DEFINITIONS

3.1 Adult at risk:

Any person aged 18 years and over who is or maybe in need of community care or support services for reasons of age or illness, mental or other disability, and who is or may be unable to protect him or herself against significant harm or serious exploitation (Care Act 2014).

An adult at risk may therefore be a person who:

- is elderly + frail due to ill health, physical disability or cognitive impairment
- has a learning disability
- has a physical disability and/or a sensory impairment
- has mental health needs including dementia or a personality disorder
- has a long-term illness/condition
- misuses substances or alcohol
- is limited in their capacity to make decisions + is in need of care and support

This list is not exhaustive.

Vulnerability is not a rigid concept and there may be conflicting views about an individual's capacity and situation. In considering whether adult protection procedures should be used, staff should assume relevant until and unless information suggests that this is not the case.

3.2 Significant harm

The Law Commission suggests that harm does not only include ill-treatment (including sexual abuse and forms of ill treatment that are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, emotional, social or behavioural development.

3.3 Abuse

"Abuse is the violation of an individual's human and civil rights by another person or persons. Abuse may be a single act or repeated acts. Abuse can occur in any relationship and may result in significant harm to, or exploitation of the person subjected to it." Care Act 2014.

3.3.1 Types of Abuse:

- **Physical Abuse**: The non-accidental infliction of physical force that results in bodily injury, pain or impairment. This not only includes hitting and slapping for example but can also be restriction of movement, rough handling, the inappropriate application of techniques or treatments, involuntary isolation or confinement and misuse of medication.

- **Sexual Abuse**: Direct or indirect involvement in sexual activity without consent.

- **Psychological/mental /emotional abuse**: The use of threats, humiliation, bullying, swearing and other verbal conduct or any other form of mental cruelty that results in mental or physical distress. It includes the denial of basic human and civil rights, such as choice, self-expression, privacy, dignity and emotional contact.

- **Financial abuse and/or exploitation**: The unauthorised misappropriation of money, valuables, property or any resources belonging to an individual. This includes forcing changes to a will and testament, preventing access to money, property, possessions or inheritance.

- **Neglect**: The repeated deprivation of assistance that the vulnerable adult needs for important activities of daily living, including the failure to intervene in behaviour which is dangerous to the vulnerable adult or to others. However it must be remembered that all individuals have the right to choose their lifestyle and take risks

- **Institutional abuse**: Institutional abuse is mistreatment or abuse by a regime or the individuals within an institution. It occurs when the routines, systems and norms of an institution compel individuals to sacrifice their own preferred lifestyle and cultural diversity to the needs of the institution.

- **Discriminatory abuse**: When a person is abused or treated less favourably without a proper justification because of their: gender, race (including skin colour), ethnicity or culture, religion or belief, preferred language, sexual orientation, political views or age.

- **Domestic Abuse**: Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality.

- Human Trafficking: Trafficking involves the recruitment, transportation and exploitation of adults and children for the purposes of prostitution and domestic servitude across international borders and within countries. For more information refer to Safeguarding on the intranet page for adults or children.

Further information including detailed guidance on signs and symptoms of abuse and neglect can be found in **Appendix 1,** Domestic abuse information and organisations that can help support victims can be found in **Appendix 2**.

3.4 Patients with Learning Disabilities

Patients with learning disabilities may be especially vulnerable to abuse since they:

- may be compliant, unclear that abuse is taking place and that they have a right to protection;
- may have limited communication skills and be unable 'to tell'
- may be difficult to recognise abuse of people with learning disabilities because of communication problems and the likelihood that other explanations may be given for their behaviour.
- may not be regarded as credible witnesses
- have lifestyles which place them in settings where they may be especially vulnerable, e.g. hospitals, residential homes, day centres
- may have no one close to them to turn to
- may display inappropriate physical affection which can be taken advantage of
- may require a degree of physical care which creates opportunities for sexual abuse
- may display behaviours which are challenging and stressful for carers
- may require a lifetime of physical care and/or supervision which can become increasingly stressful for family carers

It must be remembered that learning disability patients who enter the Trust have to be provided with the level of care that is required to lead to an equality of outcome when compared with the outcomes for non-learning disability patients.

Assessment of Learning Disability patients should include the use of the ''Hospital Passport' document which should be provided by the patient or their carer / family member on admission. For more information see the Learning Disability protocol or get advice from the Acute Learning Disability Liaison Nurse (via switchboard) / Safeguarding Adults Lead (ext. 5403).

3.5 Prevent

The Role of the Trust in Delivering the *Prevent* Strategy

The Trust has a duty to ensure safe environments where extremists are unable to operate. It is essential, therefore, that all staff know how they can support vulnerable individuals (patients or members of staff) who they feel may be at risk of becoming a terrorist or supporting extremism.

It should be stressed that there is no expectation that the Trust will take on a surveillance or enforcement role as a result of *Prevent*. Rather, it will work with partner organisations to contribute to the prevention of terrorism by safeguarding and protecting vulnerable individuals and making safety a shared endeavour.

In order to achieve this, the Trust has:

- Identified the Head of Safeguarding to take on the role of Prevent Lead for the organisation trained to deliver the Health WRAP (Workshop to Raise Awareness of *Prevent*) training to key frontline staff
- Prevent awareness is being raised amongst **all** staff through mandatory Safeguarding training
- Ensured that organisational policies, procedures and protocols support core organisational values and support staff in raising genuine concerns
- Ensured staff know how to safely escalate any concerns relating to a patient's or colleague's wellbeing and/or the safety of the public
- Promoted the responsible and effective use of the internet by all staff, volunteers and patients
- Built and strengthen local partnership and inter-agency working to prevent vulnerable individuals from becoming the victims or causes of harm.

(see Protocol for PREVENT on YDH's yCloud/teams/Safeguarding Adults/Prevent for further information and guidelines).

4. ROLES AND RESPONSIBILITIES

4.1. Chief Executive

Has ultimate responsibility for all aspects of the safeguarding of vulnerable adults within the Trust. This responsibility is delegated to the Director Lead for Safeguarding Adults.

4.2. Director of Nursing and Clinical Governance

The Director of Nursing and Clinical Governance is the Director Lead for Safeguarding who is responsible for ensuring a strategy for the management of adults at risk of harm or abuse is in place that conforms to legislation, national policy and guidance.

4.3 Trust lead for Safeguarding Adults

The Trust lead for Safeguarding Adults is the Associate Director of Patient Safety & Quality who is responsible for:

- Attending and contributing to Somerset Safeguarding Adults board meeting and Trust Safeguarding Committee.
- Work in partnership with the Head of Safeguarding in devising the work and audit programme each year.
- Leading internal investigations and reviewing Serious Case Reviews internal and external to the organisation for recommendations and organisational learning.
- Providing monitoring information and an annual report to the board of directors

4.4 Head of Safeguarding

The clinical lead is a specific nursing role responsible for:

- Attending the Somerset Safeguarding Adults Board sub group meetings.
- Leading on provision of information, training and policy.
- Auditing compliance of the Safeguarding Adults policy
- Assisting in internal investigations and Serious Case Reviews.
- To attend the Trust Safeguarding Committee.
- Work in partnership with the Safeguarding team in devising the audit programme each year and take the lead in conducting the planned audits.
- Fulfilling Prevent Lead role for the Trust providing all relevant training and attending multiagency meetings as appropriate

4.5 Matrons / Department Managers

Matrons / department managers are responsible for:

- Ensuring clinical staff applies the Safeguarding Adults policy and procedures.
- Provide advice and support for staff involved in the adult at risk safeguarding process.
- Informing Clinical Governance of all cases that may involve legal action
- Are responsible for ensuring mandatory training is attended by all staff in their area of responsibility to ensure that all staff are aware of the policy, and updates for staff.

4.6 Clinical Site Manager

The Clinical Site Managers (CSM) are responsible for:

- Ensuring they have a working knowledge of the Safeguarding Adults policy and procedures
- If the patient is considered to be in a place of safety i.e. is an inpatient in the hospital, the social services team can be contacted within 24 hours (or next working day if concern is raised at the weekend).
- Informing the on call manager out of hours of alleged abuse to a vulnerable adult at the earliest opportunity.
- Ensuring evidence is preserved for Police investigation.
- Clarifying with the police if victim and witnesses should be kept apart before they have an opportunity to discuss events.
- Being a point of contact out of hours for urgent safeguarding issues.

4.7 On Call Manager

The on-call manager is responsible for:

- Deciding if police involvement is immediately required as a criminal offence has taken place and to authorise the CSM to contact the necessary agencies.
- For establishing in non-criminal abuse if it is in the best interests of the vulnerable adult, if they lack capacity to decide for themselves, for the alleged abuser to visit.
- To ensure that concerns are referred to the Safeguarding Team during normal working hours Monday to Friday.
- To inform the on call Director of significant safeguarding concerns out of hours.

4.9 All staff

All staff have a responsibility to report concerns of abuse following the procedures set out in this policy.

4.10 Trust Safeguarding Committee

The group is responsible for overseeing the work of the Safeguarding Team and ensuring a clear strategy for the management of adults at risk of harm or abuse is in place which conforms to legislation, national policy and guidance. Terms of reference for the group will be managed through meetings.

4.11 Social Services

Social services are responsible for:

- Deciding on receiving a referral whether or not they will follow the Somerset Safeguarding Adults Procedure
- Supporting the police investigation
- Taking part in interviews of vulnerable adult victims and witnesses if required.
- http://www.somerset.gov.uk/media/41C/24/SafeguardingVA_FullDocument.pdf

5. PROCEDURES FOR REPORTING ADULT ABUSE

5.1 Identifying and Reporting Abuse

The Trust has in place systems for identifying persons at risk when a patient comes into hospital, adults at risk of harm or abuse will be identified through the following routes: on triage and assessment in the Emergency Department; on initial Nursing Assessment when an inpatient is admitted into hospital; and on an outpatient appointment through contact with Trust staff.

All Trust staff have a duty to report any suspicion of adult abuse, including when a disclosure has been made to staff, or when witness to an incident. The procedure is as follows, by:

- **Contacting** the Matron / line manager at the earliest opportunity.
- through **Notifying** the following persons (in person/ via telephone and / or email) :
    - Trust lead for Safeguarding Adults in hours, or out of hours the CSM.
    - Contact **Social Services** within 24 hours
    - The Consultant in charge of the patient's care should be informed if an inpatient.
    - The GP should be informed by the Safeguarding Team or the CSM if the person is an outpatient.
- **MUST complete an incident report** and as part of the incident an **investigation** should take place in line with the Incident Reporting and Investigation Policy: The Matron, Safeguarding Team or CSM will either undertake the initial investigation or appoint someone to do this.
    - **Availability of Staff**; In the event of the Safeguarding Team being unavailable, contact the Associate Director of Patient Safety & Quality to ascertain whether to pass on safeguarding referrals / concerns to social services (via Somerset Direct Tel: 0845 345 9133), or the Police.

Do NOT contact the alleged abuser!

- If adult has capacity and gives consent then **photographic evidence** may be taken. If they are unable to give consent then photographs can be taken in their best interests, refer to Section 5.5 for capacity and consent.

The main consideration at all times is the protection of the adult and the Safeguarding Concerns Reporting Flowchart should be followed; refer to **Appendix 4**. Refer to **Appendix 5** for guidance of responding to disclosure / suspicion of abuse.

5.2 Police Involvement - When police involvement is required the Director of Nursing, or if not available the Associate Director of Patient Safety & Quality as next in line must be informed, the CSM must also be informed of the situation.

5.3 Triggers for Alerting Social Services and Invoking Multi Agency policy

The following triggers will alert investigators and Matrons that the multi-agency team headed by Social Services Department should be involved:

- When it is suspected that abuse has occurred over time and the health, safety and well-being of the patient appears at significant risk.
- When the person who has been abused or neglected appears to lack mental capacity, a mental capacity test must be completed: see 'Implementing the Mental Capacity Act' policy on YDH intranet, or seek advice from the Trusts Safeguarding Team.
- When several agencies are already involved.
- When other people may need safeguarding e.g. carers, children.
- People who are identified as being in need by Social Services.

5.4 Mental Health Concerns

When there are concerns relating to a patients mental health a Risk Assessment Matrix should be completed and be faxed to the Mental Health Liaison Team at Holly Court for their assessment and intervention.

5.6 Capacity, Consent and Confidentiality

When there is question on Mental Capacity the Trusts policy, 'Implementing the Mental Capacity Act' should be followed. Consent and confidentiality must be observed at all times and guidance can be found in **Appendix 6**. Refer to **Appendix 7** in the policy for Mental Capacity Assessment and Best Interests Flow chart.

5.5 Whistle Blowing

If staff are concerned that no action / inadequate action has been taken in response to concerns raised re poor patient care resulting in significant harm in YDH it may be appropriate for them to refer to the Trust's Raising Concerns (Whistle Blowing) Policy. This can be accessed via the Trust yCloud intranet and provides guidance on the correct procedure for escalating concerns through the organisation and, if necessary, externally, plus information on the legislation that supports staff in this process.

6. TRAINING AND AWARENESS

A Training needs Analysis (TNA) is maintained by the Academy which sets out the levels of training against staff groups. Training is delivered in accordance with the Safeguarding Adults Board Training Matrix. The following staff training programmes are delivered through the Academy.

- All new staff receive Safeguarding Adults training at corporate induction.
- Non clinical staff receive Level 1 mandatory update training every two years.
- Clinical staff must attend Level 2 training every two years which also includes Mental Capacity Act awareness training.
- Level 3 training including Deprivation of Liberties training is provided by external trainers to senior nursing managers and other related health professionals.

7. APPLICABILITY

This policy and procedure will apply to all staff employed, voluntary or undergoing training at Yeovil District Hospital NHS Foundation Trust.

8. IMPLEMENTATION, MONITORING AND EVALUATION

Monitoring and review of Safeguarding Adults policy is conducted by the Head of Safeguarding. Case reviews should take place through departmental Governance meetings. Specific cases are reviewed through conducting Root Cause Analysis (RCAs) with formal action plans detailed. Specific case reviews for vulnerable adults will go to the Commission for Social Care Inspection (CSCI).

An annual report on safeguarding adults and DOLS will be submitted to the Board of Directors by the Trust Head of Safeguarding.

9. REFERENCES

- Care Act 2014 http://www.legislation.gov.uk/ukpga/2014/23/pdfs/ukpga_20140023_en.pdf
- Mental Capacity Act 2005 Code of Practice
- Mental Capacity Act 2005 Deprivation of Liberty Safeguards http://www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/MentalCapacity/MentalCapacityActDeprivationofLibertySafeguards/index.htm
- Deprivation of Liberty Safeguards. A guide for hospitals and care homes
- http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094348
- Mental Capacity Act 2005 Deprivation of Liberty Safeguards. A guide for family, friends and unpaid carers
- http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_095895
- www.devon.gov.uk/mentalcapacityassessmentguidance www.devon.gov.uk/face_mental_capacity_assessment
- Incident Reporting and Investigation policy
- Implementing the Mental Capacity Act and Depravation of Liberties Authorisation policy
- Raising Concerns (Whistleblowing Policy)
- Being Open when Patients are Harmed Policy

10. EQUALITY IMPACT ASSESSMENT

This policy has been assessed and implemented in line with the policy on procedural documents and an equality impact has been carried out to ensure the policy is fair and does not discriminate any staff groups. A completed form can be found at the end of this policy in **Annex A**.

APPENDIX 1 – TO SAFEGUARDING ADULTS POLICY

SIGNS AND SYMPTOMS OF ABUSE AND NEGLECT

1. Abuse

It may be act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in the significant harm to, or exploitation of, the person subjected to it.

2. Discriminatory Abuse

It is the exploitation of a person's vulnerability, resulting in repeated or pervasive treatment of an individual, which excludes them from opportunities in society, for example, education, health, justice, civil status and protection. It includes discrimination on the basis of race, gender, age, sexuality, disability or religion.

3. Physical Abuse

3.1 Signs and Symptoms

- A history of unexplained falls or minor injuries especially at different stages of healing.
- Unexplained bruising in well protected areas of body such as inside of thighs or upper arms and so on.
- Unexplained bruising or injuries of any sort.
- Burn marks of unusual type such as burns caused by cigarettes, carpet burns and rope burns.
- History of frequent changing of General Practitioners or the General Practitioner not being able to see the vulnerable person.
- Storing of medicine which has been prescribed for the vulnerable adult but not given.
- Malnutrition, ulcers, bed sores and being left in wet clothing.

4. Sexual Abuse

Consent may not be given because a person has capacity and does not want to give it or a person lacks capacity and is therefore unable to give it. In addition, it may be because the person feels coerced into activity because the other person is in a position of trust, power or authority, e.g. residential or health worker. Or the other party is a close relative and therefore the action would be incestuous. Sexual abuse can be either non contact, e.g. inappropriate looking, photography, indecent exposure, harassment, pornography or contact: rape, buggery, incest, touch, e.g. breast, genitals, anus, mouth, masturbation of either or both persons, penetration or attempted penetration of the vagina, anus, mouth, with or by penis, fingers and other objects.

4.1 Signs and Symptoms

- Unexplained changes in the character and behaviour of the adult
- Tendency to withdraw and spend time alone
- The vulnerable adult displaying sexual behaviour and / or language out of character
- Irregular and disturbed sleep pattern
- Bruising or bleeding in the rectal or genital areas
- Torn or stained underclothing especially with blood or semen
- Sexually transmitted disease or pregnancy where the vulnerable adult cannot give consent to sexual acts.

5. Psychological /mental/Emotional abuse

5.1 Signs and Symptoms

- Inability to sleep or tendency to spend long periods in bed.
- Loss of appetite or overeating at inappropriate times.
- Anxiety, confusion, agitation or just giving up.
- Choosing to spend lots of time alone, away from others.
- The vulnerable adult appears fearful and shows signs of loss of self esteem
- The carer always wishes to be present at interviews
- Overly subservient and willing to please

6. Financial abuse and/or exploitation

6.1 Signs and Symptoms

- Unexplained inability to pay for household shopping or bills.
- Withdrawal of large sums of money which cannot be explained.
- Personal possessions go missing from the vulnerable adult's home.
- Living conditions are low compared to the money the vulnerable person receives.
- Unusual and extraordinary interest and involvement by the family, carer, friend, stranger or door to door salesperson in vulnerable adult's assets.
- Person managing financial affairs is evasive or uncooperative.

7. Neglect and Acts of Omission

The repeated deprivation of assistance that the vulnerable adult needs for important activities of daily living, including the failure to intervene in behaviour which is dangerous to the vulnerable adult or to others.

- Poor heating, lighting, food or fluids.
- Poor physical condition of the vulnerable adults, such as ulcers, bedsores.
- The vulnerable adult's clothing and body appear to be scruffy and neglected.
- Failure to give prescribed medication or get appropriate medical care.
- Apparently unexplained weight loss.
- Failure to provide appropriate privacy and dignity.
- Carers reluctant to accept contact from health or social care professionals.
- Refusal to allow visitors to see the person.
- Inappropriate or inadequate clothing or being kept in night clothes during the day.
- Sensory deprivation – not allowed tohave access to glasses, hearing aids or other communication aids.
- The vulnerable adult has no method of calling for assistant.
- Malnutrition when not living alone.

8. Self Neglect

Risk may arise from the vulnerable adult's own lack of self care, or risky behaviour. Individuals have the right to choose their lifestyle and take risks; therefore you should only consider a vulnerable person under this procedure when one or more of the following conditions apply. The person is:

- Unable to obtain care necessary to meet their needs.
- Unable to make reasonable or informed decisions because they lack mental capacity due to their mental health or their learning disability.
- Living in unclean and / or unsafe accommodation or is homeless.
- Is refusing essential services without which their needs cannot be met, with the result that their health and safety are at serious risk. If this situation persists a Safeguarding Adults Strategy Meeting should be called and a decision made about who is the best

person to try to work with the vulnerable adult, while respecting their right to privacy and to make their own decisions.

9. Institutional Abuse

Clearly every institution needs some systems to operate to protect the safety of all who attend, live or work there but these can become abusive to service users and carers when they become dogmatic, inflexible and non-negotiable. Managers and staff must ensure that the operation of the service is centred primarily on the needs of service users and not on those of the institution.

9.1 Indicators of Institutional Abuse

- Failure within the managing agency to agree about the purpose and / or tasks of the home.
- Failure to manage life in the centre / home in an appropriate way. (When things go wrong they are not sorted out).
- Extreme standards of cleanliness.
- Low staffing levels over a long period of time.
- Lack of knowledge or confusion about guidelines.
- Breakdown of communication between managers or the home.
- Staff factions.
- Staff working the hours to suit themselves.
- Staff may drink heavily or are abusing drugs on or off duty.
- Staff ordering residents around or shouting at them.
- Lack of positive communication with residents.
- Lack of participatory arrangements e.g. resident meetings, social committees, participating in planning what happens.
- Low staff morale.
- Failure of management to see a pattern of events which are often treated as individual instances in isolation.
- Punitive methods adopted by staff against residents.
- Insufficient staff training and staff development.
- Unnecessary or inappropriate rules and regulations.
- Lack of stimulation and diversion interests.
- If the vulnerable adult regularly disappears from the home.
- Inappropriate or poor care.
- Misuse of medication.
- Inappropriate restraint, where a risk assessment has not been carried out.
- Sensory deprivation, e.g. denial of use of spectacles or hearing aid.
- Lack of respect shown to the vulnerable adult.
- Denial of visitors or phone calls.
- Restricted access to toilet or bathing facilities.
- Restricted access to appropriate medical or social care.
- Failure to ensure appropriate privacy or personal dignity.
- Lack of flexibility and choice, e.g. mealtimes and bedtimes, choice of food.
- Lack of personal clothing or possessions.
- Lack of privacy.
- Lack of adequate procedures, e.g. for medication, financial management.
- Controlling relationships between staff and service users.
- Poor professional practice.

10. Discrimination

This includes discrimination on the grounds of:

- Race
- Faith or religion
- Age

- Disability
- Gender
- Sexual preference
- Political views

10.1 Signs and Symptoms

- Tendency to withdrawn and spend time along
- Fearfulness and anxiety
- Being refused access to service or being excluded for the wrong reasons.
- Loss of self esteem
- Resistance or refusal to use services that are required to meet need
- Expressions of anger and frustration

11. Multiple Forms of Abuse

A vulnerable person may be experiencing more than one type of abuse or more than one person may be abused. This may happen in an ongoing relationship or in an abusive service setting, to a vulnerable adult or more than one vulnerable adult at a time. It is important to look beyond single incidents or lowering of standards for any signs and symptoms of harm.

12. Why Abuse may happen?

The following factors may lead to an adult becoming vulnerable whether they live in their own home on their own or with others or a care home or are receiving care support or services in hospital or any other place in the community:

- A relationship where someone has power over the vulnerable adult, whether physical, emotional or financial.
- The person providing care is having difficulties in caring for the vulnerable adult who has learning disabilities, mental health problems or chronic progressive disabling illness because the care needs exceed the carer's ability to meet them.
- Adults living with other family members who are financially dependent on them.
- A personal or family history of violent behaviour, alcoholism, drug abuse or mental illness and so on.
- The carer's emotional and social needs are unmet.
- Breakdown in the vulnerable adult's relationship with the carer/s.
- Financial difficulties often leading to poor living conditions.
- Carers are not receiving any practical and / or emotional support from other family members or professionals.

13. Recognition of Adult Abuse

13.1 Who may be the Abuser?

Vulnerable adults may be abused by a wide range of people including family members, relatives, professional staff, paid care workers, volunteers, other service users, neighbours, friends, associates and people who deliberately exploit vulnerable people and strangers.
There is often particular concern if abuse is perpetrated by someone in a position of power or authority who uses his or her position to the detriment of the health, safety, welfare and general wellbeing of a vulnerable person.

Agencies have a responsibility towards all vulnerable adults who have been abused, but may also have a responsibility in relation to some perpetrators of abuse. This will vary depending on whether the perpetrator is:

- A member of staff, proprietor, or manager of a service.
- A member of a recognised professional group.
- A volunteer or member of a community group such as a place of worship or social club,

- Another service user.
- A spouse, relative or member of the vulnerable adult's social network.
- A carer.
- A neighbour, member of the public or stranger.

13.2 Where May Abuse Occur?

Abuse can take place in any situation, including:

- Where the vulnerable adult lives – either alone or with someone else.
- Within care home or day care settings.
- In hospital.
- In custodial situations
- Where support services are being provided.
- In other places, previously assumed to be safe.
- In public places.

Assessment of the environment and context that the abuse occurred within is important because exploitation, deception, misuse of authority, intimidation or coercion may render a vulnerable adult incapable of making his or her own decisions. It may be important for the vulnerable adult to be away from the sphere of influence of the abused person or the setting in order to be able to make a free choice about how to proceed.

13.3 Factors Making Abuse More Likely to Occur

Research has shown that abuse is more likely to occur, especially in domestic settings if the following factors are present.

If Carers:

- Feel very lonely, isolated and physically and emotionally exhausted.
- Habitually lose their temper.
- Have felt they cannot cope or continue to care for the vulnerable adult.
- Perceive the vulnerable adult as being deliberately awkward.
- Are unrealistic in their expectations leading to disappointment and an increased risk of scapegoating.
- Have to cope with behavioural and sexual problems in the vulnerable adult.
- Have previously admitted to or have been seen roughly handling the dependent.
- Have diminished communication with the vulnerable adult, either through choice or through incapacity.
- Are living on a low income or in poor housing which is placing the family under extra stress.
- Feel that family relationships over the years have been poor.
- Have not been provided with sufficient resources from agencies.
- See the person with a disability as being inferior.

If the Vulnerable Adult:

- Has hit out at the carer.
- Can not converse normally.
- Is unable to communicate to explain what has happened to them.
- Does not have English as their first language.
- Disturbs the carer at night.
- Lacks purposeful activity.
- Exhibits old or embarrassing behaviour.
- Is self harming.
- Is not helpful or co-operative.
- Is rejecting and / or ungrateful.
- Has negative behavioural traits.

- Regularly disappears from home.
- Is less able to avoid abusive situations because of a physical disability.
- Has high levels of personal care needs.

13.4 The Likelihood of Abuse Occurring is Further Increased if:

- The carer has other dependants.
- The carer is physically or mentally ill, or dependent on drugs and / or alcohol.
- Violence is a normal in the household or establishment.
- Fluctuating symptoms of disease are poorly understood.
- The abuser is dependent on the Carer for money or accommodation.
- The abuser is young or lacking maturity and / or feels that the vulnerable adult failed to fulfil the carer's needs for care in former years.
- The vulnerable adult is excluded from outside social contacts.
- The vulnerable person has learned through the education and social system to be compliant and accept inequalities.
- The vulnerable adult has been over protected from childhood and fails to recognise dangerous or potentially dangerous situations.
- The vulnerable adult has experienced rejection due to disability and may be at risk of exploitation because their need for affection.
- A vulnerable adult has received inadequate sex education and is consequently unaware that they are being abused.
- Other adults subscribe to the myths that people with a learning disability are either sexually hyperactive, asexual or not sexually attractive thus allowing those responsible for their well being to ignore or misinterpret signs of sexual exploitation.

APPENDIX 2 – TO SAFEGUARDING ADULTS POLICY

DOMESTIC ABUSE TELEPHONE NUMBERS AND CONTACTS

1. Domestic Abuse

Domestic abuse is often used to keep power and control over another person. Although women are much more commonly the victims of domestic violence, men in heterosexual or homosexual relationships can also be at risk of domestic abuse.

Victims of domestic abuse may not fulfil the normal criteria for vulnerability, but if one or both adults involved can be regarded as vulnerable, as defined above, then the adult protection guidelines apply. If vulnerability, as defined here, is not involved then the guidelines will not normally be expected to apply, although other guidelines, e.g. child protection or other assistance and advice may be relevant. If there are any children or unborn child in the household a referral should be made to the Named Nurse for Safeguarding Children.

Victims of domestic abuse should be offered support in leaving the abusive environment, if this is what the victim wants. If the victim wishes to return to the abusive environment, contact details of possible support should be offered.

2. Contact Details

- Somerset Change via the Domestic Abuse Freephone Supportline (DAFFS) 0800 69 49 999.
- Free 24-hour national Domestic Violence Helpline: 0808 2000 247.
- Women's Aid: www.womensaid.org.uk
-
- Broken Rainbow. Lesbian, gay, bisexual and transgender domestic violence forum: 020 8539 9507.
- Refuge: www.refuge.org.uk
- Victim Support: 0845 30 30 900, www.victimsupport.org.uk
- Victim Support Somerset: 01460 55535.
- Avon and Somerset Police: 0845 456 7000 or 101.
- The Samaritans: 08457 90 90 90.
- National Child Protection Helpline (NSPCC) 0800 800 500.
- Foreign and Commonwealth Office, advice on forced marriages: 020 7008 0135 or 020 7008 0230
- Careline: 020 8514 1177
- Legal Aid advisors: www.justask.org.uk/index.jsp
- Male Advice Line and Enquiry: 0845 064 6800.

APPENDIX 3 – TO SAFEGUARDING ADULTS POLICY

GUIDANCE FOR UNDERTAKING A SAFEGUARDING ADULT INVESTIGATION WITH A PERSON WITH LEARNING DISABILITIES OR BRAIN INJURY

- You must ask a psychiatrist or psychologist for advice about whether the vulnerable adult can be interviewed and if so who should undertake this interview and how the vulnerable adult should be supported.

- The particular needs of the person must be taken into account when planning a Safeguarding Adults investigation.

- The person with learning disabilities should be supported to make informed choices about their involvement in the Safeguarding Adults process. They should receive information in appropriate formats and support during any interviews.

- Alternatively, people who know the vulnerable adult well should advise on how best to involve the vulnerable adult during the investigation.

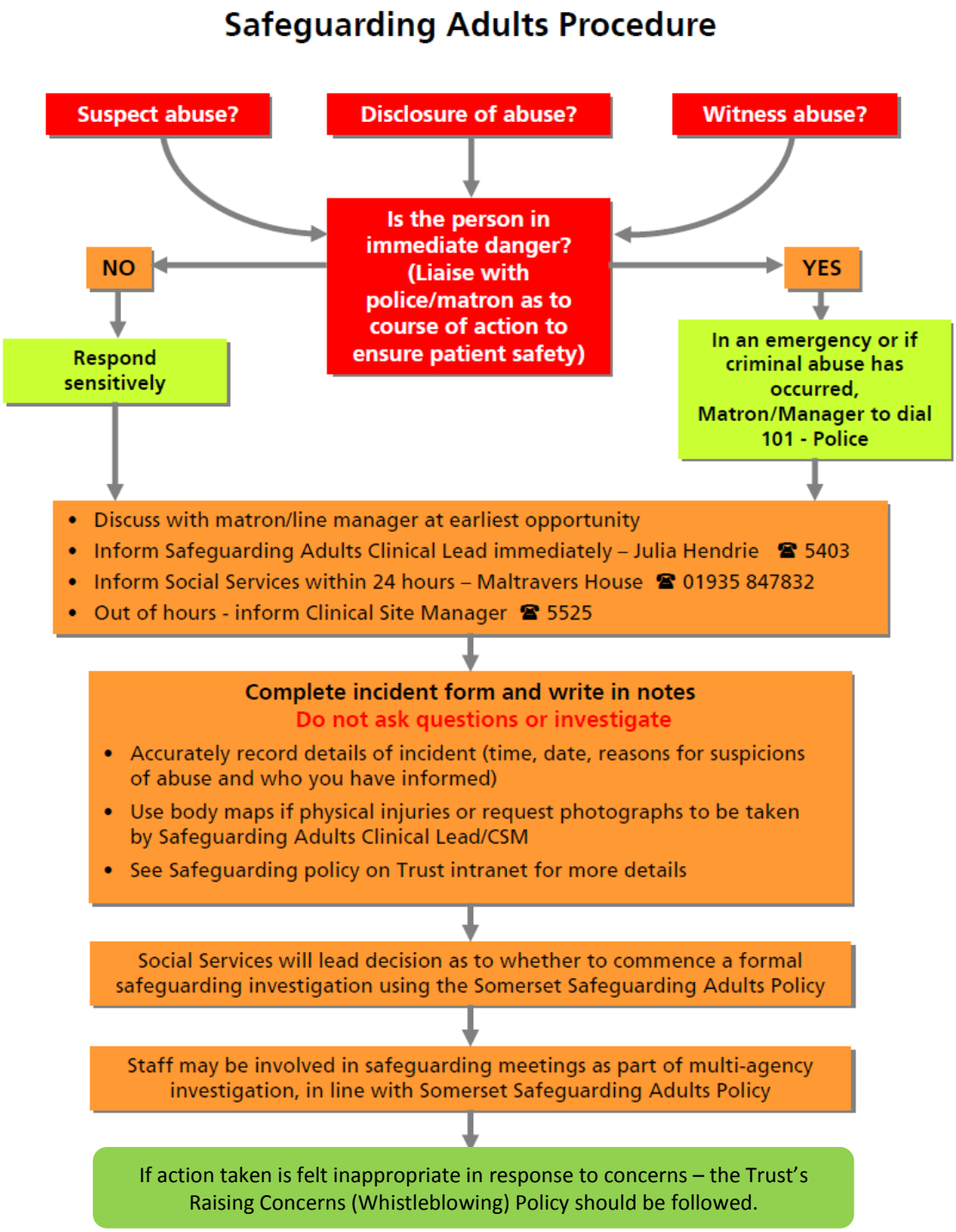
- Planned interviews need to take into account the vulnerable adult's method of communication and individual needs. It is important to plan the style of questioning to be used.

- The development of a Safeguarding Adults Care Plan should take account of any therapeutic services or additional support that is needed by the vulnerable adult.

- Support needs to be in place for the individual, their carers and support staff throughout and following the Safeguarding Adults investigation.

APPENDIX 4 - TO SAFEGUARDING ADULTS POLICY

Safeguarding Concerns Reporting Flowchart



APPENDIX 5 – TO SAFEGUARDING ADULTS POLICY

Additional Information on responding to witnessed / disclosed or suspicions of abuse

1. Disclosure of adult abuse - Non criminal

If a vulnerable adult discloses to you:

- Do not press the person for more details. This will be done later.
- Allow the vulnerable adult to talk freely (e.g. do not say "Hold on, we'll come back to that later"), because they may not tell you again.
- Closed or leading questions should not be asked as that could be interpreted as putting words or suggestions to the vulnerable adult or any vulnerable witnesses.
- Do not promise to keep secrets. You cannot keep this kind of information confidential.
- Do not make promises you cannot keep.
- Make sure that all witnesses are separated and questioned individually.
- Accurately record the details of the incident, including the condition and attitude of those involved in the incident. A disclosure may result in a police and / or an internal investigation. It is therefore extremely important that the statements from the victim and witnesses are based on Who, What, When, Where and Why questions. As soon as you are given a disclosure about something that is a criminal offence, **stop** the interview. Acts that would be dealt with under criminal law include physical and sexual assaults, acts of indecency and theft.
- Establish if the vulnerable adult wishes to have contact with the alleged abuser.

2. Additional Steps to take on disclosure of adult abuse, criminal offence

Acts that would be dealt with under criminal law include physical and sexual assaults, acts of indecency and theft. If you are unsure whether or not a criminal offence has taken place please telephone 101 for further advice

If a vulnerable adult discloses to you:

- Ensure the immediate safety of your vulnerable adult.
- As soon as you are given a disclosure about something that is a criminal offence, **stop** the interview.
- Do **not** allow any further questioning to take place. The police will conduct all further questioning and investigations
  - The matron or CSM should report the incident to the Police on 101
- Preserve evidence, do not do anything to remove any evidence, e.g. paperwork, clothing, cleaning of the area.
- Make sure that the alleged abuser and vulnerable adult do not come into contact with each other.
- Inspect any injuries closely and write them down, describing the colour, size, depth and shape of the injury. Body maps should be used wherever possible.
- Take photographs of any injuries.
- Preserve any medical or forensic evidence on the person, for example, blood, semen.
- Preserve the clothing and footwear of the vulnerable adult. Handle them as little as possible.
- In the case of sexual assault, preserve bedding where appropriate and any items that may contain evidence, e.g. used condoms.

- Note in writing the state of the clothing of both the vulnerable adult and the alleged abuser.
- Note injuries in writing, including marks or injuries indicating the use of weapons, marks resembling imprints, burns or bite marks should be treated seriously.
- Leave weapons where they are unless they are handed to you. If a weapon is handed to you take care not to destroy finger prints.
- Preserve any videotape if security cameras are present.

Do Not:

- Move anything, clean up or wash anything.
- Bathe the person or change their clothes.
- If there is a suggestion that there has been oral sex, encourage the person not to clean their teeth, eat or drink until mouth swabs have been taken.
- Remove or alter any documentation.
- Assume, where sexual abuse may have occurred; it is too late for Police to collect forensic evidence, even days after the alleged offence. Let the Police decide.

3. **Write a Report**

Make a note of the disclosure as soon as you can, date and sign your report and print your name under your signature. You should aim to:

- Note what was said, using the exact words and phrases spoken, wherever possible, including dates and times.
- Describe the circumstances in which the disclosure came about.
- Note the setting and anyone else who was there at the time.
- Write what exactly happened, not your opinion.
- Use a pen or biro with black ink, so that the report can be photocopied.
- Be aware that your report may be required later as part of a legal action or disciplinary procedure.

Failure to follow this process may result in any defence asking for the case to be withdrawn on the grounds that the information had been unfairly obtained ‘due to leading the victim or a witness’.

APPENDIX 6 – TO SAFEGUARDING ADULTS POLICY

Capacity, Consent and Confidentiality

The overriding principles in safeguarding adults are capacity and consent.

1. Capacity

The Mental Capacity Act 2005 sets out a legal framework of how to act and make decisions on behalf of people who lack capacity to make specific decisions for themselves. Any decisions taken whereby the service user lacks capacity should be clearly documented under Best Interest Assessments

To demonstrate capacity, individuals should be able to: -

- Understand the information relevant to the decision
- Retain that information
- Use or weigh that information as part of the process of making the decision
- Communicate their decision (whether by talking, using sign language or any other means)

(MCA 2005, Page 2, Section 3).

2. Consent

All decisions made about withholding or sharing information must be recorded, particularly where the consent of the subject of the information has not been obtained. Decisions about who needs to know and what needs to be known should be taken on a case-by-case basis. There will be circumstances when a duty to protect the wider public will outweigh the responsibility to any one individual. If it is assessed that the service user poses a threat to other service users, this should be included in any information that is passed on to service providers. See section for more information

Whenever possible every effort must be made to obtain the consent of an adult to report abuse. Where consent is denied staff must ensure that this is recorded on the appropriate documentation. Further risk assessment and harm reduction plans may need to be pursued in light of service users choosing to remain in situations where harm may occur. Any patient affected by abuse, who has capacity, should be consulted as to whether or not they wish action to be taken in relation to their own situation. However, their response will be viewed in the context of the need for any intervention in order to protect other service users and / or staff from harm or risk of harm.

You should make sure people know what is happening to their information, that it may be shared with other agencies, and that they have the right to see it if they ask to do so. It is inappropriate for workers to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in situations where other vulnerable people may be at risk.

3. Choices and Risk

Experience has shown that, on occasions, vulnerable adults are placed in situations, which leave them seriously at risk of abuse. Sometimes attempts to justify this are made on the grounds of a person's right to make choices about their lifestyle, which may involve risk. Decisions about risk at this level should never be taken by individual staff but through a properly constituted professionals meeting, involving risk assessment.

4. Confidentiality

Information disclosed to a member of staff should be treated as confidential and dealt with according to the following advice and guidelines, and subject to justifications for sharing confidential information, as listed below : -

- All exchange or disclosure of personal information should be in accordance with the Data Protection Act 1998 where this applies Data Protection Act 1998 (c. 29)

- While papers and records belong to the agency, the information belongs to the allegedly abused person. Therefore their views and wishes should be respected when sharing the information they give us

- Decisions to share information beyond the line manager, to whom the staff have reported, must be made by the agency and not by any member of staff acting on their own

- The allegedly abused person must be advised why and with whom any information they have disclosed has been or will be shared.

Information will be shared:

- For the purpose of providing protection to the abused person or to others who may be at risk of harm
- On a “need to know” basis
- To prevent or detect a crime
- When there are grounds for concern and the non-disclosure of information may lead to significant harm
- Seeking consent (or the person withholding consent) could compromise an Adult Protection investigation and may lead to the person, or other persons, being at risk of significant harm/death.
- The enquiry is urgent, there are grounds for concern, seeking consent will cause delay which may lead to significant harm/death

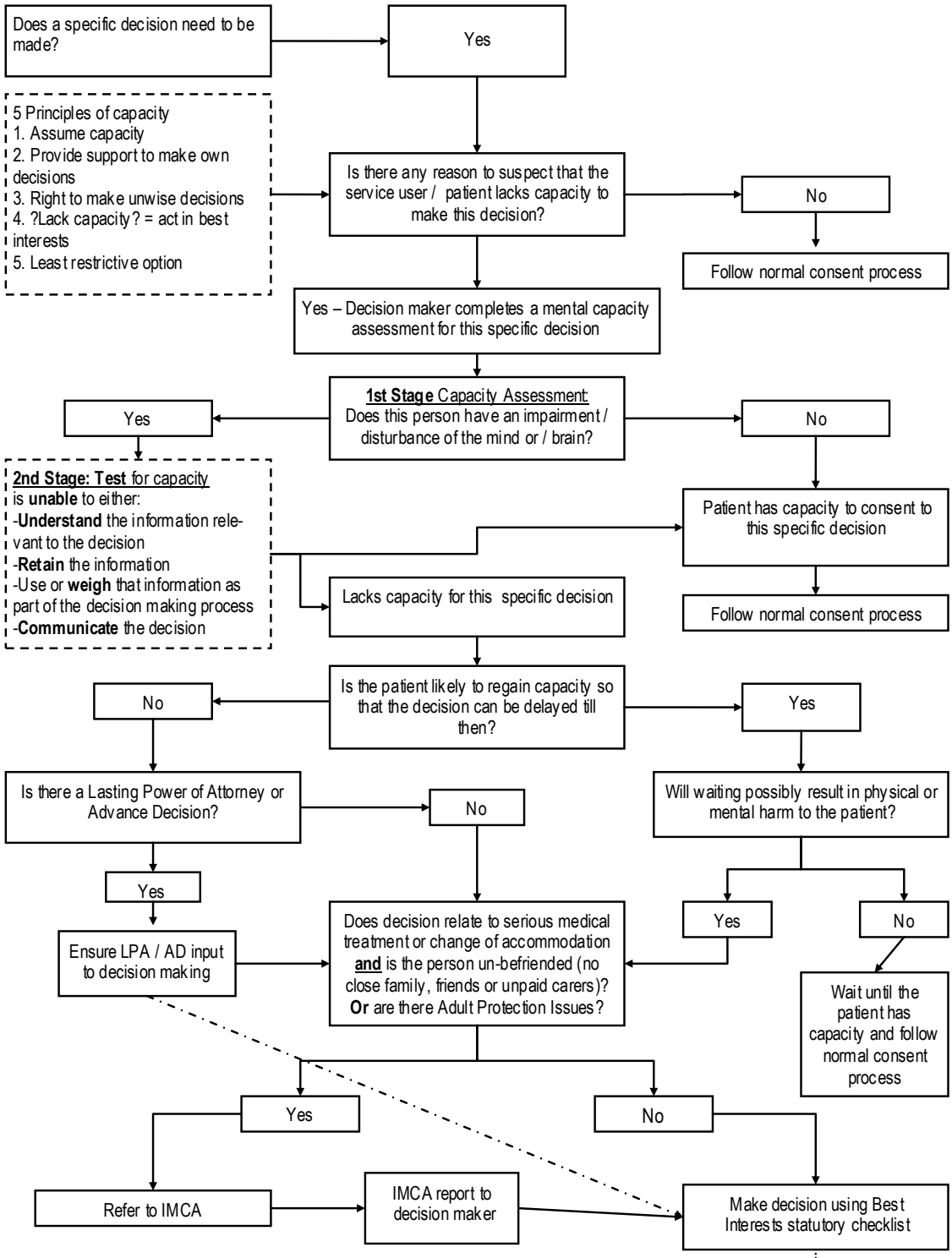
Where information is shared without the person’s consent, the reason and full details must be recorded

There will be circumstances when the duty to protect the wider public will outweigh the responsibility to any one individual. When this occurs, the procedures and guidelines must have been followed and reasons for action taken must be recorded

(Link to NHS Code on Confidentiality:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4069253

APPENDIX 7 – TO SAFEGUARDING ADULTS POLICY

Mental Capacity Assessment & Best Interest Flowchart



ANNEX A – EQUALITY IMPACT ASSESSMENT TOOL

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Name of Document: **Safeguarding Vulnerable Adults Policy**

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	Race	**No**	
	Ethnic origins (including gypsies and travellers)	**No**	
	Nationality	**No**	
	Gender	**No**	
	Culture	**No**	
	Religion or belief	**No**	
	Sexual orientation including lesbian, gay and bisexual people	**No**	
	Age	**No**	
	Disability	**No**	
2.	Is there any evidence that some groups are affected differently?	**None**	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	**None Identified**	
4.	Is the impact of the policy/guidance likely to be negative?	**No**	
5.	If so can the impact be avoided?	**Not Applicable**	
6.	What alternatives are there to achieving the policy/guidance without the impact?	**Not Applicable**	
7.	Can we reduce the impact by taking different action?	**Not Applicable**	

For advice or if you have identified a potential discriminatory impact of this procedural document, please refer it to The Equality & Diversity Lead, Yeovil Academy, together with any suggestions as to the action required to avoid/reduce this impact.

Signed: Julia Hendrie (Safeguarding Adults lead)

Dated: Reviewed January 2016