

Safeguarding Adults at Risk Policy

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Training Needs Analysis Impact	There are Training requirements for this policy document Click here to enter text.	Financial Resource Impact	There are no Financial resource impacts Click here to enter text.

Document Change History			
<i>Changes to this document in different versions must be detailed below. Rationale for the change should also be given</i>			
Version Number / Name of procedural document this supersedes	Type of Change i.e. Review / Legislation / Claim / Complaint	Date	Details of Change and approving group or Executive Lead (if done outside of the formal revision process)
External references used in the creation of this document: If these include monitoring duties upon the Trust for this policy the specific details should be recorded on the Monitoring and Compliance Requirements sheet			
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If not relevant to this procedural document give rationale:			

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Policy authors are asked to consider each of the nine protected characteristics under the Equality Act 2010. We expect you to demonstrate that throughout the policy process you have had regard to the aims of the Equality Duty:

1. Eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Act;
2. Advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
3. Foster good relations between people who share a protected characteristic and people who do not share it.

Please provide a brief account of how you have done this, further work to be completed and any support you have had in considering the aims and working in compliance with the Equality Duty.

If you are unclear on how to do this or would like further advice and support then you may contact quality.admin@mhsc.nhs.uk.

It is the responsibility of the approving group to ensure this statement reflects the Trusts objectives and position with compliance as set out within the NHS Equality Delivery System

This policy is broad and the scope is Trust-wide so complies with the Trust's Equality Delivery System.

In line with the Trust values we may publish this document on our External Website. Is there any reason you would prefer this is not done?	No, available for publishing
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It is the Authors responsibility to ensure all procedural documents comply with the Trust values

If you are unclear on any of the requirements in the document control sheet then please email quality.admin@mhsc.nhs.uk before proceeding

Monitoring and Compliance Requirements Sheet

For audit, Registration and NHSLA purposes all procedural documents must have monitoring requirements or key performance indicators set by the authors, Committees or Lead Directors. This allows the Trust to routinely monitor the effectiveness and impact of their procedural documents on a regular basis.

Procedural Document Title:		Safeguarding Adults at Risk Policy				
Does this procedural document offer support or evidence for the Trusts registered activities and outcomes?		Yes	Primarily Outcome 7 Safeguarding People who use Services from Abuse	Additional Outcome 4 Care and Welfare of People who use Services	Additional Choose an item.	
Is this an NHSLA Document?	No	Which Standard does this relate to?	4 - Safe Environment	Which Criterion	Not Applicable Choose an item. Choose an item.	
If other Monitoring requirements are necessary i.e. Health & Safety Act and you should include them here and record them in the External References section						
Specify where the requirement originates				Additional Details i.e. Section number, Code of Practice		
Minimum Requirement / Standard / Indicator to be monitored & Section of document it appears	Process for monitoring	Responsible Individual / Group		Frequency of Monitoring	Responsible Group for review of results / action plan approval / implementation	Comments
	Other (specify)			Other (Specify)	Choose an item.	
	Other (specify)			Other (Specify)	Choose an item.	
	Other (specify)			Other (Specify)	Choose an item.	
	Other (specify)			Other (Specify)	Choose an item.	

NB: If you have selected audit you should complete the required audit registration form and standards document and submit these with your expected timescales for completing the audit to quality.admin@mhsc.nhs.uk as soon as possible and no later than 4 weeks prior to the audit commencing.

The Group / Committee should also ensure the monitoring work is added to their yearly schedule of monitoring and action logs as appropriate.

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Safeguarding Adults at Risk Policy

1 Introduction

1.1 Legal Context

'No Secrets' 2000, tasks Local Authority Social Services departments with the responsibility for coordinating the development and implementation of the policy. It also recommends that all relevant commissioners and providers of health and social services, and regulatory authorities such as criminal justice work together in partnership.

They should work in collaboration with all agencies in the public, private and voluntary sectors and in consultation with service users and their carers, to ensure appropriate policies, procedures and practices are in place and implemented locally.

These are:

As well as 'No Secrets' 2000 there are a number of publications that feed into the framework for addressing issues within Safeguarding Vulnerable Adults.

- National service frameworks for Older People, Mental Health and Long Term Conditions.
- Valuing People Now – a three year strategy for people with learning disabilities 2009.
- Mencap- Death by Indifference, 2007.
- Our health, our care, our say.
- Protecting the vulnerable, The Bourne wood Consultation – superseded by MCA, MHA plus DOLS code of practice
- Care Standards Act 2000
- ADSS- Protocol for inter authority investigations of vulnerable adult abuse 2004.
- Mental Capacity Act 2005
- NHS and Community Care Act 1990
- Data Protection Act
- Information Sharing: Guidance for practitioners and managers ISBN: 978-1-84775-273-4
- Safeguarding Children regulations/legislation

2. Purpose

This policy has been developed in accordance with the Department of Health Guidance "No Secrets" (2000) which sets out the requests for establishing multi-agency frameworks and procedures to investigate individual cases of alleged abuse. The purpose of this policy is to set out the responsibilities required of all staff to safeguard adults. This includes the arrangements for managing risks associated with safeguarding adults.

Manchester Mental Health and Social Care Trust, as a partner organization are signed up to the Manchester Multi Agency Policy for the Protection of Vulnerable Adults from Abuse: The operational procedures for this Trust dovetail with these.

This policy must be reading in conjunction ith the Safeguarding Adults at Risk – Procedure and Practice Guidance.

3 Scope

This policy applies to all Trust staff, agency staff and other staff working on behalf of the Trust.

4. Responsibilities Accountabilities and Duties

4.1 Director of Nursing and Therapies

The Director of Nursing takes the Executive Director lead for safeguarding Adults

4.2 Head of Patient Safety

The Head of Patient Safety takes the operational lead role within the Trust on safeguarding Adults

4.3 Duties of staff

All staff have a duty to report concerns or allegations about abuse to their line manager and to follow the procedures in relation to reporting and investigation.

4.4 Managers have a duty to ensure that all allegations, concerns or safeguarding referrals are acted on until there is a suitable conclusion to the case. Managers should provide advice and support to staff and should be responsible for signing off the case at its conclusion. They should also ensure that all appropriate paperwork is complete and that there is a protection plan in place.

5. Definition of a Vulnerable Adult

A vulnerable adult is defined as someone 18 years of age or over:
'who is or may be in need of community care services by reason of mental or other disability, age or illness ...and is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'

6 Definition of Abuse

Abuse is defined as: 'a violation of an individual's human and civil rights by any other person or persons 'Abuse may be physical, psychological, sexual, neglect or acts of omission. It may involve people taking money without permission, or not looking after someone properly.

It may include poor care practices, bullying or humiliating, or not allowing contact with friends and family. Abuse often involves criminal acts. Abuse can be a single act or may continue over a long period. It can be unintentional or deliberate, but will result in harm to the victim, either physically, emotionally or in its effect on the person's wellbeing or development.

7. Consent, Capacity and Best Interests

During a safeguarding investigation there will be numerous important decisions that need to be made. It is essential to thoroughly explore issues of consent, capacity and best interests in each case.

Practitioners must follow the Mental Capacity Act .

Mental Capacity refers to the capacity to:

- understand and retain information in relation to a specific act, decision or transaction
- weigh up their consequences
- communicate the decision needs to be made.

A person's mental capacity may change, may be regained or developed with support, over a period.

8. **Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS)**

There will be occasions during safeguarding investigations, when decisions may involve the need to deprive someone of their liberty (in their best interests) for care or treatment.

Deprivation of liberty Safeguards apply to hospital or 24 hr care settings.

If there is no agreement following the decision making and best interests procedures and the healthcare or social care professional thinks that an authorisation is needed, they should inform the managing authority (care provider).

Depriving someone who lacks the capacity to consent to the arrangements made for their care or treatment of their liberty is a serious matter, and the decision to do so should not be taken lightly. The Deprivation of Liberty Safeguards makes it clear that a person may only be deprived of their liberty:

- in their own best interests to protect them from harm
- if it is a proportionate response to the likelihood and seriousness of the harm, and
- if there is no less restrictive alternative.

When reaching a decision about capacity, it is important the assessment refers specifically to the decision to participate in the safeguarding investigation. The professional should attempt to ascertain the reasons why the service user does not want the investigation to proceed. Their capacity should be recorded and consideration given the use of the Trust "Assessment of Capacity Tool".

Where a service user has capacity and doesn't want the investigation to proceed, it is important to not abandon them, but to continue to provide support and where possible, implement plans relating to safety. It may also be appropriate to tentatively revisit the safeguarding concerns on future contacts.

Where a service user is subject to considerable coercion from the abuser it may be appropriate to get legal advice regarding whether the Court of Protection would have an "Inherent Jurisdiction" to intervene. The Court has power to prevent certain people contacting, or persuading vulnerable people on certain issues, even if the vulnerable person has capacity.

For specific advice on the Mental Capacity Act or Deprivation of Liberty please refer to the Mental Health Act Manager on 882 1000

9. Complaints and Safeguarding

If through the complaints procedure an allegation of abuse is received it will immediately be diverted to an investigation under the Safeguarding Adult Procedures. The complaints service will advise the complainant of this in writing. However the complainant can complain about the outcome of the Safeguarding investigation under the Complaints Policy.

10. Forms of Abuse

- **Physical Abuse**

Physical abuse includes: hitting, slapping, pushing, kicking, squeezing, shaking, pinching, misuse of any medication, undue restraint, or force feeding.

- **Sexual Abuse**

Sexual abuse includes: sexual assault, rape or other sexual acts, the inappropriate touching of the individual's sexual areas, or coercion into the viewing of pornographic materials. Compelling, inciting or facilitating a person, with impaired capacity for choice to engage in sexual activity without consent is an offence under the Sexual Offences Act 2003.

- **Psychological Abuse**

Psychological abuse includes: threats of harm, abandonment, of social contact or family networks, isolation, humiliation, shouting, bullying, name calling, intimidation, harassment, or the denial of or withdrawal from required services.

- **Financial or Material Abuse**

Financial or material abuse includes: withholding of money or possessions, intentional mismanagement of the person's finances or property, theft, fraud, exploitation and stealing person's money.

- **Neglect and Acts of Omission**

Neglect or acts of omission include: the failure to access appropriate services for recognised needs, avoidance of required health care, ignoring physical care needs, withholding of adequate nutrition, clothing or warmth, exposing the person to unacceptable risk, lack of action to provide or ensure adequate supervision

- **Discriminatory Abuse**

includes: any acts that use hurtful language, cause harassment or similar treatment of the individual because of their race, sex, age, disability, faith, culture or sexual orientation. Such abuses are increasingly being recognised as hate crimes.

- **Institutional Abuse**

Institutional abuse includes: the use of systems, routines, practice or care that neglect individual needs and create an imbalance and control within a managed setting such as residential/nursing care or day services.

- **Domestic Abuse**

People may think of domestic abuse only as a physical assault by a man on a woman, but it can take many different forms. The definition used in Manchester is: 'any incident of threatening behaviour, violence and abuse (psychological, physical, sexual, financial or emotional) between people who are or have been intimate partners or family members, regardless of gender' This definition includes forced marriage and abuse within same sex relationships.

Domestic abuse is very common and affects one in four women in their lifetime. Although most victims of domestic abuse are women and most abusers are men, domestic abuse can affect anyone. Domestic abuse is a pattern of controlling and aggressive behaviour that is used to maintain power and exert control on victims, including many forms such as physical assault, bullying, sexual abuse, rape and threats. In addition it may include destructive criticism, pressure tactics, disrespect, breaking trust, isolation and harassment.

Domestic abuse may apply to relationships other than those of partners and include sibling and intergenerational relationships (parents–offspring).

- **Forced Marriages**

Forced marriages include: one or both spouses **not consenting** to the marriage and some element of duress is involved. Duress includes feeling both physical and emotional pressure. Some victims of forced marriage are tricked into going to another country by their families. Victims fall prey to forced marriage through deception, abduction, coercion, fear, and inducements. A forced marriage is considered to be domestic abuse and an abuse of human rights.

There have been reports of vulnerable adults with mental and physical disabilities being forced to marry. Some individuals do not have the capacity to consent to the marriage. Some individuals may be unable to consent to consummate the marriage – sexual intercourse without consent is rape.

- **PREVENT/ Risk of Radicalisation**

Vulnerable adults may be at risk of radicalisation by a range of groups and any such risks identified should be managed through the safeguarding process. The Trust has an identified point of contact with Greater Manchester Police to link with their initiatives to reduce the risk of radicalisation. For further advice contact Head of Patient Safety on 8821071 .

The Government's counter terrorism strategy called CONTEST aims to reduce the risk to the United Kingdom and its interests overseas from international terrorism, so that people can go about their lives freely and with confidence. These forms of terrorism include:

- Far Right extremists
- Al-Qa'ida influenced groups
- Environmental extremists
- Animal Rights extremists

CONTEST has four work streams:

- **Pursue:** to stop terrorist attacks
- **Protect:** to strengthen our protection against terrorist attack
- **Prepare:** where an attack cannot be stopped, to mitigate its impact
- **Prevent to stop people becoming terrorists or supporting terrorist activities**

The *Prevent Strategy 2011* has the following objectives:

1. Challenge the **ideology** that support terrorism and those who promote it
2. Prevent vulnerable **individuals** from being drawn into terrorism and ensure that they are given appropriate advice and support
3. Work with sectors and **institutions** where there are risks of radicalisation

The health service has been identified as a key partner in preventing vulnerable people being radicalised although healthcare organisations are expected to be involved in delivering objectives 2 and 3 only.

Healthcare professional may meet and treat people who are vulnerable to radicalisation, including children. Working Together to Safeguard Children 2010 states:

“Experience suggests that young people from their teenage years onwards can be particularly vulnerable to getting involved with radical groups through direct contact with members, or increasingly, through the internet. This can put a young person at risk of being drawn into criminal activity and has the potential to cause significant harm”

People with mental health issues may be easily draw into terrorism. There is no obvious profile of a person likely to become involved in terrorist-related activity, or single indicator of when a person might move to support extremism. Vulnerable individuals who may be susceptible to radicalisation can be patients and/or staff.

All staff must escalate a concern and have confidence that each issue will be taken seriously, handled appropriately and that, where necessary, specialist advice will be available.

If you have a concern, this can be raised with the Trust Prevent Lead (contact details on the Prevent Intranet page) or your Safeguarding Lead who will provide advice and identify local referral pathways if appropriate.

Safeguarding in Prisons

HM Prisons and Probation services are the primary respondents to any allegations of abuse from prisons.

11 Safeguarding Children

Under the Children Act 2004 everyone has a responsibility, whilst undertaking their normal duties, to have regard to the need to safeguard and promote the welfare of children and young people and for ensuring they are protected from harm. This includes work carried out in relation to assessments and reviews of vulnerable adults

and carers, provision of services, and in relation to safeguarding vulnerable adults' processes.

Special attention should be given to risks presented to children from vulnerable adults or where there may be children in the family that requires special consideration. For further advice and information please refer to the Trust Safeguarding Children Policy.

12. Safeguarding referral, investigation and planning procedures

Manchester Mental Health and Social Care Trust adhere to the Manchester Multi agency procedures. All staff are required to use the prescribed forms which are available on AMIGOS and should be contained within patient record which relates to these procedures and which are contained in the Safeguarding Adults at Risk Procedure and Practice Guidance

13 Record Keeping

Record keeping is an important element of safeguarding work. All staff must ensure that they keep accurate written recordings of their work. The details should be **Factual Accurate Concise Ethical and Relevant**. It is essential when passing information to other agencies that the information given is factual and not opinion. The AMIGOS record now contains the key safeguarding forms and documentation that must be completed.

14 Information Sharing and Confidentiality

Legally staff can share confidential information with the service users consent.

If the information is in the public interest it is legal to share the information without the service users consent.

Staff should always record the reason for disclosing information and whether disclosure was made with or without consent

14.1 Failure to share information can put individuals at serious risk.

Confidentiality is a serious consideration for all public services but within the confines of Safeguarding arrangements information can be safely shared. Responsible information sharing plays a key role in enabling services to protect victims of adult abuse and in extreme cases saves lives.

Articles 2 and 3 of the Human Rights Act 1998 place an obligation on public authorities to protect people's rights to life and their freedom from torture, inhumane and degrading treatment. Meeting these obligations may necessitate lawful information sharing.

However, all information sharing should be done on a case by case basis.

In all cases, the worker involved should discuss the proposal to share information with, and seek approval from, their Line Manager. The reasons for sharing information, what information is shared and who this has been shared with should be recorded.

- 14.2 Further advice and guidance on Information Sharing can be obtained from the following contacts within the Trust.

Medical Director/Caldicott Guardian	0161 882 1378
Head of Patient Safety	0161 882 1071
Head of Information Management	0161 882 1081
Information Governance Manager	0161 277 1108
Head of Complaints	0161 882 1065

15 Training

Safeguarding Adults is part of the Trust Mandatory training programme. Additional training is available for senior practitioners and Team Managers in relation to undertaking investigations. This is a two day training course and is for all staff who may be undertaking investigations. Care coordinators should attend this training. Team Briefings on the policy can be arranged via the Head of Patient Safety on 0161 882 1071.

16 Serious Case Reviews

The Manchester Safeguarding Adults Board (MSAB) has the lead responsibility for conducting a serious case review.

A serious case review should be considered when:

- A vulnerable adult dies (including death by suicide) and abuse or neglect is known or suspected to be a factor in their death.
- A vulnerable adult has sustained a potentially life-threatening injury through abuse or neglect, serious sexual abuse, or sustained serious and permanent impairment of health or development through abuse or neglect, and the case gives rise to concerns about the way in which local professionals and services work together to safeguard vulnerable adults
- Where serious abuse takes place in an institution or when multiple abusers are involved, the same principles of review apply. Such reviews are, however, likely to be more complex, on a larger scale, and may require more time. Terms of reference need to be carefully constructed to explore the issues relevant to each specific case. The Safeguarding Adults Board will be the only body which commissions any serious case reviews. The Board will publicise both the process under which applications for reviews may be made and the terms of reference for each serious case review.

The Trust will cooperate fully with the Manchester Safeguarding Adults Board Serious Case Review process.

17 Safeguarding Advice

Safeguarding advice should in the first instance be provided by the Team Manager or equivalent.

Specialist advice can be sought from Head of Patient Safety **0161 882 1071/1378**
Head of Social Work 0161 882 1000, Senior Social Worker Gateway 0161 882
2149

Further advice can be sought from any of the three Manchester Safeguarding Coordinators

Directorate for Adults
Manchester

Phone: 0161 219 6830
Fax: 0161 274 7025

18 Monitoring the Policy

The Head of Patient Safety will monitor the policy, monitoring will be carried out through the use of audit.