



GENEVA HEALTH INTERNATIONAL (UK) LTD.

**VULNERABLE ADULT PROTECTION
POLICY & GUIDANCE**

Principle

'No one shall be subjected to torture or to inhuman or degrading treatment or punishment'

Human Rights Act 2000

1. AIM OF THIS POLICY

The aim of this policy is to protect vulnerable adult and the worker, recognising the risks involved in lone working and includes:

- Clarifying the roles and responsibilities for staff and all healthcare professionals working with Geneva Health International and together, contribute to the prevention of abuse of vulnerable adults through raising awareness.
- Outline practice and procedures for all parties within the scope of the policy.
- Providing a clear framework for action when abuse is suspected.

2. a. DEFINITION OF THE VULNERABLE

A vulnerable adult is a person over the age of eighteen who is in, or may be in need of, community care services by reason of mental or other disability, age, or illness; and who is unable to take care of himself or herself, or unable to protect himself or herself against significant harm or exploitation.

This **may** include a person who:

- Is elderly and frail
- Has a mental illness including dementia
- Has a physical or sensory disability
- Has a learning disability
- Has a severe physical illness
- Is a substance misuser
- Is homeless

2. b. DEFINITION OF ABUSE

“Abuse is the harming of another individual usually by someone who is in a position of power, trust or authority over that individual. The harm may be physical, psychological or emotional or it may be directed at exploiting the vulnerability of the victim in more subtle ways (for example, through denying access to people who can come to the aid of the victim, or through misuse or misappropriation of his or her financial resources). The threat or use of punishment is also a form of abuse. In many cases, it is a criminal offence”

Centre for Policy on Ageing (1996)

Types of Abuse

Physical abuse

- Bodily assaults resulting in injuries e.g. hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
- Bodily impairment e.g. malnutrition, dehydration, failure to thrive
- Medical/healthcare maltreatment

Sexual abuse

- Rape, incest, acts of indecency, sexual assault.
- Sexual harassment or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting.
- Sexual abuse might also include exposure to pornographic materials, being made to witness sexual acts and encompasses sexual harassment and non-contact abuse.

Psychological/emotional abuse includes:

- Including threats of harm, controlling, intimidation, coercion, harassment, verbal abuse, enforced isolation or withdrawal from services or supportive networks.
- Humiliation
- Bullying, shouting, swearing

Neglect

- Including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services.
- The withholding of the necessities of life, such as medication, adequate nutrition and heating.

Financial or material

- Theft and fraud.
- Exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Discriminatory

- Including racist, sexist, or based on a person's disability, and other forms of harassment, slurs or similar treatment.

Adult Protection Policy

Multiple forms of abuse may occur in an on going relationship or abusive service setting to one person, or to more than one person at a time, making it important to look beyond single incidents or breaches in standards, to underlying dynamics and patterns of harm. Any or all of these types of abuse may be perpetrated as the result of deliberate intent and targeting of vulnerable people, negligence or ignorance.

No abuse is acceptable and some abuse is a criminal offence and must be reported to the Police as soon as possible.

3. RIGHTS AND RESPONSIBILITIES

- Responsibilities of Geneva Health International are:
- To ensure staff/healthcare professionals are aware of the Adult Protection Policy and are adequately trained.
- To notify the appropriate authorities if abuse is identified or suspected.
- To support and where possible secure the safety of individuals and ensure that all referrals to services and authorities have full information in relation to identified risk and vulnerability.
- Staff to promote the principles and good practice to all healthcare professionals.
- To CRB check all healthcare professionals that have access to or work with Vulnerable Adults.

The responsibilities of healthcare professionals working for Geneva Health International are:

- To be familiar with the Adult Protection Policy and procedures.
- To take appropriate action in line with the policies of Geneva Health International.
- To declare any existing or subsequent convictions. Failure to do so will be regarded as gross misconduct as per our policy disclosure.

Support for those who report abuse

All those making a complaint or allegation or expressing concern, whether they are staff, service users, carers or members of the general public should be reassured that:

They will be taken seriously and their comments will be treated confidentially, however, their concerns may be shared if they or others are at significant risk. In such instance our clients/service users will be given immediate protection from the risk of reprisals or intimidation and if staff, they will be given support and afforded protection if necessary in line with the Public Interest Disclosure Act 1998.

The Vulnerable Adult has the right:

- To be made aware of this policy.
- To have alleged incidents recognised and taken seriously.
- To receive fair and respectful treatment throughout.
- To be involved in any process as appropriate.
- To receive information about the outcome

4. GOOD PRACTICE

- Our recruitment procedures and policies of healthcare professionals includes:
- Enhanced CRB Disclosure checks during the selection process.
- Occupational Health checks.
- Ensure that applicant's mandatory training is up-to-date.
- References obtained and identities confirmed.
- Risk assessment of role.
- Completion of a Geneva Health International application forms, which includes information that all staff has a duty to declare any existing or subsequent convictions.

Training

Training/Induction includes familiarisation with all Geneva Health International policies and procedures and the Safeguarding Adults – Basic Awareness in Adult Protection Staff Handbook.

Record Keeping

Written record of any concerns, if any will be kept on file. This confidential information will be stored securely and appropriately, and will be kept for as long as deemed necessary, in line with Data Protection principles.

All incidents should be discussed in supervision with line manager. Records kept should only include:

- Contacts made.
- Referrals made, including date, time, reasons and referral agency.
- Geneva Health International may have specific projects that need to keep more detailed records, and these will be identified by the Team Leader and made known to the team.

Planning

Healthcare professionals should inform all Vulnerable Adults in their care of their right to talk with an independent person within Geneva Health International. This should form part of the normal registration process.

The independent person for Geneva Health International (UK) Limited is:

Henrietta Caslon RGN
Compliance Consultant

Contact details are:

Telephone number: 020 7061 1949

Email: henriettac@genevahealth.co.uk

5. IDENTIFICATION OF ABUSE

Physical abuse signs

Abuse can happen anywhere and can be carried out by anyone e.g., Informal carer's, family, friends, neighbours, paid staff, volunteers other service users, strangers or tenants.

Note: Some ageing processes can cause changes which are hard to distinguish from some aspects of physical assault e.g. skin bruising can occur very easily due to blood vessels becoming fragile.

- A history of unexplained falls or minor injuries.
- Bruising in well protected areas, or clustered from repeated striking
- Finger marks.
- Burns of unusual location or type.
- Injuries found at different states of healing.
- Injury shape similar to an object.
- Injuries to head/face/scalp.
- History of GP or agency hopping, or reluctance to seek help.
- Accounts, which vary with time or are inconsistent with physical evidence.
- Weight loss due to malnutrition, or rapid weight gain.
- Ulcers, bedsores and being left in wet clothing.
- Drowsiness due to too much medication, or lack of medication causing recurring crises/hospital admissions.

Sexual abuse signs:

- Disclosure or partial disclosure (use of phrases such as 'It's a secret').
- Medical problems, e.g. Genital infections, pregnancy, difficulty walking or sitting.
- Disturbed behaviour e.g. depression, sudden withdrawal from activities, loss of previous skills, sleeplessness or nightmares, self-injury, showing fear or aggression to one particular person, repeated or excessive masturbation, inappropriately seductive behaviour, loss of appetite or difficulty in keeping food down.
- Behaviour of others towards the Vulnerable Adult.

Psychological/emotional signs:

- Isolation
- Unkempt, unwashed, smell
- Over meticulous
- Inappropriately dressed
- Withdrawn, agitated, anxious not wanting to be touched
- Change in appetite
- Insomnia, or need for excessive sleep
- Tearfulness
- Unexplained paranoia, or excessive fears
- Low self esteem
- Confusion

Neglect signs

- Physical condition poor
- Clothing in poor condition
- Inadequate diet
- Untreated injuries or medical problems
- Failure to be given prescribed medication
- Poor personal hygiene

Financial or material signs

- Unexplained or sudden inability to pay bills
- Unexplained or sudden withdrawal of money from accounts
- Disparity between assets and satisfactory living conditions
- Extraordinary interest by family members and other people in the vulnerable person's assets

Discriminatory signs

- Lack of respect shown to an individual
- Signs of substandard service offered to an individual
- Exclusion from rights afforded to others, such as health, education, criminal justice

Other signs of abuse

- Inappropriate use of restraints
- Sensory deprivation e.g. spectacles or hearing aid
- Denial of visitors or phone calls
- Failure to ensure privacy or personal dignity
- Lack of flexibility of choice e.g. bedtimes, choice of food
- Restricted access to toilet or bathing facilities
- Lack of personal clothing or possessions
- Controlling relationships between care staff and service users
- Any errors in medication administration

6. WHAT TO DO

Any member of staff who suspects abuse or notice any of the following signs must immediately make their concerns known to Geneva Health International. Action should also be taken if it is felt that colleagues are not following the Geneva Health International Protection of Vulnerable Adults Policy and guidelines. All allegations or suspicions are to be treated seriously. No abuse is acceptable and some abuse is a criminal offence and must be reported to the Police as soon as possible. To determine the appropriate action it is important to consider:

- Risk – does the Vulnerable Adult or staff member understand the nature and consequences of any risk they may be subject to, and do they willingly accept such a risk?
- Self-determination – is the Vulnerable Adult able to make their own decisions and choices, and do they wish to do so?
- Seriousness – A number of factors will determine whether intervention is required. The perception of the victim must be the starting point.

Factors informing assessment of seriousness will include:

- The perception by the individual and their vulnerability
- The extent of the abuse
- The length of time it has been going on
- The impact on the individual
- The risk of repetition or escalation involving this or other vulnerable adults
- Is a criminal offence being committed?

The following guidelines should be adhered to:

- Write down the details of the incident.
- Pass this report to your line manager/Compliance Consultant or a senior manager at the earliest opportunity.
- The line manager/Compliance Consultant or a senior manager should then take appropriate action to ensure the safety of the Vulnerable Adult and any other person(s) who may be at risk and then proceed with investigating the allegation.
- If the matter relates to poor practice, procedures relating to misconduct should be followed. If the matter relates to abuse the matter should be referred to Social Services who may involve the Police, and the employee must be suspended pending the outcome of an investigation into the allegations (carried out by social services).

Geneva Health International acknowledges that this is an extremely sensitive issue for staff and assures all staff and persons working on its behalf that it will fully support and protect anyone, who in good faith, reports a concern that a colleague is, or may be, abusing Vulnerable Adult.

What information to record

In all situations, including those in which the cause for concern arises from a disclosure made in confidence, it is vitally important to record the details of an allegation or reported incident, regardless of whether or not the concerns are shared with a statutory agency.

As far as possible an accurate note should be made of:

- The date and time of the incident and disclosure
- The parties who were involved
- What was said and done by whom
- Description of any visible injuries or bruising
- Any further action taken by Geneva Health International to investigate the matter.
- Any further action e.g. the suspension of a worker
- Where relevant, reasons why there was no referral to a statutory agency.
- The full name of the person(s) reporting and to whom reported.

The report should be stored securely and shared only with those who need to know. **All referrals made to Social Services or the Police, should be confirmed in writing and followed up with a copy of the incident report within 24hrs. Social Services should acknowledge your written referral within one working day of receiving it so if you have not heard back within 3 working days, contact Social Services again.**

You should also record the Social Services member of staff to whom concerns were passed and the date and time of the call and subsequent letters sent.

These procedures not only serve to protect Vulnerable Adult but also protect the employees.

What if information is requested by another organisation

The safety and well-being of the Vulnerable Adult overrides considerations of confidentiality. However every effort should be made to ensure that confidentiality is maintained for all concerned both when the allegation is made and whilst it is being investigated.

Geneva Health International has a duty to share information with other agencies and authorities if requested in connection with an assessment of a Vulnerable Adult or in connection with court proceedings. Although the Data Protection Act 1998, Human Rights Act 1998 or common law duty of confidence would need to be considered the welfare of the Vulnerable Adult would normally override the need to keep the information confidential.

To ensure rigorous investigation, this policy will also be used in conjunction with:

- Disciplinary Procedure, Grievance Procedure and Whistle Blowing Policy
- Data Protection Policy
- IT Acceptable Use Policy
- Equalities Policy
- Corporate Complaints procedure
- Harassment and Bullying Policy
- Health & Safety at Work guidance

6. SUMMARY

In summary, the employee's primary responsibility is to protect the Vulnerable Adult if they are at risk. Each employee has a duty to take action and employees should not have to cope alone.

Discussion, Consideration and Action

In taking action, discussion and consideration should include ascertaining whether the situation might fall within the definitions of abuse outlined in this policy. The following should also be taken into account:

- Consider the Vulnerable Adult's capacity to make decisions.
- Ascertain whether an advocate or appropriate adult might be necessary.
- Ascertain any immediate action required.

- Ascertain whether an investigation is necessary in accordance with internal personnel policies and procedures.
- Where abuse is suspected conclude that a referral be made to the appropriate agencies/authorities.
- Remember to have regard to your own safety. Leave the situation if it is not safe for you.
- Listen to the Vulnerable Adult offer necessary support and reassurance.
- Issues of confidentiality must be clarified early on. For example staff must make it clear that they will have to discuss the concerns with their supervisor.
- Where a vulnerable adult expresses a wish for concerns not to be pursued then this should be respected wherever possible. However, decisions about whether to respect the service user's wishes must have regard to the level of risk to the individual and others, and their capacity to understand the decision in question. In some circumstances the Vulnerable Adult's wishes may be overridden in favour of considerations of safety. Decisions to override the Vulnerable Adult's wish not to take the matter further should if possible be the product of discussion with appropriate line management.
- Note your concerns and any information given to you or witnessed by you.
- Report concerns to the appropriate line manager.
- Remember it is not necessary or advisable for you to seek evidence. By supporting the Vulnerable Adult and carefully logging any information given to you at this stage, you will lay the foundations for an effective formal investigation.
- Understand the need not to contaminate, or to preserve evidence if a crime may have been committed.

Referring

The decision to refer or not to refer should be made by the Team leader, Senior Manager or the Chief Executive.

When considering the decision as to whether to refer elsewhere (e.g. to Police, Social Services, Independent Safeguarding Authority (ISA) or Care Quality Commission) the following should be taken into account:

- The wishes of the vulnerable adult, & their right to self-determination
- The mental capacity of the vulnerable adult
- Known indicators of abuse
- Definitions of abuse
- Level of risk to this individual
- The seriousness of the abuse
- The effect of the abuse on the individual
- Level of risk to others
- The effect of the abuse on others
- Whether a criminal offence has been committed

- Whether other statutory obligations have been breached
- The need for others to know
- The ability of others (e.g. Police, Social Services) to make a positive contribution to the situation

Issues of Mental Capacity & Consent

The consent of the vulnerable adult must be obtained except where:

- The vulnerable adult lacks the mental capacity to make a decision, and a risk assessment indicates that referral would be in their best interests
- Others may be at risk
- A crime has been committed

Who To Refer To or Report Concerns To

Report to Geneva Health International in the first instance. However, contact the emergency services and the Police, if there is an emergency where delay may result in serious harm to the Vulnerable Adult or if the abuse may constitute a crime.

- Social Services
- Registration bodies
- Care Quality Commission
- Emergency Social Services where there are issues relating to standards and regulations in care homes and domiciliary care agencies.
- Hospital Trusts/Primary Care Trusts where there is a complaint of abuse by a member of staff.
- The Police, if there is an emergency where delay may result in serious harm to the vulnerable adult or if the abuse may constitute a crime

In situations of immediate danger, take urgent action by calling the relevant emergency services (e.g. Police, ambulance, GP).

Information required when referring

Information, if known, which will be required when you make a referral or report your concerns:

- Details of alleged victim – name, address, age, gender, ethnic background including principle language spoken, details of any disability
- Details of GP and any known medication
- Whether the individual is aware of and has consented to the referral/report.
- The mental capacity of the individual (are there any concerns/doubts about this?).
- If appropriate advise agency on preferred/advised method or environment when approaching the alleged victim or perpetrator.

Also, any relevant information, for example:

- Reasons for concerns and therefore this referral.
- Details of how these concerns came to light.
- Specific information relating to these concerns.
- Details of any arrangements, which have already been made for the protection of the Vulnerable Adult, or any immediate action taken.

- Details of anyone else to whom this referral has also been made.
- Details of the alleged perpetrator.
- Details of alleged abuse and information about suspicions.
- Details of any other background information.
- An impression of how serious the situation might be.
- Details of any other professional involved.
- Details of carers and any significant family members, neighbours, friends etc.

Information passed on must be relevant, necessary and up-to-date and confirm in writing information given verbally.

Dos and Don'ts

- Staff member should:
- Stay Calm
- Listen patiently
- Reassure the person they are doing the right thing by telling you.
- Explain what you are going to do
- Report to relevant Manager
- Write a factual account of what you have seen or happened, immediately.

Staff member not:

- Appear shocked, horrified, disgusted or angry
- Press the individual for details (unless requested to do so)
- Make comments or judgements other than to show concern
- Promise to keep secrets
- Confront the abuser
- Risk contaminating evidence

Guidance Flow Chart

