

## Safeguarding Vulnerable Adults Policy

(Previously known as the Protection of Vulnerable Adults)

Hunts Mind provides services to a wide range of individuals and organisations across Huntingdonshire and we recognise that our clients are vulnerable adults.

### Who are Vulnerable Adults?

A person, being aged 18 or over, may be considered to be vulnerable if that person:

- receives personal care, nursing, support to live independently in their own home, or a care home
- receives any health or social services
- has a substantial learning or physical disability
- has physical or mental illness, chronic or otherwise, including addiction to alcohol or drugs
- has substantial reduction in physical or mental capacity due to advanced age or to illness
- cannot always take care of themselves, or protect themselves against harm or exploitation

All staff members and volunteers of Hunts Mind can play an important part in promoting the safety and protection of the vulnerable adults with whom the organisation works. The aim of this policy is to ensure that any vulnerable adults are protected and kept safe from harm while they are in receipt of services from Hunts Mind.

### What is Abuse?

“Abuse is a violation of an individual’s human and civil rights by any other person or persons” - *‘No Secrets’* - Department of Health 2000.

It may involve a single or repeated act or omission within the context of a personal or other close relationship where there is an expectation of trust, which in turn causes harm to a vulnerable person as defined above.

Hunts Mind defines the different categories of abuse as follows:

**Physical Abuse:** including hitting, slapping, pushing, kicking, misuse of restraint, or inappropriate sanctions.

**Sexual Abuse:** including rape and sexual assault, or sexual acts to which the vulnerable adult has not consented, or could not consent, or where pressure

was applied to secure their consent, including sexual activities and pornography.

**Emotional Abuse:** including verbal abuse, psychological abuse, threats, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, isolation or withdrawal from services or supportive networks.

**Financial or Material Abuse:** including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

**Neglect (including acts of omission):** including ignoring medical or physical needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, food, drink and heating.

## 1 Recruitment, Selection & Training of Staff & Volunteers.

- 1.1 Hunts Mind will ensure that its recruitment and selection procedures will take account of the need to protect vulnerable adults. Two references will be taken up for all successful candidates prior to a formal offer of employment, and where appropriate referees will be asked to comment on the applicant's suitability to work with vulnerable adults.
- 1.2 Where relevant to the post, the successful applicant will be asked to agree to an appropriate Criminal Record Bureau check. Disclosures will be requested prior to the applicant taking up the post.
- 1.3 Those staff who have direct contact with service users will be subject to a three yearly Criminal Record Bureau check.
- 1.4 Induction for new staff and volunteers will include information on all relevant policies and procedures, including the protection of vulnerable adults, and on-going training will be provided. This policy includes a list of potential warning signs of abuse for reference, (see appendix 1).
- 1.5 All staff and volunteers will have a designated supervisor who will provide appropriate ongoing support and supervision.
- 1.6 All staff and volunteers (where appropriate) of Hunts Mind will be familiar with good practice guidelines on the immediate action to be taken following a report of abuse (see appendix 2).

## 2 Reporting Procedure

Anyone who suspects that a vulnerable adult may be at risk of abuse or is being abused must report their concern immediately. People have the right to expect that information shared with a member of staff should be treated as confidential. However, it should be made clear that where the staff member

has a reason to be concerned for the welfare of a vulnerable person they must share the information with someone who is in a position to take action or responsibility.

- 2.1 Abuse of vulnerable adults can take many forms including physical, emotional, sexual and financial. It is not the responsibility of anyone working within Hunts Mind in a paid or unpaid capacity to decide whether or not abuse has taken place. It is therefore vital that staff raise all cases of suspected or alleged abuse in line with the procedures identified in this policy. It is important to do this, as there may already have been concerns expressed by other members of staff and failure to report concerns may put a vulnerable person at risk.
- 2.2 Any disclosure or suspicion of abuse should be reported to the staff member's / volunteer's line manager as soon as possible.
- 2.3 The line manager, in consultation with the Manager / CEO, will gather further information and details by interviewing the person making the report or the service user directly.
- 2.4 The Manager (or staff member so instructed by the Manager) will then devise an appropriate plan of action. The exact nature of the action taken will be determined by the individual circumstances, but it may include the involvement of external authorities, such as Social Services, referral organisations and the Police.
- 2.5 All staff and volunteers (where appropriate) of Hunts Mind will be familiar with good practice guidelines on the immediate action to be taken following a report of abuse (see appendix 2).
- 2.6 Any allegation made against a member of staff or a volunteer should be reported to the Manager who will then investigate and take action as per the Disciplinary Policy. In the event of an allegation being made against the Manager, this should be reported to the Chair, or the Board of Trustees or their nominated representative.
- 2.7 If a disclosure of abuse is made by a service user, care should be taken to explain to them the procedure that will be followed and they should be told that it may not be possible for Hunts Mind to maintain confidentiality.
- 2.8 If a service user of Hunts Mind services makes an allegation about another organisation this should be reported to the Manager who will investigate and take appropriate action.
- 2.9 All relevant information about the allegation should be recorded as simply and clearly as possible.

## 3 Good Practice

All staff and volunteers should be familiar with and adhere to Hunts Mind Guidelines for Good Practice for working with Service Users (see appendix 3)

3.1 If staff see something that concerns them or are given information that gives them cause for concern about a vulnerable person, they should:

- keep calm; this will help the vulnerable person
- make sure that the person is safe
- listen carefully to what is said
- if possible, take note of what is happening around them
- reassure and take care of the person
- get help as soon as possible ( in accordance with the 'recording and reporting' procedures - see Appendix 2)

3.2 Whilst every effort will be made to ensure that confidentiality is preserved, this will be governed by what may be an overriding need to protect a person who has been or is at risk of abuse. The needs of the vulnerable person and the potential risk to others requires you to share the information with your manager.

Chair:

A handwritten signature in black ink, appearing to be "S. Lee".

Ratified: February 2010

To be reviewed: February 2011 or as legislation changes.

## Appendix 1

### Signs of abuse

Indicators of abuse are signs that draw attention to the fact that something is wrong. They do not indicate abuse, but suggest a need for further enquires to be made.

The following is a range of indicators that may be seen

**Physical abuse:** Deliberately inflicting pain, physical harm or injury to a vulnerable person.

#### **Possible indicators of Physical abuse are:**

- Multiple bruising that is not consistent with the explanation given (e.g. a fall)
- Cowering and flinching
- Black eyes, marks resulting from a slap and / or kick, other unexplained bruises
- Abrasions, especially around the neck, wrists and / or ankles
- Unexplained burns, especially on the back of the hands
- Scalds, especially with a well –defined edge from immersion in water
- Hair loss in one area – scalp sore to touch
- Frequent minor accidents without seeking medical help
- Unusually sleepy or docile
- Tendency to flounder or slip over
- Unexplained fracture
- Malnutrition , ulcers, bed sores and soreness due to the lack of care for incontinence
- Frequently ‘hopping’ from one GP to another or from one care agency to another

**Sexual abuse:** Any sexual act carried out to which the vulnerable adult did not or could not consent and / or was pressured into consenting.

#### **Possible indicators of sexual abuse are:**

- Unexplained and uncharacteristic changes in behaviour
- New tendency to withdraw and spend time in isolation
- Recent development of openly sexual behaviour/language, including inappropriate dressing and masturbation
- Deliberate self harm
- Incontinence / bedwetting
- Irregular or disturbed sleep patterns

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- Difficulty in walking
- Unexplained soreness around the genital area
- Repeated urinary tract infections
- Bruising or bleeding in the genital or rectal area
- Excessive washing
- Unexplained 'Love bites'
- Stained or torn underclothing especially with blood or semen
- Sexually transmitted disease or pregnancy

**Emotional abuse:** The use of threats or fear, against the vulnerable person's wishes, leading to fear and / or loss of self esteem.

**Possible indicators of emotional abuse are:**

- Disturbed sleep or tendency to withdraw to a room or to bed
- Loss of appetite or over eating especially at inappropriate times
- Anxiety, confusion or general resignation
- Extreme submissiveness or dependency in contrast with known capacity
- Sharp changes in behaviour in the presence of certain persons
- Excessive or inappropriate craving for attention
- Extreme self-abusive behaviour especially self-mutilation, head banging, hand biting
- Loss of weight without apparent loss of appetite
- Loss of confidence

**Financial / Material abuse:** The extortion or manipulation of a vulnerable adult's legal or civil rights regarding their monies and goods.

**Possible indicators of financial or material abuse are:**

- Unexplained or sudden inability to pay bills
- Unexplained or sudden withdrawal of money from accounts
- Contrast between known income or capital and unnecessarily poor living conditions especially where this has developed recently
- Personal possessions of value go missing without satisfactory explanation
- Someone has taken responsibility for paying rent, bills, buying food etc, but is clearly not doing so
- Unusual interest taken by relative, friend, neighbour or other in financial assets especially if little concern is shown in other matters
  
- Next of kin refuses to follow advice regarding control of property via court of protection or through securing enduring power of attorney, but insists upon informal arrangements
- Where care services including residential care are refused under clear pressure from family or other potential beneficiaries

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- Unusual purchases unrelated to the known interests of the vulnerable adult e.g. purchases of fashionable clothes, expensive make-up, food and holidays

**Neglect and / or Acts of Omission:** Intentionally or unintentionally ignoring medical or physical care needs.

**Possible indicators of neglect and / or acts of omission are:**

- Poor hygiene and cleanliness of a person who needs assistance with personal care
- Unkempt or unsuitable clothing for weather conditions
- Untreated physical illness
- Dehydration/ weight loss / malnutrition
- Repeated infections
- Repeated / unexplained falls / trips
- Pressure sores
- Inadequate heating or lighting available
- Furnishings, carpeting noticeably shabbier or of poorer quality in their rooms compared with those in other rooms in the house
- Incontinence issues not addressed e.g. odour has developed on clothing and / or furnishings
- Clear failure to ensure the taking of medication appropriately
- Inconsistent or reluctant contact with health or social-care agencies
- Failure to ensure appropriate privacy and dignity in personal living conditions e.g. immobile person given a bucket to use as a toilet
- Refusal of the right to use external facilities or access other care services
- Lack of safety equipment being used following recommendation

**Discriminatory abuse:** Abuse motivated by discrimination can take many forms and it needs to be noted in situations when the victim perceives abuse to have been discriminatory in its intent.

**Possible signs of discriminatory abuse:**

- The vulnerable person is subject to racist, sexist or homophobic abuse
- The vulnerable person is subject to abuse relating to their age, illness or disability
- Not meeting cultural needs e.g. religious needs
- Acts or comments motivated to harm or damage, including incitement of others to commit abuse based on differences

**Institutional abuse:** Abuse by an organisation imposing rigid and insensitive routines; unskilled, intrusive or invasive interventions; or an environment allowing inadequate privacy or physical comfort.

**Possible indicators of institutional abuse:**

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- Lack of care plans
- Contact with the outside world not encouraged
- There are few visitors and / or staff insistent on notification before visits are made
- Rigid and fixed 'visiting hours' are established with limited or no opportunity to make alternative individualised arrangements and / or visitors are restricted to certain areas where there are no facilities designed for residents to receive visitors privately
- An unnatural 'clinical' cleanliness with restrictions to ensure this
- The atmosphere is unnaturally and oppressively quiet or particularly noisy and fractious
- There is poor morale, high turnover or high sickness rate among staff, excessive hours are worked and there is a frequent use of agency staff
- Ex-staff and / or ex-residents make complaints over a period of time about member(s) of staff
- Any staff, including senior staff who display rigid attitudes, cynicism or who are clearly 'burnt out' from caring and / or seem remote from the day to day caring
- Staff lack appropriate skills or engage in bad practice
- Complaints systems are difficult for residents / users to gain access to or are non-existent
- Little opportunity is given for users / residents to be involved in any activities outside the centre
- Vulnerable adults are wakened too early in the morning or at a set time determined by staff
- Lack of flexibility and choice of going to bed and / or lack of choice and consultation about meals, opportunities of getting snacks and drinks
- Lack of consultation, involvement, preparation, discussion when medical or personal care is carried out
- Bedrooms are shared contrary to the wishes of the vulnerable adult and / or there is a lack of personal possessions, furniture, television etc.
- Lack of consideration for privacy e.g. staff walk casually into bedrooms
- Washing and personal care tasks (going to the toilet) lack the appropriate privacy
- No telephone that can be used privately
- Residents / users appear unusually subdued, especially when compared to their previous behaviour
- Residents regularly retreat to their own room or other areas out of the way of staff
- Lack of care when dealing with personal clothing, e.g. loss of clothes, being dressed in other people's clothes, dirty or unkempt, spectacles not clean, wearing other people's spectacles, hearing aids or teeth
- Poor hygiene e/g. strong smell of urine, dirty clothing or bed linen, only changed when staff consider it necessary
- Use of tip-back chairs, cot sides and chair with fixed tables to restrict movement



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- Inappropriate use of medical or nursing procedures e.g. enemas, catheterisation, over reliance on medication to make clients easier to manage, rather than purely for their health needs e.g. reliance on use of sleeping tablets, tranquillisers etc
- Not allowing clients to express their view / speak up for themselves

## Appendix 2

### **Good practice guidelines on the immediate action to be Taken following a report of abuse**

The following are guidelines on immediate action to be taken when a vulnerable adult reports that they are the subject of abuse

- React calmly so not to frighten or deter him/her.
- Re-assure him/her that you are glad they have told you, and it is not their fault.
- Don't promise to keep it to yourself, at the earliest opportunity remind them of our confidentiality policy and explain what this means.
- Explain that you need to make sure that they will be safe and that you may have to pass on the information to somebody trusted to deal with it appropriately.
- Listen carefully to what they say and take them seriously.
- Allow them to tell you what happened in their own words.
- It is important to clarify what you have heard, and to establish the basic facts. However avoid leading questions and do not ask them specific questions about explicit details.
- If possible make brief notes during the initial disclosure, explaining why you are doing so. If not possible to do so at the time, make notes as soon as possible afterwards. All notes should be dated and signed by the person who made them.
- Official notes must be recorded on an 'Initial Reporting Form', either at the time or immediately afterwards ( Appendix 3 ) The information recorded should include:
  - The name of the individual
  - A record of all relevant information including what you saw, what you heard, and why you acted as you did
  - A record of any physical signs or injuries using a body map; make sure you sign and date it



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- A record of what is said to you, who said it including their relationship with the vulnerable adult or role and how they can be contacted, if appropriate. Include any questions you have asked, make sure you sign and date it
- Any details about what the vulnerable person wants to be done at this stage
- A written record of messages (e.g. answer-phone) to ensure they are not lost. Include the date and time and sign them
- A record of what action you took and why
- A distinction between fact, opinion and hearsay.
- Sign and date your records and ensure they are kept in a secure place.

Any notes made during the initial disclosure must be attached to the 'Initial Reporting Form'.

## Appendix 3

### **Good Practice Guidelines for Working with Service Users**

- In the event of a staff member/volunteer visiting a service user at home they must ensure that another member of staff knows where they are going and what time they are expected to be back.
- Service users should never be given access to the home address or telephone number of any Hunts Mind employee or volunteer. Service users' contact details should never be disclosed to anyone outside of Hunts Mind without their explicit consent.
- A member of staff or a volunteer should not be alone in the building with a service user. If a member of staff or a volunteer is meeting a service user outside of normal office hours they must ensure that another staff member remains in the office until the meeting is finished.