

VULNERABLE ADULTS POLICY

INTRODUCTION

The purpose of this document is to set out the policy of GPS relation to the protection of vulnerable adults. Further guidance may be available on local inter-agency procedures via the Integrated Care Board and / or Social Services.

WHAT IS A VULNERABLE ADULT?

The definition is wide; however, this may be regarded as anyone over the age of 18 years who may be unable to protect themselves from abuse, harm, or exploitation, which may be by reason of illness, age, mental illness, disability or other types of physical or mental impairment.

Those at risk may live alone, be dependent on others (care homes etc.), elderly, or socially isolated.

FORMS OF ABUSE

- Neglect – ignoring mental or physical needs, care, education, or basic life necessities or rights.
- Bullying – family, carers, friends.
- Financial – theft or use of money or possessions.
- Sexual – assault, rape, non-consensual acts (including acts where unable to give consent), touching, indecent exposure.
- Physical – hitting, assault, manhandling, restraint, pain or forcing medication.
- Psychological – threats, fear, being controlled, taunts, isolation.
- Discrimination – abuse based on perceived differences and vulnerabilities.
- Institutional abuse – in hospitals, care homes, support services or individuals within them, including inappropriate behaviours, discrimination, prejudice, and lack of essential safeguards.

Abuse may be deliberate or as a result of lack of attention or thought and may involve combinations of all or any of the above forms. It may be regular or on an occasional or single event basis, however it will result in some degree of suffering to the individual concerned. Abuse may also take place between one vulnerable adult and another, for example between residents of care homes or other institutions.

INDICATIONS

- Bruising.
- Burns.
- Falls.
- Apparent lack of personal care.
- Nervous or withdrawn.
- Avoidance of topics of discussion.
- Inadequate living conditions or confinement to one room in their own home.
- Inappropriate controlling by carers or family members.
- Obstacles preventing personal visitors or one-to-one personal discussion
- Sudden changes in personality.
- Lack of freedom to move outside the home, or to be on their own.
- Refusal by carers to allow the service into further care or to change environments.
- Lack of access to own money.
- Lack of mobility aids when needed.

ACTION REQUIRED

GPS workers need to review the client providers local procedures and must not ignore any concerns. The protecting vulnerable adults safeguarding lead will be documented in the client providers local policy.

Where abuse of a vulnerable adult is suspected, the welfare of the service user takes priority. In deciding whether to disclose concerns to a third party or other agency, the GP will assess the risk to the service user. Ideally the matter should be discussed with the service user involved first, and attempts made to obtain consent to refer the matter to the appropriate agency. Where this is not possible, or in the case of emergency where serious harm is to be prevented, the service users' doctor will balance the need to protect the service user with the duty of confidentiality before deciding whether to refer. The service user should usually be informed that the doctor intends to disclose information, and advice and support should be offered. Where time permits, the medical defence organisation will be telephoned before any action is taken.

The client provider will seek consent from vulnerable people to share information with carers / next of kin and log the results of this. Due regard will be taken of the service users' capacity to provide a valid consent.

In assessing the risk to the individual, the following factors will be considered:

- Nature of abuse, and severity.
- Chance of recurrence.
- Frequency.
- Vulnerability of the adult (frailty, age, physical condition etc.)
- Those involved – family, carers, strangers, visitors etc.
- Whether other third parties are also at risk (other members of the same household may be being abused at the same time)

Subject to the local procedures in force, consideration will be given to:

- Report to Social Services Mental Health team.
- Report to Police.
- Report to ICB lead.

- CQC if a member if a worker is suspected of abuse to patients following their reporting procedures online.

ROLES AND RESPONSIBILITIES

Duty of Care

Safeguarding is everybody's business – all workers have a duty of care to patients/service users and your colleagues.

Duty of care can be said to have reasonably been met where an objective group of professional considers:

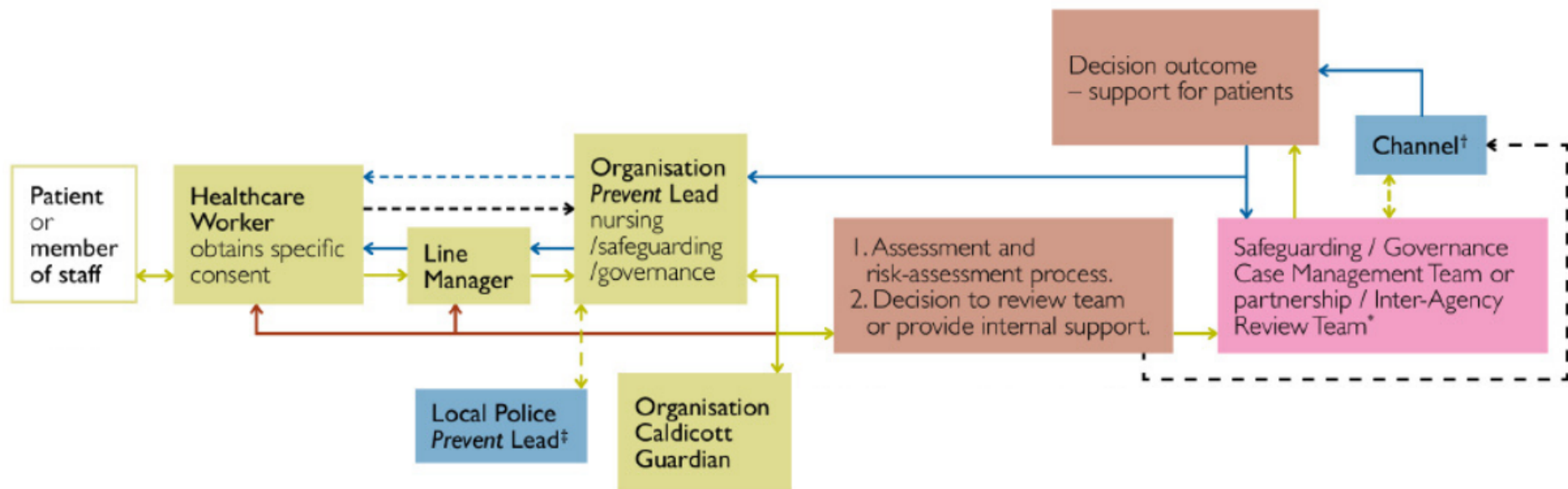
- All reasonable steps have been taken.
- Reliable assessment methods have been used.
- Information has been collated and thoroughly evaluated.
- Decisions are recorded, communicated and thoroughly evaluated.
- Policies and procedures have been followed.
- Practitioners and managers seek to ascertain the facts and are proactive.

Client provider clinical workers

Clinical employees are responsible for identifying, investigation and responding to allegations/suspicions of abuse. Workers are responsible for understanding and applying this policy.

Management

The client providers management team is responsible for communicating the policy and supervising the identification, investigation and reporting of any allegations/suspicions of abuse.



- KEY**
- - Public
 - - Internal Health process
 - - Decision
 - - External Organisation
 - - Inter-agency partnership

*To include representatives from other public sector services, such as local authorities, education, social care, etc.
 ‡ This is an advisory role and it will be at the discretion of healthcare practitioners and safeguarding leads to contact police Prevent leads for advice and support as necessary. Police Prevent leads can also assist safeguarding leads and Caldicott Guardians with advice on risk-assessment procedures. † Channel Groups provide a mechanism for supporting individuals who may be vulnerable to terrorist-related activity by assessing the nature and the extent of the potential risk, agreeing and providing an appropriate support package tailored to an individual's needs. Channel is a multi-agency panel (including Health) and the local Channel lead is normally located within police or local authority.





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