

## Protecting Adults at Risk Policy & Procedures

This policy has been adopted by Healthwatch Sutton through the Board of Directors who remain responsible for its review on an annual basis.

**Date adopted:** 09/03/2020

**Date for review:** 09/03/2021

The following designated person has been nominated by this organisation to refer allegations or suspicions of neglect or abuse to the statutory authorities.

**The designated person is:**

Pete Flavell

In the absence of the designated person, the matter should be brought to the attention of the second designated person.

**The second designated person is:**

Gemma Thatcher

### Introduction

Healthwatch Sutton is committed to safeguarding and promoting the welfare of its members, engaged in the breadth of its activities. We recognise that we must at all times protect adults at risk at our activities from the risk of abuse and identify and deal with specific instances of abuse if they occur.

The purpose of this policy is to outline the duty and responsibility of staff, directors and volunteers working on behalf of Healthwatch Sutton in relation to the protection of adults at risk from abuse. It is to enable staff, directors and volunteers to make informed and confident responses to specific adults at risk protection issues.

All adults have the right to be safe from harm and should be able to live free from fear of abuse, neglect and exploitation.

### Definition of an adult at risk

The term 'adult at risk' has been used to replace 'vulnerable adult'. This is because the term 'vulnerable adult' may wrongly imply that some of the fault for the abuse lies with the adult abused.

The term 'adult at risk' is used as an exact replacement for 'vulnerable adult', as used throughout No secrets (Department of Health 2000).

An adult at risk is defined as ‘an adult aged 18 years or over ‘who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation’ (DH, 2000). This definition is taken from the current Department of Health guidance to local partnerships. Other definitions exist in partner organisations. An adult at risk may therefore be a person who:

- is elderly and 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 a carer such as a family member/friend who provides personal assistance and care to adults and is subject to abuse
- is unable to demonstrate the capacity to make a decision and is in need of care and support.

(This list is not exhaustive)

## Legal framework

This guidance reflects the principles contained within the Human Rights Act 1998, Mental Capacity Act 2005, Public Interest Disclosure Act 1998 and No Secrets DH 2000.

**The Human Rights Act 1998** gives legal effect in the UK to the fundamental rights and freedoms contained in the European Convention on Human Rights (ECHR).

**The Mental Capacity Act 2005** provides a statutory framework to empower and protect people who may lack capacity to make decisions for themselves and establishes a framework for making decisions on their behalf. This applies whether the decisions are life-changing events or everyday matters. All decisions taken in the safeguarding adult’s process must comply with the act.

**The Public Interest Disclosure Act 1998 (PIDA)** created a framework for whistle blowing across the private, public and voluntary sectors. The Act provides almost every individual in the workplace with protection from victimisation where they raise genuine concerns about malpractice in accordance with the Act’s provisions.

**No Secrets; Department for Health 2000** provides guidance on developing and implementing multi-agency policies and procedures to protect adults at risk from abuse.

## What is abuse?

Abuse is defined as ‘a violation of an individual’s human and civil rights by any other person or persons which results in significant harm.’ (DH, 2000)

Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an 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 it may result in significant harm to, or exploitation of, the person subjected to it.

The Department of Health 2000 in its 'No Secrets' report suggests the following as the main types of abuse:

- **Physical abuse** - including hitting, slapping, pushing, kicking, misuse of medication, 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 was pressured to consenting.
- **Psychological abuse** - including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, 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 and acts of omission** - 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.
- **Discriminatory abuse** - including racist, sexist, that based on a person's disability, age or sexuality and other forms of harassment, slurs or similar treatment.

## Safe recruitment, selection, training and supervision of staff, directors and volunteers

As of September 2012, the Government have made changes to criminal records and barring arrangements, these are included in the **Protection of Freedoms Act 2012**.

The **Safeguarding Vulnerable Groups Act 2006** sets out the activities and work which are 'regulated activity' which a person who has been barred by the ISA (Independent Safeguarding Authority) must not do.

We have a duty to make referrals to the Disclosure and Barring Service (DBS). We do not knowingly engage a barred person in 'regulated activity'.

In our recruitment and selection of directors and volunteers, we will at all times ensure that our interview panellists are appropriately trained, that we always required **2 references or all volunteer roles** (including Directors) and carry out the required criminal records check, using a registered provider to process applications.

Healthwatch Sutton will keep a central record of all volunteers (including directors) with the date and outcome of their DBS check so that at all times we can assure that this has been done.

Any concerns regarding the outcome of an individual's DBS check will be referred to an 'ad hoc' sub-group of Directors of the Board.

All Directors will be referred for appointment by the Board.

All volunteers will be appointed (after DBS clearance) by the member of staff with responsibility for volunteering.

All directors and volunteers will work in terms or in open environments where they are not alone with adults at risk.

Most staff and all volunteers will work in terms or in open environments where they are not alone with adults at risk. Where necessary, staff members (but not volunteers) may work alone with adults at risk, providing they have completed a satisfactory probationary period.

All staff, volunteers and directors will:

- Be given a clear job description or role description, setting out expectations for their work and conduct.
- Show that they meet the person specification for the post or role.
- Supply the names of two referees, who will be contacted personally.
- Be required to complete a standard DBS check on appointment, and every three years thereafter, giving photographic and other evidence of identity and including a formal declaration of any criminal convictions.
- Be taken through the adults at risk policy and procedure on induction, followed by annual training to remind them of procedures and important concepts.
- Be supervised by a named manager.

## The role of staff, directors and volunteers

All staff, directors and volunteers working on behalf of Healthwatch Sutton have a duty to promote the welfare and safety of adults at risk.

All staff, directors and volunteers should be aware that there is a potential for adults at risk to be abused.

Staff, directors and volunteers should always take seriously any allegation and be aware of signs that may indicate that someone is being or could be abused.

Staff, directors and volunteers may receive disclosures of abuse and observe adults who are at risk. They have a duty to report to their manager or safeguarding designated person, or the appropriate community team any allegations or suspicions of the abuse or the potential abuse of an adult at risk.

Staff, directors and volunteers should always report their concerns even if the adult at risk is reluctant for them to do so. They should always make it clear to the service user that they are unable to keep secret any information on alleged abuse.

Members of staff should not investigate adult at risk concerns. This is done by Adult Social Services (in Sutton, Adult Social Services referral point) or the police. However, if the adult says something, it is vital to listen carefully, so you can record and report accurately. Records will also assist other members of staff who may have concerns.

All staff, directors, volunteers and the designated safeguarding person working on behalf of Healthwatch Sutton has a duty to attend Adults at Risk Level 1 safeguarding training so they are aware of how to respond to the welfare and safety of adults at risk. Adult Safeguard training (classroom based and learning) can be found on Sutton LSCB website: <http://suttonscb.virtual-college.co.uk/>

## The role of the designated person

It is the responsibility of this person to make themselves available for consultation by staff, volunteers, directors, visitors, adults and their families/carers.

The name of the designated person and information about their duties should be displayed in the premises where Healthwatch Sutton's activities are taking place; so that everyone is aware of who to talk to if they have concerns.

**Name of the designated person:** Pete Flavell

**Phone number:** 020 8641 9540

In the absence of the designated adult at risk safeguarding person, a deputy must be identified.

**Name of the deputy designated person:** Gemma Thatcher

**Phone number:** 020 8641 9540

## The designated person's role includes:

- Ensuring that this policy is implemented throughout the organisation and all staff, directors and volunteers are familiar with this policy and procedure.
- Ensuring that all necessary enquiries, procedures and investigations relating to adults at risk protection are carried out.
- Reporting results of screening enquiries and preserving 'need to know' levels of confidentiality and access to secure records.
- Ensuring that all confidential records relating to adults at risk protection matters are kept secure.
- Liaising with adult social services at a formal and informal level on adults at risk protection matters, also with the police.
- Reporting allegations and suspicion of abuse to the appropriate authorities
- Ensuring that there is adequate induction and training relating to adults at risk protection matters.
- Ensuring that each activity carried out by the organisation is sound in terms of personnel, practices and premises.
- Checking all incident reports made by staff, directors and volunteers, countersigning them and making such reference to the appropriate authority as is appropriate.

## Procedure in the event of a disclosure

It is important that adults are protected from abuse. All complaints, allegations or suspicions must be taken seriously.

This procedure must be followed whenever an allegation of abuse is made or when there is a suspicion that an adult has been abused.

Promises of confidentiality should not be given as this may conflict with the need to ensure the safety and welfare of the individual.

A full record shall be made as soon as possible of the nature of the allegation and any other relevant information.

This should include information in relation to the date, the time, the place where the alleged abuse happened, your name and the names of others present, the name of the complainant and, where different, the name of the adult who has allegedly been abused, the nature of the alleged abuse, a description of any injuries observed, the account which has been given of the allegation.

## Allegations against a member of staff, director or volunteer

The organisation will fully support and protect anyone who, in good faith, reports their concern that a colleague is, or may be, abusing an adult. Where there is a complaint against a member of staff, director or volunteer, there may be three types of investigation: criminal investigation, adult at risk investigation or disciplinary/misconduct investigation. The results of the police and adult at risk investigation may well influence the disciplinary investigation, but this will not necessarily be the case.

## Concerns about poor practice

If, following consideration, the allegation is clearly about poor practice, this will be dealt with as a misconduct issue. If the allegation is about poor practice by Healthwatch Sutton's designated person, or if the matter has been handled inadequately and concerns remain, it should be reported to the chair of the management committee, who will advise how to deal with the allegation and whether or not Healthwatch Sutton should initiate disciplinary proceedings.

## Internal enquiries and suspension

The designated person will make an immediate decision about whether any individual accused of abuse should be temporarily suspended, pending further police and social services inquiries. Irrespective of the findings of the social services or police inquiries, the organisation will assess all individual cases to decide whether a member of staff, director or volunteer can be reinstated and how this can be handled sensitively. This may be a difficult decision, particularly where there is insufficient evidence to uphold any action by the police. In such cases, the organisation must reach a decision based upon the available information. This might suggest that, on a balance of probability, it is more likely than not the allegation is true. The welfare of the adult must remain of paramount importance throughout.

## Whistleblowing

### (Sutton Multi-Agency Safeguarding Vulnerable Adults Policy and Procedures, 2008)

The Public Interest Disclosure Act 1998 places a legal responsibility on employers to provide protection for employees who raise concerns about specific activities in the workplace.

If a member of staff, director or volunteer has concerns with regard to practice in Healthwatch Sutton's work place, they should raise their concerns with their manager, or any other manager designated within the organisation. If they feel unable to raise their concerns, for example, if the line manager is implicated in the concern, or has failed to act on the concerns raised previously, then the member of staff, director or volunteer has the right to protection if they take their concerns outside the organisation.

If a member of staff, director or volunteer is concerned that someone is being abused or that poor standards of care are creating conditions in which there is a risk of abuse to adults at risk using the service, then they have a duty to report their concerns about this directly to Adult Social Services in their area or the Police in an emergency.

The designated member of staff shall telephone and report the matter to the appropriate local adult social services duty social worker. A written record of the date and time of the report shall be made and the report must include the name and position of the person to whom the matter is reported. The telephone report must be confirmed in writing to the relevant local authority adult social services department within 24 hours.

**It is important to remember that the person who first encounters a case of alleged abuse is not responsible for deciding whether abuse has occurred. This is a task for the professional adult protection agencies, following a referral from the designated Adult at Risk Safeguarding Person.**

## Confidentiality

Adults at risk protection raise issues of confidentiality which should be clearly understood by all. Staff, volunteers and directors have a professional responsibility to share relevant information about the protection of adults at risk with other professionals, particularly investigative agencies and adult social services.

Clear boundaries of confidentiality will be communicated to all.

If an adult has a symptom of physical injury or neglect, the designated person will:

- Seek emergency medical attention if necessary
- In the case of real concern, contact London Borough of Sutton Adult Social Services for advice
- If a crime is being committed, or if someone is in immediate danger, always call the emergency services on 999.

**London Borough of Sutton Adult Social Services**

**Phone: 020 8770 6770**

**Email: [referralpoint@sutton.gov.uk](mailto:referralpoint@sutton.gov.uk)**

**Reporting Suspected Abuse - Confidential Recording Sheet**

Organisation: .....

Name of person reporting: .....

Name of adult allegedly been abused: .....

Age and date of birth:  
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Ethnicity: .....

Religion: ..... First language: .....

Disability: .....

Carer's name(s): .....

Home address: .....

Postcode: ..... Tel: .....

Are you reporting your own concerns or someone else's? Please give details.  
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Give a brief description of what has prompted the concerns - include date, time and an outline of specific incidents.

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Place where the alleged abuse happened

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Any physical signs? Behaviour signs? Indirect signs?

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Have you spoken to the adult? If so, what was said?



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Have you spoken to the carer(s)? If so, what was said?

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Has a specific person been alleged to be the abuser? If so, please give details.

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Have you consulted anyone else? Please give details.

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Name of person reported to:

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Date of reporting: .....

Signature of person reporting: .....

Today's date: .....

Action taken: .....

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Notes

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