

Addiscombe Neighbourhood Care Association
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Quality Assurance Policy Vulnerable Adults: Implementation Guidelines

Safeguarding adults guidance for staff and volunteers

1.0 SCOPE OF THIS DOCUMENT

1.1 This guidance and the accompanying policy and procedure outline Addiscombe Neighbourhood Care Association's approach to the safeguarding of vulnerable adults and to the prevention of abuse and neglect. Separate documents outline our approach to safeguarding children.

2.0 STAFF RESPONSIBILITY

2.1 On completion of training, responsibility for following the safeguarding adults policy, procedure and guidance rests with the individual staff member or volunteer.

2.2 Failure to comply with policy, procedure or guidance may lead to disciplinary proceedings.

3.0 IMPORTANT DEFINITIONS

3.1 A '**vulnerable adult**' is defined as "an adult to whom personal care is provided in their own home under arrangements made by a domiciliary care agency." [Care Standards Act (2000), Section 80(6b)]

3.2 A '**vulnerable adult**' is defined in broader terms as a person, aged 18 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." (Lord Chancellor's Dept. 1997)

3.3 '**Abuse**' is "a violation of an individual's human and civil rights by any other person or persons." (No Secrets, Department of Health 2000). Furthermore, "abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological ... (and) ... it may be an act of neglect or omission to act Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it." (For the various categories of abuse and factors affecting the vulnerability of adults, see APPENDIX 1 and 2)

3.4 '**Harm**' as defined in Section 121 of the Care Standards Act (2000):

- in relation to an adult who is not mentally impaired, means ill treatment or the impairment of health
- in relation to an adult who is mentally impaired, or a child, means ill treatment or the impairment of health or development.



3.5 **'The abuser'** may be any of a wide range of people including relatives and family members, professional paid staff, volunteers, other service users, neighbours, friends, and strangers. No categories, family, friend or stranger, can be excluded.

3.6 Addiscombe Neighbourhood Care Association recognises that some people harm vulnerable adults deliberately, but also that sometimes abuse can be unintentional.

4.0 GENERAL RESPONSIBILITIES IN RELATION TO VULNERABLE ADULTS

4.1 Responsibilities of workers

4.1.1 These guidance notes are provided to help you to fulfil your responsibilities under Addiscombe Neighbourhood Care Association's safeguarding adults policy. Specifically you must let your line manager or other nominated person know if you suspect abuse has taken place or if you have any concerns about the welfare or safety of the carers and people with care needs that you work with. Although ordinarily you must keep information about carers and people with care needs confidential, if you know or suspect that abuse is taking place you must speak to your line manager about it.

5.0 PROCEDURES AND ACTIONS WHEN ABUSE IS EVIDENT, DISCLOSED OR SUSPECTED

5.1 Responsibilities of non-managerial staff

5.1.1 If abuse is WITNESSED

- Seek medical assistance or treatment for any injuries; and call the police, if a crime is suspected.
- If the person appears to be in immediate danger, ensure that an authorised person arrives to escort the vulnerable adult to hospital, or a place of safety, away from the abusing situation.
- If the abuser remains present, seek to calm the situation. However, you should avoid putting yourself at risk of violence or other harm.
- Immediately contact your line manager / staff member on call / nominated person, who should inform the social services duty manager or, if out of hours, the local social services emergency response number. Full details of staff concerns, and any evident injuries to the vulnerable adult, must be recorded and reported.

5.1.2 If abuse is MENTIONED

- If a vulnerable adult begins to mention incidents of abuse, listen carefully, but do not prompt or ask questions. Explain at the earliest opportunity that you are obliged to report the matter to your line manager / nominated person.
- Never agree to secrecy.
- Report the disclosure immediately to your line manager / nominated person / and police if a crime.
- Make an immediate record of the time, place and details given in disclosure. Continue to maintain a full record of things that happen subsequently. You should pass your signed and dated notes, when completed, to your line manager for safekeeping.

5.1.3 If abuse is SUSPECTED or concerns arise

Make a note of your concerns, whether based on a 'one-off' incident or remark, or noted as repetitious events or statements, and discuss immediately with your line manager / nominated person.

Your manager will decide on the appropriate way forward. Depending on the circumstances he or she may:

- contact the social services duty manager
- make a report to the CQC (if relevant)
- report the matter to the police (if it is suspected that a criminal act has been committed).



5.2 If a staff member is subject to an allegation of abuse

5.2.1 If an allegation of abuse is made against you or any other member of staff, the appropriate member of the management team will arrange for a full investigation to be undertaken at the earliest opportunity, during which the member of staff against whom the allegation has been made may be suspended from duty. It may be necessary to notify social services, the purchaser of the service and / or the police, depending on the nature of the allegation.

5.2.2 The member of staff may also be referred for inclusion in the POVA / ISA list (see below) at any point during the investigation or any subsequent disciplinary proceedings.

6.0 THE POVA / ISA LIST

6.1 The Protection of Vulnerable Adults (POVA) scheme, as set out in the Care Standards Act (2000), was begun on a phased basis from 2004. The most important part of the scheme is the POVA / ISA list (previously the POVA list). By referring to, and checking against the list, care workers who have harmed a vulnerable adult, or placed a vulnerable adult at risk of harm (whether or not in the course of their employment), will be banned from working in a care position with vulnerable adults.

6.2 From the Independent Safeguarding Authority (ISA) is responsible for making decisions on all referrals to the POVA / ISA team.

6.3 The ISA is a non-departmental public body sponsored by the Home Office. Employers and others have new duties to respond to the ISA's requests for further information. Employers' duties to check against the POVA / ISA list before a person starts work remain unchanged. More information can be found via the following links: www.isa.gov.org.uk and www.scie.org.uk

6.4 All workers (including employees and volunteers) involved in the provision of personal care, must be checked against the POVA / ISA list prior to employment commencing (or prior to them taking up the relevant duties if the worker is already employed in some other capacity).

6.5 Employers must also, in certain circumstances, refer individuals to the POVA / ISA list.

6.6 Broadly, these circumstances are as follows.

- The member of staff (or volunteer) was dismissed on the grounds of misconduct (whether or not in the course of his / her employment) which harmed or placed at risk of harm a vulnerable adult.
- The member of staff (or volunteer) has resigned, retired or been made redundant in circumstances such that the provider would have dismissed him / her, or would have considered dismissing him/her, on such grounds if he / she had not resigned, retired or been made redundant.
- Addiscombe Neighbourhood Care Association has, on such grounds, transferred the worker (or volunteer) to a position which is not a care position.
- Addiscombe Neighbourhood Care Association has, on such grounds, suspended the worker (or volunteer) or provisionally transferred him / her to a position which is not a care position but has not yet decided whether to dismiss him / her or to confirm the transfer.
- Information not available to the Addiscombe Neighbourhood Care Association scheme at the time of a previous worker's (or volunteer's) dismissal, resignation, retirement or transfer, becomes available; and Addiscombe Neighbourhood Care Association forms the opinion that if that information had been available at that time and if (where applicable) the worker had not resigned or retired, the provider would have dismissed him, or would have considered dismissing him on grounds of misconduct.

7.0 TRAINING

7.1 All staff and volunteers involved in any way in care provision must be trained in recognising abuse and in carrying out their responsibilities under this policy and the accompanying procedure and guidance. Training will be updated every two years and will cover the following.

7.1.1 Legislation, policies and procedures:

- key legislation in relation to abuse and neglect
- Addiscombe Neighbourhood Care Association's policies and procedures
- knowing how to apply Addiscombe Neighbourhood Care Association's policies and procedures.

7.1.2 Understand the nature of abuse and neglect. Know what the following terms mean:

- physical abuse
- sexual abuse
- emotional abuse
- financial abuse
- institutional abuse
- self neglect
- neglect by others.

7.1.3 Recognise the signs and symptoms of abuse and neglect associated with the following:

- physical abuse
- sexual abuse
- emotional abuse
- financial abuse
- institutional abuse
- self neglect
- neglect by others.

7.1.4 How to respond to suspected abuse or neglect:

- the need to report any suspicions about the abuse or neglect of the individual(s) supported
- knowing when and to whom suspected abuse/neglect should be reported.

7.1.5 Note: This guidance relates to adults. Staff should also receive training on safeguarding children if as part of they work with children or young people.

7.1.6 Reporting:

- understand the first responsibility is the safety and well being of the individual(s) supported
- know how and when to report any resource or operational difficulties that might affect the delivery of safe care
- know how and when and duty to report the practice of colleagues which may be unsafe
- what to do if organisation's policies and procedures have been followed to report suspected abuse, neglect, operational difficulties or unsafe practices, and no action has

Appendix 1

TYPES OF ABUSE AND ALERTING SIGNS AND SYMPTOMS

Physical abuse

This is defined as pain or injury which is either caused deliberately or through lack of care.

Physical injury can include:

- hitting
- slapping
- pushing
- kicking
- shaking
- force feeding
- forcible administration of medication
- misuse of medication
- involuntary isolation or confinement
- the use of inappropriate moving and handling techniques
- the use of inappropriate methods of restraint.

Signs may include, but are not limited to:

- a history of unexplained falls or minor injuries
- bruising
 - in well protected areas, such as on the inside of the upper arms or thighs, behind the ears, on face, buttocks, breasts, lower abdomen, genital or rectal area
 - in the shape of hand or object
 - resulting from pinching, gripping, biting
 - clustered from repeated injury (different discolouration of bruises in the same area may indicate on-going abuse).
- injury
 - unexplained burns and / or scalds particularly to feet, back or palms of the hands
 - unexplained fractures or fractures of varying ages
 - to head, face or scalp
 - signs of over or under use of medication, for example over-sedation
 - rope or cigarette burns
 - pressure sores, ulcers, bed sores (which may indicate neglect)
 - lacerations.

NB Recognition of abuse or neglect of elderly adults is rendered more difficult by some ageing processes. For example, skin bruising can occur very easily due to blood vessels becoming very fragile: fractures may result from osteoporosis.

Sexual abuse

This may include involvement of the individual in sexual activities:

- that they may not fully understand
- to which they have not or could not given consent or were pressured into consenting
- from which they wish to withdraw
- which violate social taboos of family roles
- which are against the law.

Sexual abuse may be:

non-contact abuse, for example

- looking
- photography
- indecent exposure



- innuendo
- exposure to inappropriate or offensive language
- involvement in the making or showing of pornography
- sexual harassment.

Contact abuse, such as

- rape
- touching or fondling
- masturbation
- penetration or attempted penetration.

Signs may include, but are not limited to:

- a change in usual behaviour
- torn, stained or bloody underclothing
- bleeding abrasion or pain in the genital / rectal area
- disturbed sleep pattern
- overt sexual behaviour / language
- sexually transmitted diseases.

Emotional abuse

This is defined as acts or behaviour that can cause emotional distress or anguish.

These can include:

- systematic intimidation
- blaming
- controlling and denial of choice
- verbal abuse
- threats of harm, abandonment or isolation
- harassment or humiliation (bullying)
- unreasonable demands
- deliberate ignoring
- emotional blackmail
- deliberate continuous isolation from social contact
- failure to meet cultural requirements.

Signs may include, but are not limited to:

- changes to normal sleep patterns, for example insomnia
- change in appetite
- unusual weight gain / loss
- tearfulness
- appearing withdrawn, agitated or anxious
- appearing fearful of making choices or expressing their wishes
- unexplained paranoia.

Financial abuse

This can include:

- **unauthorised withdrawal of money from an account**
- exploitation or misuse of a person's money or goods
- theft
- fraud
- pressure in connection with wills, property or inheritance
- misuse or misappropriation of property, possessions or benefits.

Signs may include, but are not limited to:

- unexplained / sudden inability to pay bills



- unexplained withdrawal from bank or building society accounts
- unexplained disappearance of financial documents
- disparity between assets and living conditions.

Neglect

This can include:

- deliberate refusal to meet basic needs including withholding food and fluids, heating or medication
- ignoring medical or physical care needs
- deprivation of nutrition resulting in impairment of health or bodily functions
- failing to provide access to appropriate health, social or educational services.

Signs may include, but are not limited to:

- hunger
- poor physical condition including weight loss and malnutrition
- soreness / chafing due to lack of assistance with personal hygiene
- pressure sores, ulcers, bed sores
- clothing in poor condition or wet
- wet bedding.



Appendix 2

FACTORS MAKING ABUSE MORE LIKELY TO OCCUR IN CARING SITUATIONS

- have not been given adequate knowledge, skills or equipment to provide adequate care
- feel very lonely or isolated
- habitually lose their temper
- feel unable to cope with the vulnerable adult
- experience considerable change in lifestyle
- have unsupervised / uninterrupted access to the vulnerable person
- have begun to regularly speak negatively to the person or speak disparagingly about the individual to others.

Unequal power relationships where one person:

- can tell the other what to do
- gives intimate personal care
- has more status / credibility
- provides material goods
- has total financial control
- misuses confidential information.

Situations where the vulnerable adult:

- has hit out at the carer
- cannot converse normally
- disturbs the carer at night
- has stolen from or abused the carer in the past
- is or appears to be rejecting and / or ungrateful
- behaves bizarrely or is experiencing personality changes.

Family situations where:

- relationships have been poor over years, subject to violence
- living conditions are poor
- carers are not receiving practical / emotional support from other family members and / or professionals
- carers have other responsibilities
- role reversal has been experienced
- the person cared for is inconsiderate towards other family members
- the carer is being abused by the dependent person.

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