



Policy Title

Safeguarding Vulnerable Groups/Adults

Policy Statement

Standard

MP Locums recognises all forms of abuse of vulnerable adults and has in place a range of mechanisms to recognise and prevent abuse from occurring.

Purpose

To ensure guidelines and procedures comply with the Department of Health Guidance: National Standards Framework: National Minimum Standards, The Private and Voluntary Health Care Regulations 2001 (England), and the Public Interest Disclosure Act (1998), so that vulnerable adults are protected from abuse and so that minimum requirements are met regarding Protection of Vulnerable Groups (Scotland) Act 2007 (PoVG)

Responsibilities

Company Responsibilities

To ensure that multi-agency procedures are developed and implemented to protect vulnerable adults from abuse, in accordance with the Safeguarding Vulnerable Groups Act (2006) and Protection of Vulnerable Groups (Scotland) Act 2007 (PoVG).

To ensure that principles are upheld so that agencies involved, work together and actively promote the empowerment and well-being of Patients; support the rights of individuals to self-determination which might involve risk; where risk is identified the individual receives appropriate help; recognise Patients who are unable to take their own decisions and/or protect themselves, their assets or bodily integrity.

To ensure that staff are aware that vulnerable adults are at risk of abuse and that they receive training so that they can comply with policies and best practice guidelines.

To ensure that staff receive training on how to deal with suspected abuse and to ensure adequate support for any member of MP Locums staff involved in an investigation of allegations of abuse.

To ensure that there are robust recruitment procedures which comply with National Minimum Standards (18 and 29) and the Safeguarding Vulnerable Groups Act (2006) and Protection of Vulnerable Groups (Scotland) Act 2007 (PoVG).

Managers Responsibilities

To ensure compliance with the Company's recruitment procedures

To ensure that Company policies and best practice guidelines are readily available to staff and that staff understand these and comply with guidance.

To ensure that staff understand the different forms of abuse, recognise the signs and symptoms, who the abusers might be, and how to act if they suspect or are told of allegations of abuse.

To identify those Patients who may be particularly at risk of abuse and those Patients who are being abused.

To act promptly in the event of suspected abuse, informing other agencies, National Implementation Team, and the Police where there may be suspicion of a criminal act.

To ensure that the investigation of suspected abuse is carried out sensitively, at the required level and within a specified time frame.

To ensure that where there are allegations of abuse against a member of staff, he/she will be treated with sensitivity and given appropriate support.

Staff Responsibilities

To be familiar with the requirements of MP Locums policy.

Be familiar with the procedure for reporting to their Line Manager or any other senior manager within MP Locums any incident of suspected abuse.

To attend Mandatory training a statutory requirement for all Clinical MP Locums employees, in order to:

- To know and be able to give examples of the different forms of abuse.



- To recognise the signs and symptoms of abuse.
- To understand whom the abusers might be.
- To listen to and believe those who say they have been abused.
- Be prepared to accept the possibility of abuse where least expected.

Be aware that there is an additional mechanism detailed under Public Interest Disclosure (Whistle Blowing) Policy and that under The Private & Voluntary Health Care (England) Regulations 2001 matters affecting the welfare of Patients can be reported to the Commission for Health Audit and Inspection.

Procedure

Guidelines

Abuse is a violation of an individual's human and civil rights by any other person or persons.

Abuse may be a single or repeated act or lack of action occurring within a relationship where there is an expectation of trust, which causes harm or distress to a vulnerable adult.

Abuse may be, physical, sexual, psychological, financial or material, neglect and acts of omission, which might be deemed institutional and discriminatory

Process

Staffs are vigilant and continually monitor those at risk and report and record any suspected abuse.

Action is taken to deal with any alleged abuse as per policy and guidelines.

Outcome

The recommended mechanisms are in place to minimise the risk of abuse occurring within the Centre, and staff deal with any alleged form of abuse quickly and effectively.

Procedures for responding to allegations of abuse

It is the responsibility of all staff to act on any suspicion or evidence of abuse or neglect and to pass on their concerns to their line manager, and the Centres Clinical lead and follow local reporting guidance.

Objectives of an investigation:

The objective of an adult abuse investigation is to:

- Establish facts
- Assess the needs of the vulnerable adult for protection, support and redress; and
- Make decisions with regard to what follow up action should be taken with regard to the perpetrator and the service or its management if they have been culpable, effective or negligent. In parallel with the investigation the following must be co-ordinated:
 - Assessment and care planning for the vulnerable person who has been abused
 - Action with regard to criminal proceedings
 - Action by employers, such as suspension, disciplinary proceedings, use of complaints and grievance procedures, reporting to professional bodies (e.g. NMC/GSCC)
 - Arrangements for treatment and care of the abuser and
 - Consideration of the implications relating to regulation, inspection and contract monitoring

The investigation

A properly co-ordinating joint investigation achieves more than a series of separate ones, ensuring that evidence is shared, repeated interviewing avoided and causing less distress for the person who may have been abused.

The following stages of investigation are required:

- Reporting to a single referral point e.g. Medical Director.
- Recording, with sensitivity to the abused person, the precise factual details of the alleged abuse
- Initial co-ordination involving representatives of all agencies which might have a role in a subsequent investigation and could constitute a strategy meeting.
- Investigation within a jointly agreed framework to determine the facts
- Decision making which may take place at a shared forum such as a case conference

Person alleged to be responsible for abuse or poor practice

Where a complaint or allegation has been made against a member of staff, he or she should be made aware of his or her rights under employment legislation and the Company's disciplinary procedure.

In criminal law the Crown or other prosecuting authority has to prove guilt and the defendant is presumed innocent until proved guilty

Alleged perpetrators, who are also vulnerable adults themselves, should be assured of the support of an 'appropriate' adult whilst they are being questioned by police.

Staff Discipline and criminal proceedings

As a matter of course allegations of criminal behaviour should be reported to the police.

Where appropriate, the Company will report perpetrators of abuse, neglect or misconduct to the appropriate regulatory bodies.

The standard of proof for prosecution is 'beyond reasonable doubt'

The standard of proof for internal discipline is usually the civil standard of 'on the balance of probability'

Suspension from Duty

Decisions not to suspend the employee and/or not to inform the police, must be fully documented and endorsed separately by an independent senior officer from within the investigating agency e.g. Senior Manager/Director.

Decision Making

On completion of the investigation the outcome is shared with representatives of all agencies involved, and any action determined.

Legal Framework

Below is a list of relevant statutes:

- Carers (Recognition and Services) Act 1995
- Disability Discrimination Act 1995
- Employment Rights Act 1996
- Enduring Power of Attorney Act 1995
- Human Rights Act 1998
- Mental Health Act 1983
- Mental Health Act (Scotland) 1984
- Police and Criminal Evidence Act 1984
- Public Interest Disclosure Act 1998
- Care Standards Act 2000
- Care Homes Regulations 2001

- Department Of Health (July 2004). A Practical Guide: POVA Scheme in England and Wales for Care Homes & Domiciliary Services.
- Department Of Health (2006) Safeguarding Vulnerable Groups Act.
- Protection of Vulnerable Groups (Scotland) Act 2007 (PoVG)

Additional Notes

Recognising types of abuse:

A. Physical Abuse

This includes hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.

(a) Sexual Abuse

This includes rape, and sexual assault, or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting.

B. Psychological Abuse

This includes 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.

(b) Financial or Material Abuse

This includes theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse of property, possessions or benefits.

(b1) Neglect and Acts of Omission

This includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, twith holding of treatment.

Through repeated poor practice and failure to recognise individual's needs and choices this may be deemed institutional abuse.

C. Discriminatory Abuse

This includes discrimination on the basis of race, sex, colour, ethnic origin, religion, sexual orientation or disability.

Who may be the Abuser?

Vulnerable adults may be abused by a wide range of people including:

- Any member of staff or manager within MP Locums
- A member of a recognised professional group
- A volunteer or member of a community group such as place of worship or social club
- Another service user
- A spouse, relative, visitor, or member of the person's social network
- A carer i.e. someone who is eligible for an assessment under Carers (Recognition and Services) Act 1995
- A neighbour, member of the public or an independent contractor
- A person who deliberately targets vulnerable people in order to exploit them

Patterns of Abuse/Abusing

These vary and reflect different dynamics including:

- Serial abuse, often sexual and some forms of financial abuse
 - Long term abuse in the context of an ongoing family relationship such as violence between spouses or generations
 - Opportunistic such as theft because money has been left lying around
 - Situational abuse arising because of difficult or challenging behaviour
 - Neglect of a person's needs when those responsible for care have difficulties attributable to debt, alcohol or mental health problems.
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- Institutional abuse which features poor care standards, lack of positive responses to complex needs, rigid routines, inadequate staffing.
 - Unacceptable 'treatments' or programmes which include sanctions or punishment such as withholding food and drink, seclusion, unnecessary and unauthorised use of control and restraint
 - Failure of agencies to ensure staff receive guidance on anti-racist and anti-discriminatory practice.
 - Failure to access key services such as health care, dentistry and prostheses etc.
 - Mis-appropriation of benefits and/or use of the person's money by others.
 - Fraud or intimidation in connection with wills, property or other assets.

What degree of abuse justifies intervention?

The concept of 'significant harm' is taken to include not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development.

When considering the appropriateness of intervention, it is important to respond to reports of incidents or allegations of abuse with an open mind.

In assessing the seriousness, the following factors need to be considered:

- The vulnerability of the individual
- The nature and extent of abuse
- The length of time it has been occurring
- The impact on the individual
- The risk of repeated or increasingly serious acts involving this person or other vulnerable adults

In practice this means:

- Is the person suffering harm or exploitation?
- Is the intervention in the best interest of the vulnerable adult and or/public interest
- Does the assessment account for the depth and conviction of the feelings of the person alleging the abuse?

Procedures for responding to allegations of abuse

It is the responsibility of all staff to act on any suspicion or evidence of abuse or neglect and to pass on their concerns to their line manager, and the Clinical lead and follow local reporting guidance.