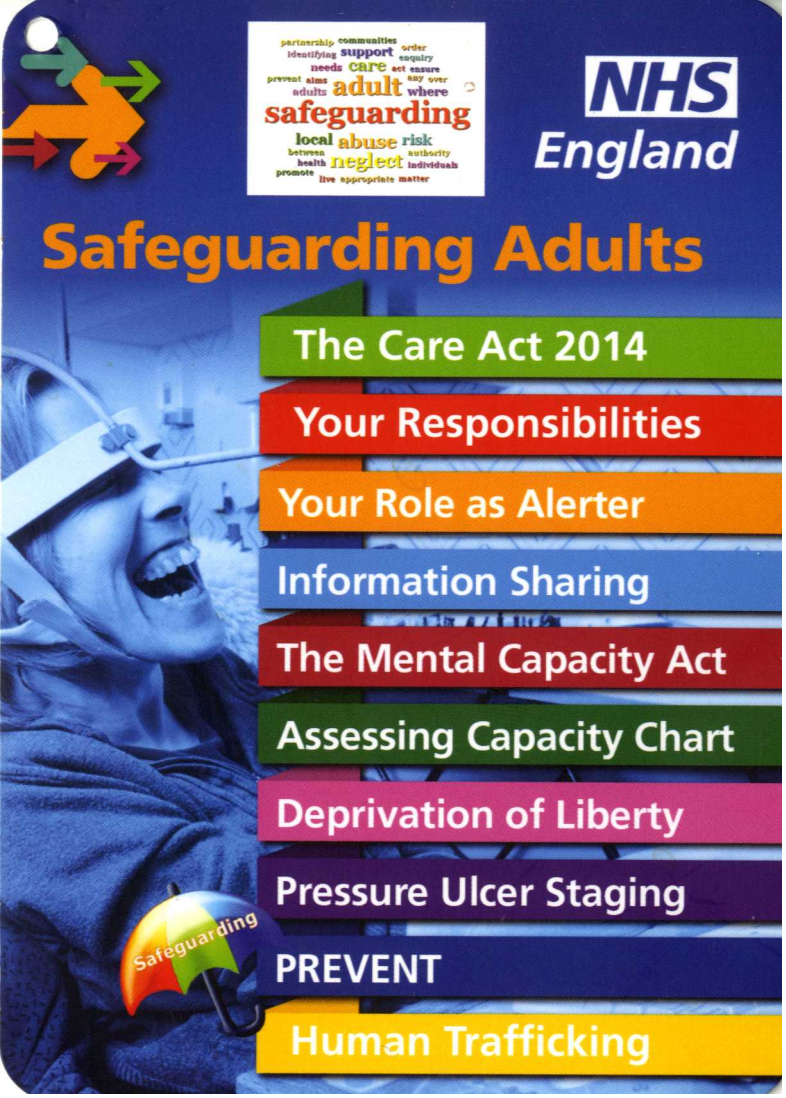
partnership communities
identifying support order enquiry
needs care act ensure
prevent aims say over
adults adult where
safeguarding
local abuse risk
between neglect authority
health individuals
promote live appropriate matter
NHS England
Safeguarding Adults
The Care Act 2014
Your Responsibilities
Your Role as Alerter
Information Sharing
The Mental Capacity Act
Assessing Capacity Chart
Deprivation of Liberty
Pressure Ulcer Staging
PREVENT
Human Trafficking
Safeguarding

The Care Act 2014

The Care Act 2014[1] sets out statutory responsibility for the integration of care and support between health and local authorities. NHS England, Clinical Commissioning Groups are working in partnership with local and neighbouring social care services. The Local Authority has statutory responsibility for safeguarding. In partnership with health demonstrate all reasonable requirements for healthcare, including the principles to promote wellbeing within local communities.

What is adult safeguarding and why it matters[2]

Adult safeguarding means protecting a person's right to live in safety, free from abuse and neglect. The Care Act requires that each local authority must:

- Make enquiries, or ensure others do so, if it believes an adult is, or is at risk of, abuse or neglect
- An enquiry should establish whether any action needs to be taken to stop prevent abuse or neglect, and if so,
- Set up a Safeguarding Adults Board
- Arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry
- Or Safeguarding Adult Review where the adult has 'substantial difficulty' in being involved in the process and where there is no other appropriate adult to help them
- Cooperate with each of its relevant partners in order to protect adults experiencing or at risk of abuse or neglect.

An adult at risk is any person who is aged 18 years or over and at risk of abuse or neglect because of their needs for care and support. Where someone is over 18 but still receiving children's services and a safeguarding issue is raised, the matter should be dealt with as a matter of course by the adult safeguarding team.

The Care Act 2014

The aims of adult safeguarding are:

- To prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- To safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives
- To promote an outcomes approach in safeguarding that works for people resulting in the best experience possible
- To raise public awareness so that professionals, other staff and communities as a whole play their part in preventing, identifying and identifying and responding to abuse and neglect.

In order to achieve these aims, it is necessary:

- To ensure that the roles and responsibilities of individuals and organisations are clearly laid out.
- To create a strong multi-agency framework for safeguarding.
- To enable access to mainstream community safety measures.
- To clarify the interface between safeguarding and quality of service provision.

Your Responsibilities

Safeguarding adults

All staff within health services have a responsibility for the safety and wellbeing of patients and colleagues.

Living a life that is free from harm and abuse is a fundamental human right of every person and an essential requirement for health and well-being.

Safeguarding adults is about the safety and well-being of all patients but providing additional measures for those least able to protect themselves from harm or abuse.

Safeguarding adults is a fundamental part of patient safety and wellbeing and the outcomes expected of the NHS. Safeguarding adults is also integral to complying with legislation, regulations and delivering cost effective care.

These cards should be used by you as a guide should you have a safeguarding concern and should always be used alongside your organisations safeguarding policy and procedures.

Definition of a vulnerable adult:

Aged 18 years or over;
Who 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

NB: Throughout this publication we have used the term 'patient' to refer to patients and clients.

Your responsibilities when you have safeguarding concerns:

- Assess the situation i.e. are emergency services required?
- Ensure the safety and wellbeing of the individual
- Establish what the individual's views and wishes are about the safeguarding issue and procedure
- Maintain any evidence
- Follow internal procedures for reporting incidents/risks
- Remain calm and try not to show any shock or disbelief
- Listen carefully and demonstrate understanding by acknowledging regret and concern that this has happened
- Inform the person that you are required to share the information, explaining what information will be shared and why

Your Responsibilities

- Make a written record of what the person has told you, using their words or what you have seen as well as your actions.

Duty of care:

You have a duty of care to your patients/service users, your colleagues, your employer, yourself and the public interest. Everyone has a duty of care – it is not something that you can opt out of.

The Health Professions Council standards state:
'....a person who is capable of giving their consent has the right to refuse treatment. You must respect this right. You must also make sure they are fully aware of the risk of refusing treatment, particularly if you think there is a significant or immediate risk to life.'

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 should seek to ascertain the facts and are proactive.

You should always treat every individual with dignity and respect to ensure that they feel safe in services and empowered to make choices and decisions.

Ensure that significant others, i.e family member, friend or advocate, are involved to support the individual where appropriate.

However it is important to recognise that though an individual with capacity has the right to refuse care for themselves, the duty of care extends to considering where others may be at risk and action is needed to protect them.

You have the responsibility to follow the 6 safeguarding principles enshrined within the Care Act 2014:

Six key principles underpin all adult safeguarding work:

Continued over...

Your Responsibilities

Principle 1

Empowerment – Personalisation and the presumption of person-led decisions and informed consent.

"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."

Principle 2

Prevention – It is better to take action before harm occurs.

"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."

Principle 3

Proportionality – Proportionate and least intrusive response appropriate to the risk presented.

"I am sure that the professionals will work for my best interests, as I see them and they will only get involved as."

Principle 4

Protection – Support and representation for those in greatest need.

"I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able."

Principle 5

Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me."

Principle 6

Accountability – Accountability and transparency in delivering safeguarding.

"I understand the role of everyone involved in my life."

1. Categories of Abuse

Abuse and neglect can take many forms. Local Authorities should not be constrained in their view of what constitutes abuse or neglect, and should always consider the circumstances of the individual case. Abuse includes:

Physical abuse – including hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

Your Responsibilities

Sexual abuse – including rape and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

Psychological abuse – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Exploitation – either opportunistically or premeditated, unfairly manipulating someone for profit or personal gain.

Financial or material abuse – including theft, fraud, exploitation, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, 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, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Discriminatory abuse – including discrimination on grounds of race, gender and gender identity, disability, sexual orientation, religion, and other forms of harassment, slurs or similar treatment.

Institutional abuse – including neglect and poor care practice within an institution or specific care setting like a hospital or care home, e.g. this may range from isolated incidents to continuing ill-treatment.

2. Significant Harm

Commissioners and the NHS have robust processes in place to learn lessons from cases where children or adults die or are seriously harmed and abuse or neglect is suspected.

For adults this include contributing fully to Safeguarding Adult Reviews (SARs) which are commissioned by the Local Safeguarding Adult Board (LSAB).

(Safeguarding Vulnerable People in the Reformed NHS Accountability and Assurance Framework)[3]

3. Whistle blowing

Always act whenever abuse is suspected including when your legitimate concern is not acted upon. Whistle blowers are given protection under the Public Interest Disclosure Act 1998.

If in doubt contact your nominated lead for adult safeguarding.

Your Role as Alerter

Your role as 'Alerter' in the Safeguarding Process

- The 'alerter' raises a safeguarding concern within their own agency following own policy and procedures
- This concern may result from something that you have seen, been told or heard
- Make a referral to Safeguarding Children where this is necessary.

Assessment

Your assessment should be holistic and thorough considering the patient's emotional, social, psychological and physical presentation as well as the identified clinical need. You need to be alert to:

- Inconsistencies in the history or explanation
- Skin integrity
- Hydration
- Personal presentation e.g. is the person unkempt
- Delays or evidence of obstacles in seeking or receiving treatment
- Evidence of frequent attendances to health services or repeated failure to attend (DNA)
- Environmental factors eg. signs of neglect, the reactions and responses of other people with the patient
- Does the patient have capacity for the decision required?
- Are they able to give informed consent or is action needed in their best interests?
- Are there others at risk e.g. children or other vulnerable adults?
- Is immediate protection required?
- Has a crime been committed and should the Police be informed?
- Preserving any evidence
- Is any action that is being considered proportionate to the risk identified?
- What are the patient's views/wishes?
- Cultural differences or religious beliefs
- Are there valid reasons to act even without the patient's consent? E.g. where others are at risk; need to address a service failure that may affect others.

Your Role as Alerter

Golden rules: Holistic assessment

On admission:

- Is the patient vulnerable as defined under 'No Secrets'?
- Are there any existing alerts relating to the patient?
- Is there any current agency involvement. Consider both statutory and private providers
- What are the home circumstances?
- Is the patient likely to require more input on discharge?
- Who else lives in the household?
- Skin integrity
- Nutritional state including hydration
- Personal presentation
- Person's communication and behaviour
- Are any reasonable adjustments required
- Treat the person with dignity and respect

Before discharge:

- Where is the patient being discharged to?
- Don't transfer problems
- Is there any previous involvement/support (consider statutory and private providers and informal carers) that needs re-engaging?
- Think about information sharing when transferring patient
- Will they be safe on discharge?
- Is this the patient's choice?
- Does there need to be a referral to Adult Social Care?
- Have community nurse referrals been made?
- Has the care package been restarted?
- Check for outcomes of any Safeguarding referrals
- Does an alert need adding to patient notes?

Communication

- Consider use of communication aids/language line if required to involve the patient
- Take account of individual differences
- Listen carefully, remain calm and try not to show shock or disbelief
- Acknowledge what is being said

Continued over...

Your Role as Alerter

- Do not ask probing or leading questions which may affect credibility of evidence
- Be open and honest and do not promise to keep a secret
- Seek consent to share information if patient has capacity and if this does not place you or them at increased risk
- You may share information without consent if it is in the public interest in order to prevent a crime or protect others from harm (follow own organisation's policy and procedures)

Reporting

- Report concern following your safeguarding adult policy and procedures
- Make clear and concise referral so that person reading the form understands the key issues
- Do not delay unnecessarily
- Concern about a colleague should be raised through your organisations Managing Allegations against staff or Whistle blowing policy.

Remember that you are accountable for what you do or choose not to do.

Recording

- You are accountable for your actions or omissions
- Make a legible, factual, timely and accurate record of what you did and why, to demonstrate transparent, defensible decision making e.g. capacity assessment made, best interest decision, any restraint which was required which must be proportionate to the situation.

To report any concerns of suspected or actual abuse, follow your multi-agency adult safeguarding procedures.

Information Sharing

Information sharing

Where there are safeguarding concerns staff have a duty to share information. **It is important to remember that in most serious case reviews, lack of information sharing can be a significant contributor when things go wrong.**

Information should be shared with consent wherever possible. A person's right to confidentiality is not absolute and may be overridden where there is evidence that sharing information is necessary to support an investigation or in best interests e.g. in the interests of public safety, police investigation, implications for regulated service.

1. **Remember that the Data Protection Act is not a barrier to sharing information** but provides a framework to ensure that personal information about living persons is shared appropriately
2. **Be open and honest** with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so
3. **Seek advice** if you are in any doubt, without disclosing the identity of the person where possible
4. **Share with consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgment, that lack of consent can be overridden in the public interest. You will need to base your judgment on the facts of the case
5. **Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions
6. **Necessary, proportionate, relevant, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely

Continued over...

Information Sharing

7. **Keep a record** of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose

Any information disclosed should be:

- clear regarding the nature of the problem and purpose of sharing information
- based on fact, not assumption
- restricted to those with a legitimate need to know
- relevant to specific incident
- strictly limited to the needs of the situation at that time
- recorded in writing with reasons stated

Sharing data when someone lacks mental capacity

- Can the patient give consent to disclosure of information?
- You have a responsibility to explore approaches to help them understand
- In some instances the individual will not have the capacity to consent to disclosure of personal information relating to them. Where this is the case any disclosure of information needs to be considered against the conditions set out in the Data Protection Act and Best interests

The Mental Capacity Act

The Mental Capacity Act (MCA) 2005

5 Principles Which Underpin The Mental Capacity Act:

In order to protect those who lack capacity and to enable them to take part, as much as possible in decisions that affect them, the following statutory principles apply:

- You must always assume a person has capacity unless it is proved otherwise
- You must take all practicable steps to enable people to make their own decisions
- You must not assume incapacity simply because someone makes an unwise decision
- Always act, or decide, for a person without capacity in their best interests
- Carefully consider actions to ensure the least restrictive option is taken

Assessment Of Capacity:

Follow the 2 stage test for capacity:

- **Stage 1**: Does the person have an impairment of the mind or brain (temporary or permanent)?

If Yes:

- **Stage 2:** Is the person able to:
- Understand the decision they need to make and why they need to make it?
- Understand, retain, use and weigh information relevant to the decision?
- Understand the consequences of making, or not making, this decision?
- Communicate their decision by any means (i.e. speech, sign language)?
- Failure on one point will determine lack of capacity

How To Act In Someone's Best Interests:

- Do not make assumptions about capacity based on age, appearance or medical condition
- Encourage the person to participate as fully as possible
- Consider whether the person will in the future have capacity in relation to the matter in question
- Consider the person's past and present beliefs, values, wishes and feelings

Continued over...

The Mental Capacity Act

- Take into account the views of others – i.e. carers, relatives, friends, advocates
- Consider the least restrictive options
- Best Interests checklist will be available as part of local policy and procedure

What else Do You Need To Consider?

MCA Code of Practice: Professionals and carers must have regard to the Code and record reasons for assessing capacity or best interests. If anyone decides to depart from the Code they must record their reasons for doing so.

LPAs & ADs: Is there a valid/current Lasting Power of Attorney or an Advance Decision in place?

IMCAs: The Mental Capacity Act sets up a new service, the Independent Mental Capacity Advocate (IMCA), to help vulnerable people who lack capacity and are facing important decisions including serious healthcare treatment decisions and who have no one else to speak for them.

Are the decisions being taken in the person's best interest the least restrictive option? Consider is an authorisation required to deprive the person of their liberty?
(MCA Code of Practice 2005)[4]

Where To Find Guidance

The full text of the Act and the Code of Practice is available on website address: www.dca.gov.uk/legal-policy/mental-capacity.

NB there may not always be time in emergency situations for all investigation and consultation, and there should be no liability for acting in the reasonable belief that someone lacks capacity, and what you do is reasonably believed to be in their best interests (MCA s5). This can include restraint if need be, if it is proportionate and necessary to prevent harm (MCA s6), and even "a deprivation of liberty", if this is necessary for "life sustaining treatment or a vital act", while a Court Order is sought if need be (MCA s4B).

The Mental Capacity Act

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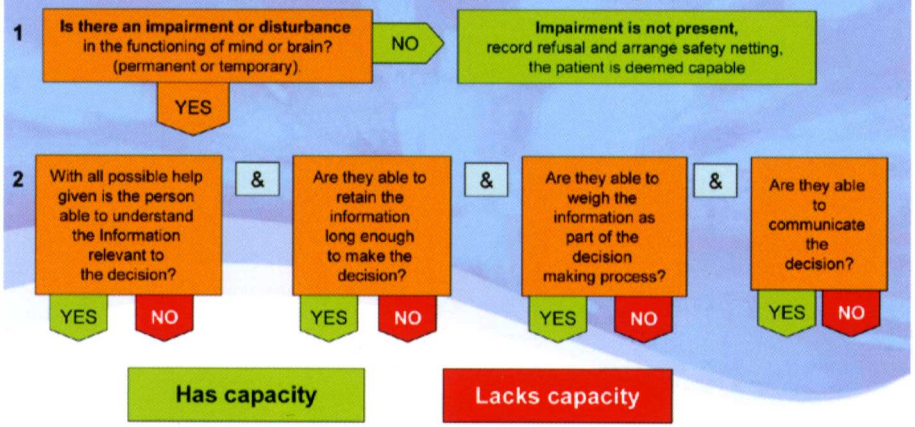
Assessing Capacity



If the answer to 1. is YES and the answer to any of 2. is NO then the person lacks capacity under the Mental Capacity Act 2005.

Continued over...

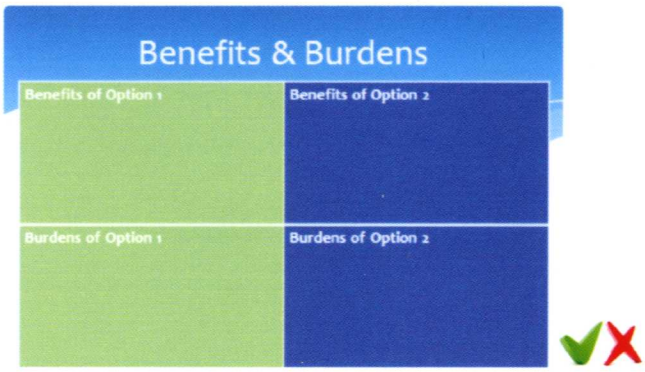
Assessing Capacity Chart

Best Interests

If the patient is not able to consent or refuse treatment, there is a duty to make a best interest decision about whether to treat the patient.

You must:

- involve the person who lacks capacity
- have regard for past and present wishes and feelings, especially written statements
- consult with others who are involved in the person's care
- there can be no discrimination
- the decision is the least restrictive option
- take into consideration the benefits and burdens to the person



Deprivation of Liberty Safeguards

Deprivation of Liberty Safeguards

What is it?

The Mental Capacity Act (MCA) became law in 2005. This includes the Deprivation of Liberty Safeguards (DoLS).

When MCA assessment identifies it is reasonable to believe a person lacks capacity and the care or treatment required in their best interest might deprive them of their liberty, authorisation must be requested.

This is completed by the provider of the care and treatment: this could be a care home or persons in supported living which is depriving the person of their liberty. The application is made to the Local Authority. They will undertake an assessment to determine if the deprivation of liberty is required and proportionate to keep the person safe.

Who does it apply to?

In March 2014 A Supreme Court Judgment became a land mark case and led to signification changes to whom and when deprivation of liberty authorisations must be made.

There is now a recognised "acid test" agreed to indicate the three points to consider when to apply for DoLS.

1. The person lacks capacity **AND**

2. The person is not free to leave **AND**

3. The person is subject to continuous supervision.

Continued over...

Deprivation of Liberty Safeguards

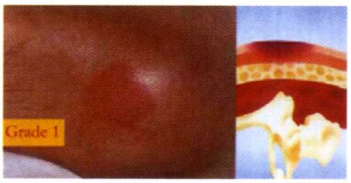
What you need to know

- Sometimes deprivation of liberty (DoL) is required to provide care/treatment and protect people from harm, BUT every effort should be made to prevent DoL by making provision to avoid placing restrictions, if DoL cannot be avoided it should be for no longer than is necessary
- There is a legal duty on the hospital or care home, if the Safeguards apply, to request authorisation from local authority to deprive someone of their liberty for a limited period of time
- A major part of preventing DoL is minimising any restraint. Restraint must be appropriate, proportionate and in the patient's best interests
- The Mental Capacity Act Deprivation of Liberty Safeguards (DoLS) provide protection for vulnerable people who are accommodated in hospitals or care homes in circumstances that amount to a deprivation of their liberty and who lack the capacity to consent to the care or treatment they need.

What to do

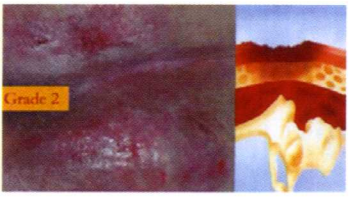
- If you are worried about a patient in your care who you think might be being deprived of their liberty, consider ways in which you can minimise restrictions. Please refer to your local DoLs procedures.

Pressure Ulcer Staging



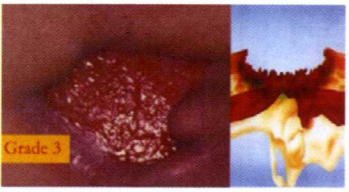
Stage 1:

Non-blanching erythema of intact skin.



Stage 2:

Partial thickness skin loss involving epidermis, dermis or both. Superficial and presents as blister or abrasion.



Stage 3:

Full thickness skin loss involving damage/necrosis of subcutaneous tissue may extend to underlying fascia.

Stage 4:

Extensive destruction, tissue necrosis, damage to muscle, bone, supporting structures +/- full thickness skin loss.

If patient has pressure ulcer ask yourself was the development of the ulcer

Avoidable – report as safeguarding

Unavoidable – not reportable

NB: Some areas of health use a slightly different categorisation based on European Guidelines.

PREVENT

The Governments counter-terrorism strategy is called CONTEST and it is divided up into four priority objectives:

Pursue – stop terrorist attacks

Prepare – where we cannot stop an attack, mitigate its impact

Protect – strengthen overall protection against terrorist attacks

PREVENT – stop people becoming terrorists and supporting violent extremism.

PREVENT is a strategy that seeks to stop people becoming terrorists and supporting violent extremism. There are numerous government departments and local partners involved in the strategy, and one of the main organisations involved are health care services.

The specific PREVENT objectives that relate to healthcare services are to:

- Support individuals who are vulnerable to recruitment, or have already been recruited by violent extremists
- Disrupt those who promote violent terrorism and support the places where they operate
- Address the grievances which radicalisers are exploiting.

The health service has been identified as a key partner in preventing vulnerable people being radicalised.

The key message is that all staff must escalate a concern and have confidence that each issue will be taken seriously, handled appropriately and that, where necessary, specialist advice will be available.

Contracts of employment, professional codes of conduct and safeguarding frameworks such as No Secrets and Every Child Matters require all healthcare staff to exercise a duty of care to patients and, where necessary, take action for safeguarding and crime prevention.

If you have a concern discuss it with your safeguarding lead and they will advise and identify local referral pathways.

Human Trafficking

Trafficking and Modern slavery

Human Trafficking involves men, women and children being brought into a situation of exploitation through the use of violence, deception or coercion and forced to work against their will. People can be trafficked for many different forms of exploitation such as forced prostitution, forced labour, forced begging, and forced criminality, domestic servitude, forced marriage, forced organ removal.

When children are trafficked, no violence, deception or coercion needs to be involved: simply bringing them into exploitative conditions constitutes trafficking.

The difference between Smuggling or Trafficking

People trafficking and people smuggling are often confused. People smuggling is the illegal movement of people across international border for a fee and upon arrival in the country of destination the smuggled person is free.

The trafficking of people is fundamentally different as the trafficker is facilitating the movement of that person for the purpose of exploitation. There is no need for an international border to be crossed in cases of trafficking, it occurs also nationally, even within one community.

If you suspect human trafficking/modern slavery[5] contact 101 to report your information.

My Notes & Contacts:

Resources

[1] http:/ /www.legislation.gov.uk/ukpga/2014/23/pdfs/ukpga_20140023_en.pdf

[2] Care Act 2014 Part 1: factsheets - Publications - GOV.UK

[3] NHS England » Search Results » safeguarding adults

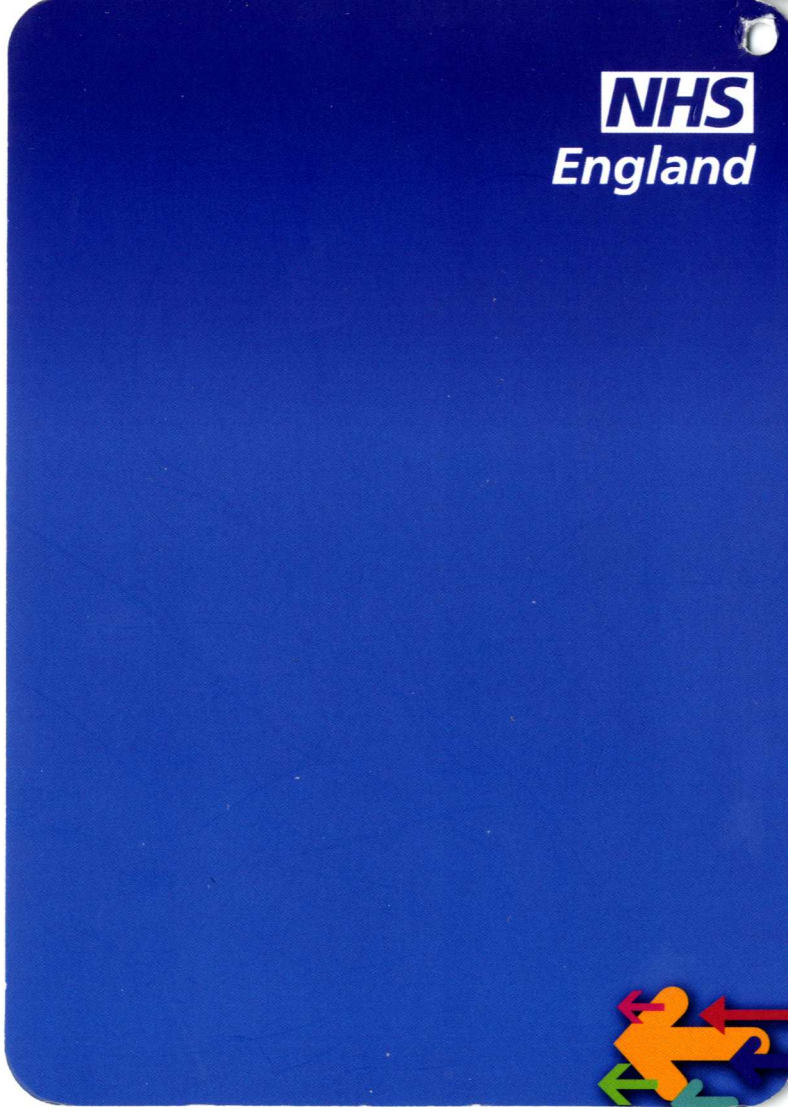
[4] Mental Capacity Act Code of Practice - Publications - GOV.UK

[5] Modern Slavery Act 2015

For the resources listed below, visit:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124882

- Clinical Governance and Adult Safeguarding: An integrated process. February 2010
- Safeguarding Adults: The Role of Health Service Managers and their Boards DH March 2011
- Safeguarding Adults: The Role of Health Service Practitioners DH March 2011
- Safeguarding adults: The Role of NHS Commissioners DH March 2011
- Safeguarding Adults Self Assessment and Assurance Framework DH March 2011
- Safeguarding Adults and the Role of Health Services: Analysis of the Impact on Equality
- Statement of Government Policy on Adult Safeguarding DH May 2011


NHS
England