

Anywhere Medical Centre

Vulnerable Adults Policy

CQC Outcome 1 Respecting and Involving Users

Version 1.0

Date of policy: August 2012

Date of review: Not more than 12 months from last review

Responsible officer/lead: Partners & Practice Manager

VULNERABLE ADULTS POLICY

INTRODUCTION

The purpose of this document is to set out the policy of the Practice in relation to the protection of vulnerable adults. Further guidance may be available on local inter-agency procedures via the Primary Care Organisation 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, a carer 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, man-handling, 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
- Nervousness or withdrawn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 patient into further care or to change environs
- Lack of access to own money
- Lack of mobility aids when needed

ACTION REQUIRED

Where abuse of a vulnerable adult is suspected the welfare of the patient takes priority. In deciding whether to disclose concerns to a third party or other agency the GP will assess the risk to the patient. Ideally the matter should be discussed with the patient involved first, and attempt 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 patient's doctor will balance the need to protect the patient with the duty of confidentiality before deciding whether to refer. The patient 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. All actions must be documented on the patient record, including all contacts made with other relevant parties. In some instance there will be a need to share this information with relevant others e.g. Police, Social Services etc.

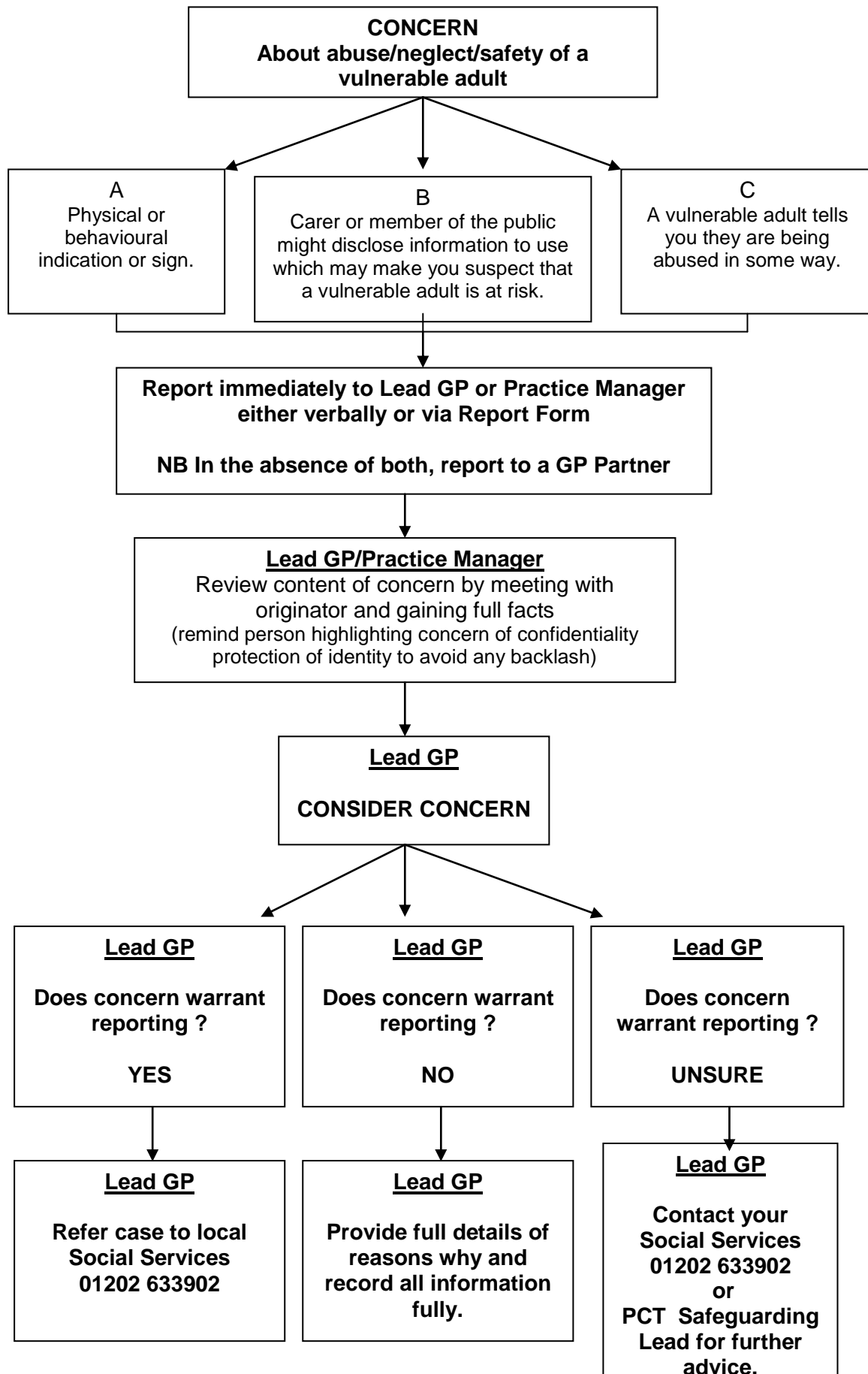
Due regard will be taken of the patient's capacity to provide a valid consent. If a person lacks capacity then the GP must act in the patient's best interest and all actions and contacts made must be recorded in the patient's record. In assessing the risk to the individual, the following factors will be considered:

- Nature of abuse, and severity
- Chance of recurrence, and when
- 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 abused at the same time)

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

- Report to Social Services and any other relevant team depending on the persons need
- Report to Police
- Report to PCT lead

FLOWCHART FOR NOTIFYING A CONCERN FOR A VULNERABLE ADULT



**The Anywhere Medical Centre
Vulnerable Adult Concern Reporting Form**

Date, time and place of disclosure, suspicion, allegation or actual incident of abuse	
Name and position of person about whom report, complaint or allegation is made	
Name and age of vulnerable adult involved	
Nature of incident, complaint or allegation (continue on a separate sheet if necessary)	
What questions did you ask the vulnerable adult (continue on a separate sheet if necessary)?	
What did the vulnerable adult do/say (continue on a separate sheet if necessary)?	
Action taken (continue on a separate sheet if necessary)	
If Police or Vulnerable Adult Social Care Services contacted, name, position and telephone number of person handling the case and date and time referred	
If the decision was taken not to consult with a relevant statutory agency, why was this decision taken?	
Name and position of person completing the form	
Contact telephone number	
Signature of person completing the form	
Print Name	
Date & time completed	

Notes

1. No matter what happens to a suspicion, allegation or actual incident of abuse (that is whether or not it is processed through a statutory agency or not) all details must be recorded.
2. If for any reason it is decided not to consult with a relevant statutory agency, a full explanation of why must be documented.
3. Recording should be factual that is no reference made to your own subjective opinions.
4. Records should be kept completely confidential and secure (always locked away) and only shared with those who need to know about the suspicion, allegation or actual incident of abuse.
5. This form is electronically available to all GPs, staff on the practice shared drive

**WHO'S WHO FOR SAFEGUARDING VULNERABLE ADULTS
IN PRIMARY CARE**

Fiona Holder 01202 853363
Specialist Nurse Community Care Providers
Fiona.holder@bp-pct.nhs.uk

Debbie Hopper 01202 541501
Adult Safeguarding Lead for the PCT (Commissioners)
debbie.hopper@bp-pct.nhs.uk

Social Care:

Care Direct – Bournemouth 01202 454979
Help Desk – Poole 01202 633902
Dorset County Council 01305 221016
Out of Hours 01202 657279

Police:

Bournemouth 01202 222434
Poole 01202 223331

In an emergency:

GP, Practice Manager, Nurses, staff, volunteers should do the following:

If a vulnerable adult is potentially seriously injured:

Ring 999

If someone is threatening to harm the vulnerable adult:

Ring 999