

# Sunniside Surgery

## At-Risk Adults Policy

### Document Control

#### A. Confidentiality Notice

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#### B. Document Details

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## **Principle**

It is the firm belief of Sunnyside Surgery that every individual who accesses our services has a right to be free from fear and intimidation, to be treated with dignity and respect, to have their choice respected and not to be coerced to do anything against their will.

The Practice follows the guidelines suggested in the revised version of the GMC document "*Raising and acting on concerns about patient safety*", effective 12 March 2012, a copy of which can be downloaded here:

[http://www.gmc-uk.org/Raising\\_and\\_acting\\_on\\_concerns\\_about\\_patient\\_safety\\_FINAL.pdf\\_47223556.pdf](http://www.gmc-uk.org/Raising_and_acting_on_concerns_about_patient_safety_FINAL.pdf_47223556.pdf)

## **Definition of Abuse**

The Department of Health defines abuse as **"a violation of an individual's human or civil rights by any other person or persons"**.

## **Regulated Activity and Adults At-Risk (formerly Vulnerable Adults)**

From 10<sup>th</sup> September 2012, the new definition of regulated activity (as prescribed in the Safeguarding Vulnerable Groups Act 2006 as amended by the Protection of Freedoms Act 2012) no longer labels adults as at-risk simply because of the setting in which they receive an activity, nor because of the personal characteristics or circumstances of the adult receiving the activity.

The new definition identifies the activities themselves which, if an adult requires them, lead to that adult being considered at-risk at that particular time.

There is also no longer a requirement for persons working in organisations to carry out the activities a certain number of times before they are engaging in regulated activity. Any time a person engages in the activities set out below, they are engaging in regulated activity (regulated activity still excludes family and personal non-commercial arrangements).

There are six categories of people who will fall within the new definition of regulated activity (and so will anyone who provides day to day management or supervision of those people), however only one category should apply to General Practices:

- 1) **Providing health care** - Any health care professional providing health care to an adult, or  
anyone who provides health care to an adult under the direction or supervision of a health care professional.

## **Other Social Factors that may Facilitate Abuse**

There are other social factors not covered within the above definition which, when present, may also leave those affected open to abuse. They are:

- Low self-esteem;
- Social exclusion;
- Drug or alcohol misuse;
- Offending history;
- Homelessness;
- Domestic violence;
- Ethnicity;
- Immigration status;
- Gender or sexuality.

### **How can Abuse be Perpetrated?**

Sunnside Surgery recognises that abuse can be perpetrated in one of three ways:

- Deliberate intent;
- Negligence;
- Ignorance.

Incidents of abuse can be one-off events, or may be carried out over a long period. There may be one or more persons involved in these acts.

Abuse can, perhaps more indirectly, be facilitated by an organisation if they do not have the requisite policies, procedures and systems in place to safeguard against such actions.

Abuse of patients can occur both at their own home or within a Practice setting. The Practice must therefore aim to consistently look beyond any obvious single instance of abuse or breach of policy and practice within our services and try to identify any less obvious, more complex patterns of harm.

### **Forms of Abuse**

There are many potential forms of abuse which could take place, including:

- Physical acts;
- Sexual acts;
- Psychological and emotional;
- Financial or material;
- Neglect;
- Ignorance or omission;
- Discrimination;
- Social;
- Institutional.

### **Recognising Abuse**

Practice staff need to have an awareness and understanding of the indicators of potential abuse.

The presence of one or more indicators does not necessarily mean that abuse is taking place, but may mean that further investigation, observation and recording of events and occurrences must be undertaken.

Although victims of abuse will not always react in the same way, some of the more common indicators could include:

- Full or partial disclosure;
- Frequent and unexplained minor injuries or bruising;
- Signs of depression or stress;
- Neglected personal care;
- Weight loss;
- Changes in habits and frequent mood swings, ranging from withdrawal from social activities to a total lack of communication;
- Exaggerated, sudden and unexpected personality and behavioural changes;
- Confusion;
- A state of new and persistent financial hardship;
- A lack of recognition of any real problem;
- Attention seeking behaviour;
- Acceptance or resignation that their circumstances are as such due to the individual being of a certain characteristic (e.g. age, disability, race, gender).

## **Prevention of Instances of Abuse**

Sunniside Surgery understands its responsibility and commitment to the prevention of abuse. In this regard, the Practice has identified the following measures to assist in the prevention of incidents of abuse, including:

- Ensuring that there are robust policies and procedures in place which are meticulously followed and regularly reviewed, and that staff are sufficiently skilled and have an astute awareness of forms of abuse;
- An effective recruitment and selection process, involving CRB checks and employment reference checks;
- Ensuring that breaches of policies, procedures or systems are dealt with swiftly, proportionately and consistently;
- Maintaining positive and effective relations with other service providers for the protection of service users;
- Reporting cases of abuse to line-management and / or the appropriate authorities.

## **Monitoring of Multiple Related Serious Incidents**

The Practice Manager must keep a log of any complaint, both formal and informal, where members of staff or other Practice visitors have allegedly abused service users.

Repeat cases where a staff member is the alleged abuser will be discussed with the Practice Partners and appropriate action taken in-line with Practice policy and procedure.

## **Confidentiality of Information**

The Practice's Confidentiality Policy and Procedures will be followed in all cases where we receive any information concerning alleged abuse of one of our service users.

Where the alleged perpetrator is a member of the Practice's staff, confidentiality will be respected in-line with the Disciplinary Policy and Procedure.

The Practice Partners should be informed of any allegations of abuse prior to contacting external agencies.

## **Consent of the Service User**

Any actions in relation to the reporting of incidents of abuse, including referrals to Social Services and the Police, must be subject to the written consent of the service user (where they have capacity to make such a decision).

Action will only be taken in the absence of consent from the service user under the following conditions:

- There is a recognised risk of immediate physical danger;
- There is also a risk to other persons who may or may not also be service users;
- It has been assessed by a multi-disciplinary team and agreed that the service user is unable / incapable of making an informed decision for themselves.

## **Disclosures of Abuse**

Staff members, other service users and their family or friends, external agencies or the general public may disclose allegations of abuse perpetrated upon service users in receipt of the Practice's services.

Where the alleged abuse has taken place and by whom, will probably be a deciding factor on who they will report this to in the first instance.

Service users may not always realise they are being abused. If they happen to make a disclosure of abuse themselves, they may not be aware of the significance of what they are actually disclosing. Disclosures can also happen long after the event(s) themselves took place. There may be good reasons for this and any delay in disclosure by an abused person should not cast doubt on their truthfulness.

Staff members will be expected to take all allegations seriously whoever they come from and however insignificant they may initially seem.

### **Disclosures by staff members, service users, family members and friends, or other service providers / agencies**

During a disclosure of alleged abuse from any of the above groups, the staff member taking the disclosure should:

- Always explain that they are required to share this information with their line manager. (Where the line manager is allegedly involved in the incident, staff members must explain that they are required to inform their immediate superior).
- If it is possible and appropriate, staff should make notes at the time of the disclosure, noting what the person actually says using their own words and phrases.
- A full record of the disclosure must be made as soon as possible and always within 24 hours.

### **Disclosures made by a member of staff about alleged abuse of a patient by another staff member**

Where a member of staff wishes to disclose alleged abuse perpetrated by a colleague they must immediately contact the Practice Manager who will discuss the issue with the Practice Partners. (Where the Practice Manager is allegedly involved in the incident, staff members must explain that they are required to inform the Practice Partners).

The Practice Manager will set-up an investigation immediately and this may involve the colleague being suspended from work.

If the member of staff wishes the allegation to remain confidential, the Practice Manager will discuss the options for action which are available with the Practice Partners and then feedback to the individual.

The Practice Manager should discuss the option of approaching the Police with the individual if appropriate.

All staff members will take reasonable steps to respect the confidentiality of the person disclosing the alleged abuse.

Sunnside Surgery will aim to ensure that the staff member making the disclosure is supported and protected from reprisals or victimisation as a result of an expression of concern.

If staff members observe an incident of abuse or have any suspicions that abuse is being perpetrated, or receive a disclosure from a service user or another source, where the alleged abuser is a member of staff, they must comply with the Public Disclosure Act (1998).

This Act requires staff members to report any fraud, misconduct or malpractice to their line manager. Failure to do so may result in disciplinary action being taken against that particular individual.

### **Working Collaboratively with other Agencies**

Multi-agency policies and procedures are in place throughout the NHS to ensure the continued protection of service users.

These collaborative partnerships exist so that reporting of alleged offences and subsequent action between Local Authorities, Police and those who provide a range of services to people can take place.

Adults who have been abused, or it is suspected have been victims of abuse will have a protection plan agreed collaboratively with all the multi-agencies involved. Each plan is tailored to the adult's individual case.

All actions in relation to each case are recorded on the individual protection plan which is shared by all agencies involved to enable them to co-operate effectively, and reduce the risk of further abuse.

If there is either suspicion or clear evidence of abuse, the Practice Manager, in conjunction with the Practice Partners, must contact the relevant authority within 24 hours of a decision being taken to refer, in accordance with the relevant local multi-agency procedure. The Practice Manager is responsible for doing this.

## **Criminal Offences**

The Practice recognises that many instances of abuse constitute a criminal offence, and in such cases the victim is entitled to the protection of the law in the same way as any other person.

Criminal offences may include the following:

- Physical or psychological assault;
- Rape or sexual assault;
- Theft;
- Fraud;
- Discrimination, victimisation or harassment.

Where there is obvious evidence of a criminal offence, a simultaneous referral to the Police must be made and, in such cases, criminal investigations by the Police take priority over all other lines of enquiry.

The reporting Practice Manager must inform the Practice Partners when a referral has been made to the Police.

## **Suspected Abuse – Action Required**

Whenever abuse of a service user is suspected, staff members should inform the Practice Manager who should follow the procedure below:

### **Step 1**

The Practice Manager must contact the emergency services immediately if a service user appears to be in immediate physical danger. Be aware of retaining forensic evidence.

If there is no immediate physical danger apparent, proceed directly to Step 2.

### **Notifying the CQC of Incidents reported to the Police or being investigated by the Police**

The Practice is required to notify the CQC of any incident reported to, or investigated by the police that is associated with the delivery of the service and affects or may affect the health, safety and welfare of a person using the service, its staff, or anyone who visits the service.

Dr Hunt at the Practice is responsible for notifying the CQC of an occurrence of this type of incident.

Where the Registered Person is unavailable, for any reason, The Practice Manager will be responsible for reporting this type of incident to the CQC.

## **Step 2**

The Practice Manager should discuss the situation and courses of action available with the service user who has had abuse perpetrated upon them.

The Practice Manager should report the full facts and circumstances of the situation to the Practice Partners, and discuss available options and required action, having considered the following:

- If immediate referral to the Police and / or Social Services is required;
- If there is a need to contact any partner care / support agency;
- Review of relevant records, particularly similar incidents of the same kind;
- Consider the immediate health / welfare needs of the alleged victim or any other adult at risk who may be affected and methods for supporting the service user, including access to counselling services.
- The Practice Manager will consider with the Partners the appropriateness, or not, of notifying the alleged abuser of the allegation made against them prior to a referral to Social Services and / or the Police. Social Services and / or inter-agency input should be sought when making this decision.

## **Step 3**

The Practice Manager, with input from the alleged victim and support from the Practice Partners, should complete an Incident Recording Form within 48 hours of the report / incident of abuse.

It is essential that the above form is signed and dated and completed in a manner that:

- Is clear and factual;
- Reflects the words and phrases used by the person making the disclosure;
- Describes the circumstances in which the disclosure arose (i.e. context, setting and persons present).
- Contains factual information only (opinions or third party information must be clearly identified as such).

An action plan outlining actions to be taken, when and by whom must be devised in consultation with the service user. This plan will be produced jointly by the Practice Manager and Practice Partners, and should be reviewed by those parties, along with the service user, at appropriate intervals to ensure it is being carried out.

A copy of the completed Adult Abuse Incident Recording Form and Action Plan, plus additional records pertaining to the incident should be kept in the service user's file.

The issue of confidentiality should be considered, for example if the allegation involves a staff member, (i.e. will that staff member have access to the file in the course of their duties?)

Private and confidential information on staff should be kept separately from the case file and placed on the personnel file only.



## Notifying the CQC of allegations of abuse

Dr Hunt at the Practice is responsible for notifying the CQC without delay about allegations of abuse including:

- **Any suspicion, concern or allegation from any source that a person using the service has been or is being abused, or is abusing another person (of any age), including:**
  - a) Details of the possible victim(s), where this is known, including:
  - b) A unique identifier or code for the person.
  - c) The date they were or will be admitted to the service.
  - d) Their date of birth.
  - e) Their gender.
  - f) Their ethnicity.
  - g) Any disability.
  - h) Any religion or belief.
  - i) Their sexual orientation.
  - j) All relevant dates and circumstances, using unique identifiers and codes where relevant.
  - k) Anything you have already done about the incident.
  - A unique identifier or code for the actual or possible abusers, together with, where it is known:
    - ❖ The personal information listed in a) > k) above
    - ❖ Their relationship to the abused person
  - A unique identifier or code for any person who has or may have been abused by a person using the service, together with (where known):
    - ❖ The same personal information listed in a) > k) above
    - ❖ Their relationship to the abused person
  - The person who originally expressed the suspicion, concern or allegation (using a unique identifier or code).
- **In relation to where the alleged or possible victim of abuse is an adult the notification must include details of the allegation, including:**
  - Any relevant dates, witnesses (using unique identifiers or codes) and circumstances.
  - Whether the allegation has been reported to local multi-agency safeguarding arrangements and/or the police.
  - The type of abuse (using the categories in the Department of Health document **No Secrets**).
  - Anything the registered person has done as a result of the allegation.

Where the Registered Person is unavailable, for any reason, the Practice Manager will be responsible for reporting this type of incident to the CQC.

## Step 4

If no referral is made to Social Services or no further action taken, including contacting the Police, the Practice Manager and Partners must:

- Keep records of all decisions, including why no further action is to be taken;
- Regularly monitor the situation and review the agreed action plan;
- Discuss with the service user, any appropriate help-line or counselling services that are available;

- Carry out a Practice Risk Assessment and note actions on an Individual Support Plan

### **Step 5**

If a referral is made to Social Services this should be made by phone and followed by written notification to the local Social Services department.

## **Investigating Allegations of Abuse**

When investigations into alleged abuse of service users are undertaken it is crucial that the individual's privacy, dignity, independence and choice is taken into consideration throughout the entire process.

Therefore, Sunnyside Surgery aims to ensure that the service user is fully supported and has access to all the relevant information to enable them to make informed decisions regarding possible follow-up action.

Internal investigations into alleged abuse of service users will be undertaken by the Practice Manager and Practice Partners. The person(s) investigating will liaise with Social Services where appropriate, and the Police where a criminal offence is suspected.

This will be done in-line with the local multi-agency framework for the protection of service users.

Where the persons investigating consider that there is possible misconduct by staff, the Practice's normal disciplinary procedures will also apply.

If there is a criminal investigation, the persons investigating will agree the timing of the disciplinary investigation with the Police.

### **Where the Alleged Abuser is a Member of Staff**

Where the alleged or suspected abuser is a member of staff, a full internal investigation must take place. This does not exclude investigations also being carried out by Social Services, the Police and any other relevant authority (e.g. GMC).

### **Where the Alleged Abuser is another Service User**

Where the alleged abuser is another service user, steps 1 to 5 of the above procedure will apply.

Where the alleged victim has asked that no further action be taken, and where it is determined that the alleged victim and other service users are at continued risk, the Practice Manager should contact Social Services, and the Police if a possible criminal offence has taken place.

It must be remembered that there will also a duty of care towards the alleged abuser, who may need the same or greater support as was available before the allegation.

The Practice Manager must therefore carry out a thorough Risk Assessment to establish the likelihood of the alleged abuser perpetrating further instances of abuse of the alleged victim or other service users.

Clear interventions for reducing risk must be agreed between the Practice Manager and Practice Partners, and communicated to all staff providing support to the alleged perpetrator, victim and other service users who may be affected.

The Practice Manager must also liaise closely with Social Services in order to develop a revised support plan which aims to ensure that the alleged perpetrator's support needs are met.

### **Where the Alleged Abuser is a Worker Employed by another Service Provider**

Where the alleged abuser is a worker employed by another service provider, steps 1 to 5 of the procedure must be followed.

The Practice Manager must immediately invoke the Multi-Agency Policy (on page 7) and plan and agree investigation protocols.