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Guidelines to Support Implementation of Protection of Vulnerable Adults

Contents

1. Introduction and purpose
 2. Definitions
 3. Accountability and responsibility
 4. Documentation
 5. Training for staff
 6. Compliance to training requirements
 7. Process for supporting staff in safeguarding adults
 8. Reporting structures
 9. Monitoring
- Appendix 1. Safeguarding vulnerable adults flowchart
Appendix 2. Safeguarding vulnerable adults flowchart (CHO Lead – Continuing Care Patients /Oxfordshire Safeguarding Manager)
Appendix 3. Safeguarding vulnerable adults (referral form)

1. Introduction and purpose

These guidelines supplement, but do not replace, the Oxfordshire Safeguarding Adults Policy (April 08) and the Oxfordshire Vulnerable Adults Information Sharing protocol (April 08), which provide the overarching principles.

The aim is to give staff a clear understanding of the reporting mechanism of concerns relating to Vulnerable Adults within Community Health Oxfordshire and the process to be undertaken.

2. Definitions

Safeguarding Adults - To promote the protection of adults who are at significant risk of serious harm as a result of abuse, exploitation and mistreatment.

In this context there are no absolute criteria for judging what constitutes serious harm and this must be considered on a case by case basis taking into account:

- a) The extent of harm caused or likely to be caused, including harm to the person physical and emotional health
- b) The vulnerability of the individual and their ability to take appropriate action to protect themselves
- c) The duration and frequency of the abuse or neglect
- d) The degree of threat or coercion
- e) The risk to others

3. Accountability and responsibility

What to do when you have a concern role/responsibilities

- For all staff, discuss the concern/allegation with your Manager and inform client and family where appropriate
- Where clinical issues are evident within the concern, use normal processes and reporting systems
- Complete the Safeguarding Adults referral form (Appendix 3)
- For Continuing Care clients only send to Continuing Care Services Manager, Continuing Care, Abingdon Community Hospital, Marcham Road, Abingdon, Oxfordshire, OX14 1AG
- For all other clients/patients send to **Safeguarding Adults Manager, Oxfordshire Social and Community Services, Mount house, Church Green, Witney, Oxford, OX28 4AZ**

CHO Operational Lead (Continuing Care clients only) role/responsibilities

(Please see Appendix 1- flowchart)

- Where concerns or allegations are expressed by staff that a Continuing Care patient has been subject to abuse or neglect, it is the responsibility of the Continuing Care/Oxfordshire Safeguarding Manager (CHO Lead) to coordinate the safeguarding arrangements.
- A strategy meeting is arranged, with representation from the relevant agencies involved with the patient's care.
- The CHO Lead will appoint a Safeguarding Manager to carry out an initial investigation to report at the strategy meeting
- Further actions, where necessary are agreed by individual representatives at that meeting
- The Safeguarding Manager has responsibility to keep the patient and family informed where appropriate
- A date is set for a review meeting, usually within 10 days to a fortnight consider the findings and agree an ongoing action plan
- A lead is identified for the management of any ongoing issues and the outcome of the investigation is forwarded to relevant parties
- To ensure that the closure form has been completed and that the case has been entered on the data base

Safeguarding Adults Manager (Oxfordshire Safeguarding Adults) role/responsibilities

(Please see Appendix 2- flowchart)

To lead on the implementation of adult protection/safeguarding adults in Oxfordshire. This incorporates;

- To advise and support interagency framework for promotion of adult protection
- To develop, write, promote and support the implementation of local multi-agency policies and procedures for the protection of vulnerable adults from abuse.
- To maintain information/documentation collection processes across Oxfordshire
- To provide a lead in chairing and co-ordinating safeguarding strategy meetings and investigations
- To develop and provide awareness/training across Oxfordshire partners organisations

4. Documentation

(Please see Appendix 3 – referral form)

- Please complete the referral form (Appendix 3) following discussion with manager where there are concerns or allegations that a patient/ client has been subject to abuse or neglect
- Please complete form within 24 hours, keep a copy in the patient/ client notes and forward a copy to CHO Lead – Oxfordshire Safeguarding Manager (Continuing Care Services Manager) for Continuing care patients or Safeguarding Adults Manager for all other cases
- Contact details can be found at the end of the document
- Staff to use normal processes if clinical practice issues are evident issues, i.e. clinical incident reporting

5. Training for Staff

Two levels of training are required of staff as documented in the Oxfordshire PCT Learning Directory.

Level 1 – Awareness guidance is given during local induction programme's for new members of staff.

Level 2 – Safeguarding Adults (Adult protection) training. Attendance required every two years for professional and management staff having regular contact with patients or with supervisory responsibility for operational teams having regular contact with adult patients e.g. community nurses, therapists etc.

6. Compliance to training requirements

This is monitored through the Education and Learning team with quarterly reports to the CHO Clinical Quality and Governance Meetings.

Annual reports also identified training uptake and initiatives implemented to support.

7. Process for supporting staff involved in safeguarding adults

This policy outlines the processes involved in safeguarding adults.

- For all staff, discuss the concern/allegation with your Manager and inform client and family where appropriate
- Where clinical issues are evident within the concern, use normal processes and reporting systems
- Complete the Safeguarding Adults referral form (Appendix 3)

Ongoing support from line management and Adult Safeguarding operational lead.

8. Reporting structures

Community Health Oxfordshire

The Head of Adult Services is the statutory reporting member of the Oxfordshire Safeguarding Adults Board (OSAB) and the Continuing Care Service Manager is the Safeguarding Adults operational lead.

A Safeguarding Adults group meet bi-monthly to review activity, concerns and development/service areas, focusing on vulnerable adults. Membership includes; representative from the Corporate Governance team, CHO senior and operational lead, Oxon

Safeguarding Adults Manager and the operational lead for Mental Capacity Act/Deprivation of Liberty.

Six monthly reports are provided to the CHO Clinical Quality and Governance Committee and an annual report.

Oxfordshire Adults Safeguarding Board

The Board meets quarterly and receives update reports from all members. Key strategic issues facing this client group are discussed and actions for implementation agreed. Head of Adult Services is the senior lead for Community Health Oxfordshire on this group with Oxon PCT represented by the Deputy Director, Governance and Clinical Standards. Annual reports are provided and fed back to all organisations at Board level.

9. Monitoring

Please refer to the Oxfordshire Safeguarding Adults Policy which provides details of how this policy will be monitored.

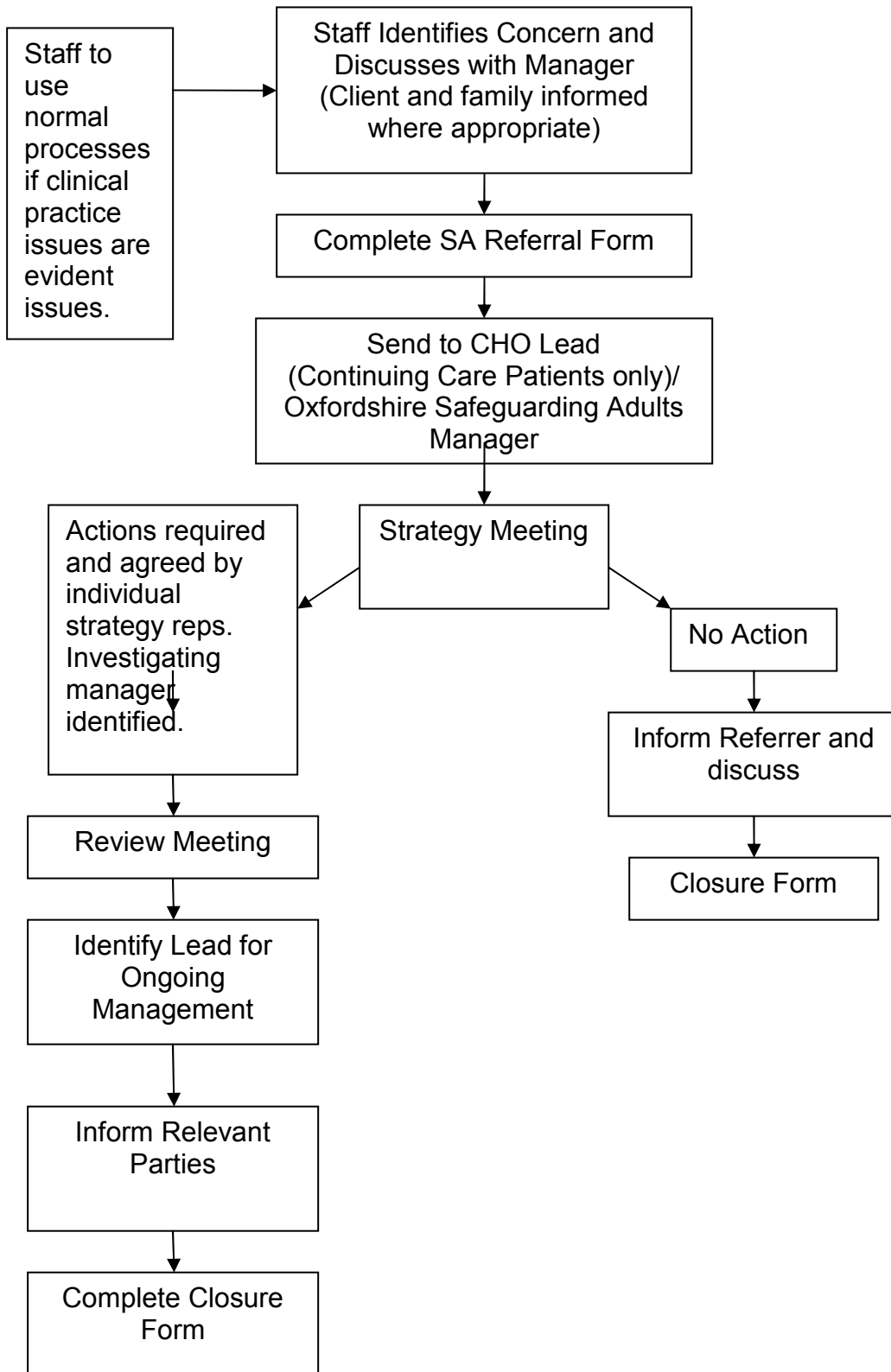
This policy is supported by the Incident Reporting Process. The Safeguarding Adults Operational Lead and the Safeguarding Adults Strategic Lead will receive details of each incident relating to safeguarding as it is entered onto the DATIX system. The Safeguarding Adults Lead ensures that the process outlined in appendix 1 or 2 has been implemented. This will assist in the monitoring of:

- duties
- local arrangements for managing the risks associated with safeguarding adults
- process for supporting staff involved in safeguarding adults

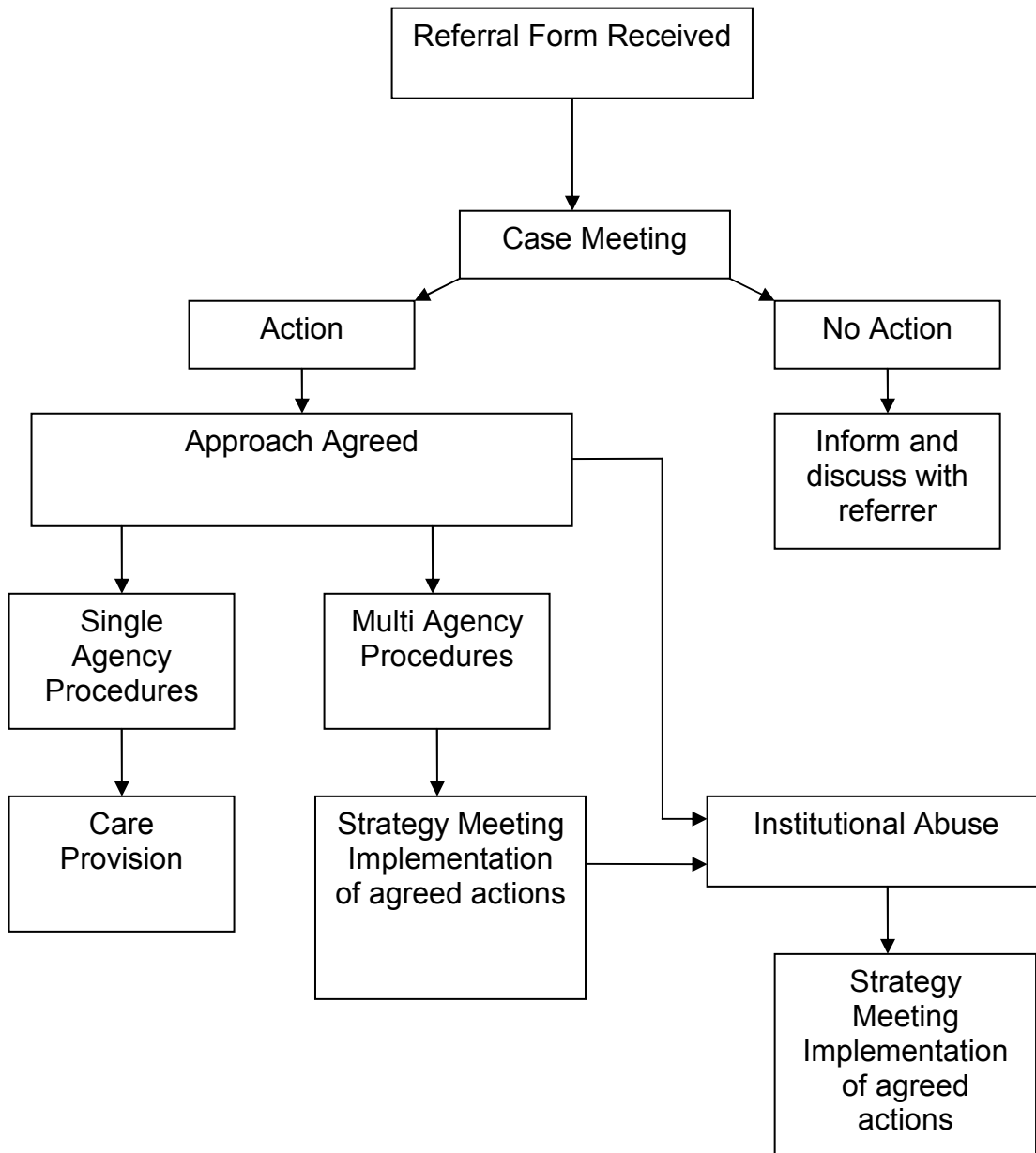
In addition bi-monthly updates are received by the senior leads within Community Health Oxfordshire and activity reviewed every six months through CHO Quality and Clinical Governance meetings.

The Training Needs Analysis describes how the training around Safeguarding Adults will be delivered and attendance monitored. The organisation's expectations in relation to staff training are outlined within this document, as identified in the training needs analysis.

**Appendix 1
Safeguarding Vulnerable Adults flowchart**



**Appendix 2
Safeguarding Vulnerable Adults flowchart
(CHO Lead – Continuing Care Patients /Oxfordshire Safeguarding
Manager)**



Appendix 3
Safeguarding Vulnerable Adults
(Referral Form)

SAFEGUARDING ADULTS – ALERT/REFERRAL		
Service area:	Completed by:	
Client details as at:	On behalf of:	
Swift no:	Address:	
Name:		
Date of Birth:		
Gender:		
Ethnicity:	Phone:	

Part 1: Safeguarding Adults Alert / Referral (Abuse Suspected or Reported)

To be completed by the Care Management team/Duty Officer receiving, at time of initial concern, contact or referral and forwarded to the Safeguarding Manager within one working day.

Completed

by:

Job Title:

Team:

For all questions: Please tick all boxes that are applicable.

1. Date of contact or concern:

2. Source of contact/concern (if you are the person raising a concern, please indicate the agency you work for or role in which you are raising the concern):

- | | | | | | |
|--------------------------|--------------------------|---------------------------------------|--------------------------|------------------|--------------------------|
| Self (Vulnerable Person) | <input type="checkbox"/> | Primary Health Care | <input type="checkbox"/> | Police | <input type="checkbox"/> |
| Family | <input type="checkbox"/> | Secondary Health Care | <input type="checkbox"/> | S&CS | <input type="checkbox"/> |
| Friend | <input type="checkbox"/> | Hospital | <input type="checkbox"/> | CSCI | <input type="checkbox"/> |
| Member of public | <input type="checkbox"/> | Housing Association | <input type="checkbox"/> | Voluntary Agency | <input type="checkbox"/> |
| Advocate | <input type="checkbox"/> | Independent Sector Provider or Agency | <input type="checkbox"/> | Anonymous | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | | | | |

Name:

Designation:

Team/Agency:

**Contact
Number:**

3. Vulnerable Adult's first language/preferred means of communication:

4. Client Category:

- | | | | | | | | |
|--|--------------------------|---------------------|--------------------------|-----------------------------|--------------------------|-------------------|--------------------------|
| Physical Disability/Frailty/Sensory Impairment | <input type="checkbox"/> | Physical Disability | <input type="checkbox"/> | Frailty / Temporary illness | <input type="checkbox"/> | Dual Sensory Loss | <input type="checkbox"/> |
| | | Visual Impairment | <input type="checkbox"/> | Hearing Impairment | <input type="checkbox"/> | | |
| Mental Health | <input type="checkbox"/> | Dementia | <input type="checkbox"/> | | | | |
| Learning Disability | <input type="checkbox"/> | | | | | | |
| Substance Misuse | <input type="checkbox"/> | | | | | | |
| Other Vulnerable Person | <input type="checkbox"/> | | | | | | |
| Carer | <input type="checkbox"/> | | | | | | |
| Not Known | <input type="checkbox"/> | | | | | | |

5. Reason for referral/contact or cause for concern:

- Allegation/disclosure
Other indicators

6. Brief details of concern:

7. Type(s) of abuse alleged/indicated:

- | | | | |
|-------------------------|--------------------------|---------------|--------------------------|
| Physical | <input type="checkbox"/> | Sexual | <input type="checkbox"/> |
| Emotional/Psychological | <input type="checkbox"/> | Institutional | <input type="checkbox"/> |
| Financial/Material | <input type="checkbox"/> | Not Known | <input type="checkbox"/> |
| Neglect | <input type="checkbox"/> | Other | <input type="checkbox"/> |

8. Location(s) in which abuse is alleged to have occurred:

- | | | | | | |
|-------------------|--------------------------|-------------------|--------------------------|-------------|--------------------------|
| Hospital | <input type="checkbox"/> | Sheltered Housing | <input type="checkbox"/> | Own Home | <input type="checkbox"/> |
| Day Service | <input type="checkbox"/> | Public Place | <input type="checkbox"/> | Family Home | <input type="checkbox"/> |
| Adult Placement | <input type="checkbox"/> | Work | <input type="checkbox"/> | Not Known | <input type="checkbox"/> |
| Adult Residential | <input type="checkbox"/> | Main Carer's Home | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Name of Agency (if appropriate):

9. If the abuse occurred where the person was staying, was this the person's:

- Temporary
- Accommodation?
- Permanent Accommodation?

10. Person(s) alleged responsible for the abuse:

- | | | | | | |
|--------------------|--------------------------|-------------------------------|--------------------------|---------------------|--------------------------|
| Paid Staff | <input type="checkbox"/> | Neighbour | <input type="checkbox"/> | Other Relative | <input type="checkbox"/> |
| Unpaid | <input type="checkbox"/> | Stranger | <input type="checkbox"/> | Friend/Acquaintance | <input type="checkbox"/> |
| Staff/Volunteer | | | | | |
| Carer | <input type="checkbox"/> | Spouse/Partner | <input type="checkbox"/> | Not Known | <input type="checkbox"/> |
| Other Service User | <input type="checkbox"/> | Ex Spouse/Partner | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Work Colleague | <input type="checkbox"/> | Other Close Relative | <input type="checkbox"/> | | |
| | | (e.g. child, parent, sibling) | | | |

Employing organisation where person alleged responsible is identified as staff member/volunteer:

11. Is this the Vulnerable Adult's main carer?

- Yes
- No

12. Gender/s of person/s alleged responsible:

- | | | | |
|--------|--------------------------|----------------------|--------------------------|
| Female | <input type="checkbox"/> | More than one person | <input type="checkbox"/> |
| Male | <input type="checkbox"/> | Not known | <input type="checkbox"/> |

13. Is the person alleged responsible a Client of Oxfordshire Social and Community Services?

- Yes If yes, Swift ID:
- No Not known

Part 2: Outcome of Referral

To be completed by the Safeguarding Manager following initial assessment/investigation.

Safeguarding Manager:

Team:

Date Form 1 received:

Outcome of Referral:

1. Referral accepted to Multi Agency Procedure
(case forwarded to multi-agency strategy meeting – client at serious risk of harm)

2. Referral accepted to single agency procedure
(case allocated/referred for assessment/investigation by appropriate agency/ies – client not at risk of serious harm)

Which agency/ies?

- | | | | | | |
|---|--------------------------|--|--------------------------|--|--------------------------|
| Police | <input type="checkbox"/> | Primary Care Trust | <input type="checkbox"/> | Commission for Social care Inspection (CSCI) | <input type="checkbox"/> |
| S&CS | <input type="checkbox"/> | Other NHS Trust | <input type="checkbox"/> | Health Care Commission | <input type="checkbox"/> |
| Other Local Authority | <input type="checkbox"/> | Hospital | <input type="checkbox"/> | Voluntary Agency | <input type="checkbox"/> |
| Registered Care Home | <input type="checkbox"/> | Housing Association | <input type="checkbox"/> | Trading Standards | <input type="checkbox"/> |
| Domiciliary Care Agency (inc. Supported Living) | <input type="checkbox"/> | Court of Protection/Public Guardianship Office | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Name of Agency/ies

3. Referral not accepted
Reason for not accepting referral:

4. Do concerns include institutional abuse*?
(Service Manager must be notified)

- Yes
No

5. Do concerns include organised or predatory abuse?**

Yes
No

6. Date completed:

Please retain a copy of this form on the Client's file and send a copy to the Safeguarding Adults Manager, Oxfordshire Social & Community Services, Yarnton House, Rutten Lane, Yarnton, Oxford, OX5 1LP, or email hugh.ellis@oxfordshire.gov.uk

Or for a Continuing Care patient,

Please retain a copy of this form in the patient's notes and send a copy to the CHO Safeguarding Manager, Continuing Care Offices, Abingdon Community Hospital, Marcham Road, Abingdon, Oxfordshire, OX14 1AG

Very many thanks for your help and support in completing this form.

***Institutional abuse** involves the collective failure of an organisation to provide an appropriate and professional service to vulnerable people. It can be seen or detected in processes, attitudes and behaviour that amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and stereotyping. It includes a failure to ensure the necessary safeguards are in place to protect vulnerable adults and maintain good standards of care in accordance with individual needs, including training of staff, supervision and management, record keeping and liaising with other providers of care.

****Organised or predatory abuse** occurs where there is believed to be a serious risk of harm to other, unknown vulnerable people as a result of the behaviour of an individual or group of individuals.

Safeguarding Adults – Monitoring Form 1
Continuation Sheet