



# Family Nursing & Home Care

## Family Nursing & Home Care Adult Safeguarding Policy

2011

**FAMILY NURSING & HOME CARE RATIFICATION FORM**

<b>Type</b> i.e. Strategy, Policy, Education Package etc.	Policy
<b>Name</b>	Adult Safeguarding Policy
<b>Category</b> i.e. organisational, clinical, Corporate, Finance etc	Organisational
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<b>Author</b>	Vulnerable Adults Group
<b>Approved by</b> i.e. Operational Governance Group	Chief Executive Officer
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<b>Person responsible for review</b>	Safeguarding Adult Working Group
<b>Approved by</b> i.e. Sub Committee, H&SS	

**Policy Amendments**

<b>Version No.</b>	<b>Amendments</b>
<b>1.1</b>	Minor amendments made to policy to take into account changes to organisational structure.
<b>1.2</b>	Reviewed but no changes made as the intention is to adopt a multi-agency/HSS policy for Safeguarding Adults, once ratified.

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## **Protection of Adults is Everybody's Business**

### **1.0 Introduction**

As an organisation, Family Nursing & Home Care recognise the need to protect those members of the community over the age of 18 years who are unable to protect themselves against significant harm or exploitation.

In line with the Department of Health document *No Secrets* (DOH 2000), Family Nursing & Home Care is committed to acting on reported incidents of suspected abuse.

The policy is designed to enable staff to be aware of the potential for and identification of abuse by :-

- Providing staff with a procedure to follow.
- Ensuring staff receive appropriate training and support
- Following the procedure for reporting and documenting.
- Providing pathways of referral to other agencies.
- Recognising the need for the protection of a person's Human Rights.

*NB. This is a working document and will be subject to review and adaptation in the light of future knowledge and developments as set out in the standard.*

### **1.1 Aims & Objectives**

#### **Aim**

Family Nursing and Home Care recognise the need to have a framework for action through an inter-departmental structure which aims to protect vulnerable adults from significant harm or exploitation.

#### **Objectives**

The organisation will achieve this by:

##### **1. Providing staff with the appropriate training:**

- a. To raise their awareness of abuse or potential abuse to clients.
- b. To understand the guidelines set down by Family Nursing and Home Care for reporting suspected abuse.
- c. To ensure staff have 3 yearly updates on current issues.

## **2. Recognising the needs and stresses involved in caring by:**

- a. Offering support as is reasonably practical to informal carers (within the constraints of the organisation).
- b. Having in place a system to provide professional and emotional support for Family Nursing and Home Care staff.

## **3. Ensuring the right action is taken for each individual, taking into account their expressed wishes and their best interests by:**

- a. Having organisational policies and procedures that are cohesive with other agencies.
- b. Providing information on the legal and statutory requirements to staff to allow the vulnerable adult protection and access to the judicial process.

### **2.1 Definition of Abuse**

- a) Abuse may consist of a single act or repeated acts. It may be physical, verbal, or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it. (DOH 2000)
- b) Abuse may be described as physical, sexual, psychological or financial. It may be intentional or unintentional or the result of neglect. It causes harm to the vulnerable person, either temporarily or over a period of time. (Cited in No Longer Afraid, page 3, DOH 93).
- c) Abuse is a violation of an individual's human and civil rights by any other person or persons. (*No Secrets*, page 9, DOH 2000).

**Staff, when undertaking assessments and reassessments, should be alert to the signs and indicators of abuse and if necessary alter the assessment process so that further information and possible investigation can take place.**

**Staff also, have to be mindful of the carers needs. The role of a carer is one of considerable stress and some of this can be alleviated by ensuring they receive assistance and support through appropriate agencies. Such provision may help the carer to understand how their own behaviour impacts on the vulnerable person and in doing so help to prevent initial or subsequent acts of abuse.**

### **The Concept of Safeguarding a Vulnerable Adult**

The term vulnerable adult refers to anyone who is over the age of 18 years and applies to someone who:

“is, or 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 protect him or herself against significant harm or exploitation”. (No Secrets, page 8 DOH 2000)

## **2.2 The following identifies the main different forms of abuse.**

(As taken from No Secrets DOH 2000).

- **PHYSICAL ABUSE** : Including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.
- **SEXUAL ABUSE** : Including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent, 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 withdrawal from services or supportive networks.
- **FINANCIAL OR MATERIAL ABUSE** : Including theft, fraud, exploitation, pressure in connection with wills, property or 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, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- **DISCRIMINATION ABUSE** : Including racist, sexist, that based on a person's disability and other forms of harassment, slurs or similar treatment.
- **INSTITUTIONAL ABUSE** : See Section five.

## **3.0 Indicators of Abuse**

**Indicators help in the identification of suspected abuse, and do not automatically mean there is evidence, it is therefore necessary for an assessment to be undertaken before conclusions are drawn.**

### **3.1 Physical Abuse**

- Bruises - Usually on areas of the body which are not visible e.g. trunk, arms, legs, and normally covered with clothing.
- Fractures
- Slap Marks
- Kick Marks
- Black Eyes
- Burns
- Cuts / Lacerations
- Weight Loss - due to malnutrition or dehydration, frail / under weight.
- Drowsiness - due to too much medication.
- Lack of Medication - Causing recurring crises / forced admissions to hospital.

### **3.2 Sexual Abuse**

This is not uncommon but difficult to identify.

Common signs are :

- Bruising on inner thighs.
- Bleeding genital area (blood found on underwear, night clothes).
- Repeated urinary infections.
- Vaginal/penile discharge.
- Sexually transmitted diseases.
- Severe upset or agitation when bathed/dressed/undressed or medically examined.
- Unexplained difficulty in walking/sitting.

### **3.3 Psychological and Emotional effects of any type of abuse**

- Disturbed sleep patterns.
- Sudden onset of confusion.
- Depression.
- Change of personality e.g. withdrawn, tearful, over talkative.

### **3.4 Financial Abuse**

This common form of abuse can take many different forms. People who are house bound, confused, physically or mentally handicapped are the most vulnerable or at risk.

- Pensions / benefits are cashed and the money not given to or used for the vulnerable person.
- Someone is made an appointee and withholds money.
- Money is withheld to such a degree that the vulnerable person does not have enough money to buy food, pay bills, rent etc.
- Someone is supposed to be buying food, paying rent, bills etc. but are not.
- The vulnerable person is persuaded to transfer savings / property / financial affairs over to another person.
- A vulnerable person , living alone in their own property, is being prevented from entering residential care by a relative who is likely to inherit the estate upon the vulnerable persons death. (*Sheffield Joint Policy Abuse of Vulnerable Adults, 1996*)

### **3.5 Neglect**

Defined in the Oxford English Reference Dictionary (2002) as:-

- to fail to care for or do
- not to pay attention to
- to overlook or forget the need to

Neglect can be both physical and emotional e.g.

- Lack of food / drink.
- Signs that hygiene needs are not being met.
- Absence of mobility aids resulting in the persons independence being restricted.
- Isolation :- individual confinement to a small space, locked in a room for no apparent reason, withholding of social contact.

### **3.6 Discriminatory Abuse**

- Name calling
- Withholding services because of race, sex, disability, etc.
- Generally harassing a vulnerable person on the grounds of race, sex, disability etc.

### **4.0 Who is abused or at risk of abuse**

- Any adult who is deemed not to have mental capacity to make an informed choice regarding an abusive situation.
- Adults that have a high level of dependency on others are at increased risk of abuse.
- Any carer could be a victim of abuse.

#### **4.1 Who abuses**

Vulnerable adults are abused by a wide range of people including :-

- Family and relatives
- Professional Staff
- Formal and informal care workers
- Volunteers
- People known to the victim.
- Strangers who deliberately exploit vulnerable people.
- Other Service users / providers.

#### **4.2 Why does abuse occur**

There is no clear understanding of why abuse occurs but there are certain factors which contribute.

- Social Isolation.
- Overcrowding and poor housing.
- History of domestic violence and / or substance abuse.
- History of mental illness or self harm.
- History of poor quality of relationship / abused and abuser.
- Dependency on the victim for accommodation, financial and emotional support.
- Stress of caring for a dependent person.

#### **4.3 Where does abuse occur**

Abuse can occur in any setting e.g.:-

- Victim's own home.
- Carer's home.
- Day centre.
- Residential Home.
- Nursing Home.
- Hospital.
- Work place

#### **5.0 Institutional Abuse**

This form of Abuse can, according to Erving Goffman, occur in institutional settings such as residential / nursing homes which he described as "a place of residence where a large number of like-situated individuals, cut off from wider society for an appreciable period of time, together lead an enclosed, formally administered round of life" (Erving Goffman, *Asylums*, 1961, page 11).

Such abuse can be identified for example by observing the following:-

1. Punishment verses Privileges
2. Victimization
3. Humiliation
4. Verbal Abuse
5. Rough Handling
6. Infantilisation



## **6.0 Adult Protection Procedure**

This procedure is to be implemented if there is suspected or alleged abuse of an adult.

### **6.1 Staff Responsibilities**

#### **If the person is in immediate danger**

- Contact the emergency services
- Inform the Adult of your concerns
- Record all action in Patient Record
- Inform your Line Manager/Locality Coordinator and/or Operational Lead.
- Make referral to Social Services on the appropriate form (Appendix 1)
- All above actions to be completed before the end of working shift.
- Complete an FNHC Incident Form

#### **If the person is not in immediate danger**

- Discuss your concerns with the Adult
- Record all actions in patient record
- Discuss with your Line Manager/Locality Coordinator the suspected or alleged abuse
- Line Manager to inform Operational Lead
- Make referral to Social Services on the appropriate form (Appendix 1)
- All above actions to be completed before the end of working shift.
- Complete an FNHC Incident Form

If your concerns involve a member of staff you must inform your Line Manager/ Locality Coordinator who will inform their Operational Lead or Deputy if they are not available.

**If your concerns involve a Manager you must inform your Operational Lead or the Governance and Performance Manager.**

### **6.2 Managers/ Locality Coordinators Responsibilities**

#### **If the person is in immediate danger**

- Establish emergency services have been called
- Ensure the Adult is aware of your concerns
- Ensure the staff member is safe and supported. (Personal contact will be usually necessary at this point)
- Confirm a referral to Social Services has been made as appropriate
- Ensure that all appropriate records and documentation have been completed
- Follow the FNHC Incident Reporting Procedure

#### **If the person is not in immediate danger**

- Obtain facts from staff member and complete documentation
- Gather further information if required
- Advise the Staff member to speak to the adult and ask their permission to inform their GP and Social Services
- Continue to monitor the situation if appropriate
- Follow the FNHC Incident Reporting Procedure

#### **If the concern involves a member of staff**

- Obtain the relevant details
- Report to Operational Lead or Governance and Performance Manager

- Investigate allegations it may be necessary at this point to discuss the situation with Social Services
- Follow complaints procedure

### **Ongoing Monitoring and Support**

In most cases once a referral has been made to Social Services it will be necessary to await the outcome as it is the role of Social Services to investigate reported concerns/ allegations. However raising concerns of this nature can be a distressing and it is important to ensure that all staff involved are supported throughout the process by Line Managers and /or Operational Leads.

The Governance and Performance Manager will also offer support and guidance as required and monitor the number of cases referred to Social Services, whether they were appropriate and the adherence of the Adult Protection Procedure through quarterly reports, annual audit and Incident Reporting Procedure.

### **7.0 Sharing Information**

Service users have a right to privacy and all staff have a duty of confidentiality governed by their code of conduct and professional code of practice. This is a particular issue in a small community like Jersey and is why we need to be sure that when we share information it is in accordance with the Data Protection (Jersey) Law 2005 & Caldicott Guidelines and Jersey's Human Rights Law. Refer to the FNHC Data Protection & Caldicott Policy for further information and the Information Security Policy for information on electronic communication.

## JSAF 1 – SAFEGUARDING ADULT CONCERN FORM

<b>Service User reference/NHS No:</b> (FACE/Softbox/PRN/NHS) (if known)
<b>Date Form Completed:</b>

<b>1. Tell us if the concern is for a person or an Organisation:</b> (please complete as much of this as is known – if not known put N/K)
--

<b>Name of person who you are concerned about:</b>
<b>Organisation:</b>
<b>Gender:</b>
<b>Home Address:</b>
<b>Telephone Number:</b>
<b>Age:</b> <b>DOB:</b>
<b>Ethnic Origin and or Nationality:</b>
<b>Does the person have any Communication Needs:</b>
<b>Are they aware of this referral:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Have they agreed to this referral:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If not, why not:</b>
<b>Is the vulnerable adult in receipt of any social or health care services:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known
<b>Please give brief details:</b>

**2a. – Current Situation and Details of the Incident/Concern(s) being raised**

**Does the person continue to be at risk of harm?**    Yes    No

**Are there other people who may be at risk of harm?**    Yes    No

**If the answer to either of the above is yes, please describe the risk that remains and the names of any others potentially at risk:  
(please only refer to identified risk that relates directly to the concern)**

**2b. Details of the concern(s) being raised**

**Time of incident/**

**Date:**

**Concern:**

**Location of Incident:**

**Brief factual details of the incident:**

This should include a clear factual outline of the concern being raised with details of times, dates, people and places where appropriate.  
(please continue on separate sheet if required).

**If injuries are present Please give a brief/accurate description:**

**Has a body chart been completed?**    Yes    No  
(If completed please attach to JSAF 1 or forward as soon as possible.)

**Details of any medical attention sought:**

**Doctor Informed?**    Yes    No

**Name of Doctor informed:**

**Date and time of information given:**

<b>Actions taken to date to safeguard the individual:</b>
<b>Are any other professionals aware in this alert ? (in particular please specify if the police are involved)?</b>
<b>If police have been contacted Is there a crime incident number?</b>

**3. Relative/Name of Main Carer**

<b>Name:</b>	
<b>Relationship to Person:</b>	
<b>Is Relative/Carer aware of this referral?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Contact Address:</b>	<b>Telephone No:</b>
	<b>Mobile No:</b>
	<b>Email:</b>
<b>County:</b>	<b>Postcode:</b>

**4. Details of alleged perpetrator(s) involved if abuse is suspected  
(please complete as much of this as is known)**

<b>Name:</b>
<b>Gender:</b>
<b>D.O.B.:</b>
<b>Address (if known):</b>
<b>Do they live with the vulnerable adult?:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If so, in what capacity e.g. spouse, fellow resident, carer:</b>
<b>Occupation/Position/Title:</b>

**Is this person known/related to the individual who is subject of this concern? – If so please describe relationship**

**Are they aware of this alert?**  Yes  No

**5. Please provide details of the person raising the alert. (We cannot guarantee your anonymity but will do all we can to keep your details confidential if you prefer)**

**Can your details be shared with third parties?**

**I would prefer to remain anonymous:**     Yes     No

**Please give your reasons for remaining anonymous:**

**Date:**

**Name:**

**Job Title and/or Relationship to person referred:**

**Organisation (if applicable):**

**Contact Address:**

**County:**

**Telephone No:**

**Postcode:**

**Mobile:**

**Email:**

**6. Details of person completing form (add only if different to box 5)**

**Name:**

**Date completed:**

**Address:**

**Telephone No: 01534**

**Mobile:**

**Email:**

**\* FOR HEALTH STAFF ONLY – HAVE YOU COMPLETED YOUR LOCAL INCIDENT FORM PRIOR TO SENDING THIS FORM**

**Completed forms should be sent to the Adult or Older Adult Social Work Teams**

**Older Adults Team**

**By Email: [olderadultsw@health.gov.je](mailto:olderadultsw@health.gov.je)**

**By Fax to: 01534 444529**

**Making a referral/enquiry by telephone:01534 445731**

**Adults Team**

By Email: [hssadultsocialworkduty@health.gov.je](mailto:hssadultsocialworkduty@health.gov.je)

By Fax to: 01534 445728

Making a referral/enquiry by telephone: 01534 445701

Please tick which form of abuse you suspect:

- Physical                       Sexual                       Emotional   
Financial or Material    Neglect                       Discriminatory   
Institutional                       Not Determined

**Completion by Investigating/Receiving Team**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> No further action                          | <input type="checkbox"/> Case Management Resolution | <input type="checkbox"/> Proceed to information gathering JSAF2   |
| <input type="checkbox"/> No further action referral to other agency | <input type="checkbox"/> JSAF4 completed            | <input type="checkbox"/> JSAF RISK <i>At all stages there must be an ongoing and documented RISK MANAGEMENT PLAN.</i> |

Key team referred to:	Tel No
Name:	
Address:	Mobile:
	E-mail:

Referrer updated  By Whom

If referrer not updated reasons why:

Signed:

Date: