

ADULT SUPPORT AND PROTECTION POLICY

INTRODUCTION

The number of cases of adult harm is increasing in the community, with higher rates due to an increase in the population ageing and, therefore, WESTNAH Care at Home (WNCH) has found it necessary to have in place a Safeguarding Adult Support and Protection Policy and a set of Procedures which puts in place preventative measures to follow to avoid and or reduce that number.

The policy will allow WNCH to demonstrate its commitment to keeping safe the Service Users with whom we provide services to. WNCH acknowledges its duty to act appropriately to any allegations, reports, or suspicions of abuse. It is important to have the policy and procedures in place so that all, service users, support workers, office staff and management can work together to prevent harm, know what to do in the event of harm and can act to prevent further abuse.

The policy statement and procedures has been drawn up to enable WNCH to:

- Promote good practice and work in a way that can prevent harm, harm and coercion
 occurring to ensure that any allegations of abuse or suspicions are dealt with appropriately
 and the person experiencing harm is supported.
- To stop harm from occurring.

IMPLEMENTING THE POLICY

WNCH will work to:

- Promote the freedom and dignity of the person who has or is experiencing harm.
- Promote the rights of all people to live free from harm and coercion.
- Ensure the safety and wellbeing of people who do not have capacity.
- To manage services in a way which promotes safety and prevents harm.
- Recruit staff ensuring all necessary checks are made, applying to Disclosure Scotland for Prevention of Vulnerable Groups check(PVG), and that their PVG certificate has been issued before any potential employee, commences employment with (WNCH). Following (WNCH's) Recruitment Policy.
- Provide effective management for staff through staff induction, supervision, support, and training.

WNCH will:

- Ensure that all staff are familiar with this policy and procedures.
- Work with other agencies within the framework of the Adult Support and Protection (Scotland) Act 2007. following WNCH's Duty of Candour Policy
- Inform service Users that where a person is in danger, or a crime has been committed then a
 decision may be taken to pass information to another agency without the Service User's
 consent
- On receiving the concerns the Registered Manager should immediately contact Social Work, Care Inspectorate, and or Police Scotland by telephone and act on any advice given. AN AP1 form will be completed and sent to Social Work Services with details of the incidence within 24 hours.



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- Endeavour to keep up to date with national developments relating to preventing harm and welfare of adults.
- Ensure that the designated person understands his/her responsibility to refer incidents of adult abuse to the relevant statutory agencies.

The designated person for Safeguarding Adults at WNCH is the Registered Manager who can be contacted on **0141 846 0418.** They should be contacted for support and advice on implementing this policy and associated procedures.

The roles and responsibilities of the designated persons are to:

- ensure that all staff are aware of what they should do and who they should go to if they have concerns that someone may be experiencing or has experienced harm or neglect.
- ensure that concerns are acted on, clearly recorded, and referred to the Adult safeguarding Team of the Local Authority concerned, Care Inspectorate and police.
- follow up any referrals and ensure the issues have been addressed, and any
 recommendations from the Safeguarding Team must be considered in line with the Local
 Authority area protection guidelines. All staff involved should be informed of the guidelines
 the Local Authority wants us to follow.
- reinforce the utmost need for confidentiality and to ensure that staff adhere to good practice regarding confidentiality and security. This is because it is around this time that a person starts to challenge harm that the risks of increasing intensity of harm are greatest.
- ensure that staff working directly with Service Users who have experienced or are experiencing harm are well supported and receive appropriate supervision.
- To ensure service users are provided with, and have access to independent support and advice such as advocacy services, details of which will be included in the Service Users Care Plan.

This policy should be read in conjunction with the Safeguarding Adult Procedures (Reference Below)

SAFEGUARDING ADULT PROCEDURES

Introduction

WNCH provides a domiciliary care service to vulnerable people living in their own homes. These procedures have been designed to ensure the welfare and protection of any adult who accesses services provided by WNCH. The procedures recognise that adult harm can be a difficult subject for support workers to deal with. WNCH is committed to the belief that the protection of adults from harm is everybody's responsibility, and the aim of these procedures is to ensure that all managers and staff act appropriately in response to any concern regarding adult harm.



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Preventing Abuse

WNCH is committed to putting in place safeguarding measures to reduce the likelihood of harm taking place within the services it offers and that all those involved within WNCH will be treated with respect. Therefore, this policy needs to be read in conjunction with the following policies:

- Equal Rights and Diversity
- Complaints
- Whistleblowing
- Confidentiality
- Disciplinary and Grievance
- Data Protection
- Recruitment and Selection

WNCH are committed to safer recruitment. (Refer to Recruitment Policy)

This Policy considers the <u>Adult Support and Protection (Scotland) Act 2007</u> which is designed to protect those adults who are unable to safeguard their own interests and are at risk of harm

The Act, defines vulnerable adults as individuals, aged 16 years or over, who:

- are unable to safeguard themselves, their property, rights or other interests.
- are at risk of <u>harm</u>, and
- because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than others who are not so affected. This is often referred to as the three-point test.
- The presence of a particular condition does not automatically mean an adult is an
 "adult at risk". Someone could have a disability but be able to safeguard their wellbeing etc. It is important to stress that all three elements of this definition must be
 met. It is the whole of an adult's particular circumstances which can combine to
 make then more susceptible to harm than others.

CATEGORIES OF HARM:

PHYSICAL HARM

Physical harm includes injuries which are not explained satisfactorily or where there is concern that the injury was inflicted intentionally. Pushing, shaking, pinching, slapping, punching and force feeding would fall under this category.

Physical harm can also include situations where residents are caused unreasonable physical discomfort through the withholding of support or the application of inappropriate techniques or treatments. Deprivation of food and water and involuntary isolation and confinement (e.g. if a person was locked in their room and not allowed visi-



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tors; inappropriate methods of restraint) can be physical harm, as can the administration of inappropriate drugs or deprivation of prescribed drugs. There is often an overlap between physical abuse and neglect.

Signs and symptoms of physical harm may include:

- Multiple bruising that is not consistent with the explanation e.g. a fall
- Cowering or flinching
- Bruised eyes, marks resulting from a slap and/or kick, other unexplained bruises.
- Abrasions, especially around the neck, wrists and/or ankles
- Unexplained burns.
- Scalds, especially with a well-defined edge from immersion in water
- Hair loss in one area scalp sore to touch.
- Frequent minor accidents without seeking medical help.
- Unusually sleepy or docile. Tendency to flounder or skip over the subject.
- Unexplained fractures
- Malnutrition, ulcers, pressure sores and sores due to lack of care for incontinence
- Need for health and social care services ignored or obstructed.
- Misuse of medication

Sexual Harm

This is defined as the involvement in undesired sexual activities which a person does not want, and to which they have not consented, or they cannot understand. Sexual harm can also occur when the other party is in a position of trust, power, or authority. Furthermore, sexual harm is the involvement of a vulnerable adult in sexual activities or relationships which are for the gratification of the other person and to which the person has not consented to, or they cannot understand and are not able to consent to. Sexual harm can violate the individuals expressed cultural or religious preferences, or family custom and practice.

Sexual harm includes rape, buggery, incest, indecent assault, acts of gross indecency and other forms of sexual activity without the voluntary and informed consent of the adult involved.

All sexual activity involving staff with residents they support, or know to be vulnerable, is contrary to professional standards. It is abusive and will result in disciplinary proceedings.

Signs and symptoms of sexual harm may include:

- Changes, i.e. the service user starts to seek or avoid attention where previously they did not, or by expressing over sexualised behaviour or becoming fixated on sexual matters
- Complaints of soreness in genital and/or anal area and no medical cause known



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- Recurring conditions such as thrush or cystitis
- Diagnosis of a sexually transmitted disease when the person is not known to be sexually active.
- Bruising on the inner thighs or shoulders, breast and/or genital area
- Objecting to being washed in genital areas, which would be seen as a change in behaviour.

Fraud/ Financial/ Material Harm

This is typically a police matter. It involves an individual's resources being inappropriately used to the advantage of another person. This can include withholding money or the use of a resident's money or property, without their permission, or informed consent; to the disadvantage of the adult to whom it belongs.

When a suspected criminal offence has been committed, early intervention by the police will be essential. Financial harm is included in these procedures because it often accompanies other kinds of harm.

The Safeguarding Team will become involved if there are any safeguarding measures, they could implement to prevent the vulnerable adult from further financial harm.

Signs and symptoms of financial harm may include:

- Unexplained or sudden inability to pay bills.
- Gifting and transferring of assets and property.
- Unexplained or sudden withdrawal of money from accounts
- Personal possessions of value missing from the home without satisfactory explanation
- Unusual interest taken by a relative, friend, neighbour, or others in financial assets; usually when little, real concern is shown in other matters.
- Support services refused under clear pressure from family or other potential inheritors.
- Purchases unrelated to the known interests of the vulnerable adult e.g. purchases of fashionable clothes, expensive make-up, food and holidays
- Reluctance to accept financial assessment or engagement with social work department.

Neglect or acts of omission

Neglect is a behaviour that results in a vulnerable adult's basic needs not being met. Many of the symptoms of physical abuse listed above may be caused by neglect, i.e. failure to provide appropriate physical and social care, either deliberately or inadvertently; putting the health or wellbeing of an adult at risk. Failing to intervene in behaviour which is dangerous can be just as damaging as punitive restrictive action.

Inadvertent denial of social contact can be as damaging as deliberate denial. Failure to provide a proper diet and nutrition through ignorance will have the same effect as deliberate or systematic withholding of food and nourishment. Sensitivity to ethnic



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issues is essential.

Signs and symptoms of neglect may include:

- Malnourishment, unusual weight loss, dehydration
- Untreated physical problems
- The service user dressed in unsuitable, soiled, dirty clothing.
- The service user displaying symptoms of anxiety, fear or depression.
- The service user displaying symptoms of social withdrawal.
- Support workers ignoring a resident's request for assistance.
- Inadequate care and support by staff

Discriminatory harm

Discriminatory abuse may include acts such as racial slurs, sexist slurs, and harassment based on disability, sexual preference, or age. Discriminatory harm is when someone picks on a service user or treats a resident unfairly if something about them is different, for example:

- Clothes or style of dress
- Weight
- Race or skin colour
- Religion or culture
- Gender
- Disability
- Sexuality (e.g., being a gay man or a lesbian woman)

Signs and symptoms of discriminatory harm may include:

- The service user is overly concerned about any of the above
- The service user who reacts angrily if attention is paid to any of the above
- The service user that is overtly critical/ anxious about these areas
- Disparaging remarks made.
- A service user that is made to dress differently.

Further information and contacts can be found at:

Scottish Government: www.gov.scot/publications/adult-support-protection-scotland-act-2007-short-introduction-part-1-act

The Mental Welfare Commission Scotland: www.mwcscot.org.uk

Scottish Government & Advocacy: www.mygov.scot/advocacy



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Mental Welfare Commission - 0131 313 8777 or 0800 389 6809
Office of the Public Guardian - 01324 678300
Care Inspectorate - 0141 843 6840
You First Advocacy - 0141 849 1229
Renfrewshire Carers Advocacy Project - 0141 887 3643
Glasgow and Partners Emergency Social Work Services on - 0300 343 1505

Police Scotland on - 999