

**SAFEGUARDING
DISTANCE LEARNING MODULE
RBCH NHS Trust**

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What is Safeguarding Adults?

Safeguarding Adults can include any work or activity which aims to support vulnerable adults to retain independence, well-being and choice and to be able to live a life that is free from abuse and neglect.

It is about both preventing abuse and neglect, and promoting good practice when responding to specific concerns.

'Preventing harm and reducing risks to adults in vulnerable situations, and reacting effectively when something untoward happens.'

Bournemouth and Poole Safeguarding Adults Board have 4 aims:-

Aim 1

To prevent harm and reduce the risk of abuse or neglect to adults with care and support needs

Aim 2

To safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives

Aim 3

To promote an outcomes approach in safeguarding that works for people resulting in the best experience possible

Aim 4

To raise public awareness so that professionals, other staff and communities as a whole play their part in preventing, identifying and responding to abuse and neglect.

There are six principles of Safeguarding Adults

Empowerment

Personalisation and the presumption of person-led decisions and informed consent.

Prevention

It is better to take action before harm occurs.

Proportionality

Proportionate and least intrusive response appropriate to the risk represented.

Protection

Support and representation for those in greatest need.

Partnership

Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

Accountability

Accountability and transparency in delivering safeguarding.

For more information visit the Bournemouth and Poole Adults website
<http://www.bpsafeguardingadultsboard.com/>



What is Privacy and Dignity?

Privacy is the state or condition of being free from being observed, being undisturbed by other people and being free from public attention.

Dignity is concerned with how people feel, think and behave in relation to the worth or value of themselves and others.

To treat someone with dignity is to treat them as being of worth, in a way that is respectful of them as valued individuals.

Dignity in Healthcare

When dignity is **present** people feel in control, valued, confident and comfortable.

When dignity is **absent** people feel devalued, lacking control and comfort. They may feel humiliated, embarrassed or ashamed.

Dignity applies equally to those who have capacity and to those who lack it such as vulnerable adults in a safeguarding context.

Remember many activities are invasive or intrusive leaving patients feeling vulnerable physically, emotionally, and/or psychologically.

Protect dignity during thorough careful consideration and positive communication.

Dignity in Healthcare

All staff should:

- Respect privacy by pulling curtains (ensuring no gaps). Volunteers should not enter or call through closed curtains for any reason
- Always close doors where possible when assisting a patient to the toilet or the bathroom if they ask for assistance. Volunteers should always ask a member of staff before entering a side room when the door is shut; whilst observing any signs

- If authorised to enter, knock before entering rooms or curtains
- Do not expose patients unnecessarily during procedures
- Staff should ensure patients are wearing appropriate nightwear/clothing or gowns

All volunteers are asked to respect these guidelines and follow the ward procedures and protocol.

Dignity in Healthcare

'In care situations, dignity may be promoted or diminished by: the physical environment, organisational culture, by the attitudes and behaviour of the nursing team and others, and by the way in which care activities are carried out'.

'The ward team (clinical staff and volunteers) should, therefore, treat all people in all settings and of any health status with dignity, and dignified care should continue after death.'**Royal College of Nursing (2008)**

What is Abuse / Harm?

'Abuse/Harm is the violation of an individual's human and civil rights by another person or persons.'**(Department of Health, No Secrets, March 2000)**

Abuse/Harm can be:

- a single or repeated act of harm or neglect
- a single or repeated act of omission
- intentional or unintentional
- present in any relationship
- indicative of significant harm or exploitation.

Who could a Perpetrator be?

Perpetrators, or those that cause abuse/harm, can be anyone who has contact with a vulnerable adult such as:

- Professionals
- Volunteers
- Neighbours
- Relatives
- A child
- Other Vulnerable Adults

Who might be at Risk from Harm?

Anyone might be at risk from harm, however those at heightened risk may include:

- Older people
- People with Mental Health needs
- People with Learning Disabilities
- People with Physical and Sensory Impairments
- People with long term health conditions
- Substance or Alcohol dependent people
- Family or Carers assisting vulnerable people

The list above is particularly relevant as those mentioned are highly likely to be present in a healthcare environment.

Types of Abuse / Harm

There are seven typical categories of abuse/harm:

1. Physical
2. Assault or rough handling, including Domestic Abuse and Self Harm.
3. Neglect
4. Wellbeing is impaired and care needs are not being met.
5. Sexual
6. Unwanted sexual contact or harassment.
7. Emotional
8. Psychological bullying or attack.
9. Financial
10. Theft, fraud or misappropriating funds.
11. Discriminatory
12. Racial, religious or sexual preference.
13. Institutional

Disclosures

Professionals/carers responsibilities are to ensure the safety of the vulnerable adult.

Remember:

- To report concerns immediately
- It cannot be assumed information shared in confidence will be or can be maintained
- If your manager is not available report to Social Services or the police
- Record discussion and incident.

How to Report

How to report any concerns:

- Notify senior member of staff in your department (Clinical Site Duty Manager out of hours)

Staff will:-

- Complete an **AIRS** form
- Complete **Cause for Concern Form** and fax to Social Services forwarding the original copy to Risk Management
- Make a note in clinical areas record in the patient's medical notes with the incident number
- Ensure that documentation is accurate, clear and readable and completed in a timely manner.

If in doubt seek advice from the RBCH Adult Safeguarding Team.

Post-Report

Post reporting any concerns, Social Services will arrange a strategy meeting with key individuals to discuss the appropriate process.

The key individuals may be asked to investigate and write a report and a case conference will be arranged to share the evidence.

If a safeguarding issue is substantiated actions will be set to improve practice.

Understanding DoLS

The **Deprivation of Liberty Safeguards** (DoLS) aim to make sure that people in hospitals who lack the capacity to look after themselves are cared for appropriately.

Those who lack capacity must be looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a hospital only deprives someone of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them.

The safeguards apply to **vulnerable adults** aged 18 or over who have a mental health condition (this includes dementia), who are in hospitals and who do not have the mental capacity (ability) to make decisions about their care or treatment.

All concerns, no matter how small, should be reported to **matron, sister or charge nurse** immediately.

What is PREVENT?

Prevent is part of the Government's counter-terrorism strategy known as **CONTEST**.

CONTEST is split into four work streams that are known within the counter-terrorism community as the 'four P's': **Prevent**, Pursue, Protect, and Prepare.

Prevent is not solely a police initiative and by working with local agencies and communities to disrupt those who promote the ideology of terrorism, individuals who are vulnerable to being drawn into terrorism can be offered support.

PREVENT - Channel

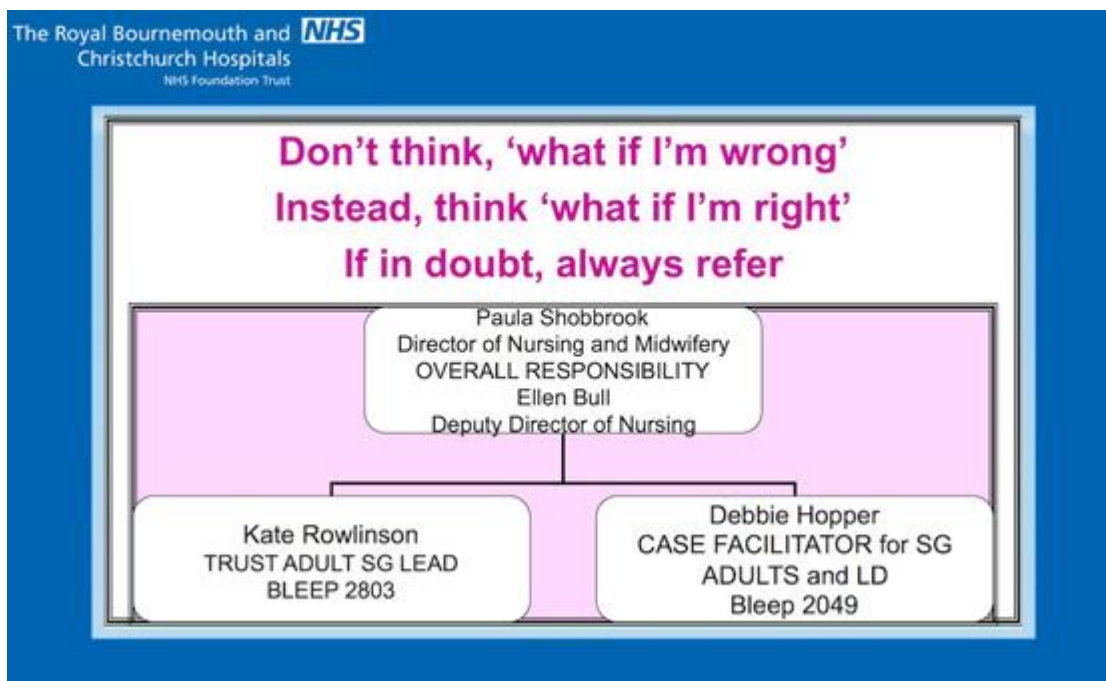
Channel is a key element of the Prevent strategy. It is a multi-agency approach to protect people at risk from radicalisation.

Channel uses existing collaboration between local authorities, statutory partners (such as the education and health sectors, social services, children's and youth services and offender management services), the police and the local community to identify individuals at risk of being drawn into terrorism; assess the nature and extent of that risk; and develop the most appropriate support plan for the individuals concerned.

Channel is about safeguarding children and adults from being drawn into committing terrorist-related activity. It is about early intervention to protect and divert people away from the risk they face before illegality occurs.

If viewing this learning material internally watch <https://www.vle.rbch.nhs.uk/KnowledgeCourse/course/bc178d56-45a0-456e-bf1c-a43c00a08c4d/53e374e8-7ce0-4720-993c-a43c00a9787e/assets/video.mp4>

Referral



Say Something Video

If viewing this learning material internally watch <https://www.vle.rbch.nhs.uk/KnowledgeCourse/course/bc178d56-45a0-456e-bf1c-a43c00a08c4d/ed1875f7-bd40-4eae-92c0-a43c00aa00e6/assets/video.mp4>

National Legislation

All of the following are laws of the United Kingdom that are relevant to Safeguarding Adults:

- Mental Capacity Act (2005)
- Data Protection Act (1998)
- Equality Act (2010)
- Freedom of Information Act (2000)
- Human Rights Act (1998)
- NHS Act (2006)
- Public Interest Disclosure Act (1998)
- Safeguarding Vulnerable Groups Act (2006)
- The Mental Capacity Act Deprivation of Liberty Safeguards (2005)

On the next screen we will look at the Mental Capacity Act (2005) in more detail.

Mental Capacity Act

The Mental Capacity Act (2005) provides a framework to empower and protect people who may lack capacity to make some decisions for themselves.

Select the numbers below to see the five key principles in the Mental Capacity Act (2005).

Principle 1

A person must be assumed to have capacity unless it is proved otherwise.

Principle 2

Everyone should be given all the help and support they need to make a decision, before anyone concludes they cannot make their own decision.

Principle 3

People are allowed to make what might be seen as an unwise or eccentric decision – this does not in itself indicate a lack of capacity.

Principle 4

Any actions or decisions made on behalf of someone who lacks capacity must be in their best interests.

Principle 5

Any actions or decisions should aim to be the least restrictive, in terms of the person's rights and freedom of action.

Please now complete the Q and A knowledge quiz and return to your Volunteer Coordinator.