

Vulnerable Adults Policy

Document Management

Date Last Updated: 18th October 2022

Review Date: 18th October 2023

Version: 1.1

Author: Melanie Micklewright

Contact: mm@cherrycroft.pro

1. Introduction and Statement.....	3
2. Purpose of Policy.....	3
3. Definitions	4
4. General Principles	4
5. What constitutes abuse?.....	4
6. Procedures for safeguarding vulnerable adults	5
<i>Responsibilities of the Designated Safeguarding Officer:</i>	6
<i>Key Six Key Principles that underpin safeguarding adults</i>	6
7. Confidentiality and sharing information.....	7
8. Contact Details.....	8

1. Introduction and Statement

The Cherrycroft Practice recognises that under the Care Act 2014, it has a duty for the care and protection of adults who are at risk of abuse and is committed to promoting wellbeing, harm prevention and to responding effectively if concerns are raised. Adults will be included in swift and personalised safeguarding responses.

The Cherrycroft Practice is fully committed to safeguarding and protecting the welfare of all adults and taking all reasonable steps to promote safe practice for the protection of adults vulnerable from abuse, and is clear that it has a duty and responsibility for ensuring that any adults in vulnerable situations are safeguarded. This policy is about stopping abuse where it is happening and preventing abuse where there is a risk that it may occur.

There can be no excuses for not taking all reasonable action to protect vulnerable adults from abuse, exploitation, radicalisation, and mistreatment. All citizens of the United Kingdom have their rights enshrined within the Human Rights Act 1998. People who are eligible to receive health and community care services may be additionally vulnerable to the violation of these rights by reason of disability, impairment, age, or illness.

The Cherrycroft Practice acknowledges its duty to act appropriately with regards to any allegations towards anyone working on its behalf, or towards any disclosures or suspicion of abuse.

2. Purpose of Policy

The purpose of this policy is to:

- Protect vulnerable adults who receive services from The Cherrycroft Practice. This includes children of adults who use our services;
- provide all those in a position of trust with the overarching principles that guide our approach to safeguarding and child protection.

To keep vulnerable adults safe The Cherrycroft Practice will:

- Provide a setting where adults feel listened to, safe, secure, valued, and respected
- Appoint a Designated Safeguarding Lead for adults and ensure a clear line of accountability with regards to safeguarding concerns
- Ensure all those in a position of trust have been provided with up to date and relevant information, training, support, and supervision to enable them to fulfil their role and responsibilities in relation to safeguarding and vulnerable adult protection
- Provide a clear procedure to follow when safeguarding and vulnerable adult protection concerns arise
- Ensure effective and appropriate communication between all individuals in a position of trust
- Build strong partnerships with other agencies to promote effective and appropriate multi- agency working, information sharing and good practice
- If an allegation is made against a member of staff, then the member of staff will either be suspended or be moved to a position where they do not have contact with families. Cherrycroft will co-operate with the Local Authority's Safeguarding Lead/LADO.

3. Definitions

Adults aged 18 and over have the potential to be vulnerable (either temporarily or permanently) for a variety of reasons and in different situations. An adult may be vulnerable if he/she:

- Has a learning or physical disability
- Has a physical or mental illness, chronic or otherwise, including an addiction to alcohol or drugs
- Has a reduction in physical or mental capacity
- Is in the receipt of any form of healthcare
- Is detained in custody
- Is receiving community services because of age, health or disability
- Is living in sheltered or residential care home
- Is unable, for any other reason, to protect himself/herself against significant harm or exploitation.

4. General Principles

Safeguarding relates to the action taken to promote the welfare of vulnerable adults and to protect them from harm. All employees should have a basic awareness of safeguarding issues. This includes:

- Being alert to the possibility of abuse and neglect
- Having enough knowledge to recognise an abusive or potentially abusive event or set of circumstances
- Knowing who in the organisation to raise concerns with
- Being competent to take the appropriate immediate or emergency action.

If any staff member has any concerns about a vulnerable adult, they must alert the Designated Safeguarding Officer (DSO) – Wendy Esterhuysen & Dr Claudia Wilson

- | |
|--|
| <ul style="list-style-type: none">• Designated Safeguarding Officer or Safeguarding Lead: Wendy Esterhuysen, mobile: 0796 0066883 (personal number) or Dr Claudia Wilson 0793 1374150• Deputy Safeguarding Lead: Julie Raymen, mobile: 07947 433054 |
|--|

immediately.

If the DSO agrees there is grounds for concern, they must take appropriate action to safeguard the vulnerable adult by contacting the relevant local authority social care. If the vulnerable adult is in immediate danger the member of staff who first becomes aware of the danger should dial 999 for the police. This may include a suspicion that a vulnerable adult is being abused or neglected, or a suspicion that an activity is taking place that could place a person at risk. In any situation where there is a suspicion of abuse, the welfare needs of the vulnerable adult must come first even where there may be a conflict of interest.

5. What constitutes abuse?

Adults at risk may be abused by anyone, including relatives, carers, professional staff, care staff, volunteers, neighbours, friends, other users of services, or organisations which allow a

culture of poor practice to develop. Professional status or title does not guarantee safety. More than one person may abuse an adult at risk and some sources of risk will abuse more than one alleged.

Abuse can generally be viewed in terms of the following categories: Physical, Domestic, Sexual, Psychological, Financial/Material, Modern Slavery, Discriminatory, Neglect and acts of omission and self-neglect.

Abuse is a deliberate act of ill-treatment that can harm or is likely to harm a person's safety, wellbeing and development. Abuse can be physical, sexual or emotional. Abuse may not, however, fall easily into these categories and staff/associates are not expected to be experts in the field. Neglect also constitutes abuse but can be defined as failing to provide or secure vulnerable adult with the basic needs required for physical safety and wellbeing.

The Cherrycroft Practice recognises that a person's welfare is paramount and that all vulnerable adults - regardless of age, disability, gender, racial heritage, religious belief and sexual orientation or identity - have the right to protection from all types of harm and abuse. Vulnerable adults can experience abuse in many forms. Forms of abuse that may affect vulnerable adults include:

- Abuse of trust
- Child sexual exploitation
- Human trafficking
- Discriminatory abuse
- Domestic violence or abuse
- Emotional Abuse
- Female Genital Mutilation (FGM)
- Financial or material abuse
- Grooming
- Harmful sexual behaviour
- Modern slavery
- Neglect
- Online abuse
- Organisational or institutional abuse
- Physical Abuse
- Psychological or emotional abuse
- Radicalisation of children or vulnerable adults
- Self-neglect
- Sexual Abuse

These categories can overlap, and a vulnerable adult often suffers more than one type of abuse.

6. Procedures for safeguarding vulnerable adults

Organisation duties and responsibilities

- Raise awareness of the need to protect vulnerable adults and reduce risks to them

- Ensure that staff in contact with vulnerable adults have the requisite knowledge, skills, and qualifications to carry out their jobs safely and effectively
- Ensure safe practice when working in partnership with other organisations, that they have in place adequate safeguarding arrangements, including appropriate policies and mechanisms to provide assurance on compliance
- Maintain an organisation that is safe for all staff and vulnerable adults and an environment where poor practice is challenged
- Ensure that all staff, associates, volunteers, young people who will be working with vulnerable adults consent to vetting through the Disclosure and Barring Scheme where applicable
- Ensure that when abuse is suspected or disclosed, it is clear what action must be taken.

Responsibilities of the Designated Safeguarding Officer:

The Designated Safeguarding Officer (DSO) is responsible for ensuring that safeguarding is given high priority within The Cherrycroft Practice. Specific responsibilities include:

- Providing support and advice on safeguarding matters related to vulnerable adults
- Ensuring that all employees receive training on safeguarding as part of their induction, and on an ongoing basis where required
- Managing referrals/cases reported to ensure resolutions
- Carrying out referrals to the relevant local authority social care team where abuse of a vulnerable adult is reported or suspected
- Maintaining an overview of safeguarding issues and monitoring the implementation of this policy.

The DSO has responsibility for deciding whether to refer any reported matters onto the police or to the local authority social care service. Where possible, referrals should be made on the same working day and certainly within 24 hours.

Key Six Key Principles that underpin safeguarding adults

Six Principles of Adult Safeguarding		
Principle	Description	Outcome for adult at risk
Empowerment	Presumption of person led decisions and informed consent.	"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."
Prevention	It is better to take action before harm occurs.	"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."
Proportionality	Proportionate and least intrusive response appropriate to the risk presented.	"I am sure that the professionals will work for my best interests, as I see them and will only get involved as much as needed." "I understand the role of everyone involved in my life."
Protection	Support and representation for those in greatest need.	"I get help and support to report abuse. I get help to take part in the

		safeguarding process to the extent to which I want and to which I am able”
Partnership	Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.	“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me.”
Accountability	Accountability and transparency in delivering safeguarding.	“I understand the role of everyone involved in my life.”

7. Confidentiality and sharing information

In any work with vulnerable adults, it is important to be clear about confidentiality. Confidentiality and safeguarding should be discussed with vulnerable adults at the beginning of any piece of work and reminders and information given from time to time, to ensure that they understand the processes and what responsibilities members of staff have. It is essential to be clear about the limits of confidentiality well before any such matter arises. While personal information held by professionals and agencies is subject to a legal duty of confidence and should not normally be disclosed without the subject’s consent, it is essential that staff respond quickly where they have concerns or suspicions of abuse. Any concerns about confidentiality should not override the rights of vulnerable adults at risk of, or suffering, harm. Information sharing must be done in a way that is compliant with the General Data Protection Regulation and Data Protection Act 2018, the Human Rights Act 1998 and the common law duty of confidentiality. However, a concern for confidentiality must never be used as a justification for withholding information when it would be in the vulnerable adult’s best interests to share information.

Seven golden rules for information sharing

1. Remember that the Data Protection Act 1998 and human rights law are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.

5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose. All records must be signed and dated.

8. Contact Details

If you suspect that a child or vulnerable adult needs protection or is at risk of abuse, please contact The Cherrycroft Practice Designated Safeguarding Officer, Dr Claudia Wilson.

- Designated Safeguarding Officer or Safeguarding Lead: Dr Claudia Wilson, mobile: 07931 374150 and Wendy Esterhuysen 0796 0066883.
- Deputy Safeguarding Lead: Julie Raymen, mobile: 07947 433054

9. Adult mental health crisis team contact numbers

Berkshire	Berkshire's CPE - Community Mental Health Teams (CMHT): 0300 365 0300 https://www.berkshirehealthcare.nhs.uk/our-services/mental-health-and-wellbeing/community-mental-health-team-cmht/ Thames Valley Police Tel: 0845 8505 505	
Bracknell	You can speak to a mental health practitioner through our Common Point of Entry (CPE) team 24 hours a day, 7 days a week.	CPE: 0300 365 0300
	Crisis Resolution and Home Treatment Team (CRHTT) are available 24 hours a day, seven days a week. They can provide advice, assessment, support for all ages and conditions, to help you avoid going into hospital.	0300 365 9999

Hampshire	If you are already using our services you can also call your local acute mental health team which operates 24 hours a day, seven days a week:	North: 01256 817718 East: 02392 344562 West: 01962 897726 Southampton: 023 8083 5535 or 023 8083 5552
	The Lighthouse - offers a haven for people in mental health crisis or who may be experiencing highly distressing symptoms but who have no urgent physical health needs. It avoids having to visit Southampton General's Emergency Department.	Those in mental health crisis or emotional distress can text 'lighthouse' and their postcode (for example LIGHTHOUSE SO14 0YG) to the Mind text line number (07451276010) between 4.30pm and 12am. Our staff will then contact them via telephone, email, webchat or text.

Reading	The Reading Community Mental Health Team	Phone: 0300 365 0300
	Crisis Resolution and Home Treatment Team (CRHTT) are available 24 hours a day, seven days a week. They can provide advice, assessment, support for all ages and conditions, to help you avoid going into hospital.	Phone: 0300 365 9999 CRHTT-Reading@berkshire.nhs.uk
RBWM	You can speak to a mental health practitioner through our Common Point of Entry (CPE) team 24 hours a day, 7 days a week.	Phone CPE: 0300 365 0300 Bks-tr.referralhub@nhs.net
Slough	The Mental Health Crisis Resolution and Home Treatment Service (CRHT) In partnership with: Slough Borough Council; Berkshire Healthcare Foundation NHS Trust, Berkshire East Primary Care Trust.	Phone CPE: 0300 365 0300.

	Age group served: 18 - 75 years old	
	Slough Pathways In partnership with: Slough Borough Council; Berkshire Healthcare Foundation NHS Trust, Berkshire East Primary Care Trust.	New referrals: 0300 365 0300 Existing referrals: 01753 690950
Surrey	Information and advice	Phone: 0300 200 1005 Email: contactcentre.adults@surreycc.gov.uk Textphone (via Text Relay): 18001 0300 200 1005 SMS: 07527 182 861 (for the deaf or hard of hearing) VRS: Sign Language Video Relay Service
	Multi Agency Safeguarding Hub (MASH):	Availability: 9am to 5pm, Monday to Friday Phone: 0300 470 9100 Email: ascmarsh@surreycc.gov.uk
	For emergency situations outside our standard lines' hours.	Phone: 01483 517898 Email: edt.ssd@surreycc.gov.uk Textphone (via Text Relay): 18001 01483 517898 SMS: 07800000388 (for the deaf or hard of hearing)

West Berkshire	You can speak to a mental health practitioner through our Common Point of Entry (CPE) team 24 hours a day, 7 days a week.	Phone CPE: 0300 365 0300
	Crisis Resolution and Home Treatment Team (CRHTT) are available 24 hours a day, seven days a week. They can provide advice, assessment, support for all ages and conditions, to help you avoid going into hospital.	Phone CPE: 0300 365 9999

Wokingham	Wokingham Community Mental Health Team (Adults)	Phone: 0300 365 0300 (All referrals, referrals after 6 months & Mental Health emergencies out of hours) Phone: 0118 936 8681 (current service users/ those within 6 months of discharge)
------------------	--	--