

## Oxfordshire Safeguarding Adults Policy

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## **Introduction**

### **There can be no tolerance of abuse.**

Accomplishing this requires the careful consideration, time and commitment of all the people and agencies involved in the person's life. Moreover it requires the maintenance and development of co-operative relationships based upon trust and a mutual understanding of the roles, responsibilities and limitations of those involved.

It is the right of all citizens to be treated as an individual with dignity and respect, to live their lives free from abuse and fear of abuse and to have care and support in accordance with their needs.

This right is underpinned by the duty on public agencies under the Human Rights Act (1998) to intervene proportionately to protect the rights of citizens.

This policy is agreed between the constituent statutory agencies of the Oxfordshire Safeguarding Adults Board including:

- Oxfordshire County Council
- Thames Valley Police
- Oxfordshire Primary Care Trust
- Oxford Radcliffe Hospitals NHS Trust
- Oxfordshire & Buckinghamshire Mental Healthcare Trust
- The Ridgeway Partnership (learning disability) NHS Trust
- Nuffield Orthopaedic Centre NHS Trust
- The Healthcare Commission

The policy outlines our commitment to work in partnership to safeguard the rights of those people who are most at risk from abuse and neglect and whose wellbeing and independence is most at risk if they do not receive appropriate health and social care support.

The policy and accompanying procedures and guidance have been developed in accordance with:

*No secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse.*

(Department of Health, March 2000)

and,

*Safeguarding Adults: A National Framework of Standards for good practice and outcomes in adult protection work*

(Association of Directors of Adult Social Services, 2005)

## **Aim**

For all individuals and agencies working with, and/or having contact with adults who are at particular risk of harm as a result of abuse or neglect, to work in partnership within a multi-agency framework to:

*Enable people to maintain the maximum possible level of independence, choice and control  
Promote the wellbeing, security and safety of vulnerable people consistent with his or her rights, capacity and personal responsibility, and prevent abuse occurring wherever possible*

*Ensure that people feel able to complain without fear of retribution*

*Ensure that the promotion of vulnerable adult protection is integral to the development and delivery of services in Oxfordshire; and*

*Ensure that all incidents of suspected abuse or neglect are reported and proportionate action is to safeguard the rights, welfare and best interests of the person concerned.*

## **Principles**

- The focus of all safeguarding adults work is the wellbeing, security and safety of the vulnerable person himself or herself
- All people have the right to self determination and personal choice wherever possible, and all practicable steps must be taken to ensure this
- Self determination can involve risk and that such risk is recognised by all concerned and minimised wherever possible
- All people have the right to protection and redress under the law in accordance with their human rights as outlined in The Human Rights Act 1998

Mental Capacity Act 2005

All actions taken under the Oxfordshire Safeguarding Adults Procedures must have full regard to the Mental Capacity Act 2005 and the accompanying Codes of Practice.

The Act sets out 5 key statutory principles:

1. The presumption of capacity – every adult has the right to make his/her own decisions and must be assumed to have capacity to do so unless it is proved otherwise
2. The right of individuals to be supported to make their own decisions – people must be given all appropriate help before anyone concludes that they cannot make their own decisions
3. Unwise decisions – a person is not to be treated as unable to make a decision merely because it is considered to be unwise
4. Best interests – anything done for or on behalf of a person without capacity must be in their best interests, and
5. Least restrictive alternative – anything done for or on behalf of a person without capacity should be the least restrictive of their basic rights and freedoms

All decisions and actions taken directly affecting the person at risk must, where possible, take full account of their wishes. Where decisions have to be made on behalf of a person who lacks capacity full account must be taken of their best interests as outlined within the Act.

However, in some circumstances the wishes of the person may be overridden where there is agreed to be a serious risk of harm or there is a risk to other vulnerable people. This relates particularly to the sharing of information with other agencies - Reference: Mental Capacity Act 2005 – Joint Oxfordshire Policy

## Information Sharing

Any sharing of information between agencies for the purposes of safeguarding adults at risk of harm as a result of abuse must comply with the requirements of the Data Protection Act 1998 as outlined within the Oxfordshire Safeguarding Adults Board Information Sharing Agreement, 23<sup>rd</sup> April 2008.

## **Scope**

This policy and the accompanying procedures cover any person living or receiving care or services in Oxfordshire:

‘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 take care of him or herself, or unable to protect him or herself against significant harm or exploitation.’

*No Secrets (DH 2000)*

This includes any person, aged 18 or over, who may need help and support to maintain their independence and well-being or who are carers for those that do:

- People with a mental health problem (including dementia);
- People with a physical disability;
- People with drug and alcohol related problems;
- People with a sensory impairment;
- People with a learning disability;
- People who have a physical illness;
- People with an acquired brain injury;
- People who are frail and/or are experiencing a temporary illness.

Who may be:

- Living in their own home;
- In hospital;
- In a residential care and/or nursing home;
- Attending a day centre;
- Attending a social club;
- Without a permanent home;

*(The above lists are not intended to be exhaustive)*

## **What is Abuse?**

**‘Abuse is a violation of an individual’s human or civil rights by any other person or persons.’**

*No Secrets (DoH, 2000)*

In addition the Oxfordshire Safeguarding Adults Board has adopted the Action on Elder Abuse definition to include acts, which whilst in themselves may not constitute a violation of an individual’s right, nevertheless may result in harm or distress:

“... a single or repeated act or lack of appropriate action occurring within any relationship where there is an expectation of trust which causes harm or distress to a vulnerable person.”  
It is essential to note that abuse is not always intentional.

### **Physical Abuse**

Causing or placing a person at risk of physical harm either deliberately or by rough or thoughtless behaviour e.g. physical violence, over medication, misuse of physical restraint, unsafe moving or handling techniques.

### **Psychological or emotional abuse**

Behaviour that makes a person feel anxious, frightened or intimidated including verbal abuse, demeaning, threatening, or intimidating language. It may also include threats of harm or abandonment, deprivation of contact, isolation or withdrawal from services or supportive networks.

### **Financial abuse**

Includes theft, fraud or exploitation and the misuse of position or authority for financial gain. It may be someone using or putting pressure on the person to use their money in a way that they don't want or isn't in their best interests.

### **Neglect and acts of omission**

Includes ignoring a person's medical or physical care needs, withholding the necessities of life, such as medication, food and drink and heating and failure to provide access to appropriate health, social care or educational services.

### **Sexual abuse**

Including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, could not consent or was pressured into consenting.

### **Discriminatory abuse**

Including racist or sexist remarks or comments based on a person's impairment, disability, age or illness, and other forms of harassment, slurs or similar treatment. This may also include isolation or withdrawal from religious or cultural activity, services or supportive networks.

### **Institutional abuse**

Involves the collective failure of an organisation to provide an appropriate professional service to people who may be at risk of harm as a result of abuse or neglect. 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 which meet the individual's needs, including proper assessment, care planning, training of staff, supervision and management, record keeping and liaising with other providers of care needs and rights.

## **Summary of the Oxfordshire Safeguarding Adults Procedures**

### **All concerns must be taken seriously & reported**

All reports, allegations or concerns that a person aged 18 years old or over may have been harmed or placed at risk of harm as a result of abuse or neglect must be taken seriously. The agency or organisation made aware of the concerns must first consider what, if any, action is required to safeguard the person and any others who may be at risk of harm including notifying the responsible agencies e.g. the police.

All concerns must be reported to Oxfordshire Social & Community Services.

### **Care providers must take action to safeguard service users and investigate**

Where the alleged abuse or concern occurs within the context of care e.g. in a care home, hospital or day service; or the alleged perpetrator is a staff member, volunteer or other individual providing services on behalf of the service provider, the manager of that service must be informed and they in turn must take reasonable action to protect the people to whom

the service is provided and undertake an initial investigation into the concerns raised in accordance with the Oxfordshire Safeguarding Adults Procedures. This initial investigation should take no longer than five days.

All providers of health or social care in Oxfordshire must have Safeguarding Adults procedures that are compatible with the requirements of this policy.

### **Procedures for Adult Care Teams with Care Management Responsibility**

All reports, allegations or concerns that a person aged 18 years old or over may have been harmed or placed at risk of harm as a result of abuse or neglect must be referred to the team with care management responsibilities for the person concerned.

This may include the local area Social & Community Services assessment team or specialist team e.g. the specialist team for older people (STOP) or physical disability team; the community mental health team (CMHT); learning disability team or; PCT continuing care team. That team will then have responsibility for undertaking initial enquiries and deciding how the case will be coordinated.

Referrals will generally be made through the Social & Community Services Access team tel: 0845 050 7666. Upon receipt of an alert the Access Team will endeavour to gather as much information as possible based on the information available from the caller and from Swift; the alert will be referred via email and follow up telephone call to the most appropriate assessment team. The receiving team must take immediate ownership of the referral and take responsibility to ensure any emergency safeguarding required.

On completion of those responsibilities if there is any dispute around the initial allocation of the referral the receiving team should then liaise with other teams or their service manager to reallocate the case. Any change in safeguarding manager must be notified to the Safeguarding Adults Team.

#### **Initial Assessment**

In most cases, where it is possible to do so, arrangements will be made for the person at risk to be seen to determine their needs and wishes and undertake an initial assessment of the risk of harm to them arising from abuse or neglect. Following the assessment a manager or senior professional within the team (known as the Safeguarding Manager) will then decide what further action will be required.

#### **The Decision**

There are two levels of Safeguarding Adults intervention. The level of intervention is largely determined by the assessment of risk of harm to the person. However, account will also be taken of the persons wishes, where they are able to make decisions; the person's ability to take action to protect him or herself; and any risk to other vulnerable people.

#### **Safeguarding Adults Level 1 (single agency)**

Ordinary Risk Management by practitioners (usually Social & Community Services, the police or the care provider).

Level 1 is used in cases where the management of the risk to the person can be coordinated by one agency without the need for significant involvement from other agencies.

Generally cases managed at this level will be assessed as presenting a low to medium risk. For example, where the person is believed to have suffered or been placed at risk of harm as a result of abuse or neglect but is felt not to be at serious risk of further harm.

In these cases the responsible agency will ensure that the necessary investigations and assessments are undertaken and that action is taken to inform and liaise and refer to other agencies where the need arises, e.g. where the responsible agency suspects a crime may have been committed.

Where the person is believed to be at further risk of harm a safeguarding plan will be agreed with them.

### Safeguarding Adults Level 2 (multi agency)

Local inter-agency Risk Management involving Manager/Supervisors

Level 2 is used where the active involvement of more than one agency is needed and either the level of risk is high or there is some complexity in managing the case.

Cases managed at Level 2 will require an initial strategy discussion or meeting chaired by an identified Safeguarding Manager with the relevant authorities, including the police, to coordinate any further assessment or enquiries that need to be carried out and identify and agree any initial actions that can be taken to protect the person while this is being done.

Where the person, and/or other vulnerable people, is found to be at serious risk of harm, a safeguarding plan will be drawn up with the agencies involved and agreed where possible with the person at risk.

This plan will be reviewed at regular intervals of no more than six months where the person remains at significant risk of serious harm.

No further action: Where following the initial assessment no evidence of significant risk or serious harm as a result of abuse is identified no further action will be necessary under the Oxfordshire safeguarding adults procedures. However, records relating to the concerns will be retained and may be taken into account when considering any future concerns.

### Roles & Responsibilities

#### **Oxfordshire Social & Community Services**

Where concerns are expressed that an adult, covered by this policy, is subject to abuse or neglect whilst they are resident or receiving services in Oxfordshire then Oxfordshire Social & Community Services, or agencies providing care management services on its behalf have overall responsibility for coordinating local safeguarding arrangements.

For individual cases this responsibility lies with adult teams with care management responsibility including: adult assessment teams; specialist teams for older people; learning disability teams; community mental health teams; continuing care team; and physical disability teams.

In individual cases this includes:

- Assessing or arranging for an assessment of the persons needs and wishes
- Ensuring that the person has information that is relevant to their situation and is aware of all the options
- Giving advice and assistance in allowing the person determine their own best interests
- Allowing the person, where they are able, to make a decision and providing help and/or advice and guidance, where it is needed, to give effect to that decision

- Making an assessment of the person's legal competence so far as possible
- Acting in accordance with the best interests of the person, as defined within the Mental Capacity Act 2005, where following assessment the person is reasonably believed to lack capacity, and
- Bringing concerns to the attention of the relevant authorities and agencies, where it is appropriate or necessary to do so
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#### Commissioning & purchasing

As a provider, commissioner and purchaser of social care services Oxfordshire Social & Community Services must make arrangements to assure itself that services funded or provided on its behalf meet the assessed needs of service users in a manner that provides adequate protection from abuse, neglect or mistreatment.

#### Monitoring

Oxfordshire Social & Community Services retain the responsibility for gathering information and monitoring information about adult protection investigations carried out within the Authority area whether or not the Department takes a leading role in the investigation.

Oxfordshire Social & Community Services will collect and collate referral, assessment, strategy and case conference activity using the Safeguarding Adults Form 1 Alert/Referral and Form 2 Review/Closure.

#### **Oxfordshire PCT**

Where concerns are expressed that an adult, covered by this policy, is subject to abuse or neglect whilst they are receiving continuing (health) care services arranged by Oxfordshire PCT, Oxfordshire PCT have responsibility for coordinating local safeguarding arrangements.

In addition Oxfordshire PCT have a duty to ensure that all concerns of abuse or neglect arising within their services are thoroughly investigated, and effective action is taken to safeguard the dignity and wellbeing of patients.

#### Commissioning & purchasing

As a provider, commissioner and purchaser of health services Oxfordshire PCT must make arrangements to assure itself that services funded or provided on its behalf meet the assessed needs of service users in a manner that provides adequate protection from abuse, neglect or mistreatment.

#### Monitoring

Oxfordshire PCT will also retain records of their involvement in any abuse case including a central database for evaluation purposes. These records will be collated and retained by the Continuing Care Services Manager and will be reported to the Board annually.

#### **Other Statutory Health Services**

All statutory health services have a duty to ensure that all concerns of abuse or neglect arising within their services are reported to Oxfordshire Social & Community Services and thoroughly investigated, with effective action taken to safeguard the dignity and wellbeing of patients in their care.

In addition statutory health services in their role as providers of care in the community have a key role in identifying and reporting abuse to the responsible agencies and working in

partnership with other agencies to safeguard people at risk of harm as a result of abuse or neglect in accordance with the Oxfordshire Safeguarding Adults Procedures.

## Monitoring

Each of the partner agencies will keep records of their involvement in any abuse case including a central database for evaluation purposes. These will be reported to the Board annually.

### **Social & Health Service Providers**

Where abuse or neglect may have occurred either:

1. Within the context of care e.g. in a care home, hospital or day service; or
2. The alleged perpetrator is a staff member, or other person working on behalf on the care provider e.g. an agency worker or volunteer

The primary responsibility for the welfare of users and patients and ensuring they are kept safe from harm as a result of abuse, neglect or mistreatment rests with the service provider.

As such the service provider is responsible, in the first instance, for bringing all concerns to the attention of the relevant authority.

### **The Police**

The police are responsible for investigating any criminal offences of adult abuse.

### **The Care Quality Commission (CQC formerly CSCI)**

Within regulated services The Care Quality Commission (CQC) have a duty to inspect and assess compliance with regulations and relevant National Minimum Standards and to take relevant and proportionate action to secure compliance with regulations and conditions of registration in accordance with the Care Standards Act 2000.

Where a safeguarding alert suggests a breach of regulations or lack of fitness of a registered person CQC will work in partnership with other agencies and consider what, if any, regulatory action may be needed in addition to the investigation/assessment undertaken by partner agencies or the care provider.

## **The Oxfordshire Safeguarding Adults Board**

### **Membership**

The Oxfordshire Safeguarding Adults Board is made up of senior representatives from all statutory providers of health and social care in Oxfordshire, including:

- The Police,
- The Commission for Social Care Inspection,
- The Health Care Commission and
- Oxfordshire County Council
- Oxfordshire Primary Care Trust
- The John Radcliffe Hospitals NHS Trust
- Oxfordshire & Buckinghamshire Mental Health Care Foundation Trust
- The Nuffield Orthopedic NHS Trust
- The Ridgeway (learning disability) NHS Trust

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## **Goals & objectives**

The Boards seeks to:

1. Encourage and promote the development of services that recognise the rights of vulnerable people,
2. Enable vulnerable people to live safely and free from abuse and
3. Promote individual's access to mainstream criminal justice and support services for the purpose of alleviating the risk and impact of abuse

The board also has to:

- Oversee the development and implementation and review of local multi-agency policies and procedures for safeguarding adults in Oxfordshire and
- Ensure that people working with adults at risk of abuse are provided with the support, information and training they require.

Each core/statutory member of The Board is committed to the aims, objectives and principles outlined here. To this end each partner agency will:

1. Have a set of internal guidelines and reporting structure, which are consistent with the Oxfordshire Safeguarding Adults Procedures and which set out the responsibilities of all employees
2. Ensure that all staff members and volunteers at all levels have training and information commensurate with their role in relation to the Oxfordshire Safeguarding Adults Procedures
3. Ensure that all safeguarding adults concerns arising within their organisation are systematically logged along with the actions taken and outcomes arising, and
4. Provide an annual report to the Board detailing progress and developments in relation to these responsibilities.

## **Resolution of disputes**

Despite the best efforts of all concerned sometimes disagreements may arise in the action taken under the Oxfordshire Safeguarding Adults Procedures.

In the first instance every effort should be made to try to resolve disagreements informally through discussion between those concerned.

As part of the process of resolution a second opinion may be sought in relation to the assessment of capacity or the person's best interests

Alternatively independent advocacy or a mediator may be sought in an attempt to resolve disputes regarding a person's best interests.

Where disputes or complaints arise in relation to the safeguarding adults process that cannot be resolved informally the responsible organisation's complaints procedure should be used.